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T-MCL17

Attachment and Trauma-Informed Child Protection: The Infant-Toddler Court Team Collaborative Approach

Dr Ann Stacks

T0 - MCL17: Attachment and Trauma-Informed Child Protection: The Infant-Toddler Court Team Collaborative Approach, Wicklow Hall 1, 18 July 2023, 08:00 - 08:50

Maltreatment in infancy and separation from parents can profoundly impact early development and have a cascading effect leading to persistent mental and physical health problems. Courts decide whether a child can remain safely in their home and what parents must do to have their children returned home. Yet, many of the decision-makers have no formal training related to the needs of maltreating families or very young infants.

Infant Toddler Court Teams ensure that decision-makers in the court and the child protection system understand attachment and intergenerational trauma and the importance of infant mental health treatment for families. Critical to infant toddler court teams is a collaborative and non-adversarial approach where infant mental health clinicians providing services to families also provide the court with information about the child and family strengths, needs, and progress. All members of the court team, including judges and attorneys, protect the therapeutic alliance and recognize strengths. This approach results in families receiving effective services, children being reunified with their families at higher rates, and not coming back into care.

In this masterclass, participants will see videos of parents and court team professionals describing the values that drive this collaborative work and see examples of court hearings. Evaluation data will be shared showing the effectiveness of infant toddler court teams. Participants will also learn how the infant-toddler court team in Detroit, Michigan, USA, was established and how it has been sustained for more than a decade. Resources will be shared related to establishing court teams.

T-MCL18

Is the 'sensitive mother' the same the world over? Developing culturally sound infant mental health practice in South Africa

Professor Astrid Berg

T0 - MCL18: Is the 'sensitive mother' the same the world over? Developing culturally sound infant mental health practice in South Africa, Wicklow Hall 2A, 18 July 2023, 08:00 - 08:50

Variations exist in the way parents care for their children. Parenting styles are informed by the social, cultural, and economic context in which families live. While this is obvious and well known, much of infant mental health theory is derived from the Western world, which represents less than 10% of the world's children. Thus, effective, and evidence-informed infant mental health practice in Lower Middle-Income Countries (LMIC) necessitates local research into the constructs pertaining to infant mental health.

This Masterclass will outline three South African research projects which investigated infant mental health concepts. The notions of sensitive mothering, the impact of mental illness on reflective functioning and the paradigm of shared pleasure will be described. It will go on to outline several locally developed and locally adapted infant mental health interventions that have been informed by this research. The integration of indigenous knowledge has further enriched these interventions. While this research was done in South Africa, the findings may well apply to other parts of the world.

T-MCL19.1

Promoting the Professional Development of Pre-Service and In-Service Educators of Infants and Toddlers: Developmental Approaches to Supporting Dispositions, Knowledge, and Skills in Relationship-Based Practices

Prof Holly Brophy-Herb, Dr Claire Vallotton

T0 - MCL19: Promoting the Professional Development of Pre-Service and In-Service Educators of Infants and Toddlers: Developmental Approaches to Supporting Dispositions, Knowledge, and Skills in Relationship-Based Practices, Wicklow Hall 2B, 18 July 2023, 08:00 - 08:50

Growth toward the professionalization of the infant and toddler care and education field has resulted in the identification of practices associated with high quality, relationship-based models of care. Yet, comprehensive competencies for promoting relationship-based practices in infant and toddler care and education, and strategies for building competencies in education preparation and professional development programs are lacking.

This masterclass is designed for those who teach infant/toddler development and programming courses for students planning to work with infants, toddlers, and families in home or center-based center settings, and for those who deliver professional development to infant/toddler educators already in the field.

In the masterclass, we will:

- a) provide an overview of ten domains of competencies for infant/toddler educators, each comprised of dispositions, knowledge, skills, and programmatic facilitating conditions related to the domain;
- b) present teaching and learning strategies that support development of knowledge, dispositions, and skills across competency domains.

The ten identified domains include:

1. reflective practice;
2. building and supporting relationships;
3. partnering with and supporting diverse families;
4. guiding infant/toddler behavior;
5. supporting development and learning;
6. assessing behavior, development, and environments;
7. including infants and toddlers with special needs;
8. professionalism;
9. leadership, mentoring, and coaching; and
10. social justice in infant and toddler education.

We will discuss methods and adult learning strategies that utilize interactive learning activities in oral and written forms, self-reflection, applied practices and strategies in the field, visual aids, anecdotes and field examples, and resources for leadership and mentoring.

T-MCL20.1

What should scaling early intervention for infant mental health look like?

Professor Paul Ramchandani, Dr Christine O'Farrelly

T0 - MCL20: What should scaling early intervention for infant mental health look like?, Wicklow 1, 18 July 2023, 08:00 - 08:50

Behaviour problems are distinct in being the commonest mental health difficulty affecting young children as well as having the earliest onset. They often occur in the context of other difficulties including, socio-economic deprivation, challenges in language development and difficulties in the parent-infant relationship.

There are effective interventions available to support families and communities in addressing these challenges, but few interventions are widely available and the degree to which they have been evaluated and scaled varies enormously.

In this session we will examine optimal methods for providing effective support and intervention for young children and their families. We will draw on current and recent studies (Helping Little Minds Thrive, Playtime with Books and Healthy Start Happy Start) conducted at the Play in Education, Development and Learning (PEDAL) Research Centre to consider what elements of early mental health intervention should look like for families and communities. We will introduce and discuss examples of interventions that have been evaluated in real world public health contexts and effective interventions that have been optimized for scaling.

Child-led tube-management and tube-weaning

Prof. Dr. med. Marguerite Dunitz-Scheer¹, Prof. Dr. med. Peter Scheer

T0 - MCL21: Child-led tube-management and tube-weaning, Wicklow 3, 18 July 2023, 08:00 - 08:50

In September 2022 we published a textbook at Springer bearing the above title. Regarding the field of infant mental health and its borderline with pediatric intensive care, we would like to highlight the therapeutic approach we advocate in the task of supporting infants and young children from enteral (tube) feeding to natural oral food intake. The idea of our treatment is to follow the child in its endeavor to learn to eat. Our clients – be it in our outpatient clinic or online – are preterm infants and toddlers as well as medically fragile children suffering from complex medical conditions, like inborne heart failures or genetic disorders.

We offer two types of treatment:

1. On-site treatment in our outpatient clinic “Eating-school” thus avoiding the impression of a medical treatment center. Our service includes:
 - a. Online Pre-assessment by two pediatricians
 - b. Preparing the out-patient stay
 - c. A 12 day-care treatment running from 9am to 6pm
 - d. Aftercare treatment for 35 days after the last tube feed
2. Online tube weaning treatment, named Net coaching, including aftercare
3. Additionally, we offer by-products like “learn to eat” for children suffering from insufficient caloric intake, ARFID, FTT, Picky eater and an online treatment for adolescents suffering for eating disorders called weight-doc.

The masterclass invites participants to submit questions in advance regarding our topic. An open discussion offers support for colleagues performing comparable work and gives insight into the complexity of psychosomatic work with fragile infants and their parents.

When does a baby need a psychotherapist?

Prof Kai von Klitzing

T0 - MCL22: When does a baby need a psychotherapist?, Wicklow 4, 18 July 2023, 08:00 - 08:50

Several clinical studies have shown that parent infant psychotherapy is often very effective with respect to the mothers' health, baby's symptoms, and the quality of parent infant interaction. In the masterclass, I will present some reflections on how we can understand processes of change in therapies.

Do we primarily aim at getting rid of the baby's annoying symptoms (like feeding or sleeping problems); or do we understand the symptoms as an expression of unsolved conflicts in the parent infant relationship? I will delineate my psychoanalytic understanding of early development, especially the growing of early object relationships and processes of triadification/triangulation. How do these processes influence therapeutic change?

I will present a case example, some essential theoretical concepts and empirical results, which can help to shine a light on our therapeutic work.

Neglect in Young Children: Research, Practice and Policy Issues

Professor Charles Zeanah

T0 - MCL23: Neglect in Young Children: Research, Practice and Policy Issues, Wicklow 5, 18 July 2023,
08:00 - 08:50

Child neglect is often noted to be the most prevalent but least understood type of child maltreatment. Scholars have lamented the “neglect of neglect” in research for almost four decades. The effects of neglect on infants and young children are especially complex and powerful, and because of developmental vulnerabilities in young children should invite special considerations in practice and policies. In fact, the profundity of the effects of neglect are underappreciated in practice and policies that are often not developmentally sensitive. Some have suggested, for example, that child protection intervention should be reserved only for life threatening situations. In this presentation, I review research on psychosocial neglect and its effects on young children’s development, highlighting the potential for lasting harm. Next, I highlight research that informs policy considerations regarding neglect. Finally, I consider the effects of neglect on infants and young children on providers, including ethical dilemmas, moral distress and countertransference. I conclude with a promising but as yet untested model for a collaborative approach to young children and their families.

T1-BOP7.1

Enhancing Parent-Infant Relationships through using Video Interaction Guidance within a Personalised, Psychology-Informed, Home-Based Intervention.

Dr Nicola Canale¹, Dr Sarah Fitzgibbon¹, Dr Rebecca Stewart², Dr Rhiannon Slade³

¹Cardiff Parents Plus, Cardiff, United Kingdom, ²Cardiff Parents Plus, , , ³Cardiff Parents Plus, ,

T1 - BOP7: IMH Services 1, Liffey Meeting Room 2A, 18 July 2023, 10:45 - 12:15

Introduction:

Cardiff Parents Plus is a psychology-led service that provides personalised, psychology-informed interventions, to support parents and children, aged 0-4 years old, within the family home/community setting. The team consists of Educational Psychologists and Parenting Practitioners and is based within a Local Authority as part of the wider Cardiff Parenting Services.

The dyadic interventions provided by the team aim to improve parent-child interactions and relationships, child behaviour and parental satisfaction, in order to support early child development and wellbeing.

A recent statistical analysis of five hundred and ninety pre and post measures of parenting satisfaction, following completion of the intervention, showed that on average, parenting satisfaction scores are significantly higher after the intervention than before the intervention (journal paper describing the Cardiff Parents' Plus model and these outcomes is currently being drafted).

Aim or Purpose:

To further enhance the Cardiff Parents Plus intervention, over a year ago, we began the journey of incorporating video work into our interventions. A bid for Local Authority funding was successful and this enabled the team to receive the 2 day initial training in Video Interaction Guidance and, furthermore, for the whole team to receive supervision in order to become accredited Video Interaction Guidance practitioners.

Description of the work or project:

During this video presentation we will:

- Describe the process of undertaking a whole team approach to applying Video Interaction Guidance within a personalised, psychology informed, home-based intervention.
- Illustrate the transformative effect that using video in this way has on parent-infant interactions and relationships, through a series of short case studies and video examples.
- Hear about the experience of both parents, and the practitioners themselves, as a result of taking part in this process.
- Reflect on the Strengths, Weaknesses, Opportunities, and Threats to taking on such a project.

Conclusions:

The presentation will end with some reflections on how bringing VIG into the heart of people's homes breaks down some of the barriers typically associated with accessing this type of intervention. Reflections, comments, and questions from the audience will be invited.

T1-BOP7.2

A Community-Centered Approach to Home Visiting in Chicago

Rebecca Harles¹, Mr Niall Sexton², Vice President of Children's Services Mary Reynolds³

¹Center for the Economics of Human Development, Chicago, USA, ²Preparing For Life, Dublin, Ireland,

³Casa Central, Chicago, USA

T1 - BOP7: IMH Services 1, Liffey Meeting Room 2A, 18 July 2023, 10:45 - 12:15

Introduction

Preparing for Life (PFL) is an innovative, evidence-based early childhood home visiting program, developed in Dublin, Ireland with strong proven outcomes that have attracted international attention. One essential question is how well the PFL curriculum and approaches developed specifically with and for communities in Dublin will translate to other settings and populations.

Aims and Purpose

This presentation will share the process by which PFL has been adapted for use in a social service agency in Chicago, serving a largely Spanish-speaking and Latinx community.

Description of the Work

The presentation will describe the partnership between PFL, researchers at the University of Chicago and a local social service organization. This partnership has been central to the process of adapting the Irish model to Chicago, understanding of the local context, translation and adaptation of the curriculum, staff training, and implementation.

The model involves monthly home visits from pregnancy until school entry, along with regular group support. Community-centered program design is a key feature, with community stakeholders and families intrinsically involved in the creation and adaptation of the program to maximize its local relevance.

This program is embedded within a rigorous, longitudinal, respectful and person-focused research design with a focus on how the program supports early interactions with caregivers and other adults and how those interactions lead to enhanced child development and what implementation levers influence the quality of service delivery.

Conclusion

Early childhood home visiting is neither new, nor necessarily rare, although there is still much to learn about how to translate existing evidence-based programs into new settings. Once fully implemented, this program will provide Chicago families with high-quality home visiting services and provide evidence for how and why these programs lead to more positive, long-term outcomes for children and families.

T1-BOP7.3

Home visiting for women in clinics with integrated Infant Mental Health Behavioral Health Consultants

Dr. Jennifer Jester¹, Dr Jessica Riggs¹, Dr. Megan Julian¹, Cierra Bengel², Charity Hoffman¹, Dr. Sharnita Harris¹, Ms. Meriam Issa¹, Dr. Katherine Rosenblum¹, Dr. Maria Muzik¹

¹Zero to Thrive, University Of Michigan Department Of Psychiatry, Ann Arbor, US, ²TRAILS, Ann Arbor, US

T1 - BOP7: IMH Services 1, Liffey Meeting Room 2A, 18 July 2023, 10:45 - 12:15

Introduction

Infant mental health home visiting (IMHHV) has been shown to have positive effects on early parent-child relationships by increasing parenting sensitivity and reflective functioning and improving maternal mental health. However, perinatal mothers, especially those at heightened mental health and psychosocial risk, are often hesitant to follow up on referrals to IMHHV. Therefore, strategies to increase the uptake of IMHHV will benefit families in need.

Aim of the study

This study investigated whether embedding an Infant Mental Health-trained Behavioral Health Consultant (IMHBHC) in prenatal care would increase uptake of IMHHV services compared to standard of care.

Materials and Methods

We compared rates of IMH home visiting for women who had received prenatal care with integrated IMHBHC (n=90) with women who had received standard prenatal care (n=68). 75% of families had incomes below \$30,000 and 78% were minoritized race. All participants completed assessments twice during pregnancy and three times postpartum (approximately 6 weeks, 6 months, and 12 months).

We found that overall rates for mental health encounters differed between IMHBHC and comparison groups during pregnancy (88% versus 8%, respectively; chi-square = 84.03, $p < .001$), but not postpartum (9% versus 7.5%, respectively; chi-square = 0.00, $p = .99$). In contrast, perinatal rates for IMH home visiting differed significantly between the IMHBHC and comparison group (14.4% versus 4.5%; chi-square = 4.2, $p < .039$). Among those who received any visits, the number of visits ranged from 1 to 67. Logistic regression showed a greater likelihood of receiving home visiting services for those in the IMHBHC prenatal care group compared to women in standard prenatal care (OR = 2.95, $p = .022$).

Conclusions

Having an infant mental health behavioral health consultant (IMHBHC) available in pregnancy clinics increased mental health services during pregnancy as well as home visiting services across the perinatal period.

T1-BOP7.4

Developing an area based IMH Community of Practice: a focus on Circle of Security® Parenting™

Ms Hazel Murphy^{1,2,3}

¹Youngballymun Abc Programme, Dublin, Ireland, ²Irish Forum For Child and Adolescent Psychoanalytic Psychotherapy, Dublin, Ireland, ³Irish Association for Infant Mental Health, , Ireland

T1 - BOP7: IMH Services 1, Liffey Meeting Room 2A, 18 July 2023, 10:45 - 12:15

Introduction

Youngballymun, a prevention and early intervention strategy, is part of a national Area-based Childhood (ABC) programme in Ireland. The Youngballymun strategy is focused on developing capacity of parents and practitioners across children's services in the health, early years, primary education and other sectors to improve learning and wellbeing outcomes for children.

Purpose

Youngballymun has supported the development of an infant mental health community of practice which has allowed practitioners to develop their knowledge and skills in infant mental health, learning from each other in order to support parents in their parenting role.

Description

In 2016 Circle of Security® Parenting™ was added to the suite of IMH services available to families through Youngballymun. This was soon developed into a wider strategy which included a focus on embedding the skills and tools to implement COS-P within existing staff in voluntary and statutory services. Youngballymun have funded practitioners from a wide range of these services to attend the training, followed by post-training support in programme implementation.

Conclusion

The workshop will outline how an Implementation Science Framework supports the growing community of practice of COS-P™, placing it within the wider context of a community-wide IMH strategy. It will be followed by 2 presentations by our partners from Primary Care Psychology and Speech and Language Therapy.

The Practice of Communities of Practice

Dr Carla Peterson¹, Dr Kere Hughes-belding¹, Dr Gina Cook²

¹Iowa State University, Ames, United States of America, ²California State University, Stanislaus, Turlock, United States of America

T1 - BOP7: IMH Services 1, Liffey Meeting Room 2A, 18 July 2023, 10:45 - 12:15

A Community of Practice (CoP) is a group of people who share a concern or a passion for something they do and learn to do it better as they interact regularly. CoP are being used widely to provide training and support to home visitors and more recently for home visit supervisors. Development and implementation of CoP will be described in this workshop.

Presenters have developed CoP for home visitors, and separately for home visit supervisors. Activities undertaken to develop community partnerships, create and refine content, develop implementation and reporting procedures, and recruit participants will be described. CoP participants reported gaining knowledge and skills in a several areas. Home visitors identified concepts they learned or had reinforced (e.g., coaching strategies, mindfulness, and collaboration skills) and reported feeling reassurance in their practices. Additionally, home visitors reported using coaching strategies to support families during the COVID-19 pandemic, and being intentional about discussing with families what they notice about their children's behaviors and developing skills.

Still, researchers have identified need to deepen understanding of the theory of change guiding home visiting programs and the importance of intervening to enhance parent-child interactions. This is key to facilitating effective home visits and influences all aspects of home visiting programs from communication with stakeholders, staff and family recruitment, supporting home visitors, and building community alliances. CoP content, developed through an iterative process, focuses on theory of change for home visiting programs, coaching (supervisors coaching HVs, HVs coaching caregivers, and caregivers coaching children), assessment, and use of data to support effective home visit practices.

Participants will engage in activities designed to help them learn about developing and implementing a CoP. Activities will expand participants' awareness of ongoing training and support needed to strengthen home visiting services and motivate them to facilitate continued growth and learning among their colleagues.

T1-BOP7.6

Making Infant Mental Health everybody's business: The birth of an Infant Mental Health Network.

Ms Helen Ryan¹

¹Abc Start Right Paul Partnership, Dominic Street Limerick , Ireland , ²Irish Association For Infant Mental Health, Ireland,

T1 - BOP7: IMH Services 1, Liffey Meeting Room 2A, 18 July 2023, 10:45 - 12:15

Introduction:

Infant Mental Health Networks support workforce capacity and competencies in Infant Mental Health in line with national and international best practice models. This presentation traces the establishment and development of the Limerick Infant Mental Health Network (LIMHN).

Purpose:

In recent years, an emphasis on Infant Mental Health in national policy has caused increased interest in setting up Infant Mental Health Networks across the country. This presentation highlights some experiences from Limerick city. Using the LIMHN as a case study, the presentation offers valuable insight into the process of setting up and steering such multi-agency networks.

Description:

The LIMHN is an interdisciplinary network aiming to integrate Infant Mental Health principles into service delivery across a wide range of statutory, community and voluntary agencies. Network members have an opportunity to share experiences, learn from one another, and deepen their knowledge of IMH theory and competencies. Through a reflective practice approach, the meetings offer members a space to explore how theoretical concepts can be translated into everyday practice and service delivery.

This presentation touches on key positive outcomes and challenges in running the LIMHN. We will discuss the national policy context within which the network developed. We will talk about the role of inter-agency collaboration, and the importance of multi-sectoral partnership. We will also look at expanding the network membership, developing the network, and adapting in the face of a global pandemic.

Conclusion:

Infant Mental Health networks can support practitioners to understand the principles of IMH and their application across sectors, thereby deepening knowledge, skills and continuous professional development on theoretical frameworks and evidence-based reflective practice underpinning IMH. Additionally, IMH networks can provide a forum for developing and strengthening interagency / collaborative working, developing a shared language of IMH, sharing resources, expertise, skills, and conducting IMH collaborations across agencies within the community.

CoAction against Adversity: A community-based approach for screening and treating children's mental health problems

Dr Marlene Sousa¹, Dr. Helena Grangeia¹, Professor Barbara Figueiredo², Professor Teresa Freire², PhD Adriana Sampaio², Dr. Mariana Amorim¹, Professor Isabel Soares^{1,2}

¹ProChild CoLAB, Guimarães, Portugal, ²University of Minho, Braga, Portugal

T1 - BOP7: IMH Services 1, Liffey Meeting Room 2A, 18 July 2023, 10:45 - 12:15

Covid-19 pandemic posed an unprecedented challenge to society. Besides the health-related effects, it has dramatically changed life conditions of the world population, constituting a large-scale adverse experience, with implications for individuals' mental health. It has already been demonstrated that the loss, fear and stress associated with Covid-19 pandemic exacerbated existing mental health problems and contributed to a higher incidence of stress and trauma related disorders, particularly in vulnerable groups as children. Indeed, Covid-19 pandemic and public health related measures, including confinement, social distancing and school closure, were stress-inducing factors with potential impact on parents' and children's mental health and well-being. Therefore, interventions aiming to promote mental health and to treat psychological problems should address pandemic as an adverse experience that affect, in the long term, children but also the entire community. Hence, using a multilevel approach and the articulation of community resources, the CoAction Against Adversity, being implemented since February 2021, aims to (1) conduct a community online screening and psychological assessment to identify the prevalence of and risk factors for psychological problems in children from 3-10 years of age from the city of Guimarães, Portugal, and (2) deliver a psychological intervention for those presenting mental health problems, assessing its feasibility and efficacy. Between February and July 2021, 1094 children were screened using the Strengths and Difficulties Questionnaire (Goodman, 2005; Fleitlich, Loureiro, Fonseca, & Gaspar, 2005). From these children, 20% (n=219) showed signs of mental health problems, with significantly higher levels of externalizing problems (M=11.56; SD=2.39) – hyperactivity and conduct issues – than internalizing problems (M=7.78; SD=2.71) – emotional and peer issues. From these 219 children, 36% (n=79) were targeted for psychological treatment, which demonstrated high rates of adherence and clinical efficacy. The design of public health policies and interventions should include community actions based on empirical evidence.

Engaging the Field: Developing an Infant Mental Health Community of Practice

Early Intervention Professional Development Consultant Lisa Terry¹, Dr. Elvia Cortes^{2,3}, Dr. Christine Spence⁴ ¹Virginia Commonwealth University/Partnership For People With Disabilities, Richmond, USA, ²FINE Infant Program, Rancho Cucamonga, USA, ³California Polytechnic University, Pomona, USA, ⁴Virginia Commonwealth University, Richmond, USA

T1 - BOP7: IMH Services 1, Liffey Meeting Room 2A, 18 July 2023, 10:45 - 12:15

Introduction:

Infant mental health (IMH) has continued to grow interest over the years, especially since the pandemic. Although IMH continues to be a hot topic, it is still a relatively new concept to many practitioners and administrators all over the world, with a low number of IMH endorsed professionals. After attending the Division of Early Childhood's (DEC) International Conference in 2021, participants were interested in continuing the conversation about IMH work. A multidisciplinary DEC Community of Practice (CoP) focusing on IMH was formed. "CoPs refer to groups of people who genuinely care about the same real-life problems or hot topics, and who on that basis interact regularly to learn together and from each other" (Pyrko, Dörfler, & Eden, 2017, p. 390). This session will discuss the formation of the CoP and work over the past year.

Purpose of work:

Contribute to the birth-3 IMH field by building capacity for professionals around IMH topics, increasing knowledge of IMH topics within local communities (including parents), supporting higher education in providing accessible courses and/or certification related to IMH, increasing awareness of and advocating for IMH within local/state agencies, and exploring funding opportunities for IMH activities. Participants receive a network of support across practitioners, higher education faculty, professional development providers, and families with a shared interest in supporting the emotional well-being of young children and their families.

Description of work:

Participants will reflect on ways to incorporate an IMH CoP in their community. There will be discussion about the benefits, including creating awareness and networking opportunities.

Conclusion:

This interactive session will support participants in facilitating a CoP to advance the IMH field in their community.

References

Pyrko, Dörfler, V., & Eden, C. (2017). Thinking together: What makes Communities of Practice work? *Human Relations* (New York), 70(4), 389–409. <https://doi.org/10.1177/0018726716661040>

T1-BOP35.1

Multisensory and sensorimotor development and screen exposure on 6-36 months infants

Dr Ayala Borghini¹, Dr Fleur Lejeune, Mrs Estelle Gillioz, Mrs Tiziana Bellucci

¹Hets, Geneva, Switzerland

T1 - BOP35: Digital media, Wicklow 2A, 18 July 2023, 10:45 - 12:15

Introduction and aim

Screen exposure in infancy is a main concern for families as well as for early development professionals. The present study purpose is to explore the links between the experience of being exposed to multiple screens in the family life and the sensorimotor development as well as emotional regulation during parent-infant interactions.

Material and Methods

Infants between 6 and 36 months and their families are recruited in the day care services. A sensorimotor assessment as well as a 5-minutes parent-infant play are proposed and coded to offer a detailed developmental perspective. Questionnaires about screens habits in the family are completed by parents to evidence the infant's exposure status.

Results

The first results show that the more a child would present behavioral and emotional issues the more he or she would be exposed to screens as helping their regulation process. Very young infants are less prone to be exposed to screens, but it seems to be more because they do not represent a strong challenge for parents as toddlers do according to behavioral difficulties.

Conclusions

Understanding the links between screen exposure in infancy and early development is of crucial importance today. This study that considers the quality of parent-infant interaction simultaneously with sensorimotor development tries to explore these links with all the complex factors that can influence developmental process.

The role of child's emotional reactivity, parental distress, and screen-related practices in early screen use

Dr. Rima Breidokiene¹, Prof. Dr. Roma Jusiene¹

¹Vilnius University, Vilnius, Lithuania

T1 - BOP35: Digital media, Wicklow 2A, 18 July 2023, 10:45 - 12:15

A recent meta-analysis revealed that just 35.6 per cent of children aged two to five years met the pediatric guideline of spending no more than an hour a day in front of a device (McArthur et al, 2022). Child characteristics (e.g. gender, age and temperamental traits) as well as parental characteristics (e.g. educational level and parental distress) may be important to understand parental media-related decisions for screen use in early childhood, especially in stress-induced situations like COVID-19 pandemic. In the current study, we examined the associations between 2-5 year olds' total screen time, child's emotional reactivity, parental stress and screen-related parental practices. Parents of children aged 2-5 y.o. (N = 295, 48.8 % girls, mean age = 3,63 years, SD = 1,12), completed an online survey reporting on child's educational and leisure screen time in a weekday and weekend, parental distress and parental screen-related practices (e.g. how often parents use screens to calm down a child or to reward a child) in 2021 spring. The emotional reactivity was assessed by Child Behavior Checklist (CBCL/1.5-5, Achenbach & Rescorla, 2000). The results showed that only 31.9 % of children spent less than an hour a day in front of screen. Controlling for the child age, the overall leisure screen time was significantly related to higher child's emotional negativity and more frequent screen-related parental practices. Parental distress was positively related to child's negative reactivity and screen-related parental practices. The regression analysis revealed that the higher leisure screen time was predicted by elder child's age, lower parental education, higher emotional reactivity, and more frequent screen-related practices. According to SEM analysis, parental distress added to screen time indirectly through screen-related parental practices. The findings of the study are important to understand the media-related parenting and ways to support healthy media use habits in early childhood.

Emotional Availability and Digital Media Usage in Mothers and Preschool Children

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¹Haifa University, Haifa, Israel, ²Oranim College, , Israel

T1 - BOP35: Digital media, Wicklow 2A, 18 July 2023, 10:45 - 12:15

INTRODUCTION

Emotional availability (EA) refers to the dyad's capacity to share an emotionally healthy relationship and is seen as a cornerstone of sensitive parenting (Biringen, 2008). Previous research documented associations between EA and children's attachment classifications, emotional understanding, and school readiness. However, the relationship between EA and technology and digital media (TDM) usage remains unknown. In recent years TDM usage has risen considerably, and higher levels of parents' and children's TDM usage were found to be related to less family communication and more disturbances to parent-child playtime and meals.

AIM

The study aimed to examine associations between emotional availability and TDM usage in mothers and preschool children.

MATERIAL and METHODS

Participants were 89 mothers and their 3-to-6 years-old children. Emotional availability was observed and rated using the Emotional Availability Scales (Biringen, 2008) in free-play, social-play, and digital-device-play. We assessed TDM usage with three measurements: Children's screen media use and habits were evaluated with the SCREENS questionnaire (Klakk et al., 2020); We also asked mothers to report children's TDM usage in various daily situations (e.g., before bedtime) and to report TDM usage for each hour during seven consecutive days, for herself and her child.

CONCLUSIONS

Our findings showed that mothers with higher EA reported lower levels of child and mother TDM usage, and their children used TDM in fewer situations. Associations between children's EA and TDM usage were not found. The study highlights the interplay between maternal EA and TDM usage, and supports the reduction of parents' and children's screen time while encouraging parent-child quality interactions.

Biringen, Z. (2008). The Emotional Availability Scales (4th ed.). Unpublished manuscript, Boulder, Colorado.

Klakk, H., et al. (2020). The development of a questionnaire to assess leisure-time screen-based media use and its proximal correlates in children (SCREENS-Q). *BMC Public Health*, 20(1), 1-12.

The Elephant in the Playroom, Early-Life Screen Time and Autism

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T1 - BOP35: Digital media, Wicklow 2A, 18 July 2023, 10:45 - 12:15

Introduction:

Higher screen time is associated with developmental delays. Recent studies have shown a relationship between early-life screen time and autism.

Aim:

To review research on screen time and autism, covering both association and intervention studies, while also discussing the importance of parent-child interaction and how screen time impacts these critical interactions.

Description:

Parent child interactions such as responsiveness to the child and using language directed to the child are associated with positive developmental outcomes. Screens interfere with these critical interactions, and they offer little learning to young children compared to in-person interaction. Research finds that early-life screen time is associated with subsequent autism symptoms and diagnosis (1). Interventional studies suggest that young children with autism symptoms or diagnosis and high screen viewing can make unusually rapid progress when intervention includes screen reduction. We present details of a prospective pilot study including parent training on screen time and child development, and 1-hour weekly support to reduce screen time and utilize strategies for child engagement (2). Significant reductions in autism symptoms and parent stress were found after the 6-month study compared to baseline.

Conclusions:

While further research is needed, we urge greater awareness of current findings on screen time and autism. Interventionists and parents may wish to consider a trial of screen reduction along with socially oriented intervention in young children with autism and high screen viewing.

1. Kushima, Megumi et al. "Association Between Screen Time Exposure in Children at 1 Year of Age and Autism Spectrum Disorder at 3 Years of Age: The Japan Environment and Children's Study." *JAMA pediatrics* vol. 176,4 (2022): 384-391. doi:10.1001/jamapediatrics.2021.5778
2. Heffler Karen Frankel et al. "Screen time reduction and focus on social engagement in ASD: A pilot study. *Pediatr Int*. doi.org/10.1111/ped.15343.

Digital media and early childhood- the position paper of GAIMH and beyond

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¹GAIMH, Freiburg, Germany

T1 - BOP35: Digital media, Wicklow 2A, 18 July 2023, 10:45 - 12:15

Foreground and background screen media exposition of infants and toddlers together with technofence have continuously increased in the last decades. Covid-19 pandemic and introduction of Home Office have caused another steep rise. The effects on the development in early childhood are subject to research. Studies of high quality are rare.

Foreground exposition is showing predominantly negative effects by displacing exploration with all senses. Technofence (Technology & Interference), e. g parental smartphone use in the presence of the child is disrupting parent-infant-interaction, play or meals. Parents are mostly not aware of the fact that these "normal" situations are stressful for their child and cannot be balanced without their emotional presence. This can be a risk for the development. Parents are furthermore confronted with rather aggressive marketing of digital applications for young children promising educational and safety benefits without scientific proof.

The GAIMH established an interdisciplinary working group on "Digital Media and Early Childhood". A position paper was published in 2022 which contains

- a review of the current state of research regarding several developmental outcomes
- an appraisal thereof in the light of the developmental needs
- suggestions for the training of early childhood professionals
- recommendations for counselling of parents, with examples of non-judgemental and resource-oriented ways of providing information and guidance
- recommendations on the political and legislative level

We want to present and discuss key findings and suggestions from this paper, put it into the WAIMH context and open the perspective on early child-care settings where screen media are used. The gap in research with the focus on foreground exposition and technofence should be closed soon.

References

German speaking Association for Infant Mental Health (2022) Position Paper "Digital Media and Early Childhood: State of Research, Effects and Recommendations".

How does the use of smartphones change for new mothers?

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T1 - BOP35: Digital media, Wicklow 2A, 18 July 2023, 10:45 - 12:15

Today's adults are likely to use smartphones, which are pervasive in their abundance and persuasive in design. Using a smartphone during infant care is associated with suboptimal outcomes for the parent/child relationship, and therefore child development. Empirical information about the extent to which mothers' smartphone use reflects an understanding of potential harm, and whether their smartphone perceptions, intentions and behaviours change at the transition to parenthood, has been lacking. To address this, we used a pre- and post-partum, matched-controlled observational design, in which first time mothers (n=65) and their nominated "research buddies (RB)" (n=29) were surveyed and used a screen-time tracking app (Moment) for seven days. Data were gathered in late pregnancy, and again at 6-8 weeks postpartum. Pregnant women and RB had mean phone use of 205 and 198 minutes/day (range: 37-562 mins/day, 61-660 minutes/day), respectively. Pregnant women and RB had mean daily phone pickups of 53 and 54 (range: 2-223 pickups/day, 5-142 pickups/day) respectively. Postpartum, both groups saw increases in both measures; the new mothers' time on device increase being statistically significant ($p < 0.001$). These measured increases contrast with a reduction in both groups' scores on the Mobile Phone Problem Use Scale, 10 question version (MPPUS-10), a self-report scale assessing problematic smartphone use. For the new mothers, the average matched MPPUS-10 score saw a statistically significant reduction. This suggests that women's perceptions of their smartphone use differed from their objectively measured use. These findings, along with other results, reinforce calls by other researchers regarding the need for guidelines for new parents about limiting smartphone use in infants' presence. This project includes this call for guidelines as part of a suite of recommendations to support new mothers in enjoying the benefits of smartphone use while minimising the potential for harm to the parent/infant relationship, and therefore to child development.

Not Just for Clients: A Model for Relationship Based Practice at the Organizational Level

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¹Rutgers University, New Brunswick, United States

T1 - BOP36: IMH workforce development, Wicklow 2B, 18 July 2023, 10:45 - 12:15

Introduction and Aim:

Long recognized as a key mechanism for change, relationship-based practice requires explicit attention to the clinician-client relationship. The vast literature on relationship-based practice, however, often examines client-clinician relationships outside of the organizational settings where most clinical work occurs. We identify strategies for creating an organizational parallel process for infant mental health work.

Methods:

This work is based on ethnographic observation and semi-structured interviews (N=73) about the implementation of The In-Home Recovery Program (IHRP). IHRP is an intensive, in-home program that combines substance use disorder and individual treatment, parent-child dyadic therapy, case management, and group treatment for parents with children under the age of 72 months in the child protection system. Data analysis utilized a rapid analysis approach, triangulating between field notes and interview data.

Results:

Close attention to building relationships across all stakeholders has been a key part of implementation and represents a parallel process by which the core tenets of the intervention are upheld and modeled. Multiple formal processes have been enacted to create relationship-based practice at the organizational level. These processes include: 1) regular meeting structures involving different constellations of stakeholders and partners; 2) integrated training in the intervention across organizations and roles; 3) explicit attention to points of relational stress or disagreement in monthly case conferences; 4) continuous quality improvement through a mixed-method evaluation that provides quarterly opportunities for formal reflection and; 5) clinical consultation and reflective supervision that considers relationships between team members, partners, and organizations to be as important as clinical processes with clients.

Conclusion:

The IHRP program is being implemented using a relationship-based organizational process that facilitates implementation. How organizations implement relationship-based interventions can offer a powerful model for clinical staff that can fuel investment in client relationships. It is important to attend to relationships at the organizational level.

T1-BOP36.3

(Re)considering the "Table" while Adding More "Seats" - Diversifying the Infant Mental Health Workforce

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T1 - BOP36: IMH workforce development, Wicklow 2B, 18 July 2023, 10:45 - 12:15

Introduction

It is well documented that disparities in health and wellbeing outcomes, exacerbated by COVID-19 the pandemic, persist alongside demographic mismatches in the helping professions, including the infant and early childhood mental health (IECMH) workforce, between those who provide and those who receive services especially as the professional education and credentialing requirements increase. Extant evidence supports that demographic matching of trained professionals and client families influence positive service outcomes. In addition, evidence drawn from sociological and anthropological studies suggest that western centric knowledge and understanding and the associated standards and norms of child and family development and interactions used as the bases for prevention and intervention services may have iatrogenic effects on the health and wellbeing of children and families from historically marginalized communities – the same communities that underrepresented in the workforce. Despite decades of effort to bring people from underrepresented communities “to the table,” underrepresentation persists. We present for discussion a state-wide, IECMH professional development program.

Aim of program

One goal of the professional development program and the focus of this workshop is on diversifying the IECMH clinical workforce.

Description of Program

We drew on the diversity-informed practice principles to guide our understanding of how systemic inequities perpetuate barriers to workforce diversification and utilized anti-racist, anti-oppressive frameworks to guide the design and implementation of the professional development program. As we continue to make room at the IECMH table, we (re)considered the table’s role in perpetuating barriers and worked to see the table differently, holding in mind the experiences of prospective IECMH professionals from underrepresented communities, their training and educational opportunities, and the context in which they will practice.

Conclusion

This workshop includes a brief presentation about our program before opening up the space for a dialectic to consider the need, approach, and benefits to diversify the IECMH workforce.

T1-BOP36.4

Implementing the Infant Mental Health Endorsement in Virginia: Reflections and Lessons Learned

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¹Virginia Commonwealth University, ,

T1 - BOP36: IMH workforce development, Wicklow 2B, 18 July 2023, 10:45 - 12:15

Introduction

This study was conducted to gather information to inform key stakeholders in Virginia's Infant/Early Childhood Mental Health workforce who are involved in the Infant Mental Health Endorsement®. The Endorsement® sets universal standards to ensure that professionals have the necessary experiences and knowledge to best support children and families (Funk et al., 2017).

Aim of the Study

For this study, we investigated the impact the Infant Mental Health endorsement has had on practice and the barriers to completing the endorsement process. The following research questions guided this study: 1) who is part of the infant mental health endorsed workforce in Virginia? 2) what are the benefits and barriers to the Endorsement® process?

Material and Methods

The online survey was researcher-developed and consisted of a mixture of open-ended and multiple choice questions. Thematic analysis was used to group participant's responses on the open-ended questions, including the purpose for pursuing endorsement, barriers to completing endorsement, impact of the endorsement process on their practice, benefits of the endorsement process on their practice, and the benefits for children and families.

Conclusions

Results indicate that candidates having support from their place of employment is a key factor as to whether they complete their endorsement. Ongoing reflective supervision and building knowledge and connections are additional important aspects of the endorsement. Barriers to the endorsement process include cost, time, lack of professional recognition and compensation state-wide, and system infrastructure. Information gathered from the survey will be used to better support the Infant Mental Health Endorsement® process, and the initiation of the Early Childhood Mental Health Endorsement.

Funk, S., Weatherston, D. J., Warren, M. G., Schuren, N. R., McCormick, A., Paradis, N., & Van Horn, J. (2017). Endorsement®: A national tool for workforce development in infant mental health. *Zero To Three*, 37(3), 50-57.

T1-BOP36.5

Child Welfare Workforce Development to Support Infant Mental Health: Leveraging Relationships

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T1 - BOP36: IMH workforce development, Wicklow 2B, 18 July 2023, 10:45 - 12:15

Introduction

Infants and young children are the population most vulnerable to maltreatment, with more than one quarter (28.6%) of victims of maltreatment in the United States being birth to 2 years old (U.S. Department of Health and Human Services, 2022). As such, an important target area for infant mental health workforce development is the child welfare workforce.

Purpose

Right Start for Colorado, a workforce development initiative funded by SAMHSA and additional local funders, identified these child welfare workers as an important target for workforce development.

Description

Over the course of the Right Start for Colorado project (2018-present), a relationship was developed between infant mental health trainers and the local child welfare department's Learning and Development team. Regular planning conversations were held to determine the best ways to deliver trainings, topics that may be of most interest, and how to include additional benefits for attending trainings (such as child welfare specific continuing education credits). Over the course of the past 4 years, 20 trainings have been provided to 337 individuals.

Conclusions

Overall, evaluation results from these trainings have been incredibly positive. Challenges arise at times, such as adjusting to a pandemic and encouraging interaction in virtual trainings. Lessons learned include the importance of relationships, utilizing multiple benefits for participants, and accessibility. Application for expanding more broadly statewide will be discussed.

T1-BOP36.6

Work discussion group for nursery educators: a Brazilian researcher's experience with this group listening device

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T1 - BOP36: IMH workforce development, Wicklow 2B, 18 July 2023, 10:45 - 12:15

Introduction

Nursery educators rarely have time or opportunity to reflect on their daily routine with infants and small children.

Aim

The aim of this study was to offer a group listening space for nursery educators to reflect on the challenges involved in the function of infant care and education in daycare centers.

Method

There were two editions of the work discussion group, with five nursery educators participating in the first one, three of which also participated in the second. The participants were nursery educators working in public daycare centers in Porto Alegre/Brazil. Each edition was composed by three meetings and was conducted by three facilitators. During each meeting the nursery educators were invited to speak freely about their professional practices. At the end, each facilitator wrote a report that was read and discussed in a weekly group supervision.

Results

Qualitative analysis revealed that the work discussion group seemed to offer a potential space for the nursery educators to reflect on their different daily work routines. An atmosphere of complicity was created between the nursery educators that enabled them to share a diversity of experiences. In the group discussions they were able to have their experiences recognized and validated by their colleagues, and to recognize themselves in their colleagues' experiences. By the work discussion group the nursery educators became aware of how they often used more mechanized and controlling forms of care and education in order to facilitate their work and to protect themselves from excessive intimacy. We also identified that they valued the space created for professional reflection, which produced both identification and surprise reactions.

Conclusions

The work discussion group was shown to be an effective and potent listening group device. It clearly simulated reflexivity, helping nursery educators to critically reflect on their work routine involving infants and small children.

Listening and supporting: Implementing infant/early childhood mental health consultation to strengthen the public health workforce

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T1 - BOP36: IMH workforce development, Wicklow 2B, 18 July 2023, 10:45 - 12:15

Introduction and Aim

The COVID-19 pandemic has highlighted the need to strengthen the public health workforce (Ramos, et al., 2022). A promising but overlooked approach to addressing this need is Infant/early childhood mental health consultation (IECMHC). IECMHC is designed to help staff reflect on and manage relationships with families and children, reduce stress and burnout, and increase job satisfaction. This presentation describes findings from a pilot of a new cross-system, embedded model of IECMHC in public health settings. The consultation model was implemented in public health centers in a large midwestern state intensively for 12 months, then intermittently for 3 months. The evaluation sought to understand the impact of IECMHC on staff's reflective capacity, self-efficacy, skills, and relationships. Additionally, we examined organizational factors affecting implementation and impacts of the COVID-19 pandemic.

Materials and Methods

The study used a pre-post design using involving four public health settings in urban and rural areas. Methods included: consultant logs of activities; surveys, including standardized measures of burnout and reflective capacity; and qualitative interviews before, during, and after consultation.

Results: The IECMHC model was successfully implemented in public health settings, despite challenges of organizational structures, staff turnover, and COVID-19. There were no significant changes in standardized measures over time. However, improved reflective capacity and reflective supervision quality predicted reductions in staff emotional exhaustion. Qualitative data also showed positive changes in staff reflective capacity and communication with families.

Conclusions

Results provide helpful lessons for incorporating IECMHC into public health settings to strengthen the workforce to better meet the needs of families and young children.

Reference

Ramos, L.R., Tissue, M. M., Johnson, A., Kavanagh, L., & Warren, M. (2022). Building the MCH Public Health Workforce of the Future: A Call to Action from the MCHB Strategic Plan. *Maternal & Child Health Journal*, 1-7. <https://doi.org/10.1007/s10995-022-03377-7>

T1-BOP36.8

Infant Mental Health Workforce Development: Using Internships, Externships and Systemic Approaches

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T1 - BOP36: IMH workforce development, Wicklow 2B, July 18, 2023, 10:45 - 12:15

INTRODUCTION

This presentation will provide information on the way a hospital in Western Australia and a State in the United States of America used national and international research to develop a sustainable infant and early childhood mental health system of care. The presentation will focus on both local workforce development and large scale workforce development.

Hospital: High quality training and preparation of graduate trainees ensures those entering the workforce are equipped with necessary skills and expertise to work in perinatal and infant mental health (PIMH). Pregnancy to Parenthood (P2P) builds workforce capacity through providing graduate students an intensive 10 month placement in a community based perinatal and infant mental health service in Perth, Western Australia.

State: While the outcome of the State's efforts are to improve the clinical competency of clinicians serving children birth through five and their families, the presentation will focus on sharing the systemic approach to growing State-wide competence in the workforce and modifying policies to sustain the use of evidenced based practices to fidelity.

AIMS or PURPOSE

- o Participants will learn how to develop a state-wide (large scale), evidenced based early childhood mental health system of care.
- o Participants will learn how to develop a PIMH placement designed for graduate students that builds PIMH skills and is aligned with an internationally recognised endorsement and competency framework.
- o Participants will learn how to grow graduate workforce capacity by providing a specialised PIMH placement opportunities in a community based integrated PIMH clinical service.
- o Participants will learn about the graduate training experience towards building skills that enables them to enter the workforce with clinical capacities to work with infants, young children and their families beginning in pregnancy.
- o Participants will learn how to grow the workforce by providing training, consultation, and supports around certification.
- o Participants will learn about standardized clinical outcome measures that can be used to measure clinical progress in young children.
- o Participants will learn how one US State changed its public funding policies to support the sustainability of the evidenced based early childhood clinical work.

DESCRIPTION

The presenters will describe an overview of the therapeutic interventions provided to families at P2P and throughout the State of Minnesota.

Hospital/P2P: The presentation includes a detailed description of the specialised training program offered to graduate students completing their Master of Clinical Psychology. The P2P training model, aligned with the Australian Association For Infant Mental Health Competency and Endorsement framework builds competencies through three core components; (i) knowledge, (ii) direct service skills and (iii) clinical and reflective supervision. The presenter will provide reflections from the staff and graduate trainees that explore the trainees experience of completing a placement and learning within a model that is multifaceted and relationship based. Outcome data will also be presented to demonstrate the effectiveness of the P2P intervention model with highly vulnerable families which is predominantly delivered by graduate trainees.

State: The presentation will also describe the State of Minnesota's use of developmental research to develop and sustain the use of evidenced based clinical assessments and treatments for young children. Specifically the presenter will discuss the use of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5), the State-wide certification of clinicians in Attachment Bio-Behavioral Catch-Up (ABC), Child Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT), the presenter will share the outcome measures used to assess the effectiveness of the interventions, and finally, the presenter will discuss how the public medical insurance rules were changed to support the sustainability of clinicians' uses of the evidenced based assessments and treatments.

CONCLUSION

It is hoped that participants will be able to use the information to promote both local and large-scale workforce development that is evidence based, research informed and sustainable.

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T1-BOP39.1

Pilot to controlled trial to scaling up: supporting resilience in young children impacted by conflict.

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T1 - BOP39: Building hope: Evidence base positive narratives about futures of young children in difficult circumstances, Liffey Meeting Room 2B, 18 July 2023, 10:45 - 12:15

Introduction

Young children growing up in conflict zones are at high risk for trauma, mood disorders, and other poor outcomes.

Purpose of the programme

This presentation will outline the process and progress to date for the Early Years Media Initiative for Children Revised Toddler Module, a program that supports the development of resilience in young children and families impacted by conflict through a program delivered through early childhood care centers and founded on principles of responsive caregiving and reflective practice.

Description of project

The presentation will share how this program has developed and unfolded to date as an example of a scalable evidence informed and measurement-based program that can be a model for other programs.

Conclusions

Streamlined staff training coupled with reflective practice can improve responsive caregiving in staff and parents in a scalable programme with indicators of better developmental trajectories and resilience in toddlers impacted by armed conflict.

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EMPATHIC RESPONSES IN PRESCHOOL CHILDREN USING A KIND METHOD AND EMQUE TEST SCORES

Dr Karen Harris¹

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T1 - BOP39: Building hope: Evidence base positive narratives about futures of young children in difficult circumstances, Liffey Meeting Room 2B, 18 July 2023, 10:45 - 12:15

Introduction

Since the 1970s, social-emotional intelligence has been a research topic with infants through adulthood. The literature cites empathy as a key SES for success in relationships, academic achievement, and successful employment.

Purpose

Research studies involving the social-emotional response in infants and young children have typically involved a method that causes anxiety or fear. This research study incorporated a kind method to document empathic responses with children 4-5 years old using the “The Pink Pencil Test.” The aim was to evaluate empathic responses and outcomes using a kind test method.

Description

The test consisted of a structured activity with a small group that required empathizing and sharing with a child in need. The subjects included 129 boys and girls at seven preschools. Children were randomly divided into groups of six children. The researcher conducted a drawing activity, including a step in which one child would lack the necessary “pink pencil.” The researcher did not intervene when this child requested help. The children's responses during the activity were documented as empathic or non-empathic, verbal, or action. The lead preschool teacher completed the empathy EmQue Test scores. The score on each question for each child was comparatively analyzed using a chi-square method with fascinating and unexpected results.

Conclusions

This research supports the idea of incorporating kindness and the action of empathy with peers in preschool as an important component of the curricula. According to the literature review, developing empathic and other social-emotional skills at a young age can decrease bullying and violence, and increase the potential for strong interpersonal relationships, higher academic achievement, and vocational success throughout the spectrum into adulthood.

T1-BOP39.3

Supporting resilience in young children and families impacted by conflict: Using media technology during pandemic

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T1 - BOP39: Building hope: Evidence base positive narratives about futures of young children in difficult circumstances, Liffey Meeting Room 2B, 18 July 2023, 10:45 - 12:15

This presentation will provide the technology tools and structure used to connect with families and young children during the pandemic through the Early Years Media Initiative for Children Revised Toddler Module. The program supports the development of resilience in young children and families impacted by conflict through a program delivered through early childhood care centers and founded on principles of responsive caregiving and reflective practice. During the pandemic, additional forms of connections were needed. New approaches using media and technology were developed. The program used short-form videos to reach out to support young children and families during a difficult time of isolation. Virtual meeting technology was employed for caregiver reflective practice and video support for responsive caregiving. Best practices as developed as a result of this process will be shared.

T1 - BOP 39.4

Parents reports of their experience of a health care intervention for their young, unsettled infants.

Dr Genevieve Keating¹

¹Fielding Graduate University, Santa Barbara, USA

T1 - BOP39: Building hope: Evidence base positive narratives about futures of young children in difficult circumstances, Liffey Meeting Room 2B, 18 July 2023, 10:45 - 12:15

Introduction

Parents seek help when their children have difficulty with breastfeeding, settling, excessive crying, and sleeping issues. Early experiences impact attachment and have significant impacts on long-term health and well-being.

Aim of the study

This presentation will give voice to parents' experience of a healthcare service, its impact on their child's health, and the parents' early care-giving experiences.

Material and Methods

This presentation reports on a mixed methods study analyzing data from an Australian government survey of 22,043 parents' responses to their experiences of chiropractic care for their children.

Conclusions

This presentation provides rich information on parents' experience of their infant's and children's health and development, and the parent's own experience of bonding and attachment improvements after chiropractic care. It has important implications for children's health, development, and well-being.

T1-BOP39.5

Building hope: Evidence base positive narratives about futures of young children in difficult circumstances

Dr Joshua Feder¹, Dr Frances Poteet¹, Dr Robin Treptow¹, Dr Karen Harris¹, Dr Jerri Lynn Hogg¹, Dr Deborah Sussman¹, Beth Osten¹, Dr Genevieve Keating¹

¹Fielding Graduate University, Santa Barbara, USA

T1 - BOP39: Building hope: Evidence base positive narratives about futures of young children in difficult circumstances, Liffey Meeting Room 2B, 18 July 2023, 10:45 - 12:15

Building hope: Evidence base positive narratives about futures of young children in difficult circumstances

Responsive caregiving has a deep and long term impact on early child development. Cross-disciplinary contributors from child psychiatry, psychology, occupational therapy, speech-language pathology, and chiropractic fields will report on research and clinical projects aiming to improve parent-child relationships in the midst of biological or situational challenges. Clinical projects include use of developmental relationship based approaches to overcome trauma by developing self-regulation; understanding parents' perceptions of their child's developmental and emotional needs, emotions and functioning during morning routines; and early experiences with chiropractic care and long-term health. Research projects include educating direct service professionals regarding how diverse and stimulating activities build complex brains for children born with complex diagnosis; use of online meetings and videos to support parents during episodes of isolation; scaling up responsive caregiving and staff reflective practice at child care centers for families affected by conflict; building empathy to increase social-emotional success; and using an easily implemented app to measure parent-child connectedness during daily interactions. These presentations will serve as guides to other programs around the world about ways to support healthy development with families and young children.

T1-BOP39.6

The impact of trauma on socio-emotional, cognitive, and language development

Dr Frances Poteet¹

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T1 - BOP39: Building hope: Evidence base positive narratives about futures of young children in difficult circumstances, Liffey Meeting Room 2B, 18 July 2023, 10:45 - 12:15

Responsive caregivers who model self-regulation and co-regulate with their babies, help them manage their emotions so they can play, engage in joyful interactions to build relationships, learn, develop communication skills, and move past trauma. Greenspan's DIR and Functional Emotional Developmental Levels guide addressing the holistic needs of babies from trauma backgrounds and to educate public health service providers for facilitating healthy development in communities (Greenspan, et. al., 2010). Factors impacting integrated development of motor, language, visual, auditory, and sensory processing at each level are discussed. Consistent, secure attachments and co-regulation promote physical and emotional understanding of experiences and interactions. When these needs are satisfied, babies heal and develop executive functioning skills. Developing language enables babies to form healthy attachments within the context of joyful relationships so they learn to self-regulate. With a solid foundation they can effectively navigate experiences in life. For service providers who enter the relationships within the context of trauma, intervention strategies are presented to facilitate monitoring internal bodily states, mindfulness, emotional vocabulary, and interpreting non-verbal facial expressions. Co-regulation and self-regulation are fueled by relationships and lead to healthy social-emotional, cognitive, and language skills. Within loving and secure attachments, babies develop understanding of cause/effect relationships, begin problem solving and make inferences. Self-regulated babies stay calm, manage frustration, plan and organize to get things done so they can overcome trauma and thrive.

Key words: trauma, early childhood

Reference:

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The lived experience of the parent during the morning routine

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T1 - BOP39: Building hope: Evidence base positive narratives about futures of young children in difficult circumstances, Liffey Meeting Room 2B, 18 July 2023, 10:45 - 12:15

Parents and children experience the morning routine that is varied and ranges from calm to stressful. It is an important example of the way parents manage parenting. Parents experience strain from life stressors such as work, marriage, finances as well as from parenting tasks and this is often revealed in the way that the morning routine occurs.

The purpose of this study is to understand parents' perceptions when they need to complete their own and their child's activities of daily living while also attending to and remaining attuned to their child's developmental and emotional needs. Specifically, the morning routine was chosen as an important routine because it establishes the beginning of the day for parents and children and because of its relevance in determining the child's and caregiver's emotional state during the transition from home to school/work.

This qualitative phenomenological study utilized semi-structured interviews of ten employed parents with preschool children who attended morning preschool programs. Participants were interviewed about their experiences of how they make sense of the morning routine. The study emerged from a lack of discussion in the literature concerning parents' morning routine experiences and the prevalence of difficulty with caregiving during this routine. An ecological cultural theoretical approach informed this study which contributed to a deeper understanding of the processes involved in reciprocal interactions between the parent and the child. The results of the data included the primary themes of routine, parents' perception of the child's development, interaction, individual differences, stress, time, appraisal, and coping strategies. This study will inform and benefit families, and other professionals regarding the underlying components involved in the morning routine and the way in which it is experienced. Ultimately, the parent-child relationship has great influence on the emotions and functioning of the parent and the child during the morning routine.

T1-BOP39.8

When birth diagnosis interacts with the sandbox: How can professionals offer hopeful narratives?

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T1 - BOP39: Building hope: Evidence base positive narratives about futures of young children in difficult circumstances, Liffey Meeting Room 2B, 18 July 2023, 10:45 - 12:15

Introduction

There are birth diagnoses for which expected developmental outcomes have been pessimistic (Carroll et al., 2018; Treptow, 2017a; 2017b; 2019). Gaps in what we knew about brain plasticity interacted with social bias and the status quo (de Toma et al., 2016). All babies with certain symptom clusters were expected to do poorly—resulting in less rigorous social, intellectual, physical, communicative, and spiritual challenges.

Study Aim

This study probes historical limits on what babies with early challenges can be expected to do.

Method

This medical and psychological literature review highlights how milieus rich in parent-infant engagement build neural pathways via body-brain connections. The data reveal room for professionals to embrace growth mindsets that foster opportunity.

Conclusions

Scientific findings support overturning limited paradigms and shifting our lens. If activity in the world builds complex brains, how can we help all babies play in the most fun sandbox?

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T1-BOP46.1

Nosotros Jugamos: a cultural and language sensitive Caregiver-Led Parent-Child Group

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T1 - BOP46: Parenting in cultural context, Liffey Meeting Room 1, 18 July 2023, 10:45 - 12:15

Nosotros Jugamos is a facilitated play, support, and psychoeducation evidence-based program with mental health components for caregivers with young children between the ages of 6 - 36 months, priorly called WePlay Español. It is similar to the WePlayDenver (WePlay) except the groups are exclusively held in Spanish and targeted the needs of Spanish-speaking caregivers. Nosotros Jugamos is a cultural sensitivity model pertinent to addressing the needs present within the LatinX population of Colorado, which represents 12% of Colorado's population (Colorado Health Institute, 2015) and 1.1 million Coloradoans identify as Latinx (Latino Leadership Institute, 2017). In Colorado, and more specifically in Denver, only very few mental health professionals are able to offer services in Spanish. Nosotros Jugamos aims to fill the gap by improving communication between Hispanic individuals and their health care providers (American Psychiatric Association, 2017). Nosotros Jugamos facilitators and supervisors are culturally, and linguistically sensitive clinicians trained in offering evidence-based psychotherapy in Spanish.

In this presentation, we will address some of the different culture-specific core values (e.g.: *simpatia* and *respecto*) and stressors (e.g.: social mobility, adaptation problems to a new language, behavioral norms, and values of the new environment) (Rogler et al., 1991, cited in Welsh, 2013) this model is accounting for. In Nosotros Jugamos, the Flexibility of WePlay Denver is applied to the specificities of the LatinX community, reducing acculturative stress from assimilation issues (Crockett et al., 2007), thus promoting mental well-being (American Psychiatric Association, 2017) while supporting participants around childcare practices and normative developmental behaviors. Nosotros Jugamos helps to fill a gap for participants who may feel hesitant or unwilling to ask questions of their care providers for fear of appearing disrespectful.

T1-BOP46.2

An Exploration of Maternal Sensitivity, Culture and Context in a South African Township

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T1 - BOP46: Parenting in cultural context, Liffey Meeting Room 1, 18 July 2023, 10:45 - 12:15

Introduction

Western-developed theories of child development predominate, despite the fact that less than 10% of the world's children are born in the Western world.

Aims of the Study

In an attempt to address the paucity of African studies into parenting and child development, this study aimed to research the applicability of the construct of maternal sensitivity to the context of Alexandra Township, in Johannesburg, South Africa.

Materials and Methods

Using a combined psychoanalytic and social constructionist theoretical framework, this study used a mixed method, concurrent triangulation approach to better understand local maternal behaviour and ideas about good mothering. The study drew on data from eight qualitative interviews and fifty mother-infant interactional videos from the context.

Conclusions

The study found overall congruence between local ideas about good mothering, and Ainsworth's original conceptualisation of maternal sensitivity. Some convergences with subsequent adaptations of the concept of maternal sensitivity were identified, including an unanticipated assertion that local mothers should play with their babies and should not leave their babies with family members. Divergences with more recent Western-developed operationalisations of the construct were found in the areas of warmth, verbal responsiveness, and facilitation of learning. Poverty, threats to safety, and experiences of loss were identified as contextual factors that influence parenting goals, ideals, and behaviours in the setting. Maternal control, interference and non-responsiveness to infant wants and during divided attention were found to be common maternal behaviours in the setting. Such maternal behaviours are put forward as both adaptive and maladaptive, using developmental and evolutionary arguments. Maternal sensitivity is concluded to be an appropriate construct for application in the setting, and the need for infant mental health interventions which can drive social change are highlighted.

T1-BOP46.3

Exploring the Motherhood Constellation in women with pregnancy denial in a hospital in South Africa

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T1 - BOP46: Parenting in cultural context, Liffey Meeting Room 1, 18 July 2023, 10:45 - 12:15

Introduction

This project is an exploration of the Motherhood Constellation and the impact on the mother-infant dyad in a group of women with pregnancy denial in a state hospital in South Africa.

Purpose

This project aims to understand the motherhood constellation in women with pregnancy denial and aims to facilitate the bonding relationship between the mother and child in pregnancy and in the post-natal period. through utilising the parent-infant psychotherapy model.

Description

In my work as a clinician at a South African State Hospital a number of patients have been referred to the Psychology Department with denial of their pregnancy. At the time that these patients were referred to the Department, maternal preoccupation could not be observed and in some cases these women did not recognise their bodies' transitions as being due to pregnancy. Daniel Stern in his book *The Motherhood Constellation* (1995) argues that motherhood creates a unique "psychic constellation". Stern highlights the fact that at around four months of gestation there is an exponential development or what Stern refers to as a "richness and specificity of the maternal representations as her fetus-as-infant" (Stern, 1995, p171). In working with these mothers through their pregnancy and in the post-natal period, the parent infant psychotherapy model enables these mothers to make sense of their pregnancy denial. This presentation outlines the role of the clinician as container and explores the understanding of the motherhood constellation in this particular context.

Conclusions

This project demonstrates that in working with the mother-infant dyad in pregnancy and in the postnatal period, the bonding relationship between the dyad is supported and facilitated. Moreover the parent -infant -psychotherapy model facilitates the mother's internalisation of being a mother in her internal world.

References

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Cultural differences and determinants of Parental Reflective Functioning between the UK and South Korea

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T1 - BOP46: Parenting in cultural context, Liffey Meeting Room 1, 18 July 2023, 10:45 - 12:15

Introduction

Parental Reflective Functioning (PRF) is one of most actively studied concepts of parental mentalization. PRF refers to a parent's ability to reflect and hold their infants' mental states in their own minds. Although several empirical studies reported a key role of PRF to the positive quality of parenting and children's development, there was no study to investigate how PRF is culturally different and what would be critical determinants.

Aim of the Study

The present study aimed to explore potential determinants focusing on cultural context, and maternal variables including empathy and the quality of parenting.

Material and Methods

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). PRF, empathy, parenting style were measured by questionnaires and maternal intrusiveness was scored from free-play observation. The questionnaire of PRF has subscales assessing mothers' certainty about their infants' mental states, and interest in mental states.

Results

Korean mothers were more certain about what they think about their infants' minds compared with British mothers ($F(1,124)=21.17, p < .001$). However, regarding the levels of genuine interest in their infants' minds, there was no significant differences between the British and Korean groups. Being Korean and only Korean mothers' high levels of self-reported cognitive empathy predicted the high levels of certainty about their infants' mental states ($\beta = .61, p < .001, \beta = .25, p < .05$, respectively). Self-reported positive parenting style showed predictive links with PRF across cultures.

Conclusion

Our findings show that although mothers' genuine interest about their infants' minds would be universal, mothers' focus on their parental mentalizing and determinants of PRF might be culturally dependent. Given that Korean mothers' PRF was consistent with the Korean parenting beliefs emphasizing "oneness" between mother and child, it may shed light on the importance of the role of cultural parenting beliefs in mother-infant relationships.

T1-BOP46.5

Experiences of Xhosa women providing kangaroo mother care in a tertiary hospital in South Africa

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T1 - BOP46: Parenting in cultural context, Liffey Meeting Room 1, 18 July 2023, 10:45 - 12:15

Kangaroo mother care (KMC) has been recognized as one of the interventions to improve preterm birth outcomes by the World Health Organization. KMC requires high user engagement and consists of continuous skin-to-skin contact between the mother and infant and exclusive breastfeeding. We conducted a qualitative study of Xhosa women (n=10) practicing KMC in a tertiary hospital in the Western Cape, South Africa. All interviews were conducted in IsiXhosa, audio recorded, and transcribed. The transcribed data were analysed using thematic analysis.

Four themes emerged: (1) KMC, a beneficial but foreign concept; (2) distress in the KMC ward; due to factors like poor milk supply, uncomfortable nursing positions and sleep deprivation; (3) the missing umbilical cord: experiences of mothers in the KMC ward reflecting on respect for cultural and traditional practices but having limited knowledge of its significance themselves; and (4) the KMC village: interpersonal relations in the ward that oscillates between staff and fellow patient mothers. Our study showed that cultural practices still pose a challenge to fully accepting KMC. We suggest more studies on cultural sensitivity to encourage acceptance of interventions that affect culturally diverse groups.

A second order witness: observing infant observers in South Africa

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T1 - BOP46: Parenting in cultural context, Liffey Meeting Room 1, 18 July 2023, 10:45 - 12:15

Introduction

Infant mental health is a new field in southern Africa. Some of its Euro-American premises do not mesh with the region's complex social worlds. Presumptions about family shape and function are complicated by histories of racism, dispossession, illness, inequality, mobility and local models of personhood. These may confound assumptions about care, responsibility, relationship and well-being.

As part of their training in IMH, students conduct infant observations based on the Tavistock model and reporting back to peers and experts. Concerns have been raised about the model's objectifying capacity. Earlier iterations of the observation also suggested that observation feedback sessions offer a potentially rich source of material for reflection.

Aim:

To understand how observers and participants experience the observation process, and to feed findings back into the IMH training programme.

Material/Methods

The anthropologist attended weekly online seminars for two years. During these, five students registered for an M.Phil in Infant Mental Health reported back on their hour-long weekly infant observation sessions to the student group and a psychologist and psychiatrist. The resultant discussions were recorded and key themes identified.

Conclusions

'Second-order witnessing' enabled careful reflection on the experience of learning to be an observer. The observer is seen from three vantages: their own self-reflections; the perspective of those in the infant-nexus (family and care-givers); and the baby's experience of the observer.

The study demonstrates that to be an observer is to allow oneself to be affected by others without becoming part of the generative dynamic. Observation meetings generate an 'invisible community of concern', practicing a form of care that, while invisible to those in the infant nexus, has tremendous power in creating the conditions under which unknown others –strangers – can be held in mind. This quality of observation has reparative and perhaps redressive potential.

T1-BOP46.8

Support systems for well-being of young children and families: The case of Palestine.

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T1 - BOP46: Parenting in cultural context, Liffey Meeting Room 1, 18 July 2023, 10:45 - 12:15

The effects of occupation, conflict, and being a refugee had a detrimental impact on mental health, wellbeing, and parenting. Refugee camp conditions, current economic climate, past and current political conflict, financial and resources limitations, and social restrictions all contribute to the ability of parents to be present in terms social emotional availability for children.

To provide holistic strategies for parents and families to increase their social emotional knowledge and regulation of themselves and the children, to increase the strength of protective factors, and to provide a more fair description and diagnosis for children who are struggling with mental health and social emotional/ behavioral challenges.

Each clinician have a case set of three families with young children between 1-5 years of age exhibiting behavior and mental health struggles. Using cultural adaptations of the Crowell and Feldman procedural caregiver child relationships assessment tool the clinicians will provide interventions so that pair (adult and child) can better address the stressors of daily life under occupation.

The mental well-being of the parents and child are closely related to the unpredictability from the impact of occupation. Stress management can be highly beneficial to both children and adults increasing the positive social emotional interactions between caregiver and child.

T1 - INVS4.2

Epigenetic Biomarkers of Postpartum Depression: Moving Towards Prevention

Prof Jennifer Payne

T1 - INVS4: Joint World Psychiatric Association, Marce International and WAIMH symposium - The interplay between Adult and Infant Psychiatry, Wicklow Hall 2A, July 18, 2023, 10:45 - 12:15

Background

Postpartum depression (PPD) is the most common complication of childbirth and is a serious mental disorder that can result in severe morbidity for the mother and risk to the offspring. Despite PPD's high incidence and significant health impact, a simple predictive screening method for PPD risk is lacking. Epigenetic changes can mediate important interactions of our genes with the environment, including the hormonal changes associated with pregnancy.

Methods

We originally investigated estrogen mediated epigenetic reprogramming events in the hippocampus and risk for PPD using a cross species translational design and identified two genetic loci, HP1BP3 and TTC9B, which were modified by estrogen exposure in a rodent model and were also prospectively predictive of PPD in antenatal blood in pregnant women with pre-existing mood disorders. Since our original finding, we have replicated our findings in six independent samples: including pregnant women with pre-existing mood disorders, pregnant women without a previous psychiatric diagnosis and postpartum women both with and without a previous psychiatric diagnosis.

Results

Our biomarkers remain approximately 80% accurate in predicting which pregnant women are at elevated risk of developing PPD.

Conclusions

These data add to the growing body of evidence suggesting that PPD is mediated by differential gene expression and epigenetic sensitivity to pregnancy hormones and that antenatal epigenetic variation at the genes HP1BP3 and TTC9B is predictive of PPD. Future directions include the development of a simple blood test predictive of elevated risk for postpartum depression, allowing for preventative intervention.

T1 - INVS4.3

A psychoanalytical model of postnatal depression from the infant's perspective

Dr Björn Salomonsson

T1 - INVS4: Joint World Psychiatric Association, Marce International and WAIMH symposium - The interplay between Adult and Infant Psychiatry, Wicklow Hall 2A, July 18, 2023, 10:45 - 12:15

Background

We know a lot about how mothers experience postnatal depression. We also know much about their infants' behavior and development. But what about how the baby experiences being with a depressed mother? That is a difficult question, but psychoanalytic psychotherapies with mother-infant dyads offer some hints.

Aim

To bring the postpartum depression infant's perspective in psychoanalytical terms

Method

I will present clinical vignettes of a girl in treatment from 16 to 40 months, first with her depressed mother and then with me alone in child analysis. Her main symptoms were restlessness and a craving for the breast, later followed by a fear of holes and a phobia of ghosts combined with difficulties falling asleep.

Discussion

It seems that these infants do not react to their mother's depression per se but to the faltering containment that her gloom and self-absorption entails. This leaves the baby alone with frightening emotions. The experience of insufficient containment may be represented in different symptoms such as, in this case, restlessness, phobia, sleep problems and insecure attachment.

Conclusion

I will suggest a psychoanalytic model of how the infant might experience being with the depressed mother.

T1 - INVS4.4

How and how much are severe parental illnesses talked about to very young children and the link with children's symptoms of distress

Dr Isabella Mirochnick

T1 - INVS4: Joint World Psychiatric Association, Marce International and WAIMH symposium - The interplay between Adult and Infant Psychiatry, Wicklow Hall 2A, July 18, 2023, 10:45 - 12:15

Background

Studies show that both children and parents find it very difficult to communicate about the parents' illness. Talking about the illness is very important because most children sense that something is going on but cannot frame it in words. Three years old children can already detect that something is wrong with their parents and can understand the condition of the parent if it is explained to them properly. Anxiety levels among children often appear to be related to whether and how they are told about their parent's illness. The well-informed child appears to have improved coping strategies. However, when a child is very young it is difficult and unclear what and how the parents' illness should be talked about. Aim: To compare the way and the extent to which different types of parental illnesses are talked about with their young children.

Method

Our sample included 3 groups of 20 ill parents each, with either a chronic medical illness such as Insulin-dependent diabetes disorder, a life-threatening medical illness such as cancer, or a major mental disorder. Their offspring's age was between 2 and 5 years.

Results: The qualitative analysis of the interviews with the parents revealed a very significant difference between somatic ill parents and mentally sick parents, and we looked at their correlation with the child's externalizing and internalizing reported symptoms.

Discussion

The nature of the parental illness makes a huge difference in terms of being talked about, while somatic illnesses, even life-threatening ones, is and mental illness is not at all. Clinical implications of this main result will be discussed.

Conclusion

Adult psychiatrists need to facilitate the dialogue of their patients with their very young children, probably with the help of child psychiatrist/psychologist.

T1-SYM4.1

Beyond maternal sensitivity: Shedding light on different facets of parent-child interaction quality

Dr. Maria Licata-dandel¹, Dr. Cristina Colonna², Dr. Lars White³, Dr Anna Georg⁴

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T1 - SYM4: Beyond maternal sensitivity: Shedding light on different facets of parent-child interaction quality, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

Parent-child interactions in the first years of life form the foundation of child social-emotional development. Among the most investigated constructs in this area is that of maternal sensitivity. High maternal sensitivity has been linked to positive child outcomes, such as secure attachment, good emotion regulation, and lower rates of behavior problems. However, the so-called “transmission gap” refers to the aspect that attachment transmission from parent to child cannot be fully explained by maternal sensitivity. The concept of “mind-mindedness”, defined as parents’ proclivity to treat their child as an individual with an autonomous mind, has been shown to explain additional variance in the intergenerational transmission of attachment. Other measures of mentalizing (e.g., parental reflective functioning, insightfulness) have also been investigated regarding effects on the parent-child interaction quality and the transmission gap. Moreover, the symposium aims to extend the debate beyond constructs such as maternal sensitivity or mind-mindedness to interactive behaviors of both parents as well as other measures of parent-child interaction quality, e.g., “synchrony”, targeting the process of coregulation. Finally, the quality of the parent-child interaction can be compromised not only by insecure/disorganized attachment representation of the parent, but also by mental disorders of both the parent (e.g., depression) and the child (e.g., excessive crying).

In light of those findings, the current symposium seeks to shed light on novel facets of parent-child interaction quality and their effects on the child. It comprises presentations on effects of the parent-child interaction quality on child development, including sub-samples of fathers. Moreover, it will highlight the role of parental and child mental disorders with regard to parental mentalizing and parent-child interaction quality. Together, we will discuss the implications of research on these new constructs.

Mind-mindedness in mothers of infants with excessive crying/sleeping/eating disorders

Dr. Maria Licata-dandel, Prof. Dr. Beate Sodian, Prof. Dr. Volker Mall

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T1 – SYM4: Beyond maternal sensitivity: Shedding light on different facets of parent-child interaction quality, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

Introduction/Background

Excessive crying, sleeping, and eating disorders are among the most prevalent mental health diagnoses in the first 3 years of life, and involve significant health service use. Parents of infants with excessive crying/sleeping/eating disorders report high levels of stress, since they feel incapable to soothe and/or to nurture their baby. Infants' distress can lead to a breakdown in parents' mentalizing abilities, and more specifically parental mind-mindedness in the parent-child interaction. Moreover, the signals of infants with excessive crying/sleeping/eating disorders tend to be equivocal and difficult to read, which might also contribute to lower parent-child interaction quality. Until now, parental mind-mindedness, which is regarded as a prerequisite for sensitivity, has not been investigated yet in mothers of infants with excessive crying/sleeping/eating disorders.

Aim

We aim to investigate whether mind-mindedness in mothers of infants with excessive crying, sleeping and/or eating disorders differs from a healthy control group. We suppose that mothers of infants with excessive crying/sleeping/eating disorders use 1) less appropriate mind-related comments, and 2) more non-attuned mind-related comments than mothers in the control group.

Methods

Our sample consists of N = 50 mothers and their infants, who were patients in a socio-paediatric clinic in Germany and were diagnosed with excessive crying, sleeping and/or eating disorders (= clinical group), and N = 64 healthy controls. Child mental disorders in the clinical group are assessed according to DC:0-5. Maternal mind-mindedness is coded via a free-play interaction. As control variables, maternal education, child gender and age are included.

Results/Conclusions

Due to ongoing data collection in the clinical group, results cannot be reported yet. Our findings will be discussed in terms of implications for interventions (e.g., enhancing mind-mindedness through video-feedback).

T1-SYM4.3

Father-child and mother-child transmission of internal representations: Overlapping vs. distinct ingredients of parent-child interactions

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T1 - SYM4: Beyond maternal sensitivity: Shedding light on different facets of parent-child interaction
quality, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

Introduction

Whereas intergenerational transmission of attachment representations from primary caregivers to young children is well-documented fathers are thought to play a subsidiary role in this process unless they hold full child custody.

Aim

We aimed to (1) compare contributions of maternal and paternal attachment representations to preschoolers' attachment representations and (2) examine parent-child interactions to identify behavioral mediators of intergenerational transmission.

Material and Methods

Participants were 105 5-year-olds (53 girls) and one of their respective parents (53 mothers, 52 fathers), with 92% of fathers living in shared households. We collected the Adult Attachment Interview (AAI) and a novel adaptation of the story-completion method (Picture-based Story-Stem Battery; PSSB) which foregrounded mother or father story-stem characters within respective subsamples. Parent and child narratives were scored from transcripts by blind trained and reliable raters using coding systems by Main and Goldwyn for AAIs and by Hill and Robinson and colleagues for PSSBs. A joint puzzle task was conducted and scored using the NICHD scales (e.g., supportive presence) to assess interaction quality. Brain activation of parents and children was collected during and after the task to assess neural correlates of synchrony and co-regulation.

Conclusions

Controlling for child age and gender, parental AAI coherence of transcript predicted child PSSB coherence in the full sample ($\beta = .281$, $p = .002$), as well as the subsamples of mothers ($\beta = .252$, $p = .032$) and fathers ($\beta = .355$, $p = .005$). Supportive presence during the interaction task mediated the effect of parental Insecure/ Dismissing AAI-classification on child PSSB avoidance, independent of parent gender (CI: .02 to .66). Analyses of neural data are still ongoing, but will form part of the presentation. We conclude that fathers play a comparable role in intergenerational transmission of attachment representations that deserves further attention in future research.

T1-SYM4.4

Early Parent-Infant Emotional Synchrony as Predictor of Infants' Expressions of Shyness

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T1 - SYM4: Beyond maternal sensitivity: Shedding light on different facets of parent-child interaction quality, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

Early parent-infant interactions form the foundation of social-emotional development. During these interactions, parents and infants share positive and negative affectivity, mirroring each other. Early synchrony experience might impact infants' emotional reactions during social situations with novel persons in terms of emotional regulation and social engagement. In these situations, the most typical emotional reaction is shyness, activated by others' attention or perceived evaluations. Infants and young children express shyness in both positive (socially adaptive) and negative (socially maladaptive) ways. This study investigated the extent to which early parent-infant emotional synchrony predicts positive and negative expressions of shyness at the age of 12 months. Fifty-one infants and their parents participated in the study. Mother-infant and father-infant emotional synchrony were measured during separate 2-minute home-based face-to-face interactions at 4 and 8 months. Gaze and facial expressions (positive, neutral, negative) were micro-coded. Positive and negative emotional synchrony was computed by examining the temporal co-occurrence of infant positive + adult positive expressions and infant negative + adult neutral/negative expressions, respectively. Expressions of shyness were observed during a lab-based social exposure task at 12 months. Positive expressions of shyness (gaze/head aversions during positive facial expressions) and negative expressions of shyness (gaze/head aversions during neutral/negative facial expressions) were also micro-coded. Preliminary results obtained with regression models indicated that higher levels of mother-infant negative synchrony at 4 months predicted higher levels of positive shyness at 12 months, while lower levels of mother-infant positive and negative synchrony at 4 months predicted higher levels of negative shyness. No significant results were found for father-infant synchrony as a predictor of shyness. Results will be discussed in terms of the impact of early parent-infant synchrony on the child's social-emotional development.

The Relation Between Parental Depression and Measures of Parental Mentalizing: A Systematic Review and Meta-Analysis

Dr Anna Georg¹, Sebastian Meyerhöfer²

¹University Hospital Heidelberg, , , ²University Koblenz-Landau, ,

T1 - SYM4: Beyond maternal sensitivity: Shedding light on different facets of parent-child interaction quality, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

Introduction

The capacity and proclivity of parents to understand and acknowledge mental states in the context of the parent–child dyad is a key factor contributing to high-quality parent–child relationships.

Aim

The present systematic review and meta-analysis aimed to summarize and compare the state of research on the relation between parental depression and different measures of parental mentalizing. We targeted studies that assessed parental reflective functioning (PRF) via interview or questionnaire, mind-mindedness (MM) via observation or interview, and insightfulness (IN).

Material and Methods

A literature search was conducted in electronic databases up to September 12, 2022. Based on three-level meta-analytic modelling, we analyzed a total of 188 effect sizes from 59 studies comprising 11,109 participants.

Results

Pooled results revealed that parents with higher depression scored lower on the questionnaire measure of PRF (16 studies; $r = -.11$; $p < .001$). No significant correlations were found for the interview measure of PRF (18 studies; $r = .04$; $p = .298$), the observational and interview measure of MM (17 and 11 studies; $r_s = -.05$ and $-.07$; $p_s = .088$ and $.087$), and IN (4 studies; $r = -.09$; $p = .680$). All five data sets showed significant heterogeneity. The mean correlation for prementalizing modes was significantly stronger as compared with other questionnaire dimensions. Regarding the MM observational measure and IN, there was limited evidence for a larger negative correlation for case–control studies.

Conclusion

To conclude about the relation between parental depression and parental mentalizing, more research is needed in parents with a depression. We conclude with a critical discussion of causal processes as well as bidirectional influences in the parent–child relationship more generally.

T1 - SYM 50.1

A 20-Year Longitudinal Study of Early Deprivation: Contributions to Neuroscience, Developmental Science and Child Protection

Professor Charles Zeanah¹, Dr Kathryn Humphreys⁴, Ms Laura Fahey², Professor Nathan Fox³, Dr Brenda Harden³

¹Tulane University, New Orleans, United States, ²Boston Childrens Hospital/Harvard Medical School, Cambridge, United States, ³University of Maryland, College Park, United States, ⁴Vanderbilt University, Nashville, United States

T1 - SYM50: A 20-Year Longitudinal Study of Early Deprivation: Contributions to Neuroscience, Developmental Science and Child Protection, The Auditorium, 18 July 2023, 10:45 - 12:15

The Bucharest Early Intervention Project (BEIP) is the only randomized controlled trial of foster care as an alternative to prolonged institutional rearing ever conducted. The trial began in 2001 -- at a time when foster care barely existed in Romania and more than 100,000 children were being raised in institutional settings -- and concluded in 2005 when participants were 54 months old.

Since the trial concluded, investigators have conducted systematic follow-ups have been conducted at ages 8, 12 and 16 years across a range of developmental domains, including brain structure and functioning, physical growth, attachment and socio emotional functioning, cognitive and executive function skills, and psychiatric symptoms, disorders and impairment. The study has contributed to clinical, research and policy questions.

In this symposium, we review findings relevant to neuroscience, developmental science and child protection.

In the first talk, Kathryn Humphreys will provide an overview of the background and rationale for the study. She will consider the design and an overview of the initial findings of the study at the conclusion of the trial.

This will be followed by three talks aimed at considering longitudinal findings from early childhood, mental childhood and adolescence and their implications for 3 important bodies of knowledge.

In the second talk, Charles Nelson will consider selected findings from BEIP related to brain development and neuroscience, including sensitive periods.

In the third talk, Nathan Fox will consider selected findings from BEIP related to developmental science and our understanding of developmental trajectories.

In the fourth talk, Charles Zeanah will present selected findings from BEIP that are relevant for child protection practice and policy.

The discussant, Brenda Jones Harden, will consider issues of translational research and its application to policy, practice and the advance of knowledge.

Background, Design, and Major Findings in the Bucharest Early Intervention Project

Dr Kathryn Humphreys¹, Professor Charles Zeanah

¹Vanderbilt University, Nashville, USA

T1 - SYM50: A 20-Year Longitudinal Study of Early Deprivation: Contributions to Neuroscience, Developmental Science and Child Protection, The Auditorium, 18 July 2023, 10:45 - 12:15

Introduction and Aim

Modern societies are challenged with identifying and providing care for orphaned and abandoned children. In Romania, institutional (orphanage) care was the primary form that care was provided to such children, with devastating consequences for child health and development. In 2000, the MacArthur Foundation provided funding to obtain a causal test of foster care as an alternative to institutionalized care, the Bucharest Early Intervention Project was initiated by Drs. Charles Nelson, Nathan Fox, and Charles Zeanah.

Material/Methods

Participants in this randomized controlled trial were 136 children age 6-31 months at the baseline assessment, and were drawn from 6 Bucharest institutions. Children were then randomized to foster care or to care as usual (which often meant remaining for a longer duration in institutional care). In order to create the foster care intervention, the study team recruited adults willing to serve as foster parents as foster care was not widely used in Romania at that time. Importantly, the study team provided local support to foster parents and received regular supervision from clinicians in the U.S. to support the aims that the foster care be child-centered and high quality, in which parents make a long-term psychological commitment to the child. In addition to a baseline assessment, children were again assessed across a number of domains at age 30, 42, and 54 months—at which time the intervention officially ended and control of the foster care network was transferred to local Romanian authorities.

Results

Using conservative intent-to-treat analyses, these trial results provide authoritative evidence that family placements led to higher IQs, lower rates of psychiatric disorder, larger physical growth, among many other outcomes.

Conclusions

Additional waves of follow-up assessment occurred at ages 8, 12, and 16 years (age 23 years is currently underway) that allow for examining the long-term outcomes of the intervention.

Bucharest Early Intervention Project: Implications for Developmental Science

Professor Nathan Fox¹

¹University of Maryland, College Park, United States

T1 - SYM50: A 20-Year Longitudinal Study of Early Deprivation: Contributions to Neuroscience, Developmental Science and Child Protection, The Auditorium, 18 July 2023, 10:45 - 12:15

Introduction:

The Bucharest Early Intervention Project is a randomized trial of foster care intervention for young children who experienced early adversity and it is a longitudinal follow up of these children.

Methods:

One group of children were removed and placed into families (Foster Care Group) and those who remained in the institutions in which they were living (Care As Usual Group). Multiple domains including cognitive, social and physiological were assessed. This data allow us to answer critical questions about the effects of early experience, developmental change and the impact of stressors on learning and socio-emotional adaptation.

Results:

Data from the study suggest that there is a sensitive period during which the environment plays a significant role in ameliorating the effects of early psychosocial adversity. Across multiple domains, children removed from institutions before the age of 24 months are more likely to do better than children removed after the age of 2. Implications for developmental change suggest that there is a significant intervention impact on participants' IQ scores lasting to age 16. And, the positive trajectories of both IQ and executive skills are in part a function of stability of placement. Children who remained in the foster homes they were originally placed into have more positive trajectories of both IQ and executive functions. A third area is the effect of stress on developmental outcomes. Data from the study suggest that children who were randomized to remain in the institutions (the Care As Usual Group) showed significant blunting of their autonomic and cortisol responses to stressors. As well, stressors experienced during early adolescence appeared to have a more significant impact on social development than stressors experienced later on.

Conclusions:

Data from this study illustrate the impact of early adversity on child development and the potential for remediation through family intervention.

Bucharest Early Intervention Project: Implications for Neuroscience

Professor Charles Nelson¹

¹Boston Children's Hospital/Harvard Medical School, , United States

T1 - SYM50: A 20-Year Longitudinal Study of Early Deprivation: Contributions to Neuroscience, Developmental Science and Child Protection, The Auditorium, 18 July 2023, 10:45 - 12:15

Before the novel coronavirus began to sweep through the world in early 2020, UNICEF estimated that there were approximately 140 million orphans around the world, 8 million of whom were living in institutional care settings; tragically, Covid-19 has left an additional 10 million children without caregivers. Although the quality of Institutional care varies across countries, a common theme that cuts across virtually all institutions is neglect. Given the experience-dependent nature of postnatal brain development, neglect can lead to profound disruptions in brain development. This has been carefully documented in a number of studies focused on children who experiencing institutional care, but none more so than the Bucharest Early Intervention Project (BEIP). The BEIP is a randomized trial of foster care intervention for young children who experienced early deprivation. After an initial baseline assessment of 136 abandoned children, half were randomly assigned to a high quality foster care program and half to remain in care as usual (continued institutional care). More than 80% of the children initially enrolled in this study have been followed through the first two decades of life. In this presentation I will summarize the brain-based findings through age 16. In particular, I will report that a) there is a dramatic reduction in the brain electrical activity (EEG) among children randomly assigned to care as usual, compared to those placed into foster care, b) the degree of recovery is tied to the age at which children were placed into foster care, c) at ages 8 and 16 children in both groups showed a dramatic reduction in grey matter, whereas those in foster care showed some increase in white matter; and d), by age 16 regions of the prefrontal cortex were thicker among institutionalized vs. foster care children, suggesting a lack of pruning.

Bucharest Early Intervention Project: Contributions to Child Protection

Professor Charles Zeanah¹

¹Tulane University, New Orleans, United States

T1 - SYM50: A 20-Year Longitudinal Study of Early Deprivation: Contributions to Neuroscience, Developmental Science and Child Protection, The Auditorium, 18 July 2023, 10:45 - 12:15

Child protection systems are responsible for providing care for some of the most vulnerable children in the world— orphaned, abandoned and maltreated children who cannot be placed with extended family. When children require care outside of their families, how should they be cared for? The two most common forms of care are institutions and family foster care. About a dozen studies, dating back to the mid-20th century, consistently found that children placed in foster care fared better than those placed in institutional care. Nevertheless, questions about whether selective placements of children with more severe problems into institutions instead of with families complicated interpretation of prior results. The Bucharest Early Intervention Project (BEIP) was the first randomized trial of foster care vs. institutional care for young children who had experienced abandonment followed by deprivation. Although the trial concluded when children were 54 months old, follow-ups have been conducted at ages 8, 12 and 16 years. Thus, it represents an experimental, longitudinal effort to examine questions about placements of maltreated children. This presentation will highlight findings that are applicable to child protection efforts with severely neglected children: First, foster care is a better intervention than institutional care (implications for type of placements provided). Second, the sooner a young child is removed from an adverse environment, the more likely they are to recover and the fuller their recovery is likely to be (implications for decisions about removal). Third, quality of foster care provided matters a great deal (implications for training and supporting foster parents). Fourth, the stability of foster care is a crucial determinant of outcome (implications for minimizing unnecessary disruptions). Each of these conclusions is supported by longitudinal findings from BEIP.

T1 - SYM 53.1

Parent/Caregiver-Child Early Relational Health (ERH): The sum is greater than its parts

Dr Dani DUMITRIU^{1,2}

¹Department of Pediatrics, Columbia University Irving Medical Center, New York, USA, ²Department of Psychiatry, Columbia University Irving Medical Center, New York, USA

T1 - SYM53: Parent/Caregiver-Child Early Relational Health (ERH): The sum is greater than its parts, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

There is incontestable evidence that exposure to early adverse childhood experiences conveys risk for adverse mental and physical health outcomes across the life-course. On the other hand, early relational health (ERH), or the ability to form and maintain safe, stable, and nurturing parent/caregiver-child relationships, is integral to both parental/caregiver wellbeing, and child development/socio-emotional functioning. Emerging evidence shows that the parent/caregiver-child dyad is a unique entity, with features that cannot be explained by simply summing the features of each member of the dyad. Additionally, parent-child influences are bidirectional due to epigenetic, behavioral, and mental co-development and a comprehensive understanding of the health and wellbeing of both parents/caregivers and children must include the functioning of the dyad as a key and independent outcome.

The aim of this symposium is to explore how pre- and postnatal parent/caregiver-child dyadic experiences and/or intervention strategies can act as buffers for childhood adversity and promoter of life-course resilience in both parent/caregiver and child.

Firstly, Dr. O'Connor will show observational longitudinal evidence providing a basis for expanding models of ERH to incorporate biopsychosocial models, such as pre- and postnatal maternal stress physiology. Secondly, Dr. Lavallée will present meta-analytic data supporting the notion that early dyadic interventions effectively support non-dose-dependently several measures of ERH, including bonding, parent/caregiver sensitivity, attachment, and dyadic interactions. Drs. Ahlqvist-Björkroth and Twohig will dive into specific dyadic intervention strategies implemented pre- and postnatally as promoters of ERH, parent/caregiver mental health and child functioning. Specifically, Dr. Ahlqvist-Björkroth will discuss the effectiveness of a prenatal intervention – interactive ultrasounds – as a tool to support mother-fetus relational health among women with minor depressive symptoms during pregnancy. Finally, Dr. Twohig will discuss the impact of a brief early dyadic postnatal NICU-based intervention – video interaction guidance – on ERH, social-emotional functioning, and parent/caregiver mental health.

T1 - SYM 53.2

Does Interactive Ultrasound Intervention prevent negative effects of perinatal depression on maternal attachment representations?

PhD Sari Ahlqvist-Björkroth¹, Master of Psychology Iida Hilska¹, MD Henrika Pulliainen¹, Professor Riikka Korja¹, Associate Professor Eeva Ekholm¹

¹University of Turku, Turku, Finland

T1 - SYM53: Parent/Caregiver-Child Early Relational Health (ERH): The sum is greater than its parts, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

Introduction:

Perinatal depression, especially minor depression, is common during pregnancy and is likely to continue into the postpartum period. It impairs the mother's health, the infant's neurodevelopment, and measures of early relational health (ERH). Perinatal depressive symptoms can distort a woman's attachment representations during pregnancy.

Aim:

The aim of this study is to evaluate the effect of an interactive ultrasound intervention on representations of mildly depressed women.

Methods:

The study was a randomized controlled trial. Altogether, 100 women scoring 10-15 on the Edinburgh Prenatal Depression Scale (EPDS) and with a singleton pregnancy were recruited using a web-based questionnaire at the beginning of the second trimester. Mothers were randomized (1:1) to the intervention group or the control group. The maternal representations were assessed using the Working Model of the Child Interview (WMCI) before (M=25 gestational weeks) and after (M=34 gestational weeks) the intervention. Three intervention sessions were conducted in between the WMCI. The focus of the session was to observe the behavior of the fetus collaboratively with the mother from the 4D-ultrasound picture.

Conclusions:

The preliminary results (n=22) showed no statistically significant effect on attachment representation classification. In the intervention group, a positive trend was found in the quality of attachment representations ($p=.059$). Maternal depression scores significantly decreased in both intervention and control groups after the intervention ($p<.000$). Although this preliminary sample did not have full statistical power, these preliminary results indicate that the interactive ultrasound intervention may have a positive effect on prenatal attachment representations. The WMCI as a promoter of maternal attachment representations may potentially explain the reduction of depressive symptoms in both groups. Analyses on the full sample will be presented and discussed.

Early Dyadic Parent/Caregiver-Infant Interventions to Support Early Relational Health: A Meta-Analysis

Dr Andreane Lavallee¹, Dr Lindsay Pang¹, Dr. Jen Warmingham¹, Ginger D. Atwood¹, Imaal Ahmed¹, Marissa R. Lanoff¹, Dr. Morgan A. Finkel¹, Ruiyang Xu¹, Elena Arduin¹, Cassidy K. Hamer¹, Rachel Fischman¹, Sharon Ettinger¹, Yunzhe Hu¹, Kaylee Fisher¹, Esther A. Greeman¹, Mia Kuromaru¹, Sienna S. Durr¹, Dr. Elizabeth Flowers¹, Aileen Gozali¹, Dr. David Willis², Dr Dani DUMITRIU^{1,3}

¹Department of Pediatrics, Columbia University Irving Medical Center, New York, USA, ²Center for the Study of Social Policy, Washington, DC, USA, ³Department of Psychoatry, Columbia University Irving Medical Center, New York, USA

T1 - SYM53: Parent/Caregiver-Child Early Relational Health (ERH): The sum is greater than its parts, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

Introduction:

In 2021, the American Academy of Pediatrics published a policy statement seeking to create a paradigm shift away from a focus on childhood toxic stress and toward the emphasis on early relational health (ERH) as a buffer for childhood adversity and promoter of life-course resilience. A comprehensive appraisal of the efficacy of contemporary parent/caregiver-child interventions in – primarily – improving ERH, and – secondarily – enhancing child well-being and neurodevelopment is needed to guide widespread implementation and policy.

Aim of the study: Determine the effectiveness of contemporary early dyadic parent/caregiver-infant interventions on ERH, child socio-emotional functioning and development, and parent/caregiver mental health.

Methods:

Five databases were searched in April 2022. Studies targeting parent/caregiver-infant dyads and evaluating effectiveness of a dyadic intervention were eligible. Study selection was performed in duplicate. Data extraction and risk of bias assessment were completed in duplicate with consensuses by first author. Data were pooled using inverse-variance random effects models. The primary outcome domain was ERH. Secondary outcome domains were child socio-emotional functioning and development, and parent/caregiver mental health, and were only considered in studies where at least one ERH outcome was also measured. The association between dose of intervention and effect estimates was explored.

Conclusions:

93 studies (14,993 parent/caregiver-infant dyads) met inclusion criteria. Based on very low to moderate quality of evidence, we found significant non-dose-dependent intervention effects on several measures of ERH, including bonding, parent/caregiver sensitivity, attachment, and dyadic interactions, and a significant effect on parent/caregiver anxiety, but no significant effects on other child outcomes. Current evidence does not support the notion that promoting ERH through early dyadic interventions ensures optimal child development, despite effectively promoting ERH outcomes. The field is ripe for novel, innovative, cost-effective, potent ERH intervention strategies that effectively and equitably improve meaningful long-term child outcomes.

T1 - SYM 53.4

Early Parent/Caregiver-Infant Intervention: Impact on interactions, social emotional outcome and parent mental health

Dr. Aoife Twohig^{1,2,3,4,6}, Prof. John Murphy¹, Prof. Anthony McCarthy^{2,6}, Dr. Ricardo Segurado⁷, Dr. Angela Underdown⁸, Prof. Anna Smyke⁹, Professor Fiona McNicholas^{4,6}, Prof. Eleanor J. Molloy^{3,5,10,11,12}

¹Paediatrics, The National Maternity Hospital, Dublin, Ireland, ²Perinatal Mental Health, The National Maternity Hospital, Dublin, Ireland, ³National Children's Research Centre, Children's Health Ireland, Dublin, Ireland, ⁴Child and Adolescent Psychiatry, Children's Health Ireland, Dublin, Ireland, ⁵Neonatology, Children's Health Ireland, Dublin, Ireland, ⁶School of Medicine and Medical Sciences, University College Dublin, Dublin, Ireland, ⁷CSTAR, University College Dublin, Dublin, Ireland, ⁸Formerly Warwick Medical School, University of Warwick, Coventry, UK, ⁹Section of Child and Adolescent Psychiatry, School of Medicine, Tulane University, New Orleans, USA, ¹⁰Paediatrics, Coombe Women and Infants' University Hospital, Dublin, Ireland, ¹¹Paediatrics, National Children's Hospital, Tallaght, Ireland, ¹²Dublin School of Medicine, Trinity College Dublin, Dublin, Ireland

T1 - SYM53: Parent/Caregiver-Child Early Relational Health (ERH): The sum is greater than its parts, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

Introduction:

Early experiences within relationships are at the core of infant mental health. Preterm birth is one context which may impair infant and parent/caregiver mental health and the quality of early relational health (ERH). Early intervention to promote parent/caregiver-infant interactions may secondarily target and support infant social-emotional functioning and parent/caregiver mental health.

Aim of the study:

To explore the impact of a brief early dyadic intervention in the neonatal intensive care unit (NICU) with dyadic video interaction guidance as the core component, on parent/caregiver-infant interactions, socio-emotional functioning and parent/caregiver mental health.

Methods:

The intervention was conducted with parents/caregivers and their very preterm infants within a tertiary referral NICU, and follow-up occurred at 6 and 12 months corrected age (CA). Parent/Caregiver-infant interactions were measured using the CARE-Index, socio-emotional functioning was screened using the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE), and parent/caregiver outcomes included maternal and paternal depression, anxiety, maternal post-traumatic stress symptoms and sense of competence.

Conclusions:

There was no statistically significant difference in maternal sensitivity during play at 9 months CA, nor in any of the maternal outcomes. However, there were fewer infant self-regulation and communication problems reported by mothers at 12 months CA following intervention. Fathers experienced fewer depressive symptoms after the intervention. The findings are discussed in relation to developing early interventions for medically at-risk infants and their parents/caregivers.

Pre-Conception Influences on the Early Parent-Infant Relationship

Professor Tom O'Connor¹

¹Wynne Center for Family Research, Department of Psychiatry University of Rochester Medical Center, Rochester, USA

T1 - SYM53: Parent/Caregiver-Child Early Relational Health (ERH): The sum is greater than its parts, Wicklow Hall 1, 18 July 2023, 10:45 - 12:15

Introduction:

There is long-standing clinical and research interest in the developmental origins of early relational health (ERH). To date, much of the focus for research – across a variety of conceptual frameworks – is on early adversity and current psychological and psychosocial context and how these factors shape cognitive, social, and affective processing underlying parenting behavior. There is limited evidence on how these factors accompany or shape maternal biology and, more generally, what role biological factors such as stress physiology plays in shaping the quality of ERH.

Methods:

The current study capitalized on a prospective longitudinal study that has been collecting psychological, socio-demographic, and biological data through the perinatal period and included observational assessments of parent-child relationships on multiple occasions in infancy. Data from the current study are based on a diverse pregnancy cohort of n=326 individuals who have been followed since the first trimester; the primary inclusion criterion was a normal healthy singleton pregnancy. Biosamples (from blood, saliva, urine), clinical (depression from the Edinburgh Postnatal Depression Scale; anxiety from the Penn St Worry Questionnaire; Adverse Childhood Experiences scale) and demographic data were collected from mothers throughout pregnancy and on three occasions in the first postnatal year. Observations of parent-infant relationship quality at 6m and 12m were coded by trained raters using the NICHD system.

Conclusion:

Two markers of compromised ERH, depression and experiences of early adversity, were robustly associated with maternal cortisol: elevated symptoms or experience of early adversity was associated with a blunted diurnal pattern ($p < .05$). There was modest evidence that elevated symptoms or experience of early adversity was associated with other neuroimmune or neuroendocrine biomarkers. Analyses using these biomarkers as mediators of observed parent-child relationship quality are underway. The findings provide a basis for expanding models of parenting to incorporate biopsychosocial models and methods.

T1-SYM53.6

Early parent infant intervention: impact on interactions, social emotional outcome and parental mental health

Dr. Aoife Twohig¹, Professor Fiona McNicholas^{1,2}, Dr Eleanor Molloy^{1,2,4}

¹Children's Health Ireland, Dublin, Ireland, ²University College Dublin, Dublin, Ireland, ³Trinity College Dublin, Dublin, Ireland, ⁴Coombe Women and Infants Hospital, Dublin, Dublin

T1 - SYM53: Parent/Caregiver-Child Early Relational Health (ERH): The sum is greater than its parts, Wicklow Hall 1, July 18, 2023, 10:45 - 12:15

Introduction

Early experiences within relationships are at the core of infant mental health. Preterm birth is one context which may adversely affect infant and parent mental health and the quality of the parent-infant relationship. Early intervention to support parent-infant interaction may support infant social-emotional development and parental mental health.

Aim or Purpose

To explore the impact of a brief early intervention in the NICU comprising video interaction guidance on parent infant interaction, social emotional outcomes and parental mental health.

Description

The intervention was conducted with parents and their very preterm infants within a tertiary referral NICU, and follow up occurred at 6, 9 and 12 months corrected age. Parent infant interaction was measured using the CARE-Index, social emotional outcomes were screened using the Ages and Stages Questionnaire Social-emotional and parent outcomes included maternal and paternal depression, anxiety, maternal post-traumatic stress symptoms and sense of competence.

Conclusions

There was no statistically significant difference in maternal sensitivity during play at 9 months corrected age, nor in maternal outcomes. However, there were fewer infant self-regulation and communication problems reported by mothers at 12 months CA following intervention. Fathers experienced fewer depressive symptoms after the intervention. The findings are discussed in relation to developing early interventions for medically at risk infants and their parents.

T1 - SYM 55.1

Fathers' wellbeing, involvement, and contributions to maternal and child health: Informing father-inclusive early interventions

Professor Tova Walsh¹, Dr. Alvin Thomas¹, MD, MAPP Craig Garfield², A/professor Richard Fletcher³
¹University of Wisconsin-Madison, Madison, USA, ²Northwestern University, Chicago, USA, ³The University of Newcastle, Newcastle, Australia

T1 - SYM55: Fathers' wellbeing, involvement, and contributions to maternal and child health: Informing father-inclusive early interventions, Wicklow Hall 2B, 18 July 2023, 10:45 - 12:15

The infant and early childhood mental health (IECMH) field recognizes early relationships as the foundation for a child's developmental trajectory and relational capacities across the life course. Most empirical evidence centers on mothers' contributions to development, but a growing body of research demonstrates fathers' unique contributions to development. Fathers' influence begins prior to birth, and father involvement in pregnancy and the child's early years can set the stage for involvement over the long term. Positive father involvement is associated with improved maternal and child health and it is protective when mothers experience depression. This symposium brings together a diverse group of scholars from the United States and Australia who conduct father-related research from multiple disciplinary perspectives. We will highlight advances in knowledge related to fathers' wellbeing, involvement, and contributions to maternal and child health in the perinatal period, and introduce innovative strategies to engage fathers and strengthen their capacity as parents and partners.

Two presentations in this symposium utilize data collected from Black expectant and new parents living in one of the most segregated metro areas in the United States. These presentations explore the role of fathers in supporting mothers and promoting maternal mental health, and the association of paternal mental health with fathers' perinatal involvement and bonding with their babies. Findings yield insights to promote Black family wellbeing in the context of persistent and egregious racial disparities in health outcomes. Two presentations in this symposium present findings of formative research to develop interventions to equip fathers to actively support their depressed partner and to provide parenting education to fathers in the newborn period. Each presentation highlights a promising practice to enhance support for fathers and strengthen their capacity to meet their children's and partners' needs. Discussion will explore opportunities for greater inclusion of fathers in IECMH research and practice.

Black fathers' contributions to maternal mental health

Professor Tova Walsh¹, Dr. Alvin Thomas¹, Dr Vivian Tamkin², Helenia Quince¹, Jacqueline Buck¹, Dalvery Blackwell³

¹University of Wisconsin-Madison, Madison, USA, ²Santa Clara University, Santa Clara, USA, ³African American Breastfeeding Network, Milwaukee, USA

T1 - SYM55: Fathers' wellbeing, involvement, and contributions to maternal and child health: Informing father-inclusive early interventions, Wicklow Hall 2B, 18 July 2023, 10:45 - 12:15

Introduction and Aim:

Persistent and unacceptable racial and ethnic disparities characterize maternal health in the United States. The role of fathers in supporting mothers and promoting maternal mental health is increasingly well established among primarily white, married, and middle-to-upper class parents, but the potential role of fathers as a support to mothers among lower income, married and unmarried, racially and ethnically diverse parents is less well understood. We aimed to (1) assess interparental relationship quality, paternal support for mothers, and their contribution to maternal mental health, and (2) explore understanding of meaningful paternal support for mothers and a high quality interparental relationship, among Black parents in a metro area characterized by severe racial disparities.

Material and Methods:

Using survey data collected from 75 Black mothers in Milwaukee, WI, USA, we examined whether relationship quality would mediate the association between paternal support and maternal mental health, and tested whether relationship quality would moderate the association between paternal support and maternal self-reported overall health. We used inductive thematic analysis to analyze data from focus groups with 15 Black parents.

Results:

We found that mothers' mental health was positively correlated with relationship quality, mothers' subjective health was positively correlated with paternal support, and relationship quality significantly mediates the relationship between paternal support and maternal mental health while controlling for relationship status. Our thematic analysis yielded four central themes: (1) Teammates in pregnancy, parenting, and life; (2) Support is every day, in every way, (3) Communication is key, and (4) Challenge racism and disrupt intergenerational trauma.

Conclusions:

Findings underscore the potential significance of paternal support and interparental relationship quality as buffers against the adverse effects of disadvantage and discrimination on maternal health. Supporting Black parents as they support one another in confronting oppression may help to mitigate maternal stress accruing from racial discrimination.

Understanding Black Fathers' Prenatal Involvement and Attachment with Their Baby

Dr. Alvin Thomas¹

¹University Of Wisconsin, Madison, School of Human Ecology, Madison, USA, ²University Of Wisconsin, Madison, Sandra Rosenbaum School of Social Work, Madison, United States, ³University Of Wisconsin, Madison, Sandra Rosenbaum School of Social Work, Madison, United States,

⁴University Of Wisconsin, Madison, School of Human Ecology, Madison, United States

T1 - SYM55: Fathers' wellbeing, involvement, and contributions to maternal and child health: Informing father-inclusive early interventions, Wicklow Hall 2B, 18 July 2023, 10:45 - 12:15

INTRODUCTION:

Fathers play an important role in child health and development, yet fathers –especially those who are low-income, unmarried, Black and from minoritized communities – encounter individual and structural barriers to full participation in their children's lives. Barriers during the prenatal period may include prenatal care appointments during the workday, living apart from the mother, and their relationship with the mother may also be a barrier. Still, research shows that a large majority of fathers attend prenatal ultrasounds for their babies and participate in pregnancy and prenatal care in various ways. Prenatal involvement and bonding set the stage for fathers' future involvement in the lives of, and attachment to, their babies. For Black fathers, there is an unfortunate dearth of literature that explores involvement during their partner's pregnancy, and attachment to their babies.

AIM:

The current study explores the influence of the quality of the relationship between father and mother, and paternal mental health on Black fathers' prenatal involvement and attachment to their babies.

MATERIAL and METHOD:

The data are from a survey of 75 Black fathers, living in Milwaukee, Wisconsin who are expecting a baby or are a parent to an infant. Fathers responded to questions about their mental health, experiences during their child's prenatal period, connection to their babies and mothers of their baby, as well as demographic characteristics.

CONCLUSIONS:

We found that interparental relationship quality moderates the link between depressive symptoms and involvement in pregnancy and attachment to their baby, and the link between pregnancy involvement and attachment. Relationship quality also mediated the link between depressive symptoms and involvement in pregnancy, and the link between depressive symptoms and paternal prenatal attachment. The findings suggest that interparental relationship quality and paternal mental health are key personal and interpersonal factors that contribute to father involvement in pregnancy and early attachment with the baby.

T1 - SYM 55.4

Discharge for Dads: Development and Outcomes of a Nursery-Based Video Education Intervention for New Fathers

MD, MAPP Craig Garfield¹, Sarah Genelly¹, Zecilly Guzman¹, Emily Waples¹, Clarissa Simon¹

¹Northwestern University/Lurie Children's Hospital of Chicago, Chicago, USA

T1 - SYM55: Fathers' wellbeing, involvement, and contributions to maternal and child health: Informing father-inclusive early interventions, Wicklow Hall 2B, 18 July 2023, 10:45 - 12:15

Introduction and aim of the study

Becoming a father has been described as a “magical moment.” Focusing on the time around that moment may lead to improved opportunities for paternal engagement. The purpose of this study was to examine the feasibility and outcomes of a novel video-education, nursery-based intervention with new fathers.

Materials and Methods

Following literature review and expert interviews, seven educational videos were created. English-speaking, first-time fathers were recruited beginning in April 2022 to watch videos and complete surveys in the nursery, one-week and one-month post-discharge. Survey topics included sociodemographics, parenting behaviors, self-efficacy, COVID impact and mental health (PHQ-9).

Results

Videos created include mental health, car seat safety, infant crying, lactation, safe sleep, and skin-to-skin. In this ongoing study, 55 parents consenting and 30 completed surveys after watching the videos (54% initial engagement); 21 completed the 1-week (70% retention) and 23 the 1-month (76%) surveys. Respondents were 74% White non-Hispanic and 90% college educated. At one week, 10% (n=2) of fathers endorsed mild depressive symptoms (PHQ-9) with 95% endorsing “feeling tired or having little energy”; at 1 month, 35% (n=8) endorsed mild depressive symptoms. Preliminary data reveals a high level of infant knowledge, interest and involvement in parenting, with 55% (1 week) and 75% (1 month) endorsing having skills “necessary to be a good parent.” 40% of fathers reported at least one unsafe sleep practice. Fathers reported struggles with COVID, with 95% reporting at least a mild change in routines due to COVID. Sample videos and final data analyses will be presented at symposium.

Conclusion

The nursery is a feasible and acceptable location to engage fathers with a brief video intervention. In this early analysis, fathers' mental health and safe parenting behaviors appear to be of concern and can impact infants and families.

T1 - SYM 55.5

Co-designing fathers' role in actively supporting maternal mental health in the perinatal period

A/professor Richard Fletcher¹, Dr Chris May¹, Mr Scott White¹, Dr Jennifer StGeorge¹, Ms Casey Regan¹

¹University Of Newcastle Nsw, Callaghan, Australia

T1 - SYM55: Fathers' wellbeing, involvement, and contributions to maternal and child health: Informing father-inclusive early interventions, Wicklow Hall 2B, 18 July 2023, 10:45 - 12:15

Introduction:

The consequences of maternal perinatal mental illness are well recognised and high- income countries have instituted screening and treatment aimed at reducing maternal depression and anxiety. However, equipping fathers to actively support distressed mothers has, to date, not been investigated. This study reports on the development of text messages for fathers who identified that their partner was mentally distressed (DadswDistressedMums).

Materials and methods:

The SMS4dads text-based perinatal support program (www.sms4dads.com) provides 3 text messages per week from 16 weeks gestation until 48 weeks post-birth. The program has enrolled over 10,000 fathers across Australia. A co-design methodology was used to develop additional text messages for DadswDistressedMums. Mothers with lived experience of perinatal mental distress (MumDistressed) and DadswDistressedMums rated the helpfulness of message topics derived from research literature and parenting websites: positive affect; informational support; tangible support; and, positive social interaction. Mothers also indicated the most appropriate timing, at the point of diagnosis, with ongoing symptoms or during recovery. Draft messages derived from the survey results were rated as useful and understandable by MumDistressed and DadswDistressedMums, and by experienced mental health clinicians (as useful, understandable, and aligned with clinical practice). Messages were edited or deleted based on feedback and again reviewed by lived experience parents and clinicians. The texts, which will be linked to online resources, will be further tested using feedback from fathers enrolled in SMS4dads (results not reported here)

Results:

Fifty-five mothers and 17 fathers completed the survey. Forty-two draft messages were evaluated and a set of 29 messages received (>3.5/5) approval from parents and clinicians. The final set of 12 messages were identified for inclusion in the SMS4dads message set.

Conclusion:

Text messaging to assist new fathers whose partners are depressed or anxious can be developed by collaborating parents with lived experience, clinicians and researchers.

T1 - SYM 56.1

Starting early matters - Increasing pre- and postnatal Emotional Availability (EA) in clinical contexts

Dr Saara Salo¹, Dr Marjo Flykt, Dr Zeynep Biringen, MA Katelyn Branson Dame

¹Helsinki University, Helsinki, Finland

T1 - SYM56: Starting early matters - Increasing pre- and postnatal Emotional Availability (EA) in clinical contexts, Wicklow 1, 18 July 2023, 10:45 - 12:15

While the significance of EA has been extensively studied postnatally, less attention has been paid to interventions starting prenatally. This symposium presents findings from different naturalistic clinical and community settings as well as the use of specific interventions focused on enhancing early EA. The goal is to explore whether EA can be increased through work with parents, and to discuss how different interventions use experiential mechanisms to improve early EA.

The work of Flykt and colleagues shows that community-based parenting interventions in Finnish naturalistic clinical settings are able to improve parental mental health, and intensive therapeutic support also improves parental EA.

In the study of Salo and colleagues focus was on evaluating the implementation of EA-focused pre- and perinatal intervention called the Nurture and Play in mother-child shelter homes. The experiences of the clinicians and their line-managers, and adherence to the intervention model will be discussed, as well as examples of client sessions.

Biringen and colleagues will present a novel approach, Movement Through Motherhood (MTM), inspired by Dance Movement Therapy (DMT) and EA principles, which utilizes the power of movement to enhance body-mind connection. In this initial study, the dance workshops were created and judged by team members as having “face validity” to incorporate sufficient EA principles, with the goal of enhancing mother’s ability to be affectively positive and expressive with her fetus.

Finally, Branson Dame and colleagues will present findings of MTM to explore the power of movement/dance as a potential method for improving maternal EA and wellbeing. They will show that mothers in the intervention groups compared to the control group reported lower depression. Additionally, there was an increase in self-reported EA and a decrease in anxiety.

The collection of findings from these diverse backgrounds could have implications for interventions aiming to increase early EA.

Implementing Nurture and Play -mentalizing based play intervention in Mother-Child Shelter Homes

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¹Helsinki University, Helsinki, Helsinki, ²Turku University, Turku, Finland

T1 - SYM56: Starting early matters - Increasing pre- and postnatal Emotional Availability (EA) in clinical contexts, Wicklow 1, 18 July 2023, 10:45 - 12:15

Introduction

Nurture and Play (NaP) is a short-term intervention aimed at increasing parent-child Emotional Availability (EA) and reflectiveness. It is offered already prenatally and with infants and toddlers. The NaP has been shown to increase maternal sensitivity and reflectiveness among prenatally depressed mothers. However, the implementation of NaP in real-life clinical settings with parents who have severe problems in their mental health and early bonding has not been assessed. In implementation of any intervention the clinicians' adherence to the model and the support of the whole working environment is necessary.

Aims of the Study

Our study aims at exploring feasibility of the intervention in the Mother-Child Shelter Home units which provide care for high-risk parent-child pairs, and adherence to the intervention model. We also evaluated whether the support from the unit leadership and the clients' self-efficacy during the intervention session affected the success of implementation.

Materials and Methods

Three Mother-Child Shelter Home units from different parts of Finland (all trained in NaP) participated in the study. The data was collected using separate questionnaires for staff, leadership and clients. Furthermore, using a smaller subsample, we gathered video recorded intervention sessions and used an outsider assessment on the adherence to the intervention and EA between the parent and clinician experiences.

Results

The clinicians reported positive experiences in using (implementing) the NaP in Mother-Child Shelter Homes. They mostly commented on the usefulness of having a structured model to focus on EA as well as reflectiveness. Implementation was supported by training several staff members to the NaP and by support for their line-managers. The preliminary assessment of the videomaterial also suggests good adherence to the intervention model and client satisfaction with the NaP.

Conclusion

The implementation of the NaP was successful in the Mother-Child Shelter Home units.

T1 - SYM 56.3

Do early community-based parenting interventions improve parental EA, parenting efficacy, and mental health?

Dr Marjo Flykt^{1,3}, Dr Saara Salo¹, Professor Riikka Korja², Dr Jallu Lindblom³, Professor Raija-Leena Punamäki³, Dr Sanna Isosävi⁴

¹University Of Helsinki, Helsinki, Finland, ²University of Turku, Turku, Finland, ³Tampere University, Tampere, Finland, ⁴Trauma Therapy Center, Helsinki, Finland

T1 - SYM56: Starting early matters - Increasing pre- and postnatal Emotional Availability (EA) in clinical contexts, Wicklow 1, 18 July 2023, 10:45 - 12:15

Introduction

Perinatal mental health problems may be harmful for child development and early parenting. Many parenting interventions are developed and validated in highly selective environments, whereas less is known about intervention effectiveness in unselected, naturalistic community samples. There is also a need to understand treatment-related moderators of intervention effectiveness, such as inclusion of fathers or starting interventions prenatally.

Aim of the study

We examined whether community-based parenting interventions (practical help, short-term psychological services, and intensive therapeutic support) in Finnish naturalistic settings are effective in improving maternal and paternal parenting (parenting efficacy and Emotional Availability, EA) and mental health (anxiety and depression). We also test whether treatment characteristics: number of sessions, content of interventions, father's participation and starting the intervention prenatally moderate treatment effectiveness.

Material and Methods

The intervention groups comprised 181 mothers and 63 fathers (expectant or having a baby younger than 12 months), receiving parenting interventions in community-based clinics in Southern Finland. Control group comprised 86 mothers and 45 fathers from the same area. Parenting (parenting efficacy and EA) and mental health (depression, anxiety) were measured with questionnaires at three time-points: pre- and post-intervention and after 6 months. Additionally, for a subgroup of mothers (n=31), observed EA was measured pre- and post-intervention. Clinicians reported about treatment characteristics.

Conclusions

Our preliminary findings showed that maternal self-reported EA and parenting efficacy especially improved in the intensive therapeutic support group. Maternal depression decreased in all intervention groups, and anxiety in short-term psychological services and intensive therapeutic support. The results for fathers (two-group comparison, intervention vs. control), observation-based EA and treatment moderators will be presented at the conference. The results indicate that also naturalistic interventions developed with practical premises as part of basic health care systems may be effective for parental mental health. Yet, more intensive interventions are effective to improve parenting.

T1 - SYM 56.4

Movement Through Motherhood: Incorporating Emotional Availability (EA) Into a Dance Intervention for Pregnant Moms

Ms Steffany Joslin², Dr Zeynep Biringen¹, MA Katelyn Branson Dame¹, Dr Marjo Flykt, Professor Madeline Jazz Harvey¹

¹Saara Salo, , , ²Colorado State University, , United States

T1 - SYM56: Starting early matters - Increasing pre- and postnatal Emotional Availability (EA) in clinical contexts, Wicklow 1, 18 July 2023, 10:45 - 12:15

Introduction

Dance Movement Therapy (DMT) is an internationally accepted, multi-cultural art-based psychotherapeutic technique that utilizes the power of movement to enhance body-mind connection and is a worthwhile avenue to consider for promoting emotional availability (EA). DMT fosters a connection between verbal and nonverbal communication and utilizes mindfulness components that foster awareness of bodily sensations, performing body scan exercises, making conscious contact with others, and distantly observing feelings and thoughts. DMT has revealed that attunement exercises with adults can be beneficial and long-lasting, extending into the home environment post-intervention. However, DMT work has not always been scientifically rigorous nor has it focused on pregnancy.

Aims of the Study

Dance/movement workshops for this study were inspired by DMT as well as EA principles and coined Movement Through Motherhood (MTM), The aim was to promote mothers' nonverbal communication, expressiveness, and attunement towards the unborn baby.

Methods and Materials

Workshops were co-created with DMT and EA concepts in mind by researchers Madeline Jazz Harvey (dancer/choreographer) and Dr. Zeynep Biringen (developmental/clinical psychologist). Dance components incorporated vital EA-aspects like positive facial expression, touch, open reciprocal interaction during pregnancy. A progressive sequence was used throughout both dance workshops to improve mothers' comfort level, allowing them to develop the necessary confidence to perform solo improvisations and co-create "choreography" based on their individualized pregnancy experiences. Participants were exposed as a group to 2 dance workshops tinged with (nonverbal aspects of) EA principles.

Conclusions

The dance workshops were evaluated by members of our team and judged as having "face validity" to incorporate sufficient EA principles that can enhance maternal internal peace and well being as well as mother's ability to be appropriately expressive both with her fetus and her baby after birth. Dance workshop details will be presented, along with actual video clips illustrating this novel intervention.

T1 - SYM 56.5

Movement Through Motherhood: Promoting Maternal Wellbeing and Prenatal Emotional Availability (EA) through Dance

MA Katelyn Branson Dame¹, Dr Zeynep Biringen¹, Professor Madeline Jazz Harvey¹, Dr Stephen Aichele¹, Ms Steffany Joslin¹, Dr Marjo Flykt¹, Dr Saara Salo¹

¹Saara Salo, ,

T1 - SYM56: Starting early matters - Increasing pre- and postnatal Emotional Availability (EA) in clinical contexts, Wicklow 1, 18 July 2023, 10:45 - 12:15

Introduction

Emotional availability (EA) is a construct expanding upon and correlated with attachment. While there is significant research on EA, few EA studies focus on the prenatal period before the baby is in arms. Further, no research on interventions specifically promotes the vital nonverbal aspects of interaction that the EA construct relies upon, including smiling, range in facial/postural expressions of emotions, or holding/touch. Here, we examine whether maternal training in the nonverbal components of EA is possible through movement/dance. Movement is a universal form of nonverbal communication that serves as a common language across cultures. Additionally, it is the first form of communication used by infants and the primary method in which they perceive and make meaning of caregiver interaction.

Aims of the Study

Our study sought to explore the power of movement/dance as a potential method for improving maternal EA and wellbeing. Movement/dance workshops were created based on EA principles, designed to improve mothers' attunement, responsiveness, and, especially outward emotional expressiveness. To date, our study is the first to utilize dance/movement in this manner.

Materials and Methods

There were 3 arms: 1) a dance only arm; 2) dance plus psychosocial arm—that is, whether such dance training is enhanced by direct EA instruction; and 3) a control arm. These three conditions were implemented with 22 pregnant mothers during the 2nd to 3rd trimester and their impact on observed and self-reported prenatal EA, maternal wellbeing, and maternal mood were assessed. Assessments included self-reported depression, anxiety, and emotional availability, as well as observed prenatal EA (a new measure).

Conclusions

Mothers in the intervention groups (dance-only and dance + psychosocial) compared to the control group reported lower depression. Additionally, when the intervention groups were combined, there was an increase in self-reported EA and a decrease in anxiety from pretest to posttest.

T1 - SYM 58.1

Customization of Circle of Security Intervention in different teaching contexts and cultures.

Mr Joe Coyne¹, Prof. Dr. Megumi Kitagawa², Prof. Dr. Brigitte Ramsauer³

¹QUT, Brisbane, Australia, ²Konan University, Kobe, Japan, ³Medical School Hamburg, Hamburg, Germany

T1 - SYM58: Customization of Circle of Security Intervention in different teaching contexts and cultures, Wicklow 4, 18 July 2023, 10:45 - 12:15

Description of symposia

The effective use of Circle of Security (COS) intervention approaches to foster healthy parenting, attachment and child development, requires a critical focus on dissemination, training and supervision. COS is rooted in psychological theories of change, integrating multiple learning styles (e.g., homework, video techniques). Specific knowledge and competencies are expected to be developed by trainees. COS delivery and objectives require fidelity and consistency as teaching goals. Practically, individual professionals and institutions need flexibility of training and teaching to meet local, developmental needs of practitioners.

It is the specific aim of this symposium to present ways of teaching COS for students and professionals as its practical ends. As summary, future models of training are discussed that can provide differential approaches to addressing attachment and mental health issues and inform clinical and community-based research.

Title of symposia

Customization of Circle of Security Intervention in different teaching contexts and cultures

List of speakers

Brigitte Ramsauer. 1

1, Medical School Hamburg, Germany

Joe Coyne. 1

1 QUT, Brisbane, Australia

Kitagawa M. 1

1 Konan University, Japan

T1 - SYM 58.2

Experiences of 10 years training postgraduate psychology students in Circle of Security.

Mr Joe Coyne¹

¹QUT, Brisbane, Australia

T1 - SYM58: Customization of Circle of Security Intervention in different teaching contexts and cultures, Wicklow 4, 18 July 2023, 10:45 - 12:15

INTRODUCTION

Since 2013 Circle of Security training has been provided to psychology trainees in the Master of Psychology (Educational and Developmental) program at QUT. This training has provided exposure to attachment theory as a basis for understanding dyadic process in families.

AIM

This presentation will discuss the experience of training graduates over an extended period and the central importance of providing a learning experience that connects with students own procedural (affective and experiential) understanding of attachment concepts. Reflections on student experiences of training will be considered.

DESCRIPTION

In Australia students enter into 2-year applied Masters trainings after their undergraduate studies in psychology to qualify as practitioners. During this undergraduate study exposure to attachment theory is limited to the basic concepts of the theory. The Circle of Security training in Assessment and Formulation in contrast seeks to provide an understanding of attachment constructs that is both applied and at significant depth to be of. Since 2013 students in postgraduate psychology at QUT have had the opportunity to undertake this training. It represents a significant shift from many theoretical classes they have attended and students have reflected on the personal nature of the training in evoking their own reflections of attachment experiences. This presentation will explore the specific nature and structure of the learning experience that is provided that elicits this level of engagement; the importance of this in acquiring attachment concepts in a way that is not just explicit-semantic, but also implicit-experiential; and the implications of this in approaches to learning concepts relevant to psychotherapy in general.

CONCLUSIONS

Circle of Security training represents a meaningful way for learners to engage with attachment theory and its applications. Considering the specific elements of the training and the nature of the learning process elicited is intended to benefit those engaged in training of practitioners.

T1-SYM58.3

Introducing the Circle of Security Parenting program into Japan.

Prof. Dr. Megumi Kitagawa¹

¹Konan University, Kobe, Japan

T1 - SYM58: Customization of Circle of Security Intervention in different teaching contexts and cultures, Wicklow 4, July 18, 2023, 10:45 - 12:15

INTRODUCTION

The Circle of Security Parenting (COSP) was developed as a version of the COS model to be suitable for community practice. It can be delivered in eight-session using manualized video, and a 4-day workshop can train facilitators. The attachment-based COS model will benefit Japanese families since attachment should be universal. Because most Japanese have limited English skills, it is necessary to translate the material into Japanese and to train facilitators in Japanese.

AIM

This presentation will review the progress made since the Japanese translation of the COSP was created, and the training started in Japan in 2013. I will summarize the achievements and future challenges.

DESCRIPTION

Based on my experience with the COS Intensive model training and in close communication with one of the developers (i.e., Bert Powell), our team translated the COSP manual and created Japanese video materials in 2013. Bert Powell conducted the first 4-day training in 2013, and since then, I have given training once a year in Japan. Eight workshops have been held by 2022, resulting in approximately 580 Japanese COSP facilitators. The COSP effective studies have been published (Kitagawa et al., 2021; Kubo et al., 2021). Facilitators who have just completed the training look for opportunities to learn from experienced facilitators and to interact with other facilitators, and we have provided such opportunities. We also translated the Fidelity Journal to help facilitators' reflection, but there is a strong need for coaching and supervision.

CONCLUSIONS

The COSP is effective for Japanese families, and it is an achievement to have trained many facilitators in Japanese. The challenge is to combine the power of the voluntary contributions of facilitators to create a structure in which they can be trained as fidelity coaches and take a central role in organizing the training.

T1 - SYM 58.4

Spotlights on Circle of Security Intervention: its application today and tomorrow

Prof. Dr. Brigitte Ramsauer¹

¹Medical School Hamburg, Hamburg, Germany

T1 - SYM58: Customization of Circle of Security Intervention in different teaching contexts and cultures, Wicklow 4, 18 July 2023, 10:45 - 12:15

Introduction

Circle of Security (COS) Intervention is a parenting program that serves psychoeducational and therapeutic understanding to foster healthy development in children. It is a strength- and struggle-based approach rooted in attachment, self-object-related and mindfulness-based theories for addressing the parent, the child, and the risks involved in this developing relationship. The COS's particular perspective on the child, for example, has shown to meaningfully contribute to parents' treatment satisfaction.

Aim and methods of the study

The objective of this presentation is to describe COS intervention since its first publication in 2006 in terms of where it has found its place in the health and social welfare system, which occupational groups are most fitting to serve as multipliers and which affected groups profit from this intervention most. In addition, own experiences in teaching parents and professionals working with at-risk parents will be validated.

Conclusions

In the future, it will certainly continue to be a task reserved for research (university) institutions to implement and evaluate manualized COS treatment programs, focusing on a diverse range of outcomes. At the same time, another possibility may be that a low-dose application of COS program elements in existing services with greater outreach could lead to improved generality and everyday usefulness for parents, professionals, and trainees. It is conceivable that both courses of action could lead to mutually beneficially developments over time.

T1 - SYM 59.1

Intricate associations between maternal risk factors and children's socio-emotional development - Mediating and moderating factors

Dr Keren Hanetz- Gamliel¹, Dr. Stella Tsotsi², Dr Dana Shai¹, Dr Kiat Hui (Fannie) Khng³

¹The Academic College Of Tel-aviv Yaffo, Tel Aviv, Israel, ²PROMENTA Research Centre, Department of Psychology, University of Oslo, Norway. , , Norway, ³National Institute of Education, Nanyang Technological University, Singapore , , Singapore

T1 - SYM59: Intricate associations between maternal risk factors and children's socio-emotional development - Mediating and moderating factors, Wicklow 5, 18 July 2023, 10:45 - 12:15

Symposium Summary:

Mothers' mental health and their ability to mentalize and reflect on their own and their child's behavior are central factors for young children's development. However, the associations between mothers' psychopathology, mentalizing skills and children's socio-emotional development are complex and increasing evidence suggests that these associations compromise moderating and mediating variables. In the proposed symposium, the findings of four different studies will be presented. All studies address the intricate associations between mothers' risk factors, such as psychopathology, anxious attachment, low mentalizing abilities, and between the children's socio-emotional behavior, while focusing on different moderating and mediating variables. The studies present different methodologies and developmental stages and are culturally diverse.

The following presentations will be included in the symposium:

1) Maternal prenatal mental health, offspring polygenic risk, and co-occurrent aggression and internalizing difficulties in preschooler - Presenter: Stella Tsotsi

This study focused on the moderating role of child genetic susceptibility to positive affect on the association between prenatal maternal mental health and children's aggression and internalizing difficulties.

2) Mothers' anxious attachment, psychopathology and mentalization, and children's behavior problems - A mediated moderation model - Presenter: Keren Hanetz- Gamliel

The study examined a mediation-moderation model for the associations between mothers' insecure anxious attachment, maternal psychopathology and mentalizing, and child behavior problems

3) Parental embodied mentalizing mediates the longitudinal association between prenatal spousal support and toddler emotion recognition - Presenter: Dana Mcdevitt Shai

This study showed that maternal PEM moderated the association between prenatal observed spousal support and children's emotion recognition at 24 months.

4) Maternal mindfulness, early child temperament, and internalizing, externalizing, and executive function problems in later childhood - Presenter: Kiat Hui, KHNG

The study's findings indicated that maternal mindfulness contributed directly to children's externalizing behavior and executive functioning but did not serve as a moderator for the association between the child's temperament and subsequent outcomes.

T1 - SYM 59.2

Mothers' anxious attachment, psychopathology and mentalization, and children's behavior problems – A mediated moderation model

T1 - SYM59: Intricate associations between maternal risk factors and children's socio-emotional development - Mediating and moderating factors, Wicklow 5, 18 July 2023, 10:45 - 12:15

Introduction:

Mothers' anxious attachment orientation is a known risk factor for mothers' psychopathology symptoms and children's behavior problems. Mothers' psychopathology was suggested as a mediator for the link between mothers' insecure attachment and children's outcomes. Mothers' mentalizing skills can serve as a protective factor for children's behavior in the presence of mothers' psychopathology. However, the study of the associations between mothers' anxious attachment, maternal psychopathology and mentalizing skills, and the child's behavior is lacking.

Study's Aim:

The main goal was to examine indirect links between the mother's anxious attachment and the child's behavior. Specifically, we hypothesized that the mother's psychopathology will mediate the association between the mother's anxious attachment and the child's internalizing and externalizing behavior, and the mother's mentalization will moderate the association between the mother's psychopathology and the child's internalizing and externalizing behavior.

Material and Methods:

70 mothers and their 3-5 years children (48.1% girls) participated in the study. Mothers reported on their attachment style (ECR), their psychopathology (BSI), and their children's internalizing and externalizing behavior (CBCL). Mothers' mentalization was assessed with the Mind-Mindedness interview (MM).

Results:

We found that the mother's psychopathology mediated the association between the mother's anxious attachment orientation and the child's externalizing and internalizing behavior. Furthermore, the mother's MM moderated the link between the mother's psychopathology and the child's externalizing behavior. No moderation effect was found when predicting children's internalizing behavior.

Conclusions:

Mother's anxious attachment style, reflected in her preoccupation with her relationships and her concerns about abandonment can lead to more distress and psychopathology symptoms, which in turn are associated with more children's behavior problems. However, maternal mentalization, reflected in the ability to identify the mental states that underlie the child's behavior may lessen the link between their psychopathology and the child's externalizing behavior.

Maternal prenatal mental health, offspring polygenic risk, and co-occurrent aggression and internalizing difficulties in preschoolers

Dr. Stella Tsotsi¹, Dinka Smajlagic¹, Tetyana Zayats^{2,1}, Nikolai Czajkowski¹, Christian Page^{3,6}, Ziada Ayorech¹, Eivind Ystrøm¹, Alexandra Havdahl^{4,1}, Professor Pasco Fearon⁵, Espen Røysamb¹, Per M. Magnus⁶, Ole Andreassen⁷, Pål Rasmus Njølstad⁸, Phd Mona Bekkhus¹

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T1 - SYM59: Intricate associations between maternal risk factors and children's socio-emotional development - Mediating and moderating factors, Wicklow 5, 18 July 2023, 10:45 - 12:15

INTRODUCTION & AIM:

Prenatal maternal mental health (MMH) may differentially influence offspring aggression or internalizing difficulties (ID) based on offspring genetic susceptibility. To-date, gene-environment investigations of aggression or ID largely focused on single genes or gene variants despite evidence that such phenotypes are polygenic. Moreover, they have targeted aggression or ID separately despite evidence of co-occurrence of these two dimensions already in early childhood. We examined whether the association between prenatal MMH and preschoolers' aggression and ID was moderated by child genetic susceptibility to positive affect, hypothesizing that it mitigated the MMH negative influence.

MATERIAL and METHODS:

Prospectively collected data (n=8,764; girls=4,363) from the Norwegian Mother, Father and Child Cohort Study (MoBa) were used. Mothers reported on anxiety, depressive mood and anger at 30 weeks of pregnancy. Child genetic susceptibility to positive affect was measured by calculating a polygenic risk score (PRS). Following an earlier latent profile analysis on mother-reported child aggression and ID scores at 5 years of age, children were grouped in one of four profiles: low-score/normative (80%); primarily aggressive (9%); primarily ID (9%); co-occurrent ID and aggression (2%).

RESULTS:

Higher prenatal maternal anxiety, depressive mood and anger associated with higher probability of a child belonging in the primarily aggressive, primarily ID or co-occurrent profile compared to normative profile. Lower positive affect PRS associated with higher child probability belonging in the primarily aggressive or co-occurrent profile. Positive affect PRS moderated the association between prenatal maternal depressive mood and child probability to be primarily aggressive; this association was absent in children with high positive affect PRS.

CONCLUSIONS:

Prenatal MMH emerged as generalized risk factor for child aggression and ID, particularly when these co-occur. In contrast, child positive affect PRS may indicate biological resilience, especially in the context of prenatal maternal depressive mood and child aggression in the preschool years.

T1 - SYM 59.5

Maternal mindfulness, early child temperament, and internalizing, externalizing, and executive function problems in later childhood

Dr Kiat Hui (Fannie) Khng¹, Dr. Stella Tsotsi²

¹National Institute of Education, Nanyang Technological University, , Singapore, ²PROMENTA Research Centre, Department of Psychology, University of Oslo, , Norway

T1 - SYM59: Intricate associations between maternal risk factors and children's socio-emotional development - Mediating and moderating factors, Wicklow 5, 18 July 2023, 10:45 - 12:15

INTRODUCTION:

Temperament in early childhood reflects emerging patterns of individual differences in children's affective, attentional, and motor reactivity and self-regulation. Aspects of early temperament have repeatedly predicted later psychopathology risk. At the same time, parenting behaviours exert continuing influence during a child's development and can serve as risk or protective factors in the development of self-regulation problems and youth psychopathology. An area of parenting or parent-child interactions, amenable to intervention, is interpersonal mindfulness in the parenting context.

AIM:

We examined how maternal mindfulness in parenting contributed to children's internalizing, externalizing, and executive functioning (EF) outcomes in middle-to-late childhood, specifically, whether maternal mindfulness interacted with child temperament (Surgency, Negative Affectivity, Effortful Control) in predicting outcomes.

MATERIAL and METHODS:

Participants (N=281; 52.9% female) were drawn from the Singapore Kindergarten Impact Study Follow-up (SKIP-Up) study. Parent-reported child temperament (CBQ) was collected when the children were in Kindergarten 1. Teacher-reported EF difficulties (BRIEF-2), children's self-reported internalizing and externalizing behaviours (SDQ), and mothers self-reported interpersonal mindfulness in parenting (IMP) were collected when the children were in Grade 5 to 6. We also collected data on children's self-reported sensory processing sensitivity (HSC), as it is a risk factor for developing internalizing problems.

RESULTS:

Maternal mindfulness in parenting did not interact with early temperament dimensions but contributed directly to children's externalizing and EF problems, with higher mindfulness in parenting associated with lower problems (i.e., better outcomes). Additional analyses showed internalizing outcomes to be predicted indirectly by preschool Negative Affectivity via child sensory processing sensitivity in later childhood. The mediation was not moderated by maternal mindfulness in parenting.

CONCLUSIONS:

Maternal mindfulness in the parenting context may potentially have protective effects on the development of externalizing and EF problems irrespective of the child's temperament. Conversely, mothers who engage in parenting contexts with low mindfulness may contribute to increased risk.

T1-SYM60.1

Targeting protective factors to facilitate positive outcomes for young children: 4 diverse interventions

Dr. Vonda Jump Norman^{1,2}, Dr Jessica Bartlett³, Dr Ruth Paris⁴, Dr Susan G Timmer⁵

¹Utah State University, Brigham City, USA, ²The Family Place, NIBLEY, United States, ³Thriving Together, West Newton, USA, ⁴Boston University, Boston, USA, ⁵University of California at Davis, Sacramento, USA

T1 - SYM60: Targeting protective factors to facilitate positive outcomes for young children: 4 diverse interventions, Liffey Meeting Room 3, 18 July 2023, 10:45 - 12:15

Introduction:

Caring adults are critical for young children's well-being. However, parenting is difficult in the best of times and sometimes dangerous to children in the worst of times. Early intervention to support parent and child well-being can be critical protective factors when parents or children are struggling.

Aim:

This symposium will present the results of four diverse programs to promote protective factors that support positive functioning: in the NICU; with Latino immigrant families with high stress levels; in a community sample of "typical" families; and with children involved in the child welfare system.

Methods:

The first study compared mental health outcomes for mothers of preterm infants in the NICU vs. nursery and found the NICU protected against maternal mental health problems. The other studies focused on intervention outcome using evidence-based strategies ranging from an adapted Child-Parent Psychotherapy (CPP) to Parent-Child Care (PC-CARE) to the Better Together intervention. All studies assessed infants/parents over two or more time points; one study assessed follow-up data one year post-intervention. Measures included the Parenting Stress Index, Protective Factors Survey, DECA, and other parental mental health and child well-being measures.

Conclusions:

Each intervention was effective in promoting protective factors for young children and their parents. NICU stays reduced maternal anxiety and increased parental confidence, contradicting other evidence. CPP in immigrant families was associated with improved parental concrete support, PSI parental distress, caregiver mental health, migration grief, and children's initiative. Children whose foster parents completed the PC-CARE program were four times more likely to maintain placement stability six months later. Better Together found parents and children improved nurturing and attachment, parental mental health, and decreased hostility long-term. As parents improve their skills and mental health, children's caregiving environments and outcomes improved. Small changes may lead to strong protective effects that support thriving in young children.

Can the NICU Play a Protective Role in Maternal Mental Health?

Dr Jessica Bartlett¹, Dr Lise Johnson¹, Dr Katherine Paschall¹, Professor Lianne Woodward¹

¹Thriving Together, LLC, West Newton, United States

T1 - SYM60: Targeting protective factors to facilitate positive outcomes for young children: 4 diverse interventions, Liffey Meeting Room 3, 18 July 2023, 10:45 - 12:15

INTRODUCTION

One in ten infants are born preterm in the U.S., with Black and Hispanic mothers disproportionately represented. Mothers of preterm infants are at high risk for mental health problems, which can compromise parenting quality and impede child development. Postnatal care can play a protective role by promoting maternal mental health.

AIMS

This study: (1) describes maternal mental health (stress, anxiety, depression, confidence) among new mothers of preterm infants; (2) tests predictors of maternal mental health (prior symptoms; discrimination; life stress); and (3) examines differences by neonatal care setting: NICU vs. nursery.

METHOD

A cohort of 196 moderate-late preterm infants and their mothers were recruited in the postpartum unit and NICU for an RCT of the Newborn Behavioral Observations at a large teaching hospital in the U.S. Northeast. Data were collected at birth, 4-6 weeks post-discharge, and 4 months corrected age. Measures included: Parenting Stress Index-SF; Karitane Parenting Confidence Scale; State-Trait Anxiety Inventory; Center for Epidemiological Studies Depression Scale-Rev; Everyday Discrimination Scale; medical records; and project-developed surveys. Regression analyses accounted for group assignment, sociodemographics, parity, 6-week outcomes, discrimination, infant/maternal morbidity, and trait anxiety.

RESULTS

Mothers averaged 33.1 years; 75% were White, 11% Black, 7% Asian, 7% other, and 10% Hispanic. Rates of maternal anxiety (31.6%) and depression (24.1%) were lower than typical preterm populations (~40%; 30%+); parenting confidence was high, increasing over time. First-time motherhood, trait anxiety, and maternal morbidity predicted state anxiety. Trait anxiety negatively predicted confidence. NICU care was negatively associated with state anxiety and positively associated with confidence, suggesting protective effects. Moderation analyses examining interactions (NICU X maternal sociodemographics) are underway.

CONCLUSIONS

NICU stays appeared to play a protective role by improving maternal mental health. Results may be partially explained by study context—a premier teaching hospital committed to family-centered care—but nonetheless highlight the importance of early support.

T1-SYM60.3

Maternal mental health, parenting, and early child development in Latinx families participating in Child-Parent Psychotherapy

Dr Ruth Paris¹, Dr Mihoko Maru¹, Ms. Karen Garber²

¹Boston University, Boston, USA, ²Greater Boston Jewish Family & Children's Service, Waltham, USA

T1 - SYM60: Targeting protective factors to facilitate positive outcomes for young children: 4 diverse interventions, Liffey Meeting Room 3, 18 July 2023, 10:45 - 12:15

Introduction and Aims:

Globally, immigration pressures such as fear of deportation, limited support, and trauma symptomatology contribute to cumulative strains on parenting practices and ultimately impact young children's development. This quasi-experimental study used evaluation data to examine one program designed to mitigate these challenges by offering adapted evidence-based Child-Parent Psychotherapy with bilingual clinicians to Latinx families in one U.S. city.

Methods:

Baseline and discharge data were used for analysis. Measures included (in Spanish or English): Protective Factors Survey, (PFS), Parenting Stress Index (PSI), Parental Reflective Function Questionnaire (PRFQ), Brief Symptom Inventory (BSI), Posttraumatic Stress Checklist (PCL), Devereux Early Childhood Assessment (DECA), and Migration Grief and Loss Questionnaire (MGLQ). T-tests were run to assess change from baseline to discharge.

The sample consisted of 55 mothers (mean age=30.6 years, SD=5.87) and their young children (mean age=32.9 months, SD=22.1) primarily from Central America (81.8%). Approximately half (52.7%) were never married, had no high school degree (54.5%), with incomes less than \$24,999 (USD, 43.6%). Average lifetime reported traumatic events reported by the mothers was nine for themselves and two for their children.

Results showed positive changes in PFS concrete support ($t=2.93$, $p=.005$), PSI parental distress ($t=-2.06$, $p=.04$), PRFQ prementalizing ($t=-.2.90$, $p=.006$), caregiver mental health (BSI/GSI $t=-2.67$, $p=.01$); PCL, $t=-4.24$, $p<0.001$), child's developmental initiative (DECA subscale; $t=2.16$, $p=.04$), and identity discontinuity, or feelings of uncertainty and confusion about oneself of the MGLQ ($t=-2.71$, $p=.01$). Effect sizes for change were small to medium (Cohen's $d=.28-.58$).

Conclusion:

Results suggest that protective factors, maternal mental health, trauma symptoms, parenting stress, reflective functioning/prementalizing, migration-related identity confusion, and child social-emotional development may improve over the course of this dyadic trauma-focused intervention with immigrant Latinx families. They are particularly promising and important given increased fear and isolation in immigrant communities due to the socio-political climate in the U.S.

T1-SYM60.4

Increasing protective factors and positive parenting interactions for young children in a community-based intervention

Dr. Vonda Jump Norman^{1,2}, Dr. Katie Griffiths², Sarah Gasik², Abbey Chatelain², Cassie Alarcon², Jeanice Robins^{2,3}, Mitch Adair^{1,2}

¹Utah State University, Brigham City, USA, ²The Family Place, Logan, USA, ³Families First, Missoula, USA

T1 - SYM60: Targeting protective factors to facilitate positive outcomes for young children: 4 diverse interventions, Liffey Meeting Room 3, 18 July 2023, 10:45 - 12:15

Introduction:

Parenting in the 21st century has a plethora of challenges associated with it, including a high percentage of parents working, unresolved trauma hindering parenting efforts, and a desire for knowledge about developmentally appropriate practices. We know that children thrive when they experience safe, stable, and nurturing relationships with their caregivers. We need inexpensive, high impact community-based programs to support parents and facilitate connecting activities between parents and their children.

Aims:

To understand the impact of a 12-week program developed to support positive parenting, promote protective factors, and improve the parent-child relationship through meaningful and fun bonding activities for the whole family as well as age-appropriate child development knowledge for parents.

Materials and Methods:

Data were collected at pretest, posttest, and 3 and 12 months after the end of the 12-week intervention. Attendance was 88%. Measures included the Protective Factors Survey, the Outcome Questionnaire 45 (OQ 45), the Emotional Availability measure, and the DECA.

Results:

Paired t-tests confirmed a strong increase in nurturing and attachment from pretest to posttest ($t=4.39$; $p<.001$); 3 months ($t=4.95$; $p<.001$); and 12 months ($t=1.74$; $p=.12$ due to low sample size). Results also indicated a decrease in parental hostility toward their children from pretest to the 3 month follow-up ($t=2.24$; $p<.05$) and 12 month follow-up ($t=3.67$; $p<.01$). Parental social role scores improved from the pretest to the 3 month ($t=2.21$; $p<.05$) and 12 month ($t=1.96$, $p=.09$ due to low sample size).

Conclusions:

Focusing on building positive childhood experiences between parents and their children while providing information about development appears to positively impact the parent-child relationship, decrease hostility toward children, and improve parental social roles immediately as well as long-term in a community sample.

T1-SYM60.5

Promoting Placement Stability for Children in Foster Care with a Brief Parenting Intervention

Dr Susan G Timmer¹, Dr Brandi Hawk¹

¹UC Davis CAARE Center, Sacramento, USA

T1 - SYM60: Targeting protective factors to facilitate positive outcomes for young children: 4 diverse interventions, Liffey Meeting Room 3, 18 July 2023, 10:45 - 12:15

Introduction-

Interventions that address child behaviors and support foster caregivers are key to promoting stable foster placements. The most effective interventions for improving child behavior problems and supporting parents are parent management training programs (PMTs), which teach caregivers skills to better manage their children's behaviors.

AIM of the Study-

Our aim is to investigate the effect of participating in Parent-Child Care (PC-CARE), a brief dyadic PMT on young children's placement stability in new foster homes and examine mechanisms of change.

Material and Methods-

Participants include 156 foster caregivers (4% male) who agreed to participate in PC-CARE with their newly placed foster children (49% male); 61% completed services. Children averaged 27.36 months (SD = 10.2) and were ethnically diverse: 28.2% White, 38.5% Black, 21.2% Latinx. Children experienced at least one traumatic event; 42% experienced 3-5 events. Most caregivers were non-relative foster parents (85%) and averaged 47.4 years of age (SD = 13.2).

PC-CARE services consisted of a 1.5-hour pre-treatment session and six weekly one-hour intervention sessions, occurring in the caregiver's home. Caregivers completed assessment measures and participated in a 12-minute observation of the caregiver-child interaction before and at the end of treatment. Therapists coded caregiver's verbalizations according to the PC-CARE Coding Manual. Child Protective Services provided children's placement information six months after they terminated services.

Results of a stepwise binomial logistic regression examining effects of treatment-related gains, caregiver's knowledge of child's past routines and family completion of PC-CARE revealed that caregiver's knowledge of the child's family background and treatment completion significantly predicted placement stability.

Conclusions-

Results suggest that perhaps greater understanding of the child and their routines and participating in a parenting intervention may contribute to developing a commitment to keep a child in a foster home. Findings will be discussed with respect to their implications for developing children's protective factors.

T1-SYM61.1

Researching the impact of the Newborn Behavioural Observations – reflections on methodological strengths and challenges.

Dr Deanna Gibbs¹, Dr Lise Johnson^{2,3,4}, Phd Student Camilla Ejlersen⁵, Dr. Susan Nicolson⁶

¹Barts Health NHS Trust, London, United Kingdom, ²The Brazelton Institute, Division of Developmental Medicine, Boston Children's Hospital, Boston, USA, ³Brigham and Women's Hospital, Boston, USA, ⁴Harvard Medical School, Boston, USA, ⁵Hvidovre Hospital, Hvidovre, Denmark, ⁶The Royal Women's Hospital, Parkville, Australia

T1 - SYM61: Researching the impact of the Newborn Behavioural Observations – reflections on methodological strengths and challenges, EcoCem Room, 18 July 2023, 10:45 - 12:15

INTRODUCTION

The Newborn Behavioural Observations (NBO) system was developed as an infant-centred and family-focused relationship building tool, designed to sensitise parents to their infant's competencies and capabilities, helping them to read their infant's signals and understand their behaviour, thereby promoting positive interactions between parent and infant. The NBO is a flexible tool that can be applied to diverse populations, clinical settings, and cultures. Researchers are engaged in designing and conducting studies to understand the impact of the NBO in multiple different contexts. However, the methodological challenges in designing studies which effectively capture the outcomes of a relationship-based intervention require ongoing consideration.

AIM

This symposium aims to explore these challenges through presentations and reflections from three groups on their use of the NBO in research.

MATERIAL and METHOD

The symposium will feature three presentations, representing a range of international settings and clinical contexts researching the NBO as an intervention.

Dr Lise Johnson, (USA) will report on a randomised controlled trial of the NBO to support early parenting of preterm newborns.

Camilla Ejlersen, (Denmark) will present results of a process evaluation and methodological reflections based on an intervention study that used the NBO to decrease prevalence of maternal postpartum depression.

Dr Susan Nicolson (Australia) will report on a randomised controlled trial of the NBO in a population of young infants and mothers with antenatal maternal distress and risk of postnatal depression.

A panel discussion will draw together conclusions regarding the evaluation of relationship-based interventions (and specifically the NBO) in complex research contexts where there may be multiple variables influencing the study results.

CONCLUSIONS

This symposium will provide learning and reflections from real-world studies to inform both interpretation of existing and design of future research focused on understanding the contribution of the NBO in supporting early parent-infant relationships.

T1-SYM61.2

Newborn Behavioral Observations system with at-risk families: a randomized controlled trial

Mrs Stefania Arnardottir¹, Dr Kari Slinning², Lisbeth Valla³

¹Primary Care of the Capital Area, Reykjavik, Iceland, ²Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Oslo, Norway, ³Department of Nursing and Health Promotion, Faculty of Health Sciences, Metropolitan University, Oslo, Norway

T1 - SYM61: Researching the impact of the Newborn Behavioural Observations – reflections on methodological strengths and challenges, EcoCem Room, 18 July 2023, 10:45 - 12:15

Newborn Behavioral Observations system with at-risk families: a randomized controlled trial

Introduction:

Early support for the parent-infant relationship is recommended to ensure the infant's future health and development, especially in at-risk populations. The Newborn Behavioral Observations system is a brief, relationship-based intervention designed to sensitize parents to their newborn's capacities and individuality, to help parents understand the infant's cues, and foster the parent-infant bond.

Aim of the study:

To investigate effects of the NBO intervention, in a population at-risk of postpartum depression, on maternal knowledge and communication with the infant after three NBO sessions, and on maternal sensitivity and infants' regulatory capacity at 4 months postpartum.

Material and Methods:

Two-group randomized trial design with four measurement points. Participants were allocated to a group receiving the NBO in addition to postpartum care-as-usual (n=30), or care-as-usual (n=30) comparison group. The study was conducted in a health care center in Reykjavik, Iceland from September 2016-April 2018. Outcome measures included parent satisfaction/benefit questionnaires after each NBO session and, at 4 months postpartum, filmed parent-infant interaction coded with the Emotional Availability Scales (EAS). Two sample t-tests compared EAS scores between groups at 4 months. Mixed effects models tested between-group differences across three time points.

Results:

There were no between-group differences in infant regulatory capacity or maternal sensitivity ($p < 0.319$) on the EAS at 4 months (n=53); but intervention-group non-hostility scores were higher ($p < 0.031$). NBO-group reported more confidence as mothers ($p < 0.037$) and greater learning from their postpartum follow-up about responding to baby's signals ($p < 0.001$) and how infants communicate through behavior ($p < 0.001$).

Conclusion:

This pilot study revealed possible NBO effects on mother-infant interaction. The NBO enhanced mothers' learning and confidence over time. Larger real-world studies should test the infant-parent relationship effectiveness of this postpartum intervention that is valued by at-risk mothers.

T1-SYM61.3

Supporting infant relationships and reducing maternal distress with the Newborn Behavioral Observations: A randomized trial.

Dr. Susan Nicolson^{1,2}

¹Royal Women's Hospital, Melbourne, Australia, ²University of Melbourne, Melbourne, Australia

T1 - SYM61: Researching the impact of the Newborn Behavioural Observations – reflections on methodological strengths and challenges, EcoCem Room, 18 July 2023, 10:45 - 12:15

Introduction

Research points to the significant impact of maternal distress on the parent-infant relationship and infant development. The Newborn Behavioral Observations (NBO) is a brief intervention supporting the infant, the parent and their relationship. An RCT examined the effectiveness of the NBO in a population of young infants and mothers with antenatal maternal distress and risk of postnatal depression (Nicolson, Carron and Paul, IMHJ, 2022).

Aims

Presentation of both published and unpublished data from the RCT to prompt discussion in the symposium of methodological strengths and limitations and research questions arising.

Methods

Pregnant, first-time mothers with current anxiety or depression symptoms or past mental illness were recruited from two Australian hospitals. Participants received three NBO sessions in the first month of life plus treatment as usual (TAU), or, TAU-only. Outcomes assessed at infant age 4months included mother-infant interaction quality; maternal anxiety and depression symptoms; and depression diagnosis.

Results

Of 111 pregnant individuals randomized, 90 remained eligible and 74 completed the trial (82.2% retention). There were intervention effects on emotional availability $F(6, 67)=2.52, p=.049$, Cohen's $d=.90$, with higher sensitivity and non-intrusiveness in the intervention group ($n=40$) than the comparison group ($n=34$). There was an intervention effect approaching significance for anxiety symptoms at 4 months ($p=.06$), and a significant effect over time ($p=.014$), but not for depression symptoms. Anxiety and depression symptoms significantly reduced to sub-clinical levels within the intervention group only. There were fewer depression diagnoses ($n=6$) than expected across groups, with no observed intervention effect. No adverse intervention effects were seen.

Conclusions

The NBO was accepted and exerted meaningful effects on relationship quality and distress; and may enhance the infant's interaction experience and maternal emotional adjustment in at-risk populations. The study offers learnings for future research in brief infant mental health interventions.

T1-SYM61.4

Evaluation: 'Look- your baby is talking to you' intervention to reduce depression in vulnerable mothers

Phd Student Camilla Ejlertsen¹

¹Copenhagen University Hospital Hvidovre/Aarhus University, Hvidovre, Danmark

T1 - SYM61: Researching the impact of the Newborn Behavioural Observations – reflections on methodological strengths and challenges, EcoCem Room, 18 July 2023, 10:45 - 12:15

Introduction

Maternal anxiety or depression threaten the health of early parent-infant relationships. Healthcare professionals (HCPs) in the obstetric department are in a unique position to initiate early intervention to improve outcomes for both mother and infant. It is well-documented that early intervention and short-term programs consisting of a limited number of sessions aimed at improving mother-infant interaction are especially effective.

Aim

The intervention 'Look- your baby is talking to you' hypothesized that, by upskilling HCP's competencies and knowledge related to early relationship formation, family focused approach, and enhanced collaboration and transition to the primary healthcare sector, maternal depressive symptoms would decrease 3-months post-partum.

Methods

The intervention 'Look- your baby is talking to you' included components of Family Focused Nursing and the Newborn Behavioral Observation. A total of 100 mothers with former or ongoing depression and/or anxiety were enrolled after delivery and randomized, 49 to the intervention group and 51 to the control group. The intervention included 3 NBO sessions and 3 family conversations. A process evaluation using the MRC Framework for evaluating complex interventions has been applied. This included data on HCPs before and after NBO training and case reports on components used showing that the intervention was implemented and puts mechanism of impact into perspective. Thus, when interpreting intervention effect attention should be drawn to organizational and interpersonal factors.

Conclusion

Within effect and evaluation research it is not enough to investigate whether the intervention works. One must examine why and for whom the effort works and on what. Interventions that aim to promote parenting skills are complex and it's important to know how they are delivered, how they work, and for whom they do and don't work. A key to doing so is applying comprehensive process evaluation and continuously reflect on how to capture effect and impact.

T1-SYM61.5

Randomized Controlled Trial of the NBO to Support Mothers of Moderate and Late Preterm Newborns

Dr Lise Johnson^{1,2,3}, Dr Jessica Bartlett^{2,4}, Dr Katherine Paschall⁵, Professor Lianne Woodward⁶

¹Brazelton Institute, Boston Children's Hospital, Boston, United States, ²Brigham and Women's Hospital, Boston, United States, ³Harvard Medical School, Boston, United States, ⁴Thriving Together, LLC, , United States, ⁵Child Trends, Bethesda, United States, ⁶University of Canterbury, Christchurch, New Zealand

T1 - SYM61: Researching the impact of the Newborn Behavioural Observations – reflections on methodological strengths and challenges, EcoCem Room, 18 July 2023, 10:45 - 12:15

Introduction

Mothers of preterm infants are at high risk for postpartum stress, anxiety, and depression, which may compromise parenting, impeding healthy child development. The Newborn Behavioral Observations System (NBO) aims to enhance the parent-infant relationship by strengthening parents' confidence, observation skills, and understanding of their baby's strengths/challenges.

Aims

The BabyAMOR Study is a randomized controlled trial of the NBO targeting maternal mental health and early parenting of moderate/late preterm newborns.

Methods

Mothers and newborns (32 to <37 weeks gestation) were enrolled shortly after birth. These included 105 intervention and 101 control dyads. Retention was 88%. Intervention dyads received three NBOs over the first six weeks after discharge, a parenting self-reflection guide, weekly emails, and a telehealth visit during this time. Key outcomes included maternal ratings of parental distress, confidence, anxiety, and depressive symptoms measured at baseline, six weeks post-discharge and four months corrected gestational age. A videotaped play session was analyzed for maternal sensitivity. After completing all other study tasks, intervention mothers participated in a mixed methods interview about their subjective experiences of the intervention.

Results

Missing data were minimal. Groups were equivalent except intervention mothers were more likely to have college/graduate degrees and control group mothers had higher cumulative life stressors. There were no significant differences between intervention and control groups on key outcome measures. Of 77 mothers interviewed, 92.2% reported the NBO was helpful. Mothers described the NBO as informative, reassuring, validating, supportive of their confidence and emotional wellbeing, and helpful in negotiating the challenges of prematurity.

Conclusions

This short term intervention using the NBO to support preterm mothers did not demonstrate impact on maternal mental health or parenting sensitivity. Subjectively, mothers reported the NBO as acceptable and supportive. Study limitations included a predominantly White sample with few mental health challenges, limiting sample heterogeneity prior to randomization.

T1-SYM81

The Role of WAIMH in Global Crises Situations

Professor Astrid Berg¹, Dr Hisako Watanabe², Mrs Tessa Baradon⁴, Professor David Oppenheim³

¹University of Stellenbosch, Cape Town, South Africa, ²Watanabe Clinic, Yokohama, Japan,

³University of Haifa, Israel, ⁴Anna Freud Centre, , United Kingdom

T1-SYM81: The Role of WAIMH in Global Crises Situation, Wicklow 3, July 18, 2023, 10:45 - 12:15

In these times of global turmoil, it is incumbent on us as a world association to be aware of the trauma that young children are exposed to in many parts of the world. Our Infants' Rights Position Paper speaks to the universal need of infants which include the right to be protected and to have access to professional help when needed.

We would like to open a space for reflection and discussion as to how we could assist our colleagues in these frontline situations. Within WAIMH there are resources in the form of knowledge and experience that could be shared.

It is proposed that we have an open meeting for all at a time that would fit in with the Congress programme.

Attachment and Biobehavioral Catch-up: Intervening with Parents of Vulnerable Infants

Professor Mary Dozier

State of the Art Lecture: Attachment and Biobehavioral Catch-up: Intervening with Parents of Vulnerable Infants, The Auditorium, July 18, 2023, 13:15 - 14:15

Attachment and Biobehavioral Catch-up (ABC) is a 10-session home visiting program for parents of vulnerable infants and toddlers. Over the last 30 years, along with members of my lab, we have developed and refined the intervention, and tested its efficacy and effectiveness.

In this talk, I will first provide an overview of how ABC was developed on the basis of issues identified as problematic for vulnerable infants through our own research and through the research of others. I will describe how ABC is implemented, with particular attention to “in-the-moment” comments which parent coaches make during sessions to support parents engaging in target behaviors, which are identified as integral to the program’s effectiveness. I will provide examples of the evidence that has been amassed for ABC from randomized clinical trials, including examples from infancy, early childhood, middle childhood, and adolescence.

I will then discuss challenges in disseminating any intervention, and describe how we have managed to disseminate while maintaining strong model fidelity. Adaptations to the model, including cultural enhancements and telehealth, will be discussed. Videos of parents and infants will be used to illustrate intervention targets and the intervention approach.

T2-VID9

Collateral value: Transitioning to parenthood, what can we learn from COVIDtimes about this lifechanging experience.

Mrs Petra Spuijbroek¹, Saskia Zeldenrust

¹Ziezo-praktijk, The Hague, Netherlands

T2 – VID9: Collateral value: Transitioning to parenthood, what can we learn from COVIDtimes about this lifechanging experience, Wicklow 2A, July 18, 2023, 13:15 - 14:15

Why a film about this subject:

Covid time gave a non ethical situation for research: changing circumstances for everyone, professionals and parents, it provided large groups and before and after COVID information to make proper comparisons.

We were curious after reading scientific studies as a result of research during COVID and after Covid time. What is/was the situation in the Netherlands. And even if -a lot isn't finished yet- there is a lot of importance to use both outcomes.

COVID time made for soon to be and new parents other reason to seek help, less shame, more anxiety and gloom, loneliness

You can't stop giving birth so everything went on. Perhaps the findings will provide new ways of working, seeking ways.

We made a film asking parents and workers such as midwives, neonatal nurse, and maternal caregivers to share their experiences and we will present that to you. After the film we can discuss outcomes

T2-WSH40.1

Mirror Mirror on the Wall: The importance of reflection for all

Ms Sarah Haskell¹, Ms Heidi Pace¹

¹Infant Mental Health Association Aotearoa New Zealand (IMHAANZ), , New Zealand

T2 - WSH40: Clinical Workshops 3, Liffey Hall 1, July 18, 2023, 13:15 - 14:15

Introduction

“The attention of others is probably the first, simplest, and most powerful experience that we have of mentality. Something about the attention of other people seems crucial to our emotional existence and our development” (Reddy, 2008, pp 90).

Aim/Purpose

The aim of the workshop is to provide participants with an understanding of the importance of ‘mother as the mirror’ and the necessity of the act of reflecting in emotional development for babies. Alongside this vital element, the workshop will challenge its participants with the parallels in their reflective practice process.

Description

The workshop will facilitate a dialogue that connects the theoretical, “the knowing that” with the “knowing how” and explores the artistry involved in reflection. Video material of therapy work with infants/toddlers and their parents will be used to demonstrate the importance of the ‘mother as the mirror’ work and what happens and is needed when this early reflection is lacking. The workshop will enhance participants understanding of reflective practice facilitation.

Conclusions

The workshop will provide the participants with the felt knowledge of mirroring and its importance for the baby, the parent, and the practitioner. It will demonstrate the necessity of ‘reflection’ for all and how without this ‘simplest, and most powerful experience’ each one of us, infant, parent and practitioner, will suffer developmental consequences."

Reference:

Reddy, V. 2008. How Infants Know Minds. Harvard University Press.

Motherhood and maternal subjectivity:

A view through infant observation

Mrs zippy kalish¹, M.A. Ruth Orenstein², M.S.W. Tzippy Kalish³, M.A. Anat Raviv⁴, Dr Irit Kushilevitz¹
¹Haifa University, Haifa, Israel, ²Post Graduate Parent-Child Psychotherapy Program, Tel-Aviv, Israel,
³Bar-Ilan University, Tel-Aviv, Israel, ⁴Bar-Ilan University, Tel-Aviv, Israel

T2 - WSH40: Clinical Workshops 3, Liffey Hall 1, July 18, 2023, 13:15 - 14:15

In western culture, mothers face two sets of hegemonic expectations: The ideal 'Intensive mother' (Hays, 1996), who takes care of her children and provides for all their physical and emotional needs. This mother is expected to put the child and his needs in the center, and is ready to sacrifice herself; her body, needs, and wishes for his sake. The mother is also expected to be an independent subject, a person who thinks, chooses, and gives meaning to her life (Rozmarine, 2012).

Mothers today seem to be active agents, who have control over their destiny, and many opportunities in education, career, and family. Yet, it's not easy to contain the dialectics between the image of the good 'intensive mother' and her subjectivity, as the social discourse silences the difficulties mothers experience while juggling between tasks (Douglas & Michaels, 2004; O'Brien Hallstein, 2019).

Moreover, the mother has to recognize that her subjectivity, as she has known it, begins to change. This process of recognition starts during pregnancy and continues after birth, when the self reduces itself to create an emotional and physical space for the other. The mother experiences a radical change from a cohesive stable self, to a messy muffled one (Wolf, 2003). This experience challenges the assumption that subjectivity is singular and coherent, and clarifies that the attraction and the responsibility towards the child might harm the mother's sense of cohesive self, increasing her vulnerability (La Chace Adams, 2014).

We assume that this recognition stimulates mothers to be "quietly in mourning" (Wolf, 2003). Working through grief is a complex process, reflected in mothers' "narcissistic scrips" (Manzano et al, 1999), and affects the mother-baby interaction.

Using the Tavistock model of infant observation (Bick,1948), four styles of "scripts" will be demonstrated: Normal, Neurotic, Masochistic, and Narcissistic-Dissociative motherhood.

Mind the gap! Between intention and action

Mrs Yael Segal¹

¹Ziama Arkin Infancy Institute, Reichman University, Herzliya, Israel

T2 - WSH40: Clinical Workshops 3, Liffey Hall 1, July 18, 2023, 13:15 - 14:15

When we sit with parents and baby, we are overwhelmed by an abundance of information, and we must figure out who and what to refer to at any given moment – parental representations? The baby? The interaction? Our choice will be based on guidelines given by theories of technique which differ in their preferred port of entry. Some focus on one port of entry, others will move between the different positions during the therapeutic hour.

Often, viewing the footage of a session, the therapist finds a gap between the intervention she intended and what she actually did. I would like to offer an explanation to the formation of the gap and a way to reduce it.

I suggest that most gaps created between intention and actual intervention can be understood by two fundamentally different but interrelated processes. One, countertransference and the other is cognitive biases. Countertransference is a very personal process that may arise as a reaction to the transference of one of the patients in the room or from unresolved conflicts of the therapist. Cognitive bias is inherent in human thinking and shared by most people. Combining the two allows for a deeper understanding.

A common example of these two processes is found in the gap created between our intention to communicate directly with the baby but ignoring him while we are immersed in a conversation with the parent. In such a case our inherent bias is the preference to communicate in our own verbal language and not in our less accessible, non-verbal language. Countertransference can be expressed in the urgency we feel in the face of the parent's demands or distress contrary to our intention. A clinical case will be presented for discussion by one of my supervisees.

Reflections Process to Disrupting Racism and Creating Equity in Scholarship in Infant Mental Health

Dr Marva L. Lewis¹, Dr. Fantasy Lozada², Dr Iheoma Iruka³, Prof Holly Brophy-Herb⁴, Dr. Erika Bocknek⁵

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T2 - WSH41: Reflections Process to Disrupting Racism and Creating Equity in Scholarship in Infant Mental Health, Liffey Hall 2, July 18, 2023, 13:15 - 14:15

INTRODUCTION

Structures of racism impact not only the socioemotional and financial well-being of children and families of color, particularly Black children, but also researchers and professionals. The study of infant mental health (IMH) is typically built on developmental theories based on samples of children from western, industrialized, educated societies (Henrich et al, 2010). Creating change in scientific and publishing processes deeply rooted in Whiteness is necessary but difficult, personally and professionally (Cooper et al., 2022). Many scholars welcome opportunities to join the work of disrupting racism, but effective strategies require transparency and coalition. Featured scholars discuss an evolving scholarship, embedded in IMH principles, that is anti-racist, identifying systemic oppression and amplifying thriving to offer all children a complete narrative.

AIMS or PURPOSE

This case-study and conversation-based workshop is designed to a) demonstrate reflective processes on what it means to employ anti-racist perspectives in scholarship; and b) discuss examples of centering Black children in IMH research.

DESCRIPTION

Our team of Black, Latina, and White scholars offer an active workshop addressing systemic racism. Although our group exceeds 3-persons, the structure is designed to enrich the “fishbowl” method of conversations around race/racism among presenters, and share descriptions of group processes. A case study is presented of research that employs anti-racist processes. Finally, we use guiding questions and invite the audience for large group reflection/discussion.

CONCLUSIONS

IMH scholars are uniquely positioned to engage in the reflective processes needed to disrupt the racialized systems embedded in traditional scholarship and create new, more equitable science and practice.

Cooper, S., Hurd, N., & Lloyd, A. (2022). Advancing scholarship on anti-racism within developmental science: Reflections on the special section and recommendations for future research. *Child Development*, 93(3), 619-632.

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and Brain Sciences*, 1-75.

A Paradigm Shift for Early Childhood Professionals: Integrative Mental health, culturally-informed biopsychosocial reflective training

Dr Nina Newman¹, Dr Ira Glovinsky¹

¹Fielding Graduate University, Santa Barbara, United States

T2 - WSH42: A Paradigm Shift for Early Childhood Professionals: Integrative Mental health, culturally-informed biopsychosocial reflective training, Wicklow Hall 1, July 18, 2023, 13:15 - 14:15

There is a crisis in mental health in children, even amongst our youngest, and adults. While the pandemic may have exacerbated issues, it also laid bare problems that were on the rise prior to Covid. This combined with systemic racism, economic strains, and societal dysregulation has led to the creation of a 'perfect storm'. Consequently, professionals in early childhood education and intervention are faced with unprecedented challenges with children in the classroom, parents, and in their own lives. This stress is further compounded by the pressure to ensure children 'catch up'. This drive 'to fix' has created rigidity and increased hierarchical approaches, often focused on the concrete and behavioral management, rather than social emotional development. In turn, this has caused more dysregulation in professionals who already were not adequately trained for the rising problems. In addition, it has contributed to the rise of disruptive behaviors and mood disorders, misdiagnoses, professional burnout, and distress in primary caretakers. This is especially true in urban, multicultural and at-risk populations as well as isolated rural ones.

As such, the time necessitates a paradigm shift in training. While there is recognition of the need, and importance of reflective work, there is still a struggle on how to prepare professionals for their work presently and ahead. This interactive workshop explores an approach, developed out of years of experience, that integrates into training mental health, brain/body connection, the centrality of culture, reflective capacity, and relationships. It promotes in the professional an understanding of self, and the emphasizes an experiential 'hands-on' approach in addition to providing psychoeducation on mental health and brain development. The goal is to develop professional capacities as well-being and longevity in the field, with the aim of better outcomes for diverse children and families.

Tipperary Infant Mental Health Steering Group: Building an IMH Community Services

Naomi Burke¹, Mary Barry O’Gorman¹, Fionnuala O Shea⁴

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T2 - WSH43: Tipperary Infant Mental Health Steering Group: Building an IMH Community Services, Wicklow Hall 2A, July 18, 2023, 13:15 - 14:15

Introduction

Building a community of practitioners who have a shared language and understanding about the importance of first relationships has been a long-standing goal of the Tipperary IMH Steering group. This workshop will outline the history of the Tipperary IMH Steering Group, its purpose and examples of how IMH principals are embedded into work practice.

Purpose

IMH capacity building initiatives such as the Tipperary IMH Steering group model has demonstrated that it is possible to develop IMH informed services. It is hoped by sharing our history, vision, and learnings in collaboration with audience participation will enable further discussion and learnings.

Description

Through the establishment of the IMH Steering Group, strong alliances have been established between colleagues across services and organisations. These relationships have enabled community services to work together on behalf of infants and their parents. This workshop will discuss steps taken to build an IMH steering group. Key organisation concepts such as, governance, terms of reference and sustainability will be explored. In the second part of this workshop, we will discuss the IMH network group model and how a community service, Cuan Saor Women’s Refuge & Support Service have embedded key IMH principles into their services. Finally, we will also discuss lessons learnt and challenges for this project.

Conclusion

The Tipperary IMH Steering Group has been in operation since 2012 and we now have an increased awareness of IMH across Tipperary. We have an increased number of practitioners bringing an informed IMH approach into practise. There is still however a lot more to do with many challenges. What keeps us going? Babies and the knowledge that they need us to continue this work

Continuum of Infant Mental Health Services for Medically-Fragile Infants: Prenatal to Hospital to Home

Dr Melissa Carson^{1,2}, Dr Marian Williams^{1,2}, Dr Tamara Matic²

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T2 - WSH44: Continuum of Infant Mental Health Services for Medically-Fragile Infants: Prenatal to Hospital to Home, Wicklow Hall 2B, July 18, 2023, 13:15 - 14:15

Introduction

Prenatal or postnatal diagnosis of a medical condition places considerable stress on the parents, infants, and their developing relationship. Pediatric healthcare settings are optimal for providing infant mental health services, but implementation requires a complex set of skills and resources.

Purpose

The project aims to infuse infant mental health principles throughout an urban hospital setting for families experiencing prenatal and postnatal medical complications through a continuum of relationship-based, trauma-informed services. Description of project: Infant mental health specialists are embedded in the continuum of perinatal medical care, including fetal care centers, neonatal intensive care, cardiothoracic intensive care, high-risk infant follow-up clinic, and home visiting. The program has served more than 150 culturally and socioeconomically diverse families within an urban children's hospital. Developed through a partnership between two psychology specialties, pediatric psychology and infant mental health, the program includes a psychology postdoctoral fellowship and training for interdisciplinary staff. This workshop will incorporate clinical vignettes, interview data from interdisciplinary medical providers, and group discussion to explore program development and implementation strategies (Driver et al., 2021; Lakatos et al., 2017). Topics include interdisciplinary perspectives, policy and systems issues, funding strategies, flexibility in clinical services, training approaches, and lessons learned. Conclusions: Comprehensive infant mental health programs embedded within medical settings increase access to care and support relationships for infants with complex healthcare needs.

References:

- Driver, M., Mikhail, S., Carson, M.C., Lakatos, P.P., Matic, T., Chin, S., & Williams, M.E. (2021). Infant-family mental health in the NICU: A mixed methods study exploring referral pathways and family engagement. *The Journal of Perinatal and Neonatal Nursing*, 35(1), 68-78.
- Lakatos, P.P., Matic, T., Carson, M.C., & Williams, M.E. (2017). Integrating infant mental health services in a newborn and infant critical care unit. *Zero to Three Journal: Facilitating Organizational and Systems Change*, 38(1), 19-25.

Culture-Connection-Continuity: First Nations inform maternal-infant practice in an Australian tertiary hospital

Dr Susan Nicolson^{1,2}, Miss Evelyn Burns¹, Miss Cinnamon Henry¹, Miss Gina Bundle¹, Miss Paraskevi Loupis¹, Miss Ruth Lewis¹, Miss Alexandria Burton¹, Ms Clare Manning¹, Ms Jenny Ryan¹

¹Royal Women's Hospital, Melbourne, Australia, ²University of Melbourne, Melbourne, Australia

T2 - WSH45: Culture-Connection-Continuity: First Nations inform maternal-infant practice in an Australian tertiary hospital, Wicklow 1, July 18, 2023, 13:15 - 14:15

Introduction

First Nations women are creating their and their baby's care. Hospitals have not always been safe places. The Women's Hospital in Melbourne's admission of past wrongs and commitment to change is creating First Nations tailored services.

Aims

First Nations wisdom to influence hospital perinatal practice and change "ways of doing". Embed cultural integrity and safety in pregnancy, birthing, postnatal and newborn care. Build trusted connections and enable wrap-around care for complex families, in the context of continuity of midwifery care.

Description of the work

Ongoing First Nations initiatives, reconciliation and workforce development. Staff cultural competence training embedded as integral to clinical competence. Silos obstructing comprehensive psycho-social care removed within new Social Model of Health Division. Baggarrook Yurrongi caseload developed and researched with academic partners and the Victorian Aboriginal Community Controlled Health Organisation.

With the Aboriginal Liaison Unit, Baggarrook provides culturally-safe maternity and non-clinical care to families. Cultural practice of "connections" helps to contain distress and promote safety to heal from trauma.

Evelyn Burns, Indigenous midwife, will discuss award-winning Baggarrook Caseload, sharing stories, statistics, design elements of continuity, and approaches for mothers in holding baby in mind.

Cinnamon-Bliss Henry, Badjurr-Bulok Wilam Aboriginal Hospital Liaison Officer, will describe her role, and how she creates a Culturally-safe maternity journey at The Women's.

Dr. Susan Nicolson, infant mental health clinician, will reflect on Baggarrook de-brief sessions, focussed on learning from families, containing the stress of work, and developing infant mental health skills.

This workshop will promote discussion and insight sharing.

Conclusions

First Nations are informing effective practice. Baggarrook caseload is a success and is growing. Child removals appear to be decreasing. The Aboriginal Liaison Officer is crucial to Baggarrook, Staff and First Nation families. Infant mental health is on the radar. Wrap-around trauma-responsive care is supported by the Social Model of Health Division.

T2-WSH46

An ultra-brief video feedback intervention for coparenting and the family alliance using Lausanne play tasks

Dr Diane Philipp¹, Ms Maya R Koven², Professor Joëlle Darwiche³, Dr Heather Prime²

¹Sickkids Centre For Community Mental Health, Toronto, Canada, ²Department of Psychology York University, Toronto, Canada, ³Family and Development Research Centre, University of Lausanne, Switzerland

T2 - WSH46: An ultra-brief video feedback intervention for coparenting and the family alliance using Lausanne play tasks, Wicklow 2B, July 18, 2023, 13:15 - 14:15

Introduction

In an era of increasing demand on children's mental health services, effective brief interventions are needed. In many centres, Lausanne family play tasks - Lausanne Trilogue Play (LTP), Lausanne Family Play, and the Lausanne Picnic – are part of thorough clinical assessment, and include family members beyond the mother-baby dyad (coparents, siblings). Video feedback is an effective intervention that can shorten treatment times. Clips from Lausanne family play assessment tools (LFPA) can be used for video feedback, allowing clinicians to discuss with parents moments of strength and difficulty in their parenting, but also their coparenting, sibling issues, and the family alliance. At our Children's Mental Health Centre, following assessment that includes LFPA, we provide a single session of videofeedback to parents. Some may go on to longer forms of treatment, however, for those with mild to moderate symptomatology, this ultra-brief intervention may suffice.

Aims

To introduce the use of Lausanne play tasks for clinical assessment and videofeedback with coparents.

Description

This workshop begins with a presentation of the use of Lausanne play tasks for families with infants and preschoolers presenting for mental health services. Participants will have the opportunity to work with the material to discuss which elements of the play would best show the parents their family's strengths and areas of challenge. Excerpts from video feedback sessions will be used to further illustrate technique. Clinical characteristics of families for whom this ultra-brief intervention is their only intervention will also be discussed.

Conclusions

New parents and young families experiencing mild to moderate symptomatology may benefit from ultra-brief interventions with a focus on coparenting, thereby alleviating some of the strain on our healthcare systems. For families with moderate to severe symptomatology this intervention can be a springboard to further family work. A clinical trial of the method is underway.

"Pandemic as Portal": Lessons learned from dissemination of the Diversity-Informed Tenets

Dr. Maria St. John¹, Dr Karen Frankel, Dr Nucha Isarowong, LCSW, IECMH-E Ayannakai Nalo, LICSW, MS.ED, IECMH-E Carmen Rosa Noroña, Dr Kandace Thomas

¹UCSF Department of Psychiatry and Behavioral Sciences, San Francisco, United States

T2 - WSH47: "Pandemic as Portal": Lessons learned from dissemination of the Diversity-Informed Tenets, Wicklow 3, July 18, 2023, 13:15 - 14:15

Introduction

In her 2020 article entitled "Pandemic as portal," author Arundhati Roy asserted, "Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next." For many, the murder of George Floyd that same year, and the racial reckoning that this event prompted, also marked a threshold phenomenon of world-changing proportions. This workshop tells the story of the impact of these coincident events on a US-based diversity, equity and inclusion Initiative.

Aims and Description

The Diversity-Informed Tenets for Work with Infants, Children and Families is a diversity, equity and inclusion framework originally developed in 2012 specifically for the infant and early childhood workforce (Thomas, Noroña, & St. John, 2019). An initiative of the Irving Harris Foundation, the Tenets have been disseminated through experiential workshops with wide ranging infant and early childhood programs, agencies and systems of care. In the context of Covid-19, Tenets workshops pivoted on a dime, transitioning from an in-person to virtual delivery model. At the same time, the initiative experienced a dramatic spike in demand for workshops, as the racial reckoning forced many agencies to confront the ways that interlocking systems of oppression are reproduced within. This workshop presents lessons learned from Tenets workshop dissemination in the context of these intersecting forces. Presenters will share curricular innovations, engagement strategies, ethical dilemmas and critical reflections. Participants will have an opportunity to experience first hand elements of a Tenets workshop and engage in facilitated discussion regarding racial justice pedagogy.

Roy, A (2020). Financial Times.

Thomas, K., Noroña, C.R., & St. John, M.S. (2019). Cross-sector allies together in the struggle for social justice: The Diversity-Informed Tenets for Work with Infants, Children, and Families. ZERO TO THREE Journal, 38-48.

The use of 'Narrative Picture Books' to support trauma processing in infants

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T2 - WSH48: The use of 'Narrative Picture Books' to support trauma processing in infants, Wicklow 4, July 18, 2023, 13:15 - 14:15

Introduction

The NSPCC Infant and Family Teams based in London and Glasgow support children aged five and under, who have been removed from their parent's care due to maltreatment. Alongside comprehensive work with birth parents, assessing whether an infant can safely return home, we also aim to maximize an infant's recovery, through direct and systemic intervention.

Aims

'Narrative Picture Books' represent one such intervention which supports processing of trauma in infants. The primary aim of a Narrative Picture Book is to encourage an infant's developing awareness of their experiences through the use of compassionate and developmentally appropriate language to 'tell their story' The books are co-created with caregivers and shared with infants. Where infants are preverbal, they are used to support caregivers in preparation for future discussions. A secondary purpose of this intervention is to promote understanding and a shared language for the team around an infant, enabling them to hear and speak about an infant's experiences.

Description

The proposed workshop seeks to share learning from the Infant and Family Teams about this novel intervention. The theoretical underpinnings of narrative work will be discussed alongside clinical cases and examples of Narrative Picture Books. Attendees will be invited to think about why talking to infants about their hard experiences promotes mental health and recovery after adversity. We discuss the reasons, from clinical experience, why there can be barriers to this work and how the Narrative Picture Books have been invaluable in ensuring an infant's voice is heard. With support, we will invite attendees to think about how they might put into words the difficult experiences of infants who have been removed from their parents' care.

Conclusions

The workshop will promote an increased understanding of the need to talk about difficult experiences with infants and increased confidence and competency in doing so.

Psychodynamic Treatment of Feeding Tube Dependency

Dr Markus Wilken¹

¹Feeding Tube Dependency Institute, Essen, Germany

T2 - WSH49: Psychodynamic Treatment of Feeding Tube Dependency, Wicklow 5, July 18, 2023, 13:15
- 14:15

INTRODUCTION

Over the past four decades a dramatic increase of feeding tubes in infants and small children were reported. For the vast majority of cases a massive food refusal as well as a history of high-risk or premature birth result in a feeding disorder classified as feeding tube dependency. Therefore, feeding tube dependency were often associated to the early aversive life experience, emotional trauma of the parents and a lack of motivation to nurse, feed or eat. A consensus between professions as well as different that feeding tube dependency is a complex condition, on the other hand the psychodynamic of this complex condition were rarely addressed. The lack of understanding the motivation and drive of the infant result in a lack of

AIMS or PURPOSE

During the workshop the psychodynamic of early feeding tube dependency will be presented. Based on the psychodynamic understanding of the infant a treatment program for feeding tube dependency will be outline.

DESCRIPTION

To establish a nurturing relationship to food and feeding after a artificial feeding needs a deeper understanding of the history of children with feeding tube dependency. The complex interplay between body-self sensation during the intensive care treatment, the lack of a hunger drive, dysregulated affects as well as need and attachment regulation will be discussed. The treatment process as well as interventions, based on a psychodynamic understanding of the infant and its caregiver interventions will be presented. Video sequences from a treatment process will be discussed with the participants.

CONCLUSIONS

The goal of this workshop is to give therapists an introduction how to support caregivers to build a nurturing relationship to their infant.

Creating a Multidisciplinary Fellowship in Early Relational Health

Dr Dorothy Richardson^{1,5}, Dr. Edward Tronick¹, Ms Marilyn Davillier¹, Dr Alexandra Harrison^{1,2,7}, Dr Claudia Gold^{1,6}, Silvia Juarez-Marazzo^{1,3}, Aditi Subramaniam^{1,4,5}, Ms Rouzan Khachatourian¹

¹UMass Chan Medical School, Worcester, USA, ²Harvard Medical School at Cambridge Health Alliance, Cambridge, USA, ³Chances for Children, Bronx NYC, USA, ⁴Massachusetts Society for the Prevention of Cruelty to Children, Lexington, USA, ⁵Massachusetts Association for Infant Mental Health (MassAIMH), Lexington, USA, ⁶Hello It's Me Project, Berkshires, USA, ⁷Supporting Child Caregivers, Inc., Cambridge, USA

T2 - WSH50: Creating a Multidisciplinary Fellowship in Early Relational Health, Liffey Meeting Room 1, July 18, 2023, 13:15 - 14:15

The idea that relationships drive health and development in the first thousand days of life is a new focal point for a growing number of fields. While the field of infant mental health has been around for decades, knowledge gaps remain in many disciplines. When translating key infant mental health principles, we believe it is critical to maintain an awareness of the complexity of developmental processes without reducing them to a singular theory of change.

Our mission has been to enhance the knowledge base of a wide array of multidisciplinary professionals supporting vulnerable children and families. The goal is for participants to have a deep understanding of the mechanisms of development in the context of early caregiving relationships and the power of dyadic therapeutic interventions across multiple settings that build relational capacity, improve the mental health and well-being of vulnerable caregivers, close the gap in young children's development, and reduce disparities in health outcomes.

The Fellowship in Early Relational Health at UMass Chan Medical School has graduated over 250 professionals from over 16 disciplines from 25 countries around the world, consistently positioning participants in leadership positions within their scope of practice. Fellows learn directly from world luminaries in the field, while benefiting from rich exchanges amongst a diverse group of professionals. Fellows are supported in the integration of their learning to their clinical practice, policy, and educational settings by a dynamic multidisciplinary core faculty through integrative discussion and reflective consultation.

Faculty will engage workshop participants in discussion, supporting their development of curricula unique to their settings to fill the knowledge gap for multidisciplinary caregivers. Key elements of successful training will be illustrated through video clips and reflective practice exercises, guiding workshop participants in expanding their understanding of how to effectively support translation of infant mental health principles across disciplines.

Using the B-ERA Video Replay to Engage Parents in the Compassionate Assessment of Early Relationships

Professor Roseanne Clark

¹UW School Of Medicine and Public Health; Department of Psychiatry, Madison, USA

T2 - WSH51: Using the B-ERA Video Replay to Engage Parents in the Compassionate Assessment of Early Relationships, Liffey Meeting Room 2A, July 18, 2023, 13:15 - 14:15

Introduction

Engaging parents in assessing their own early relationships and their relationship with their infant/young child is a respectful approach to the development of awareness and compassion for both themselves and their child.

Purpose

The B-ERA Relational Profile, Video Replay Interview and collaboratively developed Relationship Development Plan can be used by mental health professionals to focus relational treatment as well as for evaluation and research. Use of the B-ERA will be illustrated with case examples and video illustrations and involves coding strengths and areas of concern in interactions as well as a reflective process for assessing the meaning of the child and the child's behavior to the parent.

Description

The Brief Parent-Child Early Relational Assessment(B-ERA)is comprised of 39 parent, child and dyadic domains were derived using the coding of 5000 video recordings through both psychometric analyses and clinical considerations.The interactions were of mothers and fathers with their infants and young children in feeding, structured task and free play situations. Dyads were drawn from a range of socio-economic, ethnic and racial populations and represent both normative community samples and clinical populations in which risk to the relationship may have been via either medical condition of the infant/young child or psychiatric diagnosis of the parent.

Through training and the use of fidelity tools in reflective consultation by a mental health professional, non-mental health professionals can be mentored in use of the B-ERA in addressing early relational disturbances and parental and infant mental health concerns.

Conclusion

The B-ERA Video Replay approach to relational assessment can be used by mental health professionals as well as in a task sharing approach important due to the paucity of mental health professionals in rural communities and low resource countries and the need to address the impact of intergenerational relational trauma on infant/early childhood mental health.

Increasing positive home visiting practices: Applying HOVRS and motivational interviewing

Dr. Mark Innocenti¹, Karin Wilson², Professor Emeritus Lori Roggman¹

¹Utah State University, Logan, USA, ²Theory to Action, LLC, Albuquerque, USA

T2 - WSH52: Increasing positive home visiting practices: Applying HOVRS and motivational interviewing, Liffey Meeting Room 2B, July 18, 2023, 13:15 - 14:15

Introduction

Effective home visiting for infants and toddlers involves practices that require a range of skills, knowledge, and ways of doing and being. Key home visiting practices are relationship building, responsiveness to strengths, facilitating positive parent-child interactions, and collaborating with parents as partners. These practices are measured by the evidence-based Home Visit Rating Scales (HOVRS), which many home visiting programs use as a coaching and professional development resource. One of the skill sets that support the key practices measured by the HOVRS is motivational interviewing (MI), another evidence-based practice.

Purpose

This presentation will focus on a powerful combination, MI with HOVRS, using elements of motivational interviewing (MI) with positive visitor practices measured by HOVRS to enhance the experience of home visitors and families. These combined approaches can increase family engagement and gain parent commitment around home visiting outcomes. HOVRS with MI works by leveraging positive behaviors and language using specific types of speech to engage and evoke parent commitment to make behavior changes that build on family strengths.

Description

This session will include examples and activities aligning MI language with HOVRS high quality practices. For each of the four practice domains in HOVRS, participants will be invited to identify an issue that gets in the way and generate coaching activities with MI responses that they could use in their work with families. Participants will also be guided to reflect on how these combined techniques overcome barriers to engagement that families may experience--those things may make families seem "difficult to engage."

Conclusions

These combined activities lead home visitors to (1) build a goal-oriented home visitor-family relationship, (2) use a strengths-based response to individualize to each family, (3) facilitate positive supportive parent-child interaction, (4) encourage collaboration with parents as equal partners, and (5) better engage families in the process.

Understanding and managing medical trauma during early childhood

Dr Alexandra De Young¹, Dr Susan Wilson¹

¹Children's Health Queensland, Brisbane, Australia

T2 - WSH53: Understanding and managing medical trauma during early childhood, July 18, 2023, 13:15
- 14:15

Introduction

Infants and pre-schoolers represent the highest risk population for exposure to medical trauma. As the specialities within paediatric medicine and surgery continue to develop the range of life saving treatments, infants are spending longer in hospital and being exposed to a greater variety of interventions. These interventions have the potential to impact on infants' immediate mental health and ongoing emotional development, in addition to the wellbeing and availability of their parents.

Aims

The aim of this workshop is to explore the experiences of infants and their parents in the paediatric hospital setting and the types of infant mental health interventions across the continuum of care that may ameliorate and treat the impacts of medical trauma.

Description

This interactive workshop will cover the following areas: (1) prevalence, comorbidity and course of paediatric medical traumatic stress (PMTS) during early childhood, (2) developmental considerations, (3) assessment, and (4) a stepped-care framework to guide the prevention and treatment of PMTS during early childhood.

Conclusions

This workshop will have important implications for the current and future management of medical trauma reactions in infants and their families.

The psyche-soma connection: Helping medically ill babies tell their story through their nonverbal “bodily-felt” experience

Dr Suzi Tortora^{1,2}, Professor Miri Keren³

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T2 - WSH57: The psyche-soma connection: Helping medically ill babies tell their story through their nonverbal “bodily-felt” experience, July 18, 2023, 13:15 - 14:15

INTRODUCTION

“Don’t worry babies are too young to remember and to understand!” A common statement spoken about a distraught baby enduring painful medical procedures. But what is the baby’s embodied experience during medical interventions and what is the emotional and developmental impact of this experience? This is not often the primary focus when survival takes precedence over comfort.

How do parents maintain a healthy relationship with their baby when confronted with their baby’s bodily and emotional stress in addition to such complex stresses as: assisting in invasive medical procedures; understanding their baby may grow into a child with special needs, and the potential death of their baby?

AIMS

This presentation addresses how to support the baby and family through this vulnerable time, bridging infant mental health; infant and child psychiatry; nonverbal movement analysis; and dance/movement psychotherapy. It demonstrates how to help babies voice their experiences using their nonverbal cues and actions to create an embodied coherent narrative.

DESCRIPTION

Infancy research states that early perception is registered through the baby’s bodily-felt engagement with their surroundings, perceived through multisensory experiences and informed by secure interactions with primary caregivers. Trauma research explains that early memory is multisensory, somatic and kinesthetic, and can be triggered by experiences reminiscent of elements of the original event. Stress physiology and a sense of disempowerment and loss of control of one’s body creates a wide variety of emotional experiences that are felt but difficult to verbalize.

CONCLUSIONS

Through an innovative lens using dance/movement psychotherapy this presentation addresses the psychic and somatic aspects of the medical illness by provide a window into the young pediatric patient’s emotional “felt-story” within the context of treating the whole family system using DC 0–5™. Case study vignettes during and after the medical experience are provided.

T3-BOP40.1

The cradle of subjectivities. A comparative anthropology of babies in two Mediterranean countries (France, Tunisia)

Mr Paul Luciani¹

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T3 - BOP40: Parental mental health, Wicklow 2A, 18 July 2023, 14:30 - 16:00

Although early childhood has recently become a major theme of social anthropology, few studies have focused on the development and construction of subjectivity in different cultural contexts. This presentation aims at making the case for such a research direction by presenting an ongoing comparative study on babies in France and Tunisia.

The purpose of this study is to describe and analyse babies' socialisation and subjectivation in two Mediterranean countries. Its originality relies in the fact that it combines two perspectives which are usually separated, for we focus both 1) on how babies are welcome and taken care of through rituals, nursing and parenting practices and how they become integrated into society from an anthropological perspective; 2) and, from a psychological perspective, on the structuration of individual psyche which enables babies to become social subjects, in particular as they learn rules and standards of conduct and as they acquire body disciplines and symbolic abilities. To this end, we rely on longitudinal field study with young children (1-4 years old) in childcare institutions (creches, mother and infant protection, childminders) and families. Our methodology, converging with that of ethnopsychiatry and especially the "Ecole de Dakar", combines participant observation, documentary research and a more clinical-oriented approach, based on psychopathology, which aims at identifying the difficulties and troubles babies may experience throughout their subjectivation process. This emphasis on individual cases, which also entails interviews with parents, allows us to go beyond the project of the "Culture and personality" school which tended to neglect variation inside a population as a result of a merely behaviourist conception of human mind.

In doing so, we draw a spectrum of subjectivation patterns which is common to France and Tunisia and enables us to highlight their intrinsic differences and common features, but also their recent transformations.

Relationship with the child among mothers at risk of PPD - perspective of psychological consultations

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¹University of Gdansk, Institute of Psychology, Gdansk, Poland

T3 - BOP40: Parental mental health, Wicklow 2A, 18 July 2023, 14:30 - 16:00

Introduction:

Postpartum depression (PPD) is associated with negative consequences for the mother, the infant, as well as the relationship between them. Research indicates that psychological interventions are helpful to mothers however due to the stigma, the percentage of women receiving support is relatively low.

Aim of the study:

Determine the importance of psychological consultations for improving the mood and the relevance of the relationship with the child.

Material and Methods:

Analyzed data were collected within the framework of the project "The Next Stop: Mum". Women who obtain clinical/subclinical results in the Edinburgh Postnatal Depression Scale assessment during the first year postpartum have an opportunity to participate in 3 free-of-cost consultations with psychologists. Data were collected from consultations card (n = 232) as well as from in-depth interviews during the follow up study (n = 119). During the follow up, mothers were also screened by EPDS or PHQ – 9 (depending on the child age).

Conclusions:

Most women referred to psychologists by midwives, reported symptoms of depressed mood (93%), inadequate guilt (61%), anxiety (82%) and emotional lability (74%). 2.5% of women report experiencing aggressive thoughts and intentions toward their child. 70.6% of the women said that participation in the consultation was associated with an improvement in their mood. It was also observed that most women who received consultations had higher education and a good financial situation.

The most frequently discussed topic during the psychological consultations was the experience of loss associated with the birth of a child. What's more, women attending the consultations had the opportunity to discuss concerns about caring for a newborn and benefited from psychoeducation on the needs of the infant, building relationships with the child.

The analyzed data shows that the aspect of the relationship with the child is an important topic discussed during psychological consultations.

Symptoms of depression and anxiety in relation to maternal orientations during the first year postpartum.

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T3 - BOP40: Parental mental health, Wicklow 2A, 18 July 2023, 14:30 - 16:00

Introduction:

Postpartum depression (PPD) is a common and serious mental health problem that affects about 13–20% of new mothers. Since women differ in their approaches to motherhood and parenting choices, it may be important to identify attitudes related to greater and lesser risk of developing depression and anxiety after childbirth. As PPD is associated with potential negative consequences for the infant, it is important to better understand potential risk factors.

Aim of the study:

This study explores the links between maternal orientations (understand as clusters of emotional, cognitive and behavioural expressions of underlying intrapsychic processes related to pregnancy and motherhood) and the risk of depressive and anxiety symptoms in the first 12 months postpartum.

Material and Methods:

Analyzed data were collected within the framework of “The Next Stop: Mum”, a part of the Polish National Health Policy Program. 899 women took part in the postpartum assessment and took part in the follow-up study. They completed the Edinburgh Postnatal Depression Scale (EPDS), General Anxiety Disorder scale (GAD 2) and maternal orientations questionnaire (The Facilitator-Regulator Questionnaire - FRQ).

Conclusions:

5% of mothers had an increased risk of PPD and 13,8% of anxiety. In a group of Conflicted mothers, a higher risk of depressive symptoms was observed during the first six months after childbirth. A statistically significant relationship was found between individual FRQ statements and the severity of PPD and anxiety symptoms during the first six months after childbirth.

The screening period for postpartum depression should be prolonged to the first six months postpartum and expanded to include screening for anxiety. Paying attention to the aspects of maternal orientations and considering one's philosophy of mothering may be helpful in treatment and prevention and it will also give a better understanding of the perception of difficulties in pregnancy and after childbirth.

Subjectivity of the infant in family therapy: Perspectives of infant mental health experts (study prospectus)

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T3 - BOP40: Parental mental health, Wicklow 2A, 18 July 2023, 14:30 - 16:00

Background:

Early relational trauma between parent and infant during critical periods of brain and psychological development represents a potentially cascading pattern of risk. Public health investments in well-targeted interventions are needed. Multiple relational interventions offer timely perinatal support to assist parents' reflective functioning and caregiver sensitivity. However, most intervention formats are individual or dyadic, with very few family-based interventions that focus on infant mental health (IMH) in clinically indicated populations. Systemic, family-based interventions have been found efficacious for older children and their families, offering promise for their use in IMH.

Aims:

We aim to collate IMH experts' opinions regarding the opportunity and suitability of family treatment options that meaningfully include the infant. Further, we seek to understand the infant in social contexts beyond the dyad, emphasizing a whole-of-family perspective with a focus on value, benefits, and challenges.

Methods:

We intend to recruit 16 international IMH experts to participate in one-on-one semi-structured online interviews, allowing for thematic analysis. To be eligible for the current study, experts are required to have more than five years' IMH clinical and/or relevant research experience, and currently work in a clinical and/or research setting.

Results:

Preliminary results highlight that "the need for family therapy in IMH is not only necessary but obvious" (Participant 1), labeling infant-family therapeutic work as "the next frontier in IMH" and "where the field needs to put our collective efforts" (Participant 5). Results motivate expanding family therapy graduate programs to more meaningfully appreciate the infant's contributions to family therapy: "If you want family therapists to be more interested in the infant, you have to train them" (Participant 4).

Conclusions:

Expansion and integration of the IMH field and family therapy appears necessary. Overlooking the infant in the family therapy context discounts the profound and lasting developmental progressions of infancy, and the infant's meaningful communicative contributions.

Working with parents experiencing mental ill health and their young children in communities and hospitals

Dr Jean Paul¹, Ms Annette Bauer⁴, Prof Hanna Christiansen⁵, Dr Melinda Goodyear^{6,7}, Dr Ingrid Zechmeister-Koss⁸, **Associate Professor Campbell Paul**^{2,3}

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T3 - BOP40: Parental mental health, Wicklow 2A, 18 July 2023, 14:30 - 16:00

Introduction:

When a parent becomes mentally ill, this can be particularly challenging for their children, regardless of age. The developmental and emotional needs of infants and very young children may be missed. There may be a reluctance to discuss parental mental illness when a sick child comes to the attention of health care professionals. Research and clinical family programs have established family supports; few have focused on hearing the voice of very young children in creating a family care plan.

Aim:

The Village project in Austria co-developed an identification and support program for affected families. A core component was to understand and develop methods to actively support young children's engagement, supporting conversations about their daily life, strengths, and fears. The experience of having a very sick child can also impact parental mental health.

Methods:

In supporting parents, the providers discuss the everyday situation and support needs with the parents and children, using strength-based and empowerment principles. Interviews were conducted with the professionals, parents and children involved. Infant mental health methods can provide a voice for the infant.

Conclusions:

Many parents report that they did not have enough support for themselves, including therapy and there were major barriers to care. Interviews with older children showed that they experienced high amount of stigma and fear. Particular methods such as the use of therapeutic play are needed in order to hear the voice of infants and very young children. Findings from the Village program demonstrated positive developments for families. Addressing the social and emotional needs of very young children whose parents experience mental ill-health may positively influence the mental health of both infants and parents. Long term research is needed to identify the full impacts of these interventions on the child's quality of life.

An integrated family approach in mental health care to support parents and their infants

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T3 - BOP40: Parental mental health, Wicklow 2A, 18 July 2023, 14:30 - 16:00

INTRODUCTION

Parental mental disorders have an impact on parenting and child development. An adult and child mental health care service in the Netherlands offer an integrated family approach in treatment focusing on the parental mental disorder, infant development, and family relationships especially the parent-infant relationship.

AIM of the study

To increase the knowledge about supporting parents with a mental disorder with parenting, building a secure relationship with their infant and to prevent them from experiencing adverse outcomes and the transmission of mental disorders.

To increase the knowledge about key elements and barriers of an integrated family approach in mental health care.

MATERIAL and METHODS

Our research encompasses a literature review, a multiple case-study, the outcomes of treatment on the parent-infant interaction, and a case-file study. The multiple case-study consist of group interviews with professionals (n=19) and interviews of patients about their experiences of treatment (n=18). The outcomes of treatment consist of a pre-and-post measurement design without a control group (observation of the parent-infant relation) (n=34). The case-file study consist of a description of the sample (n =85).

RESULTS

The project and findings will be presented. This will cover which are the intervention targets to prevent adverse outcomes in both parents and infants according to current knowledge of transmission of psychopathology. A model of an integrated family approach in mental health care. The outcomes of an integrated family approach in treatment on the quality of the parent-child interactions.

CONCLUSIONS

Risk factors and intervention targets are identified on different domains namely parental factors, the developing parent-child relationship, family factors, child factors and environmental factors. An Integrated Family Approach in treatments of adult and child mental health services is needed to stop detrimental cascade effects and promote cascading resilience.

T3-BOP41.1

Supporting infants in their transitions to new carers: a case example

Ms Emily Baxter¹

¹NSPCC, London, United Kingdom

T3 - BOP41: Foster care and child welfare, Wicklow 2B, 18 July 2023, 14:30 - 16:00

Introduction:

The NSPCC London Infant and Family Team (LIFT) is a multi-disciplinary team, which supports children under 5 years old who have been removed from their parent's care due to maltreatment. LIFT work with infants and parents to assess whether an infant can safely return home, or whether their needs are best met in an alternative placement. Alongside assessment, LIFT offers direct intervention to infants and their carers, to help support an infant's recovery where he/she has experienced maltreatment. For the children, for whom it's not safe to return to their parents, the plan for their care usually requires a move to a new home and new carer/s. Transitions of care are challenging for all children, but even more so for young children with experiences of trauma, separations and loss.

Aims:

Through reference to a case example, this presentation aims to support attendees to consider therapeutic and practical methods of preparing young children for transitions in order to promote their emotional wellbeing and relationships with their new caregivers.

Description:

The presentation outlines the case of a 2-year-old child with history of maltreatment and describes the therapeutic interventions and practical methods used to support her transition from foster care to her adoptive placement. The presentation will describe current research underpinning the work, the multi-agency decision making and case planning, and the therapeutic and practical tools used by LIFT to help the infant to develop an understanding of the changes ahead.

Conclusion:

As part of therapeutic intervention work with the infant, LIFT worked alongside the child's current and new carers and network of professionals, to develop a collaborative, responsive and detailed child centred transition plan, which kept the child's trauma history, narrative and developmental needs central throughout the transition. The intervention supported the successful transition of the infant to her new family.

T3-BOP41.2

The importance of “meaning making” and narratives for reunification to birth parents after infancy removal

Miss Adrienne Buhagiar¹, Dr Lyn Radford, Ms Simone Rutherford¹

¹Berry Street - Take Two, Noble Park , Australia

T3 - BOP41: Foster care and child welfare, Wicklow 2B, 18 July 2023, 14:30 - 16:00

Berry Street Take Two is an intensive therapeutic service for infants, children and young people who have suffered trauma, neglect, disrupted attachment and family violence with many referred through Child Protection (DFFH).

Take Two has invested in training in Child-Parent Psychotherapy (CPP). CPP is a relationship-based trauma informed treatment aimed at supporting and strengthening the relationship between an infant and their caregiver as the primary mechanism for improving the infant’s functioning across all domains.

This presentation will explore a CPP intervention-based case study. Infant X and Toddler X were removed from their parents’ care after concerns relating to significant substance addiction, mental health and criminal histories. Both children were placed with maternal family and prior to the Take Two referral a failed attempt to reunify and parental relapse into substance misuse had occurred. The system around the children presented as anxious to attempt reunification again despite the family’s progress and recovery.

At the time of the Take Two assessment, Infant X presented with a disrupted attachment and Toddler X was exhibiting externalising behaviour including anger, hypervigilance as well as confusion around his removal. Both parents had showed significant progress in their personal recovery and engagement in both alcohol and drug programs and mental health services. Despite this, the family held on to lasting trauma memories surrounding the traumatic nature of the removal of their children which included several police officers and the father being restrained. In addition, the parents had felt as if their families’ stories and parent role had been taken from them.

Reunification occurred successfully and Take Two provided weekly family sessions as well as collateral sessions during and after reunification. The CPP intervention focused on helping the family to differentiate between the here and now, strengthen parent-infant relationships and develop a shared family narrative around their experiences.

T3-BOP41.3

Family Culture in Foster Care: Discussing Routines and Values to Promote Understanding

Dr Brandi Hawk¹, Dr Susan G Timmer¹

¹UC Davis CAARE Center, Sacramento, USA

T3 - BOP41: Foster care and child welfare, Wicklow 2B, 18 July 2023, 14:30 - 16:00

Introduction-

Family routines and values create cultures that facilitate child well-being, stability, and a sense of belonging. Foster children lose these routines when entering a new home. Because their own routines and unspoken rules are “normal,” many foster parents are unaware of how foreign their homes can feel to newly placed children. When failing to consider a mismatch in family culture, foster parents can misunderstand and become frustrated with children’s behaviors.

Aim- To encourage discussing family routines and values, we created a Family Culture Worksheet (FCW) to use as an interview with foster parents. In this workshop, we present the FCW, how to use it, and outcomes in a sample of foster parents.

Description-

The FCW is a structured interview asking whether caregivers have routines in 8 areas of family life (e.g., morning, mealtime, bedtime, recreational activities) and whether they are aware of their foster child’s former routines. This interview was included at intake to better understand the family and to help caregivers consider the impact of routine mismatch on current behaviors. Among 224 foster parents of 1 – 3-year-old children, 78% identified family routines in 6 to 8 areas. However, 71% of foster parents were unaware of their foster children’s regular routines and more than half had no awareness of TV, music, or game preferences. When asked whether their foster child behaved appropriately at these specified times, approximately 40% reported that the child sometimes to never acted the way they liked. Correlational analyses showed that the more caregivers were aware of children’s routines and preferences, the more positive they were in their own interactions with children, and the less difficulty they reported having with their behaviors.

Conclusions-

Using the FCW may be one way to increase foster parents’ awareness of children’s typical routines to support better understanding and relationships.

T3-BOP41.4

“This has nothing to do with me” –a traumatised infant in the foster care system

Mrs Catherine McQueen¹

¹Take Two, Noble Park, Australia

T3 - BOP41: Foster care and child welfare, Wicklow 2B, 18 July 2023, 14:30 - 16:00

Introduction

Take Two is a therapeutic service for children 0-17 years who have suffered trauma and neglect and works specifically with Child Protection clients. Treatment approaches focus on the repair of harmful outcomes and improvements in emotional health, relationships and development.

Aim

This presentation discusses the challenge of supporting Baby’s mental health needs in the context of a complex service system involving family, culture, child protection, foster care, police, and the Children’s Court.

Description

Baby, aged 6 months, witnessed the frightening and unexpected death of her mother. Police and child protection services had recently become involved due to concerns about family violence and Baby was immediately placed into foster care.

Following assessment by a child psychiatrist it was recommended an infant mental health specialist was needed to support Baby to reduce her distress, assist her recovery from trauma, and support her grief and loss needs. Baby’s age meant all treatment occurred in context of relationships. However, a most significant and unexpected challenge arose when the foster carer stated that helping Baby understand and recover from her mother’s death had ‘nothing to do with her’. Eighteen months later Baby has been returned to family care, has a healthy attachment relationship with a family member and is developmentally on track.

Conclusion

Interventions required creative and careful approaches that were mindful of safety concerns, system constraints and relational capacities of key adult figures. ‘Good enough’ case management and care team functioning were critical elements that contributed to helping Baby’s return to healthy functioning. A final crucial element was the provision of formal and ‘live’ supervision to consider case complexities and provide containment to help the clinician to keep ‘thinking’ in the face of maternal death, system anxieties and barriers to support Baby.

Psychotherapeutic supervision in infant placement settings

Mrs Maria Mögel Wessely¹

¹Psychotherapeutic Practice Group Babyundkleinkind, Zurich, Switzerland

T3 - BOP41: Foster care and child welfare, Wicklow 2B, 18 July 2023, 14:30 - 16:00

Adoptions and foster care of babies are often seen by authorities and caseworkers as rather uncomplicated, since the children are often considered to be still under little stress and ready to adapt quickly to new caregivers. At the same time, statements such as that the foster mother should not become too attached to the child show that the psychodynamics of the relationship in the first year of life seem to be underestimated in early placements.

In addition to some impressive foster child research studies on early placements¹, psychotherapeutic teaching and supervision still too rarely address the special situation of the parent-baby relationship in the adoption or placement process. This can lead to misunderstandings in the assessment of the child's condition and the relationship dynamics in the foster family², although attention to trauma and attachment disorders in early childhood has increased. In particular, the ways in which intersubjectivity, attachment, and belonging develop in early placements needed further research and conceptualization.

Case studies will be presented from supervision settings with foster parent groups and professionals on typical effects of separation and stress in the relationship between babies and their foster families.

The importance of the social parents' identification with both the child's perspective and the importance of the child and his or her background in their own lives will be discussed.

¹Ducreux, E., und G. Puentes-Neumann. „Adaptation of babies in three types of placement: An ethological approach“. *Infant Mental Health Journal*, 2020, 1–13.

¹Stovall, Ch K., und M. Dozier. „The development of attachment in new relationships: Single subject analyses for 10 foster infants“. *Development and Psychopathology* 12 (2000): 133–56.

²Mögel, M. „Selbst- und Beziehungsentwicklung in ungewissen Lebenswelten. Platzierungen in der frühen Kindheit“. *Frühförderung Interdisziplinär* 40 (2021): 201–12.

T3-BOP41.6

Infant Mental Health and FASD: Trauma-Informed Interventions for Children in Child Welfare Systems

Dr Mary Motz¹, Ms. Margaret Leslie¹

¹Mothercraft/Breaking the Cycle, Toronto, Canada

T3 - BOP41: Foster care and child welfare, Wicklow 2B, 18 July 2023, 14:30 - 16:00

Introduction:

Children with prenatal alcohol exposure (PAE) experience high rates of child welfare placement. These children are exposed to risk factors both prenatally (including exposure to alcohol and substances), and postnatally (including continued parental substance use and mental health problems, interpersonal violence, poverty and high rates of discontinuities of relationships with caregivers) (Bondi et al., 2020). These risk factors place children with PAE at risk for health and neurodevelopmental problems (including FASD), for disorders of regulation and attachment, and for child maltreatment, resulting in the intergenerational trauma transmission. This is where infant mental health intersects with FASD and the application of a trauma lens guides our responses to families who come to the attention of child welfare services.

Aim:

This workshop will: (1) describe an evidence-based prevention and early intervention model for infants and young children exposed to substances, which maximizes maternal motivation for change and neuroplasticity to mitigate the harms of substance exposure, as well as how this model can be adapted within a child welfare framework (Motz et al., 2020); and 2) describe the delivery of infant mental health services using a trauma-informed lens to a vulnerable family including a young child with FASD.

Description and Conclusions:

Based on over 25 years of evaluation findings and case examples from the Mothercraft Breaking the Cycle - a unique Canadian program, presenters and participants will: 1) recognize the intersecting factors related to infant mental health and FASD including attachment, regulation, neurodevelopment, parental substance misuse, and child maltreatment; 2) discuss the story of a family and identify the continuum of interventions used for a young child with FASD who experiences caregiving disruptions; and 3) examine specific service features and recommendations which integrate infant mental health and FASD perspectives using a trauma-informed lens that can be used within a child welfare framework.

T3-BOP41.7

The Pursuit of Permanency: Neurodevelopmentally-Informed Decision Making in Child Welfare

Ms Jessica Richards²

¹Jessica Richards, An LCSW Professional Corporation, Pasadena, USA, ²NRF Institute Research to Resilience, Pasadena, USA

T3 - BOP41: Foster care and child welfare, Wicklow 2B, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

Though practices and protocols vary globally when placing children in out of home care, there is a universal goal to support permanency and safety. This goal is often elusive and children remain in unstable placements or bounce around between settings despite good efforts.

PURPOSE OF WORK:

Jessica Richards, MS, MSW, LCSW applied her extensive knowledge of the Neurorelational Framework (Lillas & Turnbull, 2009) and created a training for the Judicial Council of California to use neurodevelopmental indicators to support legal decision making.

DESCRIPTION:

The “Thriving Three” neurodevelopmental markers guide attorneys, case managers and social workers in determining if a placement is providing the child with what the developing brain needs and what supports to put in place if there are gaps. Practical tools to gather information and assess each of the “Thriving Three” markers are aimed at anyone interfacing with a child in government care. This workshop will include both the training offered to attorneys across the state of California in 2020-2022 as well as reflections from this cross-disciplinary endeavor.

CONCLUSION:

The neurodevelopmental indicators outlined in this workshop operationalize stable, permanent placements. Children in out of home placements further suffer when placements are disrupted or abruptly change. Using what we know about neurobiology we can supplement decision making to help ensure the most vulnerable children receive the care so desperately needed. Feedback from the child welfare attorneys and legal professionals in attendance was overwhelming positive despite most individuals having little prior knowledge of early brain development and trauma. This training bridged the disciplines of infant mental health and child welfare. Building bridge bolsters outcomes.

T3-BOP41.8

Out-of-home care and social and emotional wellbeing at age 5 - when is OOHC protective

Professor Leonie Segal¹, Dr Emmanuel Gnanamanickam¹, Dr Miriam Maclean¹, Ms Krystal Lanais¹

¹University Of South Australia, Adelaide , Australia

T3 - BOP41: Foster care and child welfare, Wicklow 2B, 18 July 2023, 14:30 - 16:00

Introduction

Child abuse & neglect (CAN) is the dominant risk factor for mental illness in mid/late childhood and adolescence. Children with substantiated CAN removed to out-of-home care (OOHC) display the worst mental health,^{1,2} with symptoms of distress apparent by school start^{3,4}. OOHC is designed to keep children safe from imminent threat of serious harm, but mental health must be protected.

Aim

The aim is to better understand the circumstances under which child removal to OOHC improves social and emotional well-being and when it is further threatened.

Methods

Psychosocial wellbeing at age 5-6 years will be analysed for children with substantiated abuse, comparing those who have and have not entered OOHC and also children with different care experiences, using the Australian Early Development Census (AEDC). The AEDC, implemented during the first year of school, generates individual child development scores in five domains (physical, social, emotional, language and knowledge). Our study draws on the iCAN linked data set, covering 600,000+ South Australian's – connecting child protection records, schools census, AEDC, birth and death registry, midwifery records etc. The study uses propensity score matching to ascertain the impact of individual OOHC experience and child and family factors on social and emotional wellbeing.

Conclusions

Preliminary analysis suggests, on average children entering OOHC do poorly on social and emotional domains, but better on physical health, language and cognitive skills and communication and general knowledge than children with substantiated abuse or neglect not entering OOHC. By exploring in more depth which sub-populations (eg age of entry to care, type of care) do better or worse, we hope to provide evidence to inform child protection policy and practice, to enhance child psychosocial wellbeing.

1Green et al MJA doi:10.5694/mja2.50392

2Maclean et al BMJ Open doi:10.1136/bmjopen-2019-029675

3Armfield et al Child Abuse&Neglect doi:10.1016/j.chiabu.2021.105301

4Bell et al Child Abuse&Neglect doi:10.1016/j.chiabu.2017.12.001

T3-BOP44.2

Psychosocial interventions for the prevention and reduction of perinatal depression in humanitarian contexts

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¹Action contre la Faim, Paris, France

T3 - BOP44: Supporting infants in traumatic contexts, Liffey Meeting Room 2B, 18 July 2023, 14:30 - 16:00

Background

In humanitarian contexts, people live in conditions of adversity. In particular, women during the perinatal period may be particularly vulnerable, at increased risk of depression and therefore not in optimal conditions to care for themselves and their infant and young children.

Aims

The goal of the proposed interventions was to strengthen childcare practices and parenting skills by reducing the risk of perinatal depression. The aim was to ensure that mothers are optimally disposed towards their babies, despite the distress caused by the hostile environment.

Description

In Action Against Hunger's psychosocial support projects, we have adapted different protocols for emotional support and parenting reinforcement, taking into account the cultural dimension and the specificities of the intervention areas.

We have proposed an adaptation of the WHO Thinking Healthy approach as well as an approach focused on emotional stabilization developed specifically for ongoing crises in different country of Central African Region.

Conclusion

The use of these culturally appropriate protocols has allowed pregnant women and mothers of very young children to reduce their psychological distress particularly depressive symptoms, as well as improve mother-baby interactions. Details of the quantitative and and qualitative results will be presented, as well as the content of the cultural adaptations of the tools used.

T3-BOP44.3

Infant negative affectivity triggers parenting stress in mothers who have been exposed to childhood trauma

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T3 - BOP44: Supporting infants in traumatic contexts, Liffey Meeting Room 2B, 18 July 2023, 14:30 - 16:00

Introduction and Aim of the study:

Infant challenging temperament may contribute to parenting stress (Andreadakis et al., 2020). Currently, research hints at transactional effects between mother and infant vulnerabilities in our understanding of parenting behaviors and child development (Armour et al., 2017; Bernier et al., 2022). This study aims to evaluate the moderating role of maternal childhood trauma – an important risk factor for parenting difficulties (Savage et al., 2019) – in the association between infant negative affectivity and parenting stress in the first year postpartum.

Material and Methods:

Pregnant women (N = 137, Mage = 29.47, SD = 4.42) were recruited prenatally and followed-up between 6 and 13 months postpartum (51.5% girls, Mage = 7.71 months, SD = 2.45). A third of women (n = 48) reported having been exposed to childhood trauma at study inception (Childhood Trauma Questionnaire). At the follow-up, mothers reported on child negative affectivity (Infant Behavior Questionnaire) and parenting stress (Parenting Stress Index).

Results:

Maternal childhood trauma, infant negative affectivity and parenting stress were all correlated ($r_s = [0.17; 0.39]$, $p_s < .05$). Maternal trauma moderated the association between infant negative affectivity and parenting stress, $b = 6.47$, 95% CI [1.12; 11.83], whereas the association between infant negative affectivity and parenting stress was significantly stronger in trauma-exposed mothers, $b = 10.25$, 95% CI [5.78; 14.72], than in women not reporting trauma, $b = 3.79$, 95% CI [0.82; 6.73]. Together, maternal childhood trauma and infant negative affectivity explained 25% of the variance in parenting stress, $p < .001$.

Conclusions:

Findings underline that infant negative affectivity may represent a particular risk factor for mothers having been exposed to childhood trauma and provide further understanding on the interplay between maternal and infant vulnerabilities. They call for empirically driven perinatal interventions for mothers having been exposed to childhood trauma.

T3-BOP44.4

Crisis, play, and self-efficacy: Play as a mental health support for refugee children and families

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T3 - BOP44: Supporting infants in traumatic contexts, Liffey Meeting Room 2B, 18 July 2023, 14:30 - 16:00

Introduction

Play is critical for assisting young children healing from crisis and toxic stress. Play can be used as a tool for young children to address the negative impact of significant adverse childhood experiences (ACEs) in a way that can promote healing.

Purpose of the Work Described

The purpose of our work is to provide mental health support for refugee children and families through IECMH consultation. Currently, we are working with immigrant and refugee populations in Dayton, OH, United States, with Syrian refugees in Istanbul, Turkey, and Ukrainian refugees in Poland. In our work, we partner with refugee and immigrant families through IECMH consultation with an emphasis on buffering the effects of toxic stress and ACEs on young children through play-based interventions.

Description of the Work

Play, when it is engaged in with or alongside a nurturing adult, can buffer the negative effects of toxic stress on young children by enhancing their coping skills for dealing with crisis-exacerbated anxiety. Previous exposure to traumatic events influences how a young child plays with objects and what a young child uses as a topic for play. Young children may re-enact a traumatic experience over and over attempting to process the incident in a way that can achieve a greater sense of self-efficacy. In fact, a playful activity can lead to an enhanced sense of self-efficacy and resilience in the face of trauma by allowing a young child to dramatically act-out a stressful event and navigate it with a sense of personal success and personal control over the outcome.

Conclusion

Our work with Syrian refugees in Turkey, Latin American refugees in the United States, and Ukrainian refugees in Poland, has demonstrated how the negative developmental impacts on young children of significant adverse childhood experiences can be countered through nurturing play.

Trauma during the period of birth and development

Professor Olga Mostova¹

¹ National Pirogov Memorial Medical University, Vinnytsia, , Ukraine

T3 - BOP44: Supporting infants in traumatic contexts, Liffey Meeting Room 2B, 18 July 2023, 14:30 - 16:00

Introduction:

In the process of development, the child has 5 basic mental needs, which lead to the development of an intermittent type of attachment, and this determines the clinical manifestations of early trauma during life and the formation of five adaptive styles.

Purpose :

The development of personal capacities takes place , as shame-based identification and pride-based counter-identification. At the early stages of development, fixation of reactions takes place on the basis of the action of the sympathetic and parasympathetic systems that respond to stress or threat. As it matures, external information is encoded into a cortical object. The child sends signals to the mother, which the mother converts into appropriate actions, which are the prototype of the child's own actions. A relationship with a real mother, who is sensitive to the child's needs accordingly and on time, leads to the formation of a supporting, emotionally stabilizing emotional-linguistic internal object. The absence of the object is real or due to the changed sensitivity of the mother, "dead mother" according to A. Green. An "objectless" structure is created. There is no sense of supporting feelings, thoughts, imaginations. Unwell for no specific reason. Eye expressions of a mother who cannot cope with her own stressful experiences and projects her damaged feelings into the child.

Description:

Differentiation of the consequences of psychological trauma: Early developmental origin and caused by unsatisfactory circumstances in later periods of life, Shock trauma allows you to correctly build a treatment strategy.

Conclusion: Psychological approaches to treatment. Management of treatment the Connectivity of mental processes. Clinical example: The results of work with female psychotherapists who were pregnant and gave birth during the war.

T3-BOP44.6

Effectiveness of EMDR in young children with post-traumatic stress disorder

MD, PhD Frederike Scheper¹, PhD Carlijn de Roos², Julia Offermans¹

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T3 - BOP44: Supporting infants in traumatic contexts, Liffey Meeting Room 2B, 18 July 2023, 14:30 - 16:00

It is now widely acknowledged that very young children suffer from trauma and can subsequently develop a Post-Traumatic Stress Disorder (PTSD) for which treatment is needed. Eye Movement Desensitization and Reprocessing (EMDR) is a brief and effective treatment for school-age children, but evidence for its effectiveness in early childhood is still lacking. Preliminary evidence for the effectiveness of EMDR in children aged 4 to 8 years old was published in 2021 by one of the authors. However, more research is needed also for children under the age of 4 years. Therefore, we investigated outcomes of trauma treatment using EMDR in very young children, aged 1.5 to 8 years old (N = 20). These children were referred to a mental health care center in Amsterdam, the Netherlands. A multiple baseline Single Case Experimental Design was used to determine the effectiveness of EMDR. Children were randomized, allocating to a specific baseline period before starting treatment. By comparing scores within different phases (i.e., baseline, treatment, and follow-up), children can function as their own controls. As such, we can get an insight into the effectiveness of the trauma treatment. To determine whether children met the PTSD criteria, a semi-structured interview (the Diagnostic Infant and Preschool Assessment) was used. From the baseline, parents reported daily about the 3 most frequent and intense PTSD symptoms, using an app on their phone. Furthermore, severeness of PTSD symptoms, behavioral problems and parenting stress was assessed by parent-reported questionnaires. These measurements took place at baseline, before the start of the treatment, two weeks after the treatment and at 3-month follow up.

We will present on the effectiveness of EMDR by discussing the percentage of diagnosis loss, severeness of PTSD symptoms, child behavior problems and parenting stress.

Ghost from the Past: Consciously Buffering Trauma Across Generations in Black American and Latine Families

Dr Kandace Thomas, Dr Marva L. Lewis, Dr. Addison Duane

¹First 8 Memphis, Memphis, United States

T3 - BOP44: Supporting infants in traumatic contexts, Liffey Meeting Room 2B, 18 July 2023, 14:30 - 16:00

Conscious buffering of intergenerational trauma describes parents intentionally stopping 'ghosts from the past' from repeating in their children's generation by not repeating what they experienced or witnessed, modeling and teaching children to make different decisions and working to remove children from harm's way. This workshop will present and discuss conscious buffering as a body of knowledge that demonstrate parents' deep strengths and capacities ensuring that their children are protected from racism experienced in schools (Duane, 2022), colorism experienced in families (Lewis, 2021) and other traumatic experiences (Thomas, 2019). Using virtual, semi-structured interviews and narrative thematic analysis (Riessman, 2008), Duane investigated mother's coping with their children's school-based trauma. Duane (2022) identified that mothers drew on their brilliance to cope and support their children's coping in various ways (e.g., presence, spirituality, conscious buffering, moving). Lewis examined the psychological impact of discrimination based on skin tone and hair type on young children. Lewis reports development and psychometric properties of a new, theoretically grounded scale, the Recognition of the Impact of Colorism on Children Scale (RICS; Lewis, 2009). Employing mixed methods design, Thomas' (2019) exploratory investigation found African American and Latine parents' intentional methods of buffering intergenerational trauma. Using both qualitative and quantitative methods, these papers suggest intergenerational traumatic experiences, or ghosts, are buffered through resilience, brilliance and protective capacities of families.

Duane, A., Goldin, S., & Khasnabis, D. (2022). *Igniting a Path Towards Justice: Systemically Trauma-Informed Practice*. KDP.

Lewis, M. L., Editor, D. Weatherston, Co-Ed. (December 2021) *Therapeutic cultural routines to build family relationships. Talk, touch, and listen while combing hair*. Springer Publishers.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage.

Thomas, K. (2019). *Prevalence and Potential Buffers of Intergenerational Trauma in African American and Latinx Parent-Child Dyads* (Doctoral Dissertation, Loyola University Chicago).

T3-BOP44.8

Daycare as a safety net for asylum seekers' children through the COVID-19 pandemic

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T3 - BOP44: Supporting infants in traumatic contexts, Liffey Meeting Room 2B, 18 July 2023, 14:30 - 16:00

The primary source of support for them and their families was in the context of daycare.

Aims:

The pandemic has called into question the ability of local educational staff to provide a sense of security and build resilience, for children and their families. This study explored participants' experiences during the pandemic.

Method:

A qualitative exploratory, thematically analyzed study was conducted. In-depth, semi-structured, individual, and group interviews. The sample included 10 educational supervisors, 15 teachers-caregivers, and 10 mothers. Information was gathered on 70 children in different daycare centers.

Findings: Four themes were identified:

1. Children exhibited post-traumatic symptoms, developmental regression, and a breakdown in their ability to regulate their emotions and behavior.
2. Mothers and teachers also suffered traumatic symptoms and could not function as a safety net.
3. The collapse of the state social support system added to the risk factors.
4. Local initiatives by educators, supervisors, and social workers can provide invaluable support.

Conclusions and Implications:

In the reality of mass trauma, the most useful tools were:

- a. Supportive supervision for daycare staff.
- b. Educate the staff about trauma-informed practice.
- c. Strengthen community initiatives.

Recommendation:

Further research is recommended, in particular in the field of early childhood education, in the reality of a traumatic and stressful existence.

T3 - INVS16.1

Adversity and Resilience: The challenges of caring for infants and young children in the context of natural disasters.

Dr Hisako Watanabe

T3 - INVS16: Adversity and Resilience: The challenges of caring for infants and young children in the context of natural disasters, Wicklow Hall 2A, July 18, 2023, 14:30 - 16:00

Disruptive events such as natural disasters and pandemics can profoundly affect the mental health and emotional wellbeing of children, families and communities. While there is growing interest worldwide in building community resilience, until recently the mental health impacts of disasters on babies and children from birth to four years of age have been largely overlooked.

This symposium brings together several presentations aimed at progressing our understanding of how natural disasters impact children under the age of five and will present examples of approaches to developing protective factors that support resilience and recovery from natural disasters during early childhood.

The first presentation aims to increase understanding about the psychological consequences of natural disasters during early childhood and the elements required to support optimal response and recovery. The second presentation will provide an overview of the Birdie's Tree stepped care model and discuss how these resources and interventions can be used to build resilience and preparedness and prevent the development of persistent mental health difficulties across the continuum of care. The final presentation will focus on the Koriyama Postdisaster Childcare Project (KPCP) which was developed in response to the Great East Japan Earthquake and Tsunami and has become a model of child-centered post-disaster care in Japan today.

T3 - INVS16.2

Supporting Resilience in Young Children and Families following Disasters

Dr. Joy Osofsky

T3 - INVS16: Adversity and Resilience: The challenges of caring for infants and young children in the context of natural disasters, Wicklow Hall 2A, July 18, 2023, 14:30 - 16:00

Major disasters have been increasing in frequency and intensity over the past decade. Young children are especially vulnerable with displacement, loss of homes, and, at times, separation from familiar environments. Such an impact increases the risk of interrupting their developmental trajectory. Response and recovery for young children depends on degree of exposure, previous trauma history and, importantly, support from their family who have also been impacted. Disaster response often gives more attention to addressing problems rather than supporting components including consistency of relationships that contributes to recovery for young children. To support resilience, emphasis should be placed on providing stable and consistent relationships and also support for caregivers so that they can provide a caring environment by listening, being emotionally available and present for the impacted young children.

T3 - INVS16.4

The Importance of Creating Play Space for Children after a Disaster: Endeavours in Fukushima after the Great East Japan Earthquake and Tsunami

Dr Shintaro Kikuchi

T3 - INVS16: Adversity and Resilience: The challenges of caring for infants and young children in the context of natural disasters, Wicklow Hall 2A, July 18, 2023, 14:30 - 16:00

Since the compound disaster triggered by the Great East Japan Earthquake and Tsunami in March 2011, Japan's public and private sectors made every endeavour for restoration. Having endured radioactive contamination and the stigma, people in Fukushima reconstructed a new daily life. However, infants at the time of the disaster are now teenagers manifesting serious mental and physical problems. Immediately after the disaster in Koriyama City, we established an initiative to create a long-term comprehensive care for children in collaboration with the local government and the private sectors. This Koriyama Postdisaster Childcare Project (KPCP) consisted of a multidisciplinary team of child professionals and workers. It was supported by domestic and foreign experts. The project has become a model of child-centered post-disaster care in Japan today.

Aims

To examine the effectiveness of play spaces for children after the disaster

Description

In the immediate aftermath, the residents had little information about the nuclear accident, were enforced to stay indoors out of fear of exposure to radiation. Many were forced to evacuate. KPCP opened local indoor play spaces to children, hosted children's festas, and constructed PEPKids Koriyama, a large indoor playground by Christmas, 2011. PEPKids continues to accept 300,000 visitors annually. Similarly, the Parent-Child Play team visited evacuation centers and the Mother's Radiation Lab, initiated in Iwaki, developed its play spaces. 3 years after the disaster, despite the improvement of outdoor environment, child obesity increased by 1.5 times, and scores on children's motor skill tests have dropped noticeably. During the COVID-19 epidemic, the children's activities were greatly restricted again.

Conclusions

Creating safe play places for children is urgent in the aftermath. This could best be initiated by adults in the community. For implementation of such a child-centered long-term plan, it is crucial to build disaster-preparedness ahead in the community on a regular basis.

T3-SYM28.1

Developing and evaluating a tool for assessing parent-child interaction in universal child health services: CARO

Professor Philip Wilson^{1,3}, Dr Christine Puckering², Dr Lucy Thompson³, Dr Anette Graungaard¹, MSc, MD Sarah Isabella Strøyer de Voss¹, Ms Clara Appel¹

¹The Research Unit for General Practice and Section of General Practice, Department of Public Health, University Of Copenhagen, Copenhagen, Denmark, ²Mellow Parenting, Glasgow, Scotland,

³Centre for Rural Health, Institute of Applied Health Sciences, University of Aberdeen, Inverness, Scotland

T3- SYM28: Developing and evaluating a tool for assessing parent-child interaction in universal child health services: CARO, Liffey Meeting Room 1, 18 July 2023, 14:30 - 16:00

Prospective cohort and case-control studies demonstrate strong associations between sound parent/child relations and good long-term physical and mental health outcomes. Early parent-infant interactions strongly predict mental wellbeing and are amenable to change. There are therefore strong arguments for developing tools to assess parent-infant interactions for use by non-specialist clinicians who come into routine contact with parent/infant dyads. Such a tool, potentially usable by general practitioners, community health nurses and community-based paediatricians, could assist clinicians in helping parents improve their parenting skills and ensure efficient access to specialist services where needed.

Puckering: The Mellow Parenting Observational System (MPOS) counts positive and negative parent-child interactions in six domains. The number of positive parenting behaviours (per minute) assessed with MPOS in video material from the ALSPAC birth cohort proved to be an extremely strong predictor of disruptive behaviour disorders but the tool requires a high level of training and inter-rater reliability is difficult to achieve.

Thompson: In order to allow non-specialists to assess parent-child relationships, and to improve inter-rater reliability, a simplified version of MPOS - the Child-Adult Relationship Observation (CARO) - was developed and piloted with Scottish health visitors (community child health nurses) who see almost all children in the UK. We have recently developed a CARO app for use by practitioners and researchers.

Wilson and Graungaard: Danish general practitioners perform routine developmental assessments on 0-5 year old children and are mandated to assess parent-child relations. At present, no tools are available to help them make good assessments. Here, the adaptation of CARO to these assessments and potential adoption into national guidelines is described.

De Voss and Appel: Description of feedback from Danish general practitioners and quantitative results from repeated assessments of 600 parent-child dyads.

All: The symposium will conclude with a panel discussion about adaptation of complex tools for community use.

The origins and development of the Mellow Parenting Observation System (MPOS)

Dr Christine Puckering¹

¹Mellow Parenting, Glasgow, Scotland

T3- SYM28: Developing and evaluating a tool for assessing parent-child interaction in universal child health services: CARO, Liffey Meeting Room 1, 18 July 2023, 14:30 - 16:00

Paper 1. The development and validation of the Mellow Parenting Observation System (MPOS)

Introduction and Aim of the Study

The Mellow Parenting Observation System was developed as a systematic tool to describe parent (or carer) and child interactions.

Materials and Methods

Using brief video recordings of parent and child in a caretaking tasks such as feeding or dressing, a structured coding system was devised. An event-sampled method, recording every instance of key events was used with six dimensions as a framework. The dimensions were responsiveness, anticipation, autonomy, management of distress, cooperation and control. Positive and negative key events were recorded on each dimension, with positive and negative observations being shown to be independent.

Results

This system (MPOS) was shown to describe interaction and be responsive to change during an intervention for post-natal depression (Puckering, McIntosh, Hickey, & Longford, 2010) and to predict from observations at 12 months to independently measured child behaviour at age 7 years (Puckering, Allely, Doolin, Purves, McConnachie, P. ... & Wilson. 2014).

The MPOS system however was laborious and demanding to learn and become reliable. Ways to streamline the system to make it more clinically accessible and feasible were sought.

T3-SYM28.3

Making parent-infant observation more accessible to non-specialists: development of the CARO app

Dr Lucy Thompson¹

¹University Of Aberdeen, , Scotland

T3- SYM28: Developing and evaluating a tool for assessing parent-child interaction in universal child health services: CARO, Liffey Meeting Room 1, 18 July 2023, 14:30 - 16:00

INTRODUCTION

Health visitors (community child health nurses) in Scotland are expected to assess the quality of parent-child relationships in the whole population of preschool children. They lack structured tools to do this. Most structured tools are complex and require a high level of specialist training. We have developed a simplified version of the Mellow Parenting Observation System (MPOS) for use (a) by early years / primary care professionals in day-to-day practice and (b) as a research tool.

AIM

Aim of the study To assess how reliable and user-friendly the new Child and Adult Relationship Observation (CARO) is when used by non-specialist practitioners, including its use as a smartphone app.

MATERIAL and METHODS

Stage 1 – consensus discussion about streamlining of existing MPOS coding and scoring system; Stage 2 – correlation of old and new systems to test for agreement; Stage 3 – trial training of new system with health visitors (public health nurses); Stage 4 – development of an app to code interactions in real time.

CONCLUSIONS

The simplification includes (a) reduction in number of coding dimensions used, (b) removal of potential multiple coding of each interaction element, and (c) applying a limit of one positive and / or one negative code per 10 second segment of interaction. Stage 4 is in progress and the presentation will showcase the new app, including reliability data. CARO may be useful as a simple observational tool for use both in clinical practice and in research studies. The smart phone app may make it possible to rate interaction footage in real time.

T3-SYM28.4

Development and application of the CARO for use in Danish general practice

Professor Philip Wilson^{1,3}, Dr Christine Puckering², Dr Lucy Thompson³, Dr Anette Graungaard¹

¹University Of Copenhagen, Copenhagen, Denmark, ²Mellow Parenting, Glasgow, Scotland, ³Centre for Rural Health, Institute of Applied Health Sciences, University of Aberdeen, Inverness, Scotland

T3- SYM28: Developing and evaluating a tool for assessing parent-child interaction in universal child health services: CARO, Liffey Meeting Room 1, 18 July 2023, 14:30 - 16:00

The Family Wellbeing (FamilieTrivsel) trial evaluates the impact of a web-based resource designed to promote parental mentalisation abilities during pregnancy and in early childhood. The trial, funded by TrygFond, takes place in the context of routine developmental assessments delivered by general practitioners (GPs) in pregnancy and at several stages of early childhood. The focus of these assessments has historically been on physical development but in the FamilieTrivsel trial participating GPs are asked to gather additional data on the child's psychosocial environment. The content of existing child developmental assessments by Danish GPs is mandated by the National Board for Health and includes evaluation of the parent-child relationship – but lacks information about how this evaluation should be conducted.

Pilot work with 10 GPs was conducted with the aim of developing a standardised developmental assessment incorporating the evaluation of parental mental health, the parent/infant relationship and the child's neurodevelopment. The Child/Adult Relationship Observation (CARO) was initially used to score the parent/infant interaction components in detail but strong feedback from the GPs was that it was too burdensome in the context of a 15-30-minute overall developmental assessment, so a simpler tool ("CARO-Lite") was developed. A 2.5-hour training programme was developed using video clip examples of caretaking activities for different ages of child and a laminated checklist of example behaviours was issued to remind clinicians of the elements of the assessment system. In the developmental assessments, GPs are simply asked to record if they saw evidence of positive or negative Co-operation behaviours, positive or negative examples of respect for Autonomy and positive or negative examples of Responsiveness, and note any additional observations. CARO-Lite has received positive feedback from participating GPs, and the Danish National Board of Health is considering inclusion of CARO-Lite in its national guidelines for GPs.

The use of CARO-lite in the FamilieTrivsel trial

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T3- SYM28: Developing and evaluating a tool for assessing parent-child interaction in universal child health services: CARO, Liffey Meeting Room 1, 18 July 2023, 14:30 - 16:00

INTRODUCTION

In the FamilieTrivsel trial, clinicians (general practitioners, midwives, or nurses) used CARO-lite during child development assessments when the children were five weeks, five months, one year, and two years of age. Clinicians observed the domains 'Collaboration, Autonomy and Responsiveness' when assessing the parent-child interaction during the examination. They noted if they could assess each concept and categorized it as positive, negative, or both.

AIM OF THE STUDY

We will present the preliminary statistical findings from the developmental assessments and the clinicians' views on using CARO-lite.

MATERIAL AND METHODS

For each assessment, we will present data on the response rate within the CARO-lite domains and the presence of positive and negative interactions that the clinicians observed for the 600 participants.

Furthermore, we will present qualitative findings on the clinicians' experiences with CARO-lite, including benefits and barriers.

CONCLUSIONS

The CARO-lite was widely applied in the trial, and the three domains were observed in most cases. There were few reports of negative behaviours.

The clinicians found CARO-lite to be supportive when assessing the parent-child interaction. They also gained a new vocabulary, which made advising the parents easier. Some clinicians, however, had difficulty separating the domains. A few considered CARO-lite too complicated for practical application, while others implemented it on all their developmental assessments.

T3 - SYM 45.1

Varying Contexts for Caregivers' Emotion-Related Practices with Infants and Toddlers

Prof Holly Brophy-Herb¹

¹Michigan State University, East Lansing, USA

T3 - SYM45: Varying Contexts for Caregivers' Emotion-Related Practices with Infants and Toddlers, Liffey Meeting Room 2A, 18 July 2023, 14:30 - 16:00

Introduction and Aims

Caregivers' (parents, educators) practices related to infants'/toddlers' emotional experiences significantly impact children's understandings of emotions in themselves and others. Such complex practices require varied and nuanced frames of study. This symposium highlights four studies each addressing different contexts of caregivers' emotion-related practices.

Methods

We included a range of developmental contexts, including race, gender, classroom settings, and time. Studies varied in methodology (individual interviews, observed behaviors, and self-reported beliefs and attitudes). Following paper presentations, panel members will engage the audience and each other, facilitating discussion relative to contexts of caregivers' practices, including measurement within contexts.

Results

Paper 1 examines African American's fathers' perceptions about their own and their toddlers' experiences with emotions, reporting that while fathers view emotions as normative, negative emotions may be dangerous and require fathers' guidance of their young children. Paper 2 focuses on toddler educators' beliefs and perceptions about race and gender as related to their emotion language practices in the classroom. Researchers report on teachers' color-evasive beliefs and gendered expectations related to their emotion validating and emotion minimizing language. Paper 3 highlights the ways in which infant and toddler educators' mental-state-related language varies across play, booksharing, and mealtime interactions. Results show that infants and toddlers are exposed to different forms of mental-state-related language depending on context, that some contexts elicit more educator language than others, and patterns of use are stable over time. Paper 4 addresses parents' use of internal state language and toddlers' development of internal state talk across four time points from 12 to 30 months. Toddlers showed patterns of change in types of internal state words over time while parents tended to use similar forms of internal state language across time.

Conclusions

Collectively, the four studies demonstrate the contextual nuances of caregivers' emotion-related processes with infants and toddlers.

Exploring Sociocultural Factors and Parenting Beliefs and Behaviors: African American Fathers' and Toddlers' Negative Emotions

Dr. Deon Brown¹, Dr. Fantasy Lozada², Dr. Erika Bocknek³

¹Texas A&M University, College Station, United States of America, ²Virginia Commonwealth University, Richmond, United States of America, ³Wayne State University, Detroit, United States of America

T3 - SYM45: Varying Contexts for Caregivers' Emotion-Related Practices with Infants and Toddlers, Liffey Meeting Room 2A, 18 July 2023, 14:30 - 16:00

Introduction and Aim of the study

Demographic variables (e.g., race/ethnicity, gender) influence parenting beliefs and behaviors broadly (Garrett-Peters et al., 2008). However, less is known about how these sociocultural factors influence parents' beliefs about emotion and emotion-related behaviors with their children. The current study explored the role of race and gender in parents' beliefs about and experiences with their own and their children's negative emotions.

Material and Methods

The sample included 58 secondary caregivers (57 biological, 1 step) of toddlers between 24 and 31 months of age. All secondary caregivers were African American fathers between the ages of 29 and 40 (Mage = 30.94). Parents' beliefs about and experiences with their own and their children's negative emotions were assessed using the Meta-Emotion Interview (Katz & Gottman, 1986). We conducted a thematic analysis of fathers' MEI responses.

Results

Fathers demonstrated beliefs that emotions are a normal part of life, parents should guide their children through the experience of negative emotions (Parker et al., 2012), and negative emotion, particularly anger, is dangerous.

Conclusions

Fathers' experiences as African American men will be discussed as potential influences of their beliefs about and experiences with toddlers' negative emotions.

Garrett-Peters, P. T., Mills-Koonce, W. R., Adkins, D., Cox, M. J., Vernon-Feagans, L., & Family Life Project Key Investigators. (2008). Early environmental correlates of maternal emotion talk. *Parenting: Science and Practice*, 8, 117-152. <https://doi.org/10.1080/15295190802058900>

Katz, L. F., & Gottman, J. M. (1986). The meta-emotion interview. Unpublished manual, University of Washington, Department of Psychology.

Parker, A. E., Halberstadt, A. G., Dunsmore, J. C., Townley, G., Bryant, A., Jr., Beale, K. S., & Thompson, J. A. (2012). "Emotions are a window into one's heart": A qualitative analysis of parental beliefs about children's emotions across three ethnic groups. *Monographs of the Society for Research in Child Development*, 77, 1-144. <https://doi:10.1111/j.1540-5834.2012.00677>

Infant and Toddler Educators' Mental-State-Related Language Across Play, Booksharing, and Mealtime Interactions

Prof Holly Brophy-Herb¹, Haiden Perkins¹, Dr Claire Vallotton¹, Dr Ann Stacks²

¹Michigan State University, East Lansing, USA, ²Wayne State University, Detroit, USA

T3 - SYM45: Varying Contexts for Caregivers' Emotion-Related Practices with Infants and Toddlers, Liffey Meeting Room 2A, 18 July 2023, 14:30 - 16:00

Introduction and Aims:

The language environment reflects a key element in infant/toddler education. Young children's exposure to mental-state-related language (e.g., language labeling and explaining internal states) is associated with positive outcomes, including toddlers' theory of mind development, social symbolic play, prosocial behaviors, and social-emotional understanding, underscoring the importance of educators' use of mental-state-related language with infants/toddlers. Despite many interactional contexts in infant/toddler classrooms, most research has focused on singular classroom contexts, often booksharing, limiting our understanding of how varying contexts may elicit more or different language. We assessed educators' mental-state-related language in play, booksharing, and mealtime interactions.

Methods:

U.S. infant/toddler educators (N=59) were videotaped in play, booksharing (wordless book provided by research staff), and mealtime interactions. Videos were transcribed verbatim. Educator language was coded for three constructs: mental and internal state words (MISW; modulations, cognitions, emotions, desires, psychological attributes, states of consciousness, physiological states, and perceptions), support for children's mental work (SMW; causal talk, explanations, factual talk), and mind-related comments (MRC; specific and full comments about their own and others' mental states and invitations to mentalize). Findings were stable across three time points.

Results:

Analyses controlled for interaction length and educator verbosity; repeated measures accounted for multiple within-educator assessments. MISW comprised 4.5% to 10% of educators' language, differed significantly across contexts, and were most prevalent in mealtimes and least prevalent in booksharing. Modulations and states of consciousness words occurred significantly more in play; cognition, desire and physiological state words occurred most in mealtimes. Psychological attributes and perceptions occurred significantly more in booksharing. SMW did not vary significantly between contexts. Educators used significantly more MRCs in play and meals as compared to booksharing.

Conclusions:

Educators' mental-state-related language varied across contexts, highlighting the unique role play, booksharing, and mealtime interactions have in providing infants/toddlers with rich, emotional socialization experiences.

Toddler Teachers' Beliefs and Perceptions about Race and Gender, and their Differential Emotion Language Practices

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³Missouri State University, Springfield, United States

T3 - SYM45: Varying Contexts for Caregivers' Emotion-Related Practices with Infants and Toddlers,
Liffey Meeting Room 2A, 18 July 2023, 14:30 - 16:00

INTRODUCTION

Perceptions of appropriate emotions are rooted in beliefs about emotions (Eisenberg, 2020) and power structures regarding race and gender (Chaplin, 2015; Hochschild, 1996). Research has found differential emotion socialization by child race and gender, informed by beliefs about inequity (Denham et al., 2012; Valencia, 2020), and suggests teachers' emotion language varies by toddler gender (King, 2020). Given teachers are socializers of toddlers' emotions (Denham et al., 2012), examining teachers' beliefs about race and gender, perceptions of emotions by toddler identity, and emotion language is warranted.

AIM

This work explores: 1) Teachers' beliefs about racial inequity and gendered expectations for emotions, 2) teachers' perceptions of children's emotions by child race and gender and, 3) ways teachers' observed emotion language, by toddler race and gender, relate to their beliefs and perceptions.

METHODS

Through a meta-inferential approach using questionnaires, interviews, and observations across one school year, we observed 13 teachers of children 12-36 months.

RESULTS/CONCLUSIONS

This study describes connections among teachers' color-evasive beliefs and gendered expectations, and their emotion validating and minimizing language. Implications for teachers' reflective practice on beliefs by child identity will be discussed.

Chaplin, T. M. (2015). Gender and emotion expression: A developmental contextual perspective. *Emotion Review*, 7, 14-21.

Denham, S. A., Bassett, H. H., & Zinsser, K. (2012). Early childhood teachers as socializers of young children's emotional competence. *Early Childhood Education Journal*, 40, 137-143.

Eisenberg, N. (2020). Findings, issues, and new directions for research on emotion socialization. *Developmental Psychology*, 56, 664-670.

Hochschild, J. L. (1996). *Facing up to the American dream: Race, class, and the soul of the nation*. Princeton University Press.

King, E. (2020). Fostering toddlers' social emotional competence: Considerations of teachers' emotion language by child gender. *Early Childhood Development and Care*, 191.

Valencia, R. R. (2012). *The evolution of deficit thinking: Educational thought and practice*. Routledge.

T3 - SYM 45.5

Want, Look, Think, See, Sleep, Hungry, Love: Development of Internal State Talk 12-to-30 Months

Dr Claire Vallotton¹

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T3 - SYM45: Varying Contexts for Caregivers' Emotion-Related Practices with Infants and Toddlers, Liffey Meeting Room 2A, 18 July 2023, 14:30 - 16:00

Introduction

By six years old, children can talk and reason about their own and others' internal states. When does this explicit awareness begin? In early toddlerhood parents focus their comments on children's desires, then shift to talk more about emotion and cognition in later toddlerhood; there is evidence that this pattern is developmentally salient and helpful for toddlers. But does toddlers' development of internal state language follow suite? Most studies of young children's internal state talk rely on cross-sectional parent-reported data. The current study uses observational data to examine changes in frequency and types of parents' and toddlers' internal state talk.

Methods

62 parent-child dyads were followed throughout toddlerhood when children were 12, 18, 24, and 30 months. Transcripts of parent and child talk were created from videos of 5-minute free play interactions, and coded for the frequency and variety of child and parent internal state talk. Coding included the typical categories of desires, cognitions, sensations, and emotions, but because of the young age of the children, we added conceptually simpler and more concrete categories including perception (look, see, hear) and physical expressions of emotion (hug, smile, cry) which we thought may scaffold toddlers' entrance into thinking and talking about internal states.

Results

Toddlers' earliest internal state words were physiological sensations and expressions of emotion, but these were quickly overtaken in frequency by desires and use of perception words to guide attention (look), followed by states of consciousness (sleep), cognitions, and sensations. Parents' most frequency internal state talk categories at each age were perception, desires, and cognitions. Parents' and toddlers use of internal state talk is correlated both within waves and over time.

Conclusions

Toddlers' explicit understanding of internal states is scaffolded through talk about desires and perceptions, with increasing ranges of concepts at 24 and 30 months.

Eating disorders, pregnancy and perinatal practices: Hazards of early parent-child interaction

Prof Kai von Klitzing¹, Claire Squires⁴, Professor Valeria Barbieri³, Sylvie Viaux Savelon², Dr. Nasha Murday, Docteur Elisabeth CHAILLOU⁶, Dr. Elisabeth Le Cosquer⁵

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T3 - SYM62: Eating disorders, pregnancy and perinatal practices : Hazards of early parent-child interaction, The Auditorium, 18 July 2023, 14:30 - 16:00

Introduction:

The early mother-father-baby relationship is central in the exchange of concrete but also affective nourishment. Emotional regulation, adjustment during care and exchanges, attachment, aggressive/destructive/active/passive oral fantasies are important in the construction of the child's self and its security. Somatic diseases (oral-pharyngo-laryngeal malformations, immaturity) can impact on their relationships from the very beginning. Parents with past and current eating disorders or obesity have been shown to report difficulties nourishing their infants. Being predictable to a certain extent, these disorders should be addressed even before pregnancy.

In this symposium based on scientific clinical studies and interventions, we would like to highlight different precipitating factors (environment, prematurity, life habits, stress) impacting the infant-parent interaction. How can we prevent these difficulties to promote a secure relationship? How can we help young children and their families during nurturing?

Methods:

We aim at describing the patterns of the family functioning in triads with ED pathology, obese mothers, or babies' development difficulties and determine the quality of emotion transmission within their interactions. These factors could be either protective or precipitative. We will also propose different settings (therapeutic groups, family consultations) to overcome anxiety during interactions to promote parents' adaptation and sensitivity to their offspring during feeding. Elisabeth Le Cosquer (France) will describe mothers with anorexia and the intergenerational transmission of ED disorders; Valeria Barbieri (Brazil) will present longitudinal study from pregnancy of obese mothers to babies 36 months. Elisabeth Chaillou (France) will talk about nourishing problems of premature babies and family consultations to get over this state. Sylvie Savelon (France) will present a therapeutic group of children based on ludic orality peer interactions.

Conclusions: Our chair will highlight the multidisciplinary aspects of these researchs to determine the key points of interventions in case of eating disorders and group issues.

T3 - SYM 62.2

Parent child therapeutic group for Orality disorder.

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T3 - SYM62: Eating disorders, pregnancy and perinatal practices: Hazards of early parent-child interaction, The Auditorium, 18 July 2023, 14:30 - 16:00

Introduction:

Oral disorder includes oral functions: nutrition (swallowing, chewing), expression (mimic, phonation), breathing and relationship. The role of early interactions is fundamental both in the oral investment and the beginning and/or outcome of the oral disorders. The therapeutic approach of these children is generally individual. More recently, transactional approach with therapeutic groups involving parents, children and professionals have been developed.

Method:

We will present a multidisciplinary therapeutic group for children from 3 to 7 years old with oral disorders since early childhood. This group has been designed to enable children and their parents to be treated in a global approach. The device is composed of 2 simultaneous groups: one for children and one for their parents. These groups are carried out weekly by a motor therapist and a nurse on the children's side and a child psychiatrist and a psychologist on the parents' side.

Results:

Concerning children, the investment of the oral sphere will be done through various sensory demands and the consideration of the dimension of pleasure through a chain of events described by A. Bullinger: posture, olfaction, capture, suction, swallowing, satiety, and narrativity. Concerning the parents, the group allows to evoke and to share with other parents and therapists, the difficulties they face. Concerns about children's development are discussed: appetite, sleep, cleanliness, motor skills or language.

Conclusion:

Therapeutic group mobilizes complementary aspects of individual treatment for the child and its family. It promotes a dynamic that cannot be achieved in an individual situation. Children can rely on their peers' imitation while working their empowerment. The multidisciplinary also allows the diversification and enrichment of relationships. On the parent side, the group allows to work representations about their child and stabilize the progresses of their children at home and to initiate for some of them individual psychotherapy.

Hazards and avatars of eating disorders in a first pregnancy

Dr. Elisabeth Le Cosquer¹

¹INSERM, , France

T3 - SYM62: Eating disorders, pregnancy and perinatal practices : Hazards of early parent-child interaction, The Auditorium, 18 July 2023, 14:30 - 16:00

Our PHD research is focused on a doctoral research in progress, focused on the vagaries and avatars of oral disorders (particularly of the anorexic type) on the experience of a first pregnancy.

Our previous research aimed at understanding the experience of pregnancy under circumstances of anorexia or bulimia. We described the symptoms of these patients referred to our consultations.

The data collected highlighted the diversity of the symptoms but also the continuum of disorders, its intensity and its evolution during pregnancy. And of the suffering involved and the evolution of the disorders during pregnancy.

The present thesis, which is part of a qualitative approach with an exploratory aim, aims to give an account of the way in which the experience of pregnancy and the setting up of maternal processes can transform the anorexic symptoms in primiparous women. It is also a question here of taking into account the history and the transgenerational dynamics of the women as a meta-frame of the eating disorder and the pregnancy.

The participants will be included from a first phase of exploration in different maternity hospitals through the SCOFF questionnaire (Morgan et al. 1999), knowing that we wish to meet pregnant women aged between 18 and 40 years. We envisage a research methodology based on 4 meeting times:

- a first time at the end of the first trimester of pregnancy, based on a semi-directive interview inspired by the IRMAG
- a second phase at the end of the second trimester of pregnancy, based on a non-directive interview and the creation of a affiliative genogram
- a third time, close to the presumed date of delivery, based on a free interview and the creation of an imaginary genogram
- finally, a last time, in the first trimester of the child's life, based on a free interview which will also be used as a closing interview.

The praxeological objective of this work aims at being able to propose, following the complementarist analysis of the collected data, recommendations to think a clinical device of prevention and accompaniment of the disorders of orality during the pregnancy.

T3 - SYM 62.4

EATING DISORDERS IN VERY PRETERM INFANTS DURING THE FIRST YEAR : PSYCHODYNAMIC APPROACH

Docteur Elisabeth CHAILLOU¹

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T3 - SYM62: Eating disorders, pregnancy and perinatal practices : Hazards of early parent-child
interaction, The Auditorium, 18 July 2023, 14:30 - 16:00

-PARENTS OF VERY PRETERM INFANTS GO THROUGH A TRAUMATIC EXPERIENCE BECAUSE THEIR
BABY FACES A LIFE THREATENING RISK. IN POST-HOSPITALIZATION, SOME PRETERM INFANTS SUFFER
FROM EATING DISORDERS.

-IN THE FIRST MONTHS, SOME PRETERM INFANTS EATING DISORDERS ARE RELATED TO A
"PAINFULLY PRECIOUS" RELATIONSHIP BETWEEN PARENTS AND BABY. THESE EATING DISORDERS
MAY DISAPPEAR AFTER EARLY PSYCHOLOGICAL TREATMENT. HOW ? THE MULTIDISCIPLINARY
CONSULTATION CONSISTS OF HAVING THE PARENTS-BABY PSYCHODYNAMIC LISTENING AND THE
PEDIATRICIAN EXAMINATION TAKING PLACE IN THE SAME CONSULTATION.

-THE VIDEO WILL SHOW A 7 MONTHS BABY WHO WAS BORN EXTREMELY PREMATURALLY AND SHOW
HOW THE MOTHER'S ANXIETY AFFECTS HER WAY OF FEEDING HER DAUGHTER
I WILL THEN DESCRIBE THE CASE OF 10 MONTHS OLD PRETERM BABIES FED EVERY TWO HOURS,
NIGHT AND DAY. TO GIVE AN ADDED DIMENSION, I WILL DESCRIBE THE EVOLUTION OF THE EATING
DISORDER OF A 4 MONTHS BABY, BORN AT FULL TERM. HER MOTHER HAS AN EATING DISORDER,
BULIMIA, FOR WHICH SHE HAD BARIATRIC SURGERY AS A CURATIVE TREATMENT.

-FROM THE PARENTS' POINT OF VIEW, IT CAN FEEL EITHER WORRYING OR HURTFULL TO HAVE TO
CONSULT WITH A CHILD PSYCHIATRIST FOR A 7 OR 8 MONTHS OLD BABY. THE MULTIDISCIPLINARY
CONSULTATIONS (MDC), BEGINNING AT THE AGE OF ABOUT 6 MONTHS, ALLOW TO BUILD
THERAPEUTIC ALLIANCE BETWEEN THE PARENTS AND THE CHILD PSYCHIATRIST. MDC HELP TO SET
UP SUBSEQUENT CONSULTATIONS WITH THE CHILD PSYCHIATRIST SINGLY. WHEN THE EATING
DISORDER OF THE BABY IS A DIRECT REACTION TO THE TRAUMATIC EXPERIENCE FOR THE PARENTS ,
PSYCHODYNAMIC TREATMENTS CAN, SOMETIMES, BE SUCCESSFULL AFTER A FEW EARLY-ON
SESSIONS. BUT, WHEN THE PARENT HAS AN EATING DISORDER, IT MAY BE ANOTHER CLINICAL
EVOLUTION, WITH A LONGER TREATMENT.

EMOTIONS AND EARLY INTERACTIONS OF BABIES AND OBESE OR OVERWEIGHT MOTHERS

Professor Valeria Barbieri¹, Dr. Claire Squires², Dr. Nasha Murday³

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T3 - SYM62: Eating disorders, pregnancy and perinatal practices: Hazards of early parent-child interaction, The Auditorium, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

Childhood obesity is multifactorial and reflects a complex interplay of genes and environmental factors, such as modern lifestyles, physical inactivity, and unhealthy eating habits.

AIMS:

Our concern was to look at the psychic movements and observe naturalistic interactions:

1. Is there a link between mothers' obesity and their sensitivity to the child's signals during feeding.
2. Does obesity of mothers have an impact on the overweight / obesity of the child.
3. Do triadic relationships have a protective or precipitating effect on the transmission of overweight and obesity.

METHODOLOGY:

Our survey proposes to detect obese or overweight pregnant women then observe emotions and interactions with their children aged 2-3, 12, 36 months and with a control group: effect on the baby's weight growth, on the sensitivity of mothers, on the quality of dyadic interactions during a meal and during a triadic play with the father and mother at 12 and family interactions at 36 months.

RESULTS:

In the narratives of six obese women, factors favoring the constitution of obesity can be familial, related to undifferentiation between generations, abandonments in childhood, absence of paternal pare-excitation, lack of individuation, neurosis of failure, marital violence, depressive parents. During pregnancy, we are struck by the mixture of narcissistic preoccupations and the externalization of part of the libido. The fetus does not appear in an individualized way. Women develop few daydreams, few fantasies, little projection into the future, little access to ambivalence. Then with the child, the exchanges are rather poor and particularly in the situations of feeding. The difficulties with their fathers persist and this complex has an impact on the bond with the child.

We expect:

- Better nutritional monitoring of pregnant or overweight women.
- Supporting the parent-child relationship through psychological counselling
- Decrease of stress

T3 - SYM 63.1

A multi-perspective on affective touch and attachment: C-Tactile afferents in early development

Prof. Dr. Martine Van Puyvelde^{1,2,3}, Dr Eleonora Mascheroni⁴, Dr Rosario Montirosso⁴, Dr Lela Rankin⁵, Professor Francis McGlone⁴, **Miss Louise Staring**¹

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T3 - SYM63: A multi-perspective on affective touch and attachment: C-Tactile afferents in early development, Liffey Hall 1, 18 July 2023, 14:30 - 16:00

In 1958 Harry Harlow set about trying to understand the mechanisms by which new-born rhesus monkeys bonded with their mothers. Interpreting their behavior, based solely on a prospective and observational approach, he posited that new-born infants had an innate drive for touch that went beyond the need to just obtain food. However, with no idea what the mechanism for this could be, he concluded that an amorphous construct he called ‘love’ was the primary driving force behind this need for physical closeness. Around the same time John Bowlby, in a series of seminal papers (1958 – 1960) and building on Harlow’s research, claimed that traditional psychoanalytic theory could not explain the attachment of infants and young children to their mother, nor their responses to being separated. This led him to develop his theory of attachment, emphasizing the role of close relationships in the early life of an infant. However, attachment theory remains work in progress as it still lacks an underpinning driving neurodevelopmental mechanism that fully explains the various attachment types described by Bowlby. There is a clue emerging from both Harlow’s and Bowlby’s research of a putative mechanism that could explain their theories of love or attachment - touch. It is now well recognized that a significant part of brain development is experience-dependent, with sensory inputs providing a key element of this experience, and for the infant the primary source of sensory input is social touch, now recognized as promoting both neuronal development and offspring-parent bonding. Although there are many other sensory inputs that may be contributing to development such as smell, hearing, nutrition etc., in this symposium we aim to focus on touch, showing that a relatively recently discovered population of gentle touch sensitive C-Tactile nerves may provide a neurobiological explanation for bonds between parents and infants.

A Physiological Perspective: Gentle Touch Stimulation enhances the Building of Infants' Physiological Stress Resilience.

Prof. Dr. Martine Van Puyvelde^{1,2,3}, **Miss Louise Staring**^{1,2}, Professor Francis McGlone³
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T3 - SYM63: A multi-perspective on affective touch and attachment: C-Tactile afferents in early development, Liffey Hall 1, 18 July 2023, 14:30 - 16:00

INTRODUCTION

CT-optimal stroking touch has been shown to stimulate parasympathetic regulation in infants.

However, it was not yet been examined whether providing gentle touch in a structured manner may stimulate changes in the reactivity of the parasympathetic regulatory system.

AIM of the study. We aimed at measuring the impact of a Gentle Touch Stimulation (GTS) program on physiological stress resilience of 3-12 weeks old infants in terms of parasympathetic regulation (i.e., respiratory sinus arrhythmia or RSA, heartrate, respiration and cortisol).

MATERIAL and METHODS

Forty-three mother-infant dyads enrolled for the program and were ascribed to a GTS group or control (CTRL) group. GTS mothers provided daily 10 minutes GTS with C-tactile (CT) afferent optimal stroking touch, for 4 weeks to their infants. CTRL-mothers provided no additional care. We measured mother-infant ECG, respiration, cortisol, video recordings, and diary-reports at the start (T1) and end (T2) of the GTS program, comparing the physiological responses during a no-touch-baseline (BL), static-touch-baseline (BL-T), intervention/control (GTS/CTRL), Still Face (SF) and Reunion (RU) condition for GTS versus CTRL-infants.

CONCLUSIONS

At T1, physiological arousal significantly increased during SF in both groups, that is, decreased RSA and R-R interval (RRI). At T2, GTS-infants showed significantly increased parasympathetic regulation during GTS in terms of increased RSA and RRI and decreased respiration. Moreover, during SF they showed a clear buffer against SF-arousal, and they showed physiological recovery during RU. CTRL-infants showed higher arousal during SF and only a small recovery during RU that remained under their initial BL-levels. Maternal cardio-respiratory showed a metabolic investment during RU. Cortisol and behavioral analyses showed higher arousal in CTRL-infants than GTS-infants at T2. The results provide extra information in terms of phasic and tonic responses and attribute a potential role of CT-optimal stroking touch in the building of infant stress regulation and resilience.

T3 - SYM 63.4

A therapeutic perspective: Does dynamic touch amplify the effects of babywearing on neonatal opioid withdrawal?

Dr Lela Rankin¹, Ms Lisa Grisham²

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T3 - SYM63: A multi-perspective on affective touch and attachment: C-Tactile afferents in early development, Liffey Hall 1, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

Neonatal Abstinence Syndrome (NAS) is a spectrum of clinical symptoms associated with withdrawal from intrauterine drug exposure, most commonly from maternal opioid use, resulting in long-term neurodevelopmental infant morbidity and mortality. Infants with NAS experience elevated heart rate (HR), an indicator of withdrawal; infant holding through skin-to-skin contact or carrying using a carrier (babywearing) decreases symptoms of withdrawal. However, it is unclear whether these effects are the result of activation of C-Tactile afferents (CTs) or from static touch.

AIM:

To compare dynamic touch (CTs activated) to static touch (CTs not activated as strongly) during a babywearing procedure.

MATERIAL and METHODS:

Starting at four days old, infant physiological readings (N=133 readings; N=23 infants; 44% White, 31% Latinx; 61% male) were conducted daily in a Neonatal Intensive Care Unit in the USA; heart rates of infants were taken every 15-seconds for 5-minutes, before, during, and after babywearing (30 minutes per phase). Infants were monitored by cardiopulmonary machines using a pulse oximeter wrapped around their foot. Infants alternated (randomly) in a static touch (hands-free babywearing) or dynamic touch (stroking the top of the infants' head at a velocity of 3 cm/sec while babywearing) condition (approximately 6 readings each: 3 dynamic, 3 static). A 3-Level Hierarchical Linear Model accounted for the nested data.

CONCLUSIONS:

Compared to baseline (infant calm/asleep and without contact), infant's HRs significantly declined during (20 minutes in the carrier) and after (30 minutes following) babywearing, controlling for pharmacological treatment (receiving a dose of morphine/clonidine within 3 hours). There was a significant condition by sex effect such that dynamic stroking enhanced the therapeutic effects of babywearing for male infants. Males showed the largest decrease in HR during the dynamic stroking touch condition (change of 12.5 bpm). Activation of CTs appears to be an important mechanism in the physiological benefits of babywearing.

The Neurobiology of C-Tactile Afferents: Their Role in the Developing Social Brain

Professor Francis McGlone¹

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T3 - SYM63: A multi-perspective on affective touch and attachment: C-Tactile afferents in early development, Liffey Hall 1, 18 July 2023, 14:30 - 16:00

Recent research has shown that some skin sensory nerves (c-tactile afferents or CTs) send ‘feel good’ signals to the brain when activated by gentle touch, and how this kind of touch may be all-important in developing a healthy ‘social brain’, sustaining human relationships, regulating the immune system, and controlling stress. Research into the sense of touch has focussed mainly on touch receptors (mechanoreceptors) found in the fingertips where information is conveyed to somatosensory areas of the brain by fast-conducting nerve fibres, enabling this information to be processed in ‘real-time’ – an important factor when handling objects or tools or being touched. However, we have recently discovered that touch has another channel, beyond the purely discriminative one, an affective and affiliative one, comprising highly sensitive slowly-conducting peripheral nerves in the skin of the body that respond to gentle caressing touch – c-tactile afferents (CT). This opening talk will describe research that has characterised the structure and function of CTs using psychophysical measures, electrophysiological recordings, functional neuroimaging, psychopharmacology, and measures of stress hormones. These data provide support for the functional role of a body-based emotional touch system – one that underpins the pleasurable aspects of nurturing care between a mother and her infant, the reassuring hug from a friend in times of need, and the impact of social contact on the brain and the body’s stress regulatory systems.

New insight on neural correlates of affective touch in newborn infants

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T3 - SYM63: A multi-perspective on affective touch and attachment: C-Tactile afferents in early development, Liffey Hall 1, 18 July 2023, 14:30 - 16:00

Introduction:

Early parent-child physical contact has a protective role associated with better infant's development. The identification of C-tactile fibers (CT) opened new perspectives on the mechanisms underlying physical contact. Only one fMRI study highlighted that affective touch activates the somatosensory cortex and the insula in infants. Little is known about the impact of maternal touch on infants' touch processing at brain level. Aim: This study explored the association between maternal sensitivity and patterns of cortical activation to touch. Material and Methods: 9 healthy infants were scanned at 2 months of age. Infants were swaddled and slept unsedated. A block design fMRI experiment was performed with an affective touch stimulus administered by an experimenter with gentle brush strokes manually applied to infants' right tibia at a velocity of 5 cm/s. The fMRI task involved 2 runs lasting 9 minutes each. After the scan, a 5-minutes mother-infant interaction was videotaped and maternal touch were coded (affectionate touch; containment touch). For the region of interest (ROI) analysis insula, precentral and postcentral gyri were divided in 3 ROIs. We also include the cingulate gyrus, divided in 4 ROIs. The standard GLM analysis was applied to fMRI data to compute the ROI. We performed a Wilcoxon test to test if the betas were significantly > 0 . To adjust for multiple testing, we used False Discovery Rate, setting a p threshold to 0.01. Conclusions: Significant activations emerged: insula (right anterior $p=.002$; left anterior $p=.002$); precentral gyrus (right middle $p=.006$); cingulate gyrus (left isthmus $p=.006$; right isthmus $p=.004$; right posterior $p=.006$). Spearman correlation analysis highlighted a link between left posterior cingulate activation and maternal containment touch ($p=.033$). Findings suggest that, not only infants present a cerebral activation consistent with CT activation, but also that exposure to maternal touch could be related to infants' neural processing of touch.

T3 - SYM 65.1

The Long Reach of Parent Adversity to Early Child Development: Implications, Mechanisms, and Prevention

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T3 - SYM65: The Long Reach of Parent Adversity to Early Child Development: Implications, Mechanisms, and Prevention, Wicklow Hall 1, 18 July 2023, 14:30 - 16:00

It is well established that parental childhood adversity has implications for the health and development of their children. Although research to date has focused on risk factors for the transmission of adversity, there remain gaps in our understanding of the magnitude of these associations, potential mechanisms of transmission, and what prevention approaches are effective for improving early childhood outcomes. In line with the WAIMH 2023 theme, this symposium will advance our understanding of how parental childhood adversity plays a role in disrupting early relationships as well as target mechanisms and practices for improving infant mental health. Researchers from across North America, using complementary methodologies (i.e., meta-analysis, longitudinal studies, clinic-based data), will explore the latest science on the intergenerational transmission of parent adversity to early child development.

The first paper will set the stage with a systematic review and meta-analysis (>20 studies) summarizing the association between caregiver childhood adversity and socioemotional development in their offspring. Potential moderators of this association are explored and discussed. Study 2, examines potential mechanisms of transmission of both early adverse childhood experiences and benevolent childhood experiences. This study uses cutting-edge biological and behavioral measurement to examine family routines as a potential mechanism explaining the association between caregiver childhood adversity and early child development. The third study explores prenatal romantic satisfaction, post-natal maternal mental health, and mother-infant bonding as potential mechanisms of transmission of child maltreatment. This study has important implications for intervention targets, particularly in the perinatal period. Finally, a study of more than >600 mothers explores the impact of a trauma-informed approach on maternal and infant health outcomes in the postpartum period. Taken together, these four papers will provide a comprehensive presentation of innovative research focused on “when” and “for whom” caregiver adversity is transmitted to child outcomes.

Caregiver Adverse Childhood Experiences and Early Child Development: A Systematic Review and Meta-Analysis

Dr. Nicole Racine¹, Jessica Cooke², Rachel Eirich², Dr Audrey-ann Deneault², Dr Sheri Madigan²

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T3 - SYM65: The Long Reach of Parent Adversity to Early Child Development: Implications, Mechanisms, and Prevention, Wicklow Hall 1, 18 July 2023, 14:30 - 16:00

Introduction:

Research suggests the reach of adverse childhood experiences (ACEs) may be intergenerational in nature. Currently, the magnitude of the association between caregiver ACEs and early child development is unknown. To clarify discrepancies across studies, we conducted a meta-analysis to synthesize findings on the association between caregiver ACEs and early child socio-emotional development (i.e., internalizing and externalizing difficulties).

Methods:

Searches were conducted in MEDLINE, Embase, and PsycINFO up to November 2021 by a health sciences librarian. Inclusion criteria were as follows: (1) reported a measure of parental ACEs; (2) measure of ACEs assessed domains of maltreatment and household dysfunction; (3) reported a measure of child behavior problems; and (4) reported sufficient data to calculate an effect size. Potential moderators included: parent gender, child age, child sex, sample income level, racial/ethnic minority status, and methodological and design characteristics of the study. Data analysis was conducted using Comprehensive Meta-Analysis (CMA, Version 3.0).

Results:

The electronic search yielded 3,049 studies after duplicates were removed and 140 studies underwent full-text review. In total, 22 studies (10,520 dyads) met full inclusion criteria for the meta-analyses. Maternal ACEs were significantly associated with children's total socio-emotional difficulties ($k = 18$; $r = .12$; 95% CI = .08, .16), externalizing problems ($k = 10$; $r = .18$; 95% CI = .11, .26), and internalizing problems ($k = 12$; $r = .14$; 95% CI = .08, .19). The mean ACEs score was identified as a significant moderator of the association between parent ACEs and child externalizing difficulties.

Conclusions:

Caregiver ACEs are associated with higher socio-emotional difficulties among offspring. Efforts to prevent exposure to ACEs as well as interventions that provide supports to caregivers with high ACEs are needed.

T3 - SYM 65.3

“A Window of Opportunity”: Implementation of Trauma-Informed Care in Pregnancy to Improve Child Health Outcomes

Dr Sheri Madigan¹, Dr. Nicole Racine¹, Whitney Ereyi-Osas¹, Dr. Teresa Killam¹

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T3 - SYM65: The Long Reach of Parent Adversity to Early Child Development: Implications, Mechanisms, and Prevention, Wicklow Hall 1, 18 July 2023, 14:30 - 16:00

Objectives:

Adverse childhood experiences (ACEs) are known to increase the risk for poor maternal and child health outcomes. There is limited evidence on whether trauma-informed care (TIC) approaches are associated with improvements and/or detriments in maternal-infant health outcomes. The current study evaluated whether the implementation of a trauma-informed care (TIC) approach in a low-risk maternity clinic was associated with differences in pregnancy health risk and infant birth outcomes, as compared to standard care.

Method:

Using retrospective chart review methodology, demographic and health data were extracted from the medical records of 601 women who received prenatal care at a low-risk maternity clinic prior to (N=263) and after (N=338) the implementation of a clinic-wide TIC initiative in July 2017. Cumulative risk scores for maternal health prior to pregnancy, maternal pregnancy health, and infant birth outcomes were calculated from patient medical records.

Results:

There were no significant differences in maternal age, socioeconomic status, minority status, marital status, previous birth history, or financial stress for women in the TIC versus standard care group. Cumulative risk scores for maternal pregnancy health and infant birth outcomes were completed by health professionals. Results: Using independent chi-squared tests, the proportion of women without pregnancy health risks did not differ for women from before to after the implementation of TIC, $\chi^2(2, 601) = 3.75, p = 0.15$. Infants of mothers who received TIC were less likely to have a health risk at birth, $\chi^2(2, 519) = 6.17, p = 0.046$.

Conclusions:

The implementation of a trauma-informed care approach, which included asking about maternal ACES, in the absence of intervention, was associated with modest changes in infant birth outcomes, but not maternal health outcomes. Future research that examines other potential benefits of TIC approaches and asking about maternal ACEs, such as improvements in maternal mental health, are needed.

Child Abuse Risk in Maltreated and non-Maltreated Mothers: The Role of Relationships and Mental Health

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T3 - SYM65: The Long Reach of Parent Adversity to Early Child Development: Implications, Mechanisms, and Prevention, Wicklow Hall 1, 18 July 2023, 14:30 - 16:00

Background:

Mothers with a history of child maltreatment (CM) are at increased risk of perpetuating maltreatment towards their children, a phenomenon known as intergenerational transmission of CM. The prevalence of the intergenerational transmission of CM is estimated to be around 30%, indicating that more than 2/3 of mothers with a history of CM will not abuse their children. It is imperative to better understand risk and protective factors associated the intergenerational transmission of CM to improve our ability to intervene early and more efficiently with CM survivors who are becoming parents.

Aims:

This prospective longitudinal study aimed to explore the role of romantic satisfaction, early bonding, and mental health symptoms in the associations between sexual, physical, and emotional abuse, and neglect and child abuse risk in young mothers.

Methods:

A sample of 85 at-risk pregnant mothers (18-29 years old) with and without a history of CM was recruited to complete an online survey at two time points (pre- and postnatally); 57 mothers completed the Time 2. Four sequential mediation models were tested using PROCESS in SPSS, one for each CM subtype.

Results:

Results showed that a maternal history of CM was indirectly associated with heightened child abuse risk three months postpartum. CM subtypes were all negatively related to prenatal romantic satisfaction, which was in turn negatively associated with postnatal mental health symptoms. Postnatal mental health symptoms were related to lower mother-infant bonding which, in turn, was related to increased child abuse risk.

Conclusions:

Our findings are consistent with theoretical models and empirical findings demonstrating the importance of relational factors and mental health in the intergenerational transmission of CM. While our findings await replication, they emphasize the need to intervene early on mental health and family relationships to interrupt intergenerational cycles of CM in at-risk mothers.

Intergenerational Transmission of Caregivers' Adverse and Benevolent Childhood Experiences via Family Routines and Rest-Activity Patterns

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T3 - SYM65: The Long Reach of Parent Adversity to Early Child Development: Implications, Mechanisms, and Prevention, Wicklow Hall 1, 18 July 2023, 14:30 - 16:00

Introduction and Aims:

Caregivers' adverse childhood experiences (ACEs) are associated with poor health and developmental outcomes for their children, but mechanisms underlying this transmission are poorly understood. Consistent family routines (e.g. mealtime, bedtime routines) are associated with healthy socioemotional outcomes for children, but providing this consistency may be challenging for caregivers with a history of adversity. We therefore test the hypothesis that family routines underlie the intergenerational transmission of both adversity and protective factors (benevolent childhood experiences, BCEs).

Materials and Methods:

We conducted a cross-sectional study of caregivers with preschool-age children. Caregivers completed the ACEs Scale, BCE Scale, and Child Behavior Checklist. Routines were measured subjectively using the Family Routines Inventory and objectively using wrist actigraphy. Children wore wrist actigraphs for 8-10 days. Nonparametric methods were used to calculate child rest-activity rhythms, including interdaily stability (consistency of patterns from day-to-day) and intradaily variability (variability within a 24-hour period). Correlations were used to determine effect sizes between caregiver history, family routines, and child behavior. Adjusted regression models will be conducted at data collection completion (expected Spring 2023).

Results:

Caregivers (N=63; 82% mothers, 18% fathers) identified as white (56%), Hispanic (12%), Asian (8%), and Black (8%). Mean child age was 4.2 years (45% female). Caregiver ACEs were associated with fewer reported family routines ($r = -0.31$; $p = 0.04$) and lower interdaily stability ($r = -0.29$, $p = .08$). Caregiver BCEs were associated with more consistent family routines ($r = 0.32$; $p = 0.04$) and lower child intradaily variability ($r = -0.31$, $p = .06$). Consistent caregiver-reported family routines were associated with fewer child total ($r = -0.45$, $p = .06$) and internalizing ($r = -0.53$, $p = .02$) behavior problems.

Conclusions:

Preliminary analyses support our hypothesis that family routines may underlie the intergenerational transmission of both adversity and protective factors. While additional research is needed, promoting consistent routines may be an important approach to preventing intergenerational transmission of adversity.

T3 - SYM 67.1

Exploring Embodied Trauma through the lens of Parental Embodied Mentalizing: Clinical, empirical and conceptual aspects

Dr Dana Shai¹

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T3 - SYM67: Exploring Embodied Trauma through the lens of Parental Embodied Mentalizing: Clinical, empirical and conceptual aspects, Wicklow Hall 2B, 18 July 2023, 14:30 - 16:00

Thanks to rigorous interdisciplinary scientific efforts, there is today little argument that early interpersonal relationships have long-lasting imprints on the infant's body, mind, and cognitive, social, mental, and physical capacities. Given the first year of life is heavily rooted in nonverbal exchanges, and that the infant's primary experience of the self, of the other and of the world is primarily nonverbal and body-based, there is merit in directing focused attention to the exploration and understanding of the embodied interaction between parents and their infants to identify both protective and risk factors. More specifically, it is possible to identify processes of embodied trauma. Broadly speaking, these can take place in two forms: the first manifestation is when the parent's trauma is carried through in their body and movement which shapes the interaction with the child. This repeated embodied relational experience with the parent, in turn, becomes ingrained in the infant's embodied self, such that it is possible to identify intergenerational transmission of trauma. In other words, parents' trauma (physical, emotional, or often sexual) reverberates into the dyadic realm and impacts the parent's ability to be attentive and sensitive to the infant's emotional and mental needs. The complementary form of embodied trauma is examining how parent-infant dynamics, and the parent's difficulty to keep in mind the infant's mind, might create in the infant embodied trauma. The present symposium will present and address these two types of embodied trauma using both empirical data and clinical cases.

The first presentation is of research conducted on 115 mothers (MeanAge= 30.22; SD= 4.79) of toddlers (MAge= 23.27; SD= 6.79; AgeRange= 11-38 months; Girls= 51) explored associations between parental states of mind and psychopathology and parental embodied mentalizing. Preliminary findings (n=30) showed that self-reported maternal certainty about child's mental states in reflective functioning was positively associated with PEM ($r = .59, p < .05$). However, seeing the child as the caregiver, a subscale of caregiving helplessness questionnaire, was negatively associated with maternal PEM scores ($r = -.33, p < .05$). these findings demonstrate the importance of parental states of mind in shaping—for better and for worse--the embodied interaction with the toddler. The second presentation presents a video-recorded clinical case in which the clinical model of parental embodied mentalizing (PEMA) is applied to disentangle embodied trauma and its impact on the high-risk mother-infant interaction and relationship. PEMA provided a tool to address the unconscious, non-verbal and implicit processes manifesting in the mother-infant interactions and helped the mother to promote her mentalizing capacity and beginning to address early trauma. The third presentation describes research with 107 mother-infant dyads at moderate psychosocial risk aimed to investigate the associations between PEM and mind-mindedness in relation to a wide spectrum of maternal characteristics and within different mother-infant contexts (toys and no toys). Findings indicted distinctive associations between PEM and mind-mindedness with certain aspects of mothers' characteristics and highlight that the mother-infant interaction context may play an important role in the expression of maternal mentalizing capacity.

T3 - SYM 67.2

Parental embodied mentalizing and mind-mindedness: Associations with mothers' mental health, cognitions, and parenting attitudes

Karine Gagné¹, Prof. Jean-Pascal Lemelin², Pr George M. Tarabulsky³

¹Université de Montréal, Montréal, Canada, ²Université de Sherbrooke, Sherbrooke, Canada,

³Université Laval, Québec, Canada

T3 - SYM67: Exploring Embodied Trauma through the lens of Parental Embodied Mentalizing: Clinical, empirical and conceptual aspects, Wicklow Hall 2B, 18 July 2023, 14:30 - 16:00

Recent research in developmental psychology has focused on the unique role of non-verbal and implicit processes underlying parental mentalizing – namely parental embodied mentalizing (PEM) – and its potential complementarity to the verbal dimension, such as mind-mindedness. As expected, previous studies have shown that higher PEM is associated with greater maternal sensitivity where PEM contributes to infant attachment beyond mind-mindedness. Interestingly, although parental mentalizing was found to be a factor that may affect mother's mental health (e.g., depression) and her parental attitudes (e.g., overprotection), little is known about how PEM, in complementarity with the verbal dimension of parental mentalizing, is associated with maternal psychopathology. Moreover, none of these studies examined the relation between PEM and maternal psychopathology regarding the mother-infant interaction context. This exploratory study conducted within 107 mother-infant dyads at moderate psychosocial risk aimed to investigate the associations between PEM and mind-mindedness in relation to psychological characteristics, cognitions, and maternal attitudes according to the mother-infant contexts (toys and no toys). Psychological characteristics (depression and anxiety), cognitions (self-efficacy and perceived maternal impact), and maternal attitudes (overprotection and parental warmth) were assessed via self-report questionnaires when the infant was 4- and 8- months. PEM and mind-mindedness were assessed based on observations made during 8-minute mother-infant free-play context with and without toys at 8-months. Results indicated that the capacity to verbally and non-verbally mentalizing differs regarding the mother-infant interaction contexts. In a structured context, distinct associations were found: PEM was associated with anxiety and maternal warmth, while mind-mindedness was related to cognitions. In a context with no toys, only mind-mindedness was associated with depression and anxiety. These findings shed light on distinctive associations between PEM and mind-mindedness with certain aspects of mother's psychopathology and highlight that the interaction context may play an important role in the expression of maternal mentalizing capacity.

T3 - SYM 67.3

Do caregiving helplessness and reflective functioning predict parental embodied mentalization in low-SES Turkish mother-toddler dyads?

Dr GIZEM ARIKAN¹

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T3 - SYM67: Exploring Embodied Trauma through the lens of Parental Embodied Mentalizing: Clinical, empirical and conceptual aspects, Wicklow Hall 2B, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

While caregiving helplessness, loss of control and helplessness in child care, may act as a risk factor for positive mother-child relationship (George & Solomon, 2011), reflective functioning or mentalization (Bateman & Fonagy, 2010; Rutherford, 2013) can play a protective role. However, in the literature reflective functioning is mainly measured by either self-report measures or interviews.

AIM OF THE STUDY:

Thus, in the present study we aimed to reveal whether self-report maternal caregiving helplessness and reflective functioning can predict parental embodied mentalization (PEM; Shai & Belsky, 2011), an observational coding scheme focusing on kinesthetic maternal behaviours in relation to their children, in a relatively high-risk sample of Turkish mother-toddler dyads.

METHOD:

One-hundred-fifteen mothers (MeanAge= 30.22; SD= 4.79) of toddlers (MAge= 23.27; SD= 6.79; AgeRange= 11-38 months; Girls= 51) filled out a pack of questionnaires including the Caregiving Helplessness Questionnaire (George & Solomon, 2011) and the Parental Reflective Functioning Questionnaire (Luyten, et al., 2009) before conducting home observations. Ten-minute free-play sessions during home observations were recorded and then coded for PEM (Inter-rater reliability coefficient > .80).

CONCLUSIONS:

Preliminary findings (n=30) showed that self-reported maternal certainty about child's mental states in reflective functioning was positively associated with PEM ($r = .59, p < .05$). However, seeing the child as the caregiver, a subscale of caregiving helplessness questionnaire, was negatively associated with maternal PEM scores ($r = -.33, p < .05$). The preliminary findings demonstrated that having a clear understanding about child's mind state can be helpful for mothers in reading children's mind states and acting according during play. On the other hand, not knowing the child's capacity and expecting different responsibilities can reflect on mothers' interactions with their toddlers.

T3 - SYM 67.4

It's in the body: Parental Embodied Mentalizing Assessment clinically addressing embodied trauma in parent-infant relationships

Dr Dr Rose Spencer¹

¹CNWL Perinatal Mental Health Service, London, United Kingdom

T3 - SYM67: Exploring Embodied Trauma through the lens of Parental Embodied Mentalizing: Clinical, empirical and conceptual aspects, Wicklow Hall 2B, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

Trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body (Bessel A. van der Kolk, 2014). Individuals that have experienced consistent disruption upon their sense of self and safety in the context of interpersonal and attachment relationships impacts development in multiple, diverse and complex ways. As individuals transition to parenthood, the risk of “Ghosts in the Nursery” of unresolved feelings associated with early relational trauma in childhood are illuminated (Fraigberg et al, 1975). Interrupting the cycle of intergenerational trauma is a central focus of parent-infant focused interventions, and naturally privileges language as the predominate mode of communication and understanding. However, what about the impact and communication from the body, and arguably how the baby experiences the mind of their parent?

PURPOSE:

This presentation explores how embodied relational trauma can become engrained in the body tissues. Through a high-risk clinical case, we discuss the therapeutic application of Parental Embodied Mentalizing Assessment (PEMA; Shai, 2018), which is a 13-point assessment and intervention tool that captures risk and protective factors of how mind is expressed through the body in dynamic parent-infant movement interactions (Shai, 2018).

DESCRIPTION:

A mother and her baby were admitted hospital following a mental health crisis. PEMA--a mentalizing-based therapy video-feedback intervention model—was used to address embodied trauma in the dyad. PEMA provided a tool to address the unconscious, non-verbal and implicit processes manifesting in the mother-infant interactions and helped the mother to promote her mentalizing capacity and beginning to address early trauma.

CONCLUSIONS:

PEMA was a valuable and effective intervention in a short-term high-risk setting. The clinical case demonstrates how PEMA was used to help promote the mother-infant interactions as well as processing aspects of the mother's own early traumatic childhood experiences.

T3 - SYM 68.1

Parents under Pressure – Challenges and needs of families with young children during COVID-19

Dr. Phil. Ulrike Lux¹, Dr Anna Friedmann²

¹National Centre For Early Prevention, German Youth Institute, Munich, Germany, ²Technical University of Munich, TUM School of Medicine, Chair of Social Pediatrics, Munich, Germany

T3 - SYM68: Parents under Pressure – Challenges and needs of families with young children during COVID-19, Wicklow 1, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

Changes in intrafamilial roles and family forms as well as raised parenting expectations reflect profound societal changes during the past decades. Moreover, continued social inequalities have increased stress on mothers and fathers, particularly in vulnerable families experiencing psychosocial burdens like single parenthood in the context of socioeconomic disadvantage, child's mental health problems or other increased care needs of children (Ulrich et al., 2021). Accordingly, research shows a higher risk of poverty and parenting stress among single parents, and parenting stress to be positively associated with impairments in parent-child relationships due to compromised emotional availability (e.g., Menon et al., 2020, Mills-Koonce et al., 2011). It is also a well-documented risk factor for infants' mental health problems (e.g., Olsen et al., 2019), even though associations are not unidirectional. The consequences of the COVID-19 pandemic have further exacerbated such problems, putting parents under additional pressure. Studies show that COVID-19 restrictions themselves were particularly burdensome for parents of young children (e.g., Buechel et al., 2022). Yet, developmental psychology still lacks a focus on the needs of parents, which is a key intervention point, particularly in early childhood.

AIM:

Thus, the aim of the current symposium is to shed light on the needs of parents of young children during the pandemic.

MATERIAL:

The symposium comprises three presentations on the challenges of families with higher child- or family-related burden, e.g., children with (mental) health impairments or families following a recent relationship dissolution.

CONCLUSIONS:

The contributions will highlight results on psychosocial burden, needs and service use in families during the pandemic from a clinical, a population-based and a family-systems point of view, and discuss implications for clinical practice.

Single parent families of young children in light of the COVID-19 pandemic: Challenges and needs

Dr. Phil. Ulrike Lux^{1,2}, Stefanie Amberg², Dr. Heinz Kindler¹, Prof. Dr. Sabine Walper^{1,2}, Dr Janin Zimmermann² ¹German Youth Institute, Munich, Germany, ²Ludwig-Maximilians-University, Munich, Germany

T3 - SYM68: Parents under Pressure – Challenges and needs of families with young children during COVID-19, Wicklow 1, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

Single parenthood has become an important context for child development, even in young age. Despite considerable variability across studies and countries, on average meta-analyses point to poorer outcomes for children of divorced parents than for children of married parents (e.g., Swartzden Hollander, 2017). Likewise, single parents, particularly those of young children, are at higher risk for mental health impairments or parenting stress, and additional stressors like coparenting conflict exacerbate emotional strain (e.g., Liang et al., 2019). During the pandemic, separated parents were forced to re-organize parenting plans, due to contact restrictions or COVID-19 infections with potential of heightened coparenting conflict and stress.

AIM:

The current study aims to shed light on the particular challenges single parent families with young children faced during the pandemic, and the needs they report.

METHODS:

Data stem from a diary study of N=201 parents (26.4 % with children under 4 years of age) who separated within the last 5 years. Besides other information, family well-being (e.g., WHO-5), social support (OSSS-3), coparenting and needs for support were assessed. Most of the parents had joint legal custody, and 51.7% were in a previous or current legal dispute with the other parent.

RESULTS:

Analyses show that parents' well-being is only mid-range (M=11.32; SD=5.44), and many parents experience coparenting problems. Parents of young children report higher social support ($t=-2.24$; $p<.05$) and parenting quality than parents of older children, but they also more often experience ruminating regarding the separation. Needs include how to get more emotional distance (58.7%) or protect children from conflict (58.2%). Further analyses will examine resources and needs of parents with young children as well as daily coparenting in the face of the COVID-19 pandemic.

CONCLUSIONS:

Findings of this study will be discussed regarding implications for prevention efforts for parents in the course of (conflictual) separation.

Psychosocial Burden and Prevention Service Use of families with children with increased care needs

Miss Susanne M. Ulrich¹, Ilona Renner², PhD Anna Neumann², Dr. Phil. Ulrike Lux¹, **Dr Janin Zimmermann**¹

¹National Centre for Early Prevention, German Youth Institute Munich, Munich, Germany, ²National Centre for Early Prevention, Federal Centre for Health Education, Cologne, Germany

T3 - SYM68: Parents under Pressure – Challenges and needs of families with young children during COVID-19, Wicklow 1, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

Increased care needs (ICN) of children, e.g., chronic illness, disability, or premature birth or low birthweight pose particular challenges to families with young children. Psychosocial stressors caused by the pandemic have likely added to their burden. Since parents of children with ICN strongly depend on support services, COVID-19 restrictions presumably were particularly burdensome. However, recent research on this vulnerable group is scarce.

AIM:

We examined psychosocial burden and prevention service use in families with children with and without ICN during the pandemic.

METHODS:

Data originates from the representative study "Kinder in Deutschland – KiD 0-3 2022" ("Children in Germany") conducted in the context of routine pediatric check-ups. The study is still ongoing (current sample size N = 4,700). Up to 7,000 parents and their pediatricians, with a subsample of children with ICN (approx. 20%), will report on child-, parent, and family-related characteristics like child's regulatory problems, parenting stress or socioeconomic burden. Information will also comprise the need and use of various prevention support services. Results will be compared to data from the preceding study KiD 0-3 2015.

RESULTS:

Results from 2015 show, that families with a child with ICN face more psychosocial burden (e.g., poverty, heightened levels of parents' depression/anxiety symptoms). They used universal prevention services less frequently, and selective services more often compared to families without a child with ICN. For 2022, we expect that, similarly to 2015, families with children with ICN also experience higher psychosocial burden. Whether the more frequent use of selective prevention services can be replicated, is to be shown, since measures to contain the pandemic might have restricted access.

CONCLUSIONS: Whether families with a child with ICN receive the support, they need, and how support services might have to adapt to meet the needs of these families, will be discussed.

T3 - SYM 68.4

Parenting stress and pandemic burden in families with infant crying/sleeping/feeding problems vs. a non-clinical sample

Dr Anna Friedmann¹, MSc Michaela Augustin¹, Prof. Dr. Volker Mall^{1,2}, Dr. Maria Licata-dandel^{1,2}

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T3 - SYM68: Parents under Pressure – Challenges and needs of families with young children during COVID-19, Wicklow 1, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

The COVID-19 restrictions have been a burden for parents, e.g., resulting in parenting stress. Parenting stress can have a negative impact on parent-child-relationship and infant mental health. High levels of parenting stress in families with infant crying/sleeping/feeding problems were already evident before the pandemic. Still, little is known about their situation during the pandemic and additional burden related to the implemented restrictions and changed living conditions.

AIM OF THE STUDY:

We investigated whether parenting stress during the pandemic was higher in families with children with crying/sleeping/feeding problems than in a non-clinical sample (1), if the overall pandemic burden differed between both groups (2), and how specific pandemic restrictions/ changed living conditions related to parenting stress (3).

MATERIAL AND METHODS:

N= 148 parents (Mage= 34.05 (SD = 4,88) years, 94.6% mothers, 89.2% German native speakers; 68.9% with high school degree) of infants (Mage = 10.39 (SD = 6,52) months; 54% boys) were cross-sectionally surveyed using standardized questionnaires. The clinical sample (n=74) was recruited in a German cry baby outpatient clinic and matched with a non-clinical comparison group (n=74).

RESULTS:

Parenting stress ($p < .001$, $d = .79$) and overall pandemic burden ($p = .023$; $d = .36$) in the clinical sample were higher than in the non-clinical group. Parenting stress correlated with the overall pandemic burden in the clinical group ($r = .32$, $p = .01$). In both groups, parenting stress and increased family conflicts during the pandemic were related (clinical: $r = .27$, $p = .02$; non-clinical: $r = .39$, $p = .01$).

CONCLUSIONS:

Parenting stress continues to be a major concern in parents of infants with crying/sleeping/feeding problems also during the pandemic. In addition, they seem to be especially burdened by the pandemic itself. Affected families are a double-risk group during the pandemic which needs to be addressed in prevention and intervention efforts.

T3 - SYM 69.1

Parenting in Substance Use Disorder: how do different mechanisms and interventions affect quality of care?)

Dr Alessio Porreca¹, Dr Marjo Flykt², Mrs Noora Hyysalo³, Dr. Amanda Lowell⁴, Dr Saara Salo²

¹University Of Padua, Padua, Europe, ²University of Helsinki, Helsinki, Europe, ³Tampere University, Tampere, Europe, ⁴Yale Child Study Center, New Haven, United States of America

T3 - SYM69: Parenting in Substance Use Disorder: how do different mechanisms and interventions affect quality of care?, Wicklow 3, 18 July 2023, 14:30 - 16:00

The symposium aims to integrate different perspectives on parental substance use disorder (SUD), providing an overview on how the quality of care in these families is affected by different behavioral, affective and cognitive mechanisms and supported through specific interventions. Despite the knowledge about the harmful associations between substance misuse, parental and child wellbeing, there are still several gaps in the extant literature that will be explored through the contributions presented.

Specifically, the work of Hyysalo and colleagues will consider the role of unpredictability of maternal sensory signals during mother-toddler interaction on child cognitive development. They will also explore the structure of maternal sensory signals in mothers with and without substance misuse. The work of Lowell and colleagues will describe a study of reflective functioning in a sample of mothers attending outpatient SUD treatment. They will explore differences in reflective capacity based on the positive or negative emotional valence on Parent Development Interview items, as well as how the experience of trauma may play a role.

The work of Porreca and colleagues will explore associations between parental cognitive functioning, psychopathological symptoms, and quality of parenting behaviors during separation-reunion contexts in mothers attending residential treatment.

Finally, the work of Salo and colleagues will report on the quality of parenting after intervention, exploring changes in maternal emotional availability and reflective functioning after the administration of the Holding Tight[®] treatment, an intensive program developed in Finland for parents with SUD.

The collection of findings from these diverse backgrounds has significant implications for timely and tailored interventions. Marjo Flykt will be the discussant and will consider the four research studies, focusing on the impact that these different mechanisms and interventions could have on quality of care in the context of maternal SUD.

Maternal substance use and parenting behaviors in stressful situations: which role of cognitive mechanisms and psychopathology?

Dr Alessio Porreca¹, Ms Bianca Filippi¹, Dr Pietro De Carli², Dr Francesca De Palo³, Dr Nicoletta Capra³, Alessandra Simonelli¹

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T3 - SYM69: Parenting in Substance Use Disorder: how do different mechanisms and interventions affect quality of care?, Wicklow 3, 18 July 2023, 14:30 - 16:00

Introduction:

Parents with substance use disorder (SUD) are at increased risk for dysfunctional parenting practices and undesired developmental outcomes in offspring. Recent neurobiological models highlight a complex interaction between substance use and stress circuits, which can be linked both to the condition of SUD and to parental responses. Parents with SUD are at higher risk to experience heightened levels of stress during caregiving practices, which can be linked to less optimal behavioral responses during mother-child interactions and to an increased risk of relapses. Notably, stressful experiences have been previously linked to the presence of neuropsychological deficits and psychological distress, two aspects that often co-occur with SUD and that might partially account for quality of parenting. Despite this, no study investigated associations between cognitive functioning, psychopathology, and parenting behaviors during stressful situations in mothers with SUD.

Aim of the study: The study aimed to investigate cognitive functioning, psychopathology, and quality of parenting behaviors in mothers with SUD during stressful a context.

Material and Methods:

30 mothers with children aged 1-5 years old in residential treatment for SUD were assessed with respect to cognitive functioning, psychopathology, and quality of parenting. Measures were carried out at treatment admission. Cognitive functioning was assessed through neuropsychological tasks (ENB-2; Mondini et al., 2003), psychopathology through self-report measures (SCL-90-R; Derogatis, 1975), quality of parenting behaviors and of mother-child interactions during videotaped episodes of separations and reunions (EAS; Biringen, 2008).

Conclusions:

The management of stressful contexts might represent a particular challenge for parenting in the context of SUD. Cognitive functioning and levels of psychopathology might account for quality of parental responses during these situations. These results could orient and inform assessment and treatment. Clinical implications of the findings are addressed.

Enhancing Emotional Availability and Rf Among Parents With Substance Addiction in the Holding Tight® -Treatment

Dr Saara Salo¹, professor mirjam kalland¹, Dr Marjo Flykt¹, md marjukka pajulo²

¹Helsinki University, helsinki, finland, ²turku university, turku, finland

T3 - SYM69: Parenting in Substance Use Disorder: how do different mechanisms and interventions affect quality of care?, Wicklow 3, 18 July 2023, 14:30 - 16:00

Introduction

Parents with substance addiction have multiple risk factors affecting their early parenting. An intensive treatment program, the Holding Tight® -treatment, has been developed over the past decades in Finland for parents with SUD.

Aims of the Study

Aim

The aims of the present study presents results from a sample of 82 parents entering the treatment program with regards to their pre-treatment levels and interrelations of variables associated with parenting difficulties among parents with SUD, including socio-demographic background variables, adverse childhood experiences (ACEs), depressive symptoms, psychiatric problems, emotion regulation, adult attachment, romantic relationship satisfaction, and parenting alliance as well as parental reflective functioning (PRF) and emotional availability (EA). Furthermore, we present preliminary findings on post-treatment outcomes regarding EA and PRF.

Materials and Methods

Participants were 82 Finnish parents entering the treatment (46.2% entered prenatally, while the rest with children aged $M = 5.43$ mo., $SD=10.02$) who filled standardized self-report questionnaires at each entry phase.

Results

The results show that there are multiple social as well as mental health, emotional/relational, and trauma-related issues to be addressed during the treatment upcoming treatment.

Conclusions

We discuss how these results may bear significance in the implementation of the reflective work conducted in everyday encounters with the parents.

T3 - SYM 69.4

Mixed methods examination of reflective functioning of mothers in substance use treatment

Dr. Amanda Lowell¹, Jin Young Shin¹, Dr Elizabeth Peacock-chambers², Dr. Amanda Zayde³, Cindy DeCoste⁴, Dr. Nancy Suchman⁴, Dr. Thomas McMahon⁴, Professor Jessica Borelli⁵

¹Yale Child Study Center, New Haven, USA, ²University of Massachusetts Chan Medical School-Baystate, Springfield, USA, ³Montefiore Medical Center, Bronx, USA, ⁴Yale School of Medicine Department of Psychiatry, New Haven, USA, ⁵University of California- Irvine, Irvine, USA

T3 - SYM69: Parenting in Substance Use Disorder: how do different mechanisms and interventions affect quality of care?, Wicklow 3, 18 July 2023, 14:30 - 16:00

Mothers with substance use disorders (SUDs) are often described as experiencing challenges in caregiving. Parental reflective functioning (PRF) is one important domain underlying these challenges. However, we know very little about the variability in skill within this population and the factors impacting it, thus limiting specificity in assessment and treatment.

This study will present baseline data compiled from 194 mothers recruited across three randomized controlled trials of Mothering from the Inside Out. Mothers were recruited from community-based outpatient substance use treatment clinics in the Northeastern United States. Mothers ranged in age from 19-45 years (M=30.20, SD=5.10) and had children ranging in age from 9-59 months (M=29.46, SD=14.24).

Mothers completed the Parent Development Interview (PDI) as a measure of PRF. Mothers' responses were transcribed verbatim and coded on a scale of -1 to 9, with higher scores representing higher PRF. We categorized each item on the PDI as being either positively valenced (e.g., Describe a time in the last week when you and your child were really 'clicking') or negatively valenced (Have you ever felt annoyed or angry as a mother?). Mothers also completed the Beck Depression Inventory-II and a trauma exposure checklist.

Paired-samples t-tests will examine differences in mothers' PRF on positive versus negative caregiving experiences. Given their links with PRF, depression and trauma will then be included as covariates. Inductive coding and qualitative thematic analysis will elucidate themes associated with mothers' positive and negative caregiving experiences in the context of addiction.

Our findings will highlight the nuances and variability in mothers' reflective functioning depending on the valence of the caregiving experiences being discussed, with potential influence from exposure to trauma and current depressive symptoms. We will discuss the clinical relevance of these findings and how they may apply to working with mothers in treatment for a SUD.

Maternal Substance Misuse, Unpredictability of Sensory Signals and Child Cognitive Development: An Explorative Study

Mrs Noora Hyysalo¹, Minna Sorsa^{2,3}, Eeva Holmberg^{4,5}, Professor Riikka Korja^{4,5}, Dr Marjo Flykt^{1,6}

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T3 - SYM69: Parenting in Substance Use Disorder: how do different mechanisms and interventions affect quality of care?, Wicklow 3, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

Maternal substance misuse forms a remarkable risk for child development, affecting the child both directly via fetal exposure as well as indirectly via mother-child interaction. Maternal sensory signals represent a novel way to study patterns of maternal interactive behavior, and include vocal, tactile, and visual signals directed toward the child. Unpredictability of maternal sensory signals has been identified as a risk factor for children's cognitive functioning in community samples. However, the association remains unknown among high-risk, substance-misusing mother-child dyads. Further understanding is also needed on the structure of maternal sensory signals and whether it differs in high- and low-risk mother-child dyads.

AIM of the study:

We explore the associations of maternal sensory signals and children's cognitive development in substance-misusing and non-misusing mother-child dyads. We also explore the structure (quantity and duration) of maternal sensory signals in dyads with and without maternal substance-misuse.

MATERIAL and METHODS:

We studied 48 mother-child dyads (23 with and 25 without maternal substance misuse) at children's age of 2 and 4 years. Dyads with maternal substance misuse were recruited from a children's health clinic specialized in substance-using families and non-misusing dyads from communal family health clinics in southern Finland. Maternal sensory signals were evaluated with videorecorded dyadic free-play situations when children were 2 years old, and entropy rate was calculated as a measure of the unpredictability. Also, the quantity and duration of maternal sensory signals were coded from video recordings. Children's cognitive development was evaluated with Bayley Scales of Infant and Toddler Development (third edition) at age 2 years and with Wechsler Preschool and Primary Scale of Intelligence (third edition) at age 4 years.

CONCLUSIONS:

This explorative study will provide novel insights into maternal sensory signals and their associations with children's cognitive development among high-risk mother-child dyads. Results will be presented at the conference.

T3-SYM70.1

Illuminating the importance of responsive relationships through diagnostic case studies

Kathleen Mulrooney¹, Professor Miri Keren², Dr. Joy Osofsky³, Prof Kaija Puura⁴

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T3 - SYM70: Illuminating the importance of relationships through diagnostic case studies, Wicklow 4, July 18, 2023, 14:30 - 16:00

Introduction

Diagnosis in infancy/early childhood is best understood within the context of the young child's key relationships. Case studies provide illustrative examples of how relationships buffer, exacerbate or impact mental health problems for young children and their families.

Aim

This symposium will examine how relationships and caregiving environment impact diagnostic and case formulation. A focus on culturally responsive perspectives in understanding and engaging in key relationships will be explored.

Description

Presenters will share insights from DC:0-5 case studies to examine the impact and intersection of relationships, culture, and the caregiving environment on differential diagnosis and case conceptualization. This highly interactive symposium will invite participants input, sharing and questions in an effort to connect case examples with clinical applications through case based discussions. Presenters will provide an overview of DC:0-5's Axis II: Relational Context and will share how relationships play a major role in cases involving trauma and in exploring cultural differences in the relationship between family and caregiver.

Conclusions

Participants will 1) understand the critical nature of understanding relational context in diagnosis, 2) consider how relational context contributes to case conceptualization and treatment planning, and 3) be able to apply understanding of DC:0-5 Axis II and Cultural Formulation through case based discussions to their own clinical practice.

T3-SYM71.1

Parent-Child Interaction Across Countries, Cultures and Contexts: Implications for Policy and Practice

Professor Lisa Boyce¹

¹Utah State University, ,

T3 - SYM71: Parent-Child Interaction Across Countries, Cultures and Contexts: Implications for Policy and Practice, Wicklow 5, 18 July 2023, 14:30 - 16:00

Parents' positive affect along with their responsiveness, encouragement and teaching behaviors measured with the Parenting Interaction with Children: Checklist of Observations Linked to Outcomes (PICCOLO, Roggman et al., 2013) have been associated with positive child outcomes in culturally diverse countries (e.g., United State, Ecuador, Brazil, Spain, Italy and Turkey). In this symposium, four talks will examine the use of PICCOLO in research and practice in four different countries. The first talk will address impacts of the pandemic on family functioning, interactions, and resources and the implications for developmental outcomes for babies born in Turkey during the pandemic. The second talk will focus on the similarities and differences between practitioner and parents' own PICCOLO scores in Italy as part of the participatory assessment process. The third talk will present the psychometric properties of the Chinese cultural adaptation of PICCOLO among the urban and rural, low and high SES populations in China. The final talk will focus on the association between maternal mental health and PICCOLO scores in the Ecuadorian Amazon. Collectively, these papers use a common measure to identify positive parenting behaviors across cultures that can be used to inform country specific policy and practice across a variety of contexts.

Intimate Partner Violence and Maternal Supportive Behaviors in the Ecuadorian Amazon

Professor Lisa Boyce¹, Marcela Santos², Gloria Balseca³, Eduardo Ortiz¹, Andrés Parreño², John Merizalde², Enrique Zevallos⁴

¹Utah State University, , United States, ²Universidad Case Grande, Guayaquil, Ecuador, ³ Instituto Superior Pedagógico Martha Bucaram de Roldós, , Ecuador, ⁴Kinderzentrum, Guayaquil, Ecuador

T3 - SYM71: Parent-Child Interaction Across Countries, Cultures and Contexts: Implications for Policy and Practice, Wicklow 5, 18 July 2023, 14:30 - 16:00

Introduction:

Infants rely on caregivers to help them regulate their stress and provide cues of safety or fear to guide their exploration. When caregivers experience high levels of stress, intimate partner violence, and mental health challenges, they may be less available to provide needed supports. While child development research conducted in Low- and Middle-Income Countries (LMIC) has increased, the vast majority of infant mental health research in general, and related to interventions specifically, has been conducted in High Income Countries (HIC).

Aim of the Study:

The current study, conducted in the Ecuadorian Amazon, extends the research in LMICs. This study examines the role of maternal mental health and intimate partner violence in relation to supportive caregiving behaviors.

Methods:

A sample of 50 mother-child dyads living in two communities in the Amazon region of Ecuador participated in the study. Children's average age was 26.6 months. Interviews included surveys of maternal depression, domestic violence and caregiving practices. The vast majority (82%) of mothers' scores indicated the presence of domestic violence. Children's language and cognitive development was assessed and a parent-child interaction was recorded and coded using the PICCOLO.

Findings:

Domestic violence was positively correlated with maternal depression ($r = .58, p < .01$), use of harsh discipline ($r = .40, p < .01$) and negatively correlated with the PICCOLO total ($r = -.40, p < .01$). Domestic violence scores were negatively correlated with children's language ($r = -.35, p < .05$). None of the remaining correlations between the child outcomes (language and cognitive) were statistically significantly related to maternal risk or protective factors. Regression models predicting language outcomes from maternal risk and protective factors will be presented.

Conclusions:

Identifying specific family risk and protective factors within cultures and contexts may inform prevention and intervention efforts to support infant mental health.

T3-SYM71.3

PICCOLO within the Participative and Transformative Evaluation framework in the Italian anti-poverty policy “Citizenship income”

Daniela Moreno Boudon¹, Sara Serbati¹, Armando Bello¹, Anna Salvò¹, Paola Milani¹

¹University of Padua, , Italy

T3 - SYM71: Parent-Child Interaction Across Countries, Cultures and Contexts: Implications for Policy and Practice, Wicklow 5, 18 July 2023, 14:30 - 16:00

The Italian anti-poverty policy (Citizenship Income) establishes a priority of attention to children aged 0 to 3 years old, through parenting support, within the comprehensive care plan aimed at social and labor inclusion of all family members, as appropriate.

A research-action-training initiative has been conducted to evaluate parenting and children outcomes of these care plans and to study factors of effectiveness. Drawing on a pragmatic methodology called "Participatory and Transformative Evaluation" (P.T.E.; Serbati & Milani, 2013; Serbati, 2017), initial and in-process training, service professionals' actions with families, and research actions related to data production and analysis are organized in iterative phases. Within this framework, the information produced has two purposes: to create accountability for the professional services; to create spaces for negotiation and reflexivity with families and professional teams to define and monitor the goals of the care plan. P.T.E. also informs the Citizenship Income policy family support actions.

The presentation will focus on the usage mode and the results of PICCOLO as part of the participatory assessment process. It was employed in two different moments with 58 families to explore the presence of parents' responses to young children's developmental needs. In addition to the practitioner's observation and score, it was proposed to parents – conceived as co-evaluators – to self-assign scores to their interactions. The practitioner was invited to facilitate a dialogue with the parent, analyzing convergences and divergences, asking the parent how much they felt represented by the descriptions returned by the practitioners and the relevance he attributed to the behaviors analyzed, to stimulate the emergence of the parent's point of view. The comparison between scores shows that the differences between observers have decreased at the second evaluation, and not considerably changed in absolute terms at the end of the support experience.

Validation of Parenting Interactions with Children: Checklist of Observations Linked to Outcomes Chinese Cultural Adaptation.

Dr Sheila ANDERSON¹, Dr. Wei Qiu², Dr. Chenyi Zhang³, Dr. Qiong Zhang⁴, Dr. Ai Yue⁵, Nan An⁶

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³Georgia State University, , United States, ⁴Zhejiang University, , China, ⁵Shaangxi Normal University, , China, ⁶Parenting the Future Program, Hupan Modou Foundation, , China

T3 - SYM71: Parent-Child Interaction Across Countries, Cultures and Contexts: Implications for Policy and Practice, Wicklow 5, 18 July 2023, 14:30 - 16:00

INTRODUCTION:

China's early intervention programs are expanding to address developmental delays 0-3 years and to support parent-child relationships, but practical, valid, reliable, and easy to learn measures of parent-child interactions are lacking. AIM. To test the psychometric properties of the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO, Roggman et al., 2013) observational tool that was culturally adapted to Chinese.

MATERIALS & METHODS:

Three unique samples from Shaanxi, Zhejiang, and Hunan Provinces in China (child n = approximately 100 each) were recruited to study the psychometric properties of the culturally adapted Chinese PICCOLO with mothers, fathers, and grandmothers in urban and rural families. Caregiver play interactions with 1-3 year-old children using the Three Bag Task (Fulgini & Brooks-Gunn, 2013) were video recorded and then coded using PICCOLO (0.93 correlation agreement, 0.69 ICC). Child outcome measures included ASQ-3, ASQ:SE-2, PPVT, CBCL, and Chinese early literacy assessments.

Findings:

Preliminary results across all three samples showed that the PICCOLO total score predicted ASQ-3 ($\beta = 1.30, p < .05$), and ASQ:SE-2 ($\beta = -0.04, p < .01$). Out of the four PICCOLO domains, mother's affection predicted Chinese character reading ($\beta = 2.61, SE=1.36, p < .05$) and encouragement predicted morphological awareness ($\beta = .69, p < .05$). Fathers' responsiveness predicted Pinyin skill ($\beta = .78, p < .001$), encouragement predicted language skills ($\beta = 3.16, p < .001$), and teaching predicted name writing skill ($\beta = .07, p < .05$).

CONCLUSIONS:

The culturally adapted Chinese PICCOLO showed strong psychometric properties among the urban and rural, low and high SES populations, with mothers, fathers, and grandmothers as caregivers, predicting significant social-emotional, cognitive, and communicative outcomes. These findings provide a foundation for expanding the approaches and tools that may be used to support relationship-based early intervention programs in China.

Interaction Skills of Parents of Children Born in the Pandemic

Birgul Bayoglu¹, Fatma Elibol²

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T3 - SYM71: Parent-Child Interaction Across Countries, Cultures and Contexts: Implications for Policy and Practice, Wicklow 5, 18 July 2023, 14:30 - 16:00

Positive parenting skills are important for the early development of infants and young children. Among these critical skills are developmentally supportive interactions that support children's early development in motor, cognitive, language, and social-emotional domains. It is possible to gain these positive, supportive parenting skills by interacting with infants and young children with warmth, sensitivity, encouragement, and cognitive stimulation. There are many factors, however, that affect caregivers' interactions with their children. The pandemic was experienced as one of the most important of these factors, impacting family interactions in multiple ways around the world. In this study, our research objective was to examine the PICCOLO (Parenting Interactions with Children Checklist of Observations Linked to Outcomes; Roggman et al., 2013) scores from observations of Turkish parents interacting with their children who had been born during the coronavirus pandemic. Children born between May 2020 and September 2022 were included in the study. Video recordings were made of parents playing with their infants in their natural environments. Only mother-child video recordings were scored. PICCOLO total and domain scores were compared with pre-pandemic data scores from similar samples observed before the onset of the pandemic. Comparison reports of these data will be presented and discussed in relation to the impacts of the pandemic on family functioning, interactions, and resources and the implications for developmental outcomes for the babies born during the pandemic.

T3-SYM72.1

International Perspectives from Australia, Ireland, Hawaii & USA on Adapting the Competency Guidelines and Endorsement

Andrea Penick¹, Ashley McCormick¹, Erin Henderson Lacerdo², Mrs Nicole Wade³, Ms Marie MacSweeney⁴

¹Alliance For The Advancement Of Infant Mental Health, , , ²Association for Infant Mental Health in Hawai'i, , , ³WA - Western Australian Association for Infant Mental Health, , , ⁴Irish Association for Infant Mental Health, ,

T3 - SYM72: International Perspectives from Australia, Ireland, Hawaii and USA on Adapting the Competency Guidelines and Endorsement, Liffey Meeting Room 3, 18 July 2023, 14:30 - 16:00

This symposium will address the challenges, learnings and gains across international and multicultural perspectives on adapting the Michigan Association for Infant Mental Health (MI-AIMH) workforce development tools, the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health (MI-AIMH, 2017). Endorsement is a standardized credential that documents expertise of infant and early childhood mental health professionals serving age 0-3 or 3-6 years.

The panelists will highlight significant multilateral, multidirectional, dynamic and unique perspectives and collaborations in the countries and states outside mainland USA with the Alliance for Infant Mental Health (Alliance) throughout the adaptation processes.

Western Australia, Ireland and Hawaii associations for infant mental health (AIMHs) and the Alliance seek to elucidate the sensitivity required for adaptation, translation and inclusion of many culturally diverse and contextually specific features to their local AIMH's offering and use of the Competency Guidelines and Endorsement credential.

Panelists will share extensive and rich learnings encompassing necessary cultural adaptations all the while adhering to rigorous fidelity to the guiding principles of the Competency Guidelines so as to reflect the local transdisciplinary workforce's commitment and dedication to pregnant people, infants, families, communities and cultures.

T3-SYM72.2

Standards Revised to Follow the Evolution of the Field and Unique Specialization of IMH Professionals

Andrea Penick¹, Ashley McCormick¹

¹Alliance For The Advancement Of Infant Mental Health, ,

T3 - SYM72: International Perspectives from Australia, Ireland, Hawaii and USA on Adapting the Competency Guidelines and Endorsement, Liffey Meeting Room 3, 18 July 2023, 14:30 - 16:00

The Alliance for the Advancement of Infant Mental Health (Alliance) is made up of 35 associations of infant mental health (AIMHs), each of whom has adopted the Competency Guidelines (CG) and Endorsement (MI-AIMH, 2017). AIMHs use these tools to support the workforce and inform the field at large of best practices shared by an international IMH community.

Endorsement was designed to reflect the range of disciplines of those working with/on behalf of pregnant people, babies, young children, and families. The Alliance oversees the implementation of Endorsement by AIMHs and creates a community of diverse professionals, experts, and leaders who support the needs and standards of the workforce, while contributing to the advancement of infant mental health (IMH) globally.

The CG serve as a framework for the specialized work that is unique to IMH but shared by numerous cultures, communities, and countries. The Alliance is committed to revising the CG by integrating what is known about the field cross-culturally and evolving what we value and recognize as 'expertise'. The Alliance supports each AIMH to integrate the competencies effectively to support the development of the field through the use of training and reflective experiences, while maintaining an informed standard rooted in best practice for the benefit of all babies.

A standardized framework such as the CG risks becoming exclusionary if it doesn't grow with the field. These guidelines were created by the Michigan AIMH in 2002 and have been revised 6 times and were translated into Spanish in 2019. The revisions reflect the evolution of the field and broader understanding of the standards and unique specialization of IMH professionals. The hope is that as the Endorsement credential continues to evolve it will more fully encompass the best practices of multiple communities, so applicable across many more languages and cultures.

T3-SYM72.3

International Perspectives from Australia, Ireland, Hawaii & USA on Adapting the Competency Guidelines and Endorsement.

Mrs Nicole Wade¹, Gally McKenzie¹, Ms. Rochelle Matacz¹, Dr. Lynn Priddis¹, Elizabeth Oxnam¹, Anne Lowagie¹

¹AIMH WA, Perth, Australia

T3 - SYM72: International Perspectives from Australia, Ireland, Hawaii and USA on Adapting the Competency Guidelines and Endorsement, Liffey Meeting Room 3, 18 July 2023, 14:30 - 16:00

Introduction

Building workforce capacity in perinatal and infant mental health (PIMH) poses many challenges due to the field's interdisciplinary nature, siloed departments and PIMH problems presenting in non-mental health settings, e.g. child protection and early childhood education. Following recommendations from a rigorous local study, the Western Australian Branch of the Australian Association for Infant Mental Health (AAIMH WA) became the first association outside the United States of America to obtain the licence for the Michigan Association for Infant Mental Health (MI-AIMH) Infant Mental Health Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®.

Having adapted and disseminated the AAIMH WA Competency Guidelines®, in 2019 the adaptation and launch of the Endorsement® system was completed. Practitioners and workers who meet the requirements of the AAIMH WA Competency Guidelines® are invited to apply.

The AAIMH WA Competency and Endorsement® system facilitates an innovative, systemic process of building workforce capacity to deliver quality services to infants and families across the continuum of care. This cohesive PIMH competency framework reflects the WA context whilst adhering to the rigorous standards of the MI-AIMH system.

Aim:

This presentation describes the system-wide change effort in progress since 2013, exploring the successes and challenges, including the complexity of adapting the MI-AIMH Guidelines® and Endorsement® to ensure relevance and cultural appropriateness; endorsement team trainings and promotion of the AAIMH WA Guidelines® and Endorsement®.

Description:

The presentation addresses the collaboration with MI-AIMH and the Alliance for the Advancement of Infant Mental Health; forming statewide supportive partnerships across disciplines and organisations; facilitating the uptake of Endorsement®; and securing sustainable funding.

Conclusions:

This process has highlighted the requirements for cross-cultural and transdisciplinary communication, cultural translation and sustainable resourcing.

Building Infant Mental Health Workforce Capacity in Ireland: Opportunities and Challenges in the integration of a Competency Based Framework

Ms MacSweeney Marie^{1,4}, Ms Catherine Maguire^{4,5}, Ms Ella Lovett^{3,4}, Dr Audrey Lonergan^{2,4}

¹Tusla, Cork, Ireland, ²Health Service Executive, Tipperary, Ireland, ³Health Service Executive, Cork, Ireland, ⁴Irish Association for Infant Mental Health, Ireland, ⁵Parent and Infant Unit, Childhood Matters, Cork, Ireland

T3 - SYM72: International Perspectives from Australia, Ireland, Hawaii and USA on Adapting the Competency Guidelines and Endorsement, Liffey Meeting Room 3, 18 July 2023, 14:30 - 16:00

ABSTRACT

Building Infant Mental Health Workforce Capacity in Ireland: Opportunities and Challenges in the integration of a Competency Based Framework

INTRODUCTION

The Irish Association for Infant Mental Health (I-AIMH) was established in 2009. Its core mission is centred on raising awareness regarding infant and toddler social and emotional development as a foundational developmental period. I-AIMH draws important attention to the specific role of early caregiving relationship, with particular focus on the contribution of the family, community and the cultural environment of the young child. Embedded in I-AIMH core objective, is strategic focus on advancement of interdisciplinary workforce capacity and education, supporting the translation of science to practice, alongside contribution to research and national policy development.

PURPOSE

Consolidation of I-AIMH charitable and limited company status, facilitated strategic planning and the opportunity to operationalise its specific focus to advance workforce capacity and competency based infant and early childhood education. Established collaborations with the Michigan Association for Infant Mental Health provided confident background knowledge of the Competency Guidelines[®]. Benefactor support enabled operationalisation of a strategic decision to purchase of the licence in 2017. I-AIMH joined the newly established Alliance for the Advancement of Infant Mental Health.

DESCRIPTION

Revisions of the Competency Guidelines[®] was completed with specific permission to facilitate cultural sensitivity, norms and goodness of fit within an Irish context. A stepped integration into national programmes who have a brief to progress pre-birth to three prevention, early intervention and workforce capacity is in progress. Further collaboration and partnerships are scheduled to progress their integration into national Infant Mental Health Network Groups and other early years training bodies.

CONCLUSIONS

Purchase of the Competency Guidelines[®] has provided a strategic framework with fidelity to infant mental health principles and practice from which to guide workforce capacity in the pre-birth to three developmental period. Challenges and opportunity regarding implementation also accompany this important Irish initiative and will be discussed.

Culturally Responsive Competency Integration: Association for Infant Mental Health in Hawai'i (AIMHHI):

Mrs Amanda Luning^{1,2}, Erin Henderson Lacerdo^{1,2}

¹Association For Infant Mental Health In Hawai'i, Honolulu, USA, ²Alliance for the Advancement of Infant Mental Health, Southgate, USA

T3 - SYM72: International Perspectives from Australia, Ireland, Hawaii and USA on Adapting the Competency Guidelines and Endorsement, Liffey Meeting Room 3, 18 July 2023, 14:30 - 16:00

Introduction:

The Association for Infant Mental in Hawai'i (AIMHHI, formerly the Hawai'i Association for Infant Mental Health) has been working locally for more thirteen years to enhance the quality of early relationships and attachment through community education, advocacy, and professional development. In 2017 the Association acquired a license to use the Michigan Competency Guidelines through the Alliance for the Advancement of Infant Mental Health to Endorse[®] professionals in varying capacities in Infant and Mental Health and in 2022 acquired the Early Childhood License. In 2019 the Promising Minds Fellows Program began as a unique, in-depth experience for professionals to root themselves through intensive trainings and relationship-based reflective supervision and consultation (RSC) cohorts in quality, specialized, competency-based IECMH practice.

Purpose:

One of the primary intentions of acquiring the Competencies[®] was to help professionalize the field as a whole and potentially generate greater interest from both government and non-government entities to better collaborate to support quality and sustainability in services that benefit young children and their families.

Description:

Hawaii's distinctive historical roots, economic status, demographic make-up, natural resources and geographic location is not much duplicated anywhere else in the world, which means needs in the field will be unique. Pretention and unnecessary exclusivity are not something that is, or ever will be, intended in an intentional perpetuation process, meaning the importance of inclusivity precedes most all other preferences. History, connection, and community 'kulena' (rights and responsibilities) must remain a priority when introducing new ways of understanding. AIMHHI is working toward developing messaging, language, context, and most importantly connections and relationships that meet the needs of our extremely diverse population while integrating collectively accepted Competencies[®] in the greater field.

Conclusion:

The Associations primary mission remains community education and the spread of best practices that support parents and their young children. In its use of the Competencies[®] moving forward Hawai'i will have lot to share about diversity informed practice and reverence for unique ways of knowing and being, both because of our host-culture and our states blended values that come from many cultures around the world.

PROMOTING MOTHER-INFANT RELATIONSHIPS: THE ENCOUNTER BETWEEN INTRAPSYCHIC AND INTERSUBJECTIVE BIOPSYCHOSOCIAL PERSPECTIVES

Prof. Loredana Lucarelli¹, Dr. Laura Vismara¹

¹Department of Pedagogy, Psychology, Philosophy, University of Cagliari; , Cagliari, Italy

T3 - SYM73: Promoting mother-infant relationships: The encounter between intrapsychic and intersubjective biopsychological perspectives, EcoCem Room, July 18, 2023, 14:30 - 16:00

Intersubjectivity is a motivational system characterized by dynamic, mutual implicit and verbal transactional communication that create the fundamental models of social experience. Indeed, individuals have an inborn and biologically predisposed ability to internalize, incorporate, assimilate, imitate the state of another person. In this perspective, the core purpose of intersubjectivity is affect sharing and validation that foster the sense of personality in terms of “self-with other”. Thus, intersubjectivity may be conceived as the basis for collaboration and equality attitude.

Many early intervention models are aimed at ameliorating the infant and her caregiver’s milieu through multisensory stimulation referring to their relational exchanges. Thus, intersubjective interactions can be regarded as the context in which early intervention should unfold.

This symposium will focus on the neurobiological, relational, and psychodynamic dimensions that characterize the first years of the child’s life and their effects on parenting, the mother-child relationship and child’s emotional, cognitive and behavioral functioning.

Specifically, Prof. Massimo Ammaniti (University Sapienza of Rome, Italy) will give a theoretical in-depth analysis of intersubjectivity and its implication for research and practice in the field of development and psychopathology.

Prof. Pier Francesco Ferrari (CNRS, Lyon, France) will focus on the brain networks and neurophysiological mechanisms at the basis of intersubjectivity and social understanding in human and nonhuman primates.

Prof. Oliver Perra (Queen’s University, Belfast, UK) will present theoretical and empirical data on the infants’ attention abilities in controlled settings and naturalistic observations where infants interact with their caregivers.

Prof. Loredana Lucarelli with her team (Roberta Fadda, Cristina Sechi, Sara Congiu and Laura Vismara; University of Cagliari, Italy) will illustrate the importance to embrace a longitudinal perspective to understand the processes involved in the development of intersubjectivity from infancy to childhood.

INTERSUBJECTIVITY BETWEEN INFANT RESEARCH AND NEUROBIOLOGY

Professor Massimo Ammaniti¹

¹Sapienza University of Rome, Rome, Italy

T3 - SYM73: Promoting mother-infant relationships: The encounter between intrapsychic and intersubjective biopsychological perspectives, EcoCem Room, July 18, 2023, 14:30 - 16:00

Introduction

Intersubjectivity describes the continuous and reciprocal interactions and mutual understanding typical of human beings from the initial days of life, a process in which “humans come to know each other’s mind” (Bruner, 1966, p.12).

Purpose

I will try to provide an integrated conceptual framework that can account for the interaction of intersubjectivity and various complex systems that occur during infancy.

Description

In the area of infant research intersubjectivity has been conceptualized differently by research, Trevarthen (1998) has suggested that the infant is born with a receptive competence subjective states in other human beings, while Daniel Stern and Tomasello have a constructivistic view on intersubjectivity which could emerge in the second semester of life. Infants in this period become able to share intentions of parents communicating through gestures and vocalizations. By the neurobiological point of view the recent research (Ammaniti & Gallese, 2014) has highlighted the role of specific area connected to mirror neuron system and prefrontal cortex.

Conclusions

The presented theoretical models and empirical evidences set a promising new research agenda that may reveal new insights into the child’s development and her emotional and behavioral functioning.

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T3-SYM73.3

The impact of early mother-infant interactions and early adversity on brain development

Dr Pier Francesco Ferrari¹

¹Cnrs, Lyon, France

T3 - SYM73: Promoting mother-infant relationships: The encounter between intrapsychic and intersubjective biopsychological perspectives, EcoCem Room, July 18, 2023, 14:30 - 16:00

Introduction

In human and nonhuman primates early emotional communication is complex and it plays a key role not only for normal social development but also for regulating psychophysiological and emotional functions of infants.

Purpose

The current presentation aims at highlighting the importance of a functional architecture account of the perceptual and behavioral predispositions of infants and parents that allow infants to capitalize on relatively limited exposure to specific parental behaviors, in order to develop important social capacities.

Description

I will present data from mother-infant interactions in the first months of life in both humans and macaque testing two different accounts. One emphasizes the contingency of parental responsiveness, regardless of its form; the other emphasizes the preparedness of both infants and parents to respond in specific ways to particular forms of behaviour in their partner. I will provide evidence in both human and nonhuman primates that face-to-face synchronous behaviors rely in part on sensorimotor cortical networks (which includes the mirror neuron network), which involve the activation of shared motor representations. Moreover, I will present how early development perturbation of mother-infant relationship impacts specific brain circuits involved in emotional face processing. Finally, I will show how oxytocin mediate synchronous early interactions probably through the activity of the attentional and mirror neuron networks, which facilitate the processing of social cues provided by the caregiver.

Conclusion

Perturbations or absence of early social synchronous exchanges have important short- and long-term consequences on social development and emotional regulation with significant implications on the emergence of psychological disturbances.

The Development of Infants' Attention in Interpersonal Interactions: Current Views and Future Perspectives

Dr Oliver Perra¹

¹Queen's University Belfast, Belfast, United Kingdom

T3 - SYM73: Promoting mother-infant relationships: The encounter between intrapsychic and intersubjective biopsychological perspectives, EcoCem Room, July 18, 2023, 14:30 - 16:00

Introduction

Infants develop key cognitive abilities during the course of interactions with their social partners. In particular, infants' attention plays a foundational role in enabling early learning. However, the development of attention has been largely studied using experimental and highly controlled paradigms. This has hampered our understanding of the mechanisms that support the onset and development of key attention skills.

Purpose

I will investigate cross-sectional and longitudinal associations between infants' attention in experimental and naturalistic settings, whereby infants interacted with their caregivers. The purpose of collating these data is to gain insights on the mechanisms that may promote infants' attention skills.

Description

I will capitalise on data from studies I have run that used different methods (longitudinal; experimental) and different populations (typically-developing and preterm infants). The findings indicate associations between infants' performance in controlled tasks and naturalistic settings: in particular, interactions whereby infants and caregiver share their focus of attention may be linked with better performance in experimental tasks.

Conclusion

I will propose that the development of attention emerges from inter-personal transactions where the emerging but yet limited infants' abilities are scaffolded and modulated by more competent caregivers. I will outline how advances in research methods that allow the collection of intensive longitudinal data in naturalistic settings can provide further insights into the interpersonal processes that support infants' attention development.

THE GROUNDS OF CHILDREN'S THEORY OF MIND ABILITIES: LONGITUDINAL STUDIES FROM INFANCY TO PRESCHOOL YEARS

Dr. Roberta Fadda¹, Professor Cristina Sechi¹, Dr. Laura Vismara¹, Dr. Sara Congiu¹, Prof. Loredana Lucarelli¹

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T3 - SYM73: Promoting mother-infant relationships: The encounter between intrapsychic and intersubjective biopsychological perspectives, EcoCem Room, July 18, 2023, 14:30 - 16:00

Introduction

Children understand others' False Beliefs (FB) during preschool years, which is a key component of Theory of Mind (ToM). The grounds for FB understanding in infancy have been extensively investigated with a cross-sectional approach, while longitudinal studies are quite rare.

Purpose

We illustrate the strength and weaknesses of a longitudinal perspective to understand the processes involved in the development of intersubjectivity from infancy to childhood.

Description

We analyzed the state of the art of the longitudinal studies investigating the relationship between early social abilities and FB understanding in children. The results indicated that both intention detection and joint attention abilities (JA) are associated with FB understanding. However, these results are not so straightforward since some studies didn't find these associations. Methodologically, the studies are very different in terms of sample size, timing, measures, and main results. Moreover, longitudinal studies turn out to be quite demanding and to be exposed to several threats to their validity, like the mortality of the sample and the cohort effect. In addition, we will present data from a new longitudinal study, in which our research group studied JA in 116 children at 3, 6, 9, 15, and 18 months and their relationship with FB understanding at 5 years of age (final sample = 22 children). In line with previous studies, JA was not associated with FB understanding but with vocabulary. This study is of particular interest since considered several observational times during infancy, which is quite rare in previous studies.

Conclusion

Our results indicated that longitudinal studies might be a unique way to investigate the processes involved in the development of intersubjectivity in childhood. The paucity of studies done so far, their methodological limitations, and their controversial results call for more research from a longitudinal perspective.

CHANGES IN ANTENATAL AND PERINATAL PRACTICES DURING THE PANDEMIC: EFFECTS ON FATHER INVOLVEMENT

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T4 - BOP30: Pregnancy, birth and early parenting during the Covid-19 pandemic, Liffey Meeting Room 2B, 18 July 2023, 16:30 - 18:00

Introduction

In Quebec (Canada), as in many countries, guidelines define best practices for antenatal and perinatal services. Public health measures implemented in response to the COVID19 pandemic modified these services, with potential effects on expectant and new parents. Aim of the study. Identify the effects of changes in antenatal and perinatal services due to pandemic related public health measures on the mental health of future and new parents.

Material and Methods

A cross-sectional study was conducted in Quebec (Canada) with 461 future and new parents. Their experience of becoming parents during the pandemic, from September 2020 to August 2021 was gathered through an online questionnaire including validated mental health measures and changes in services. Results. Although the presence of the partner during the different stages of pregnancy and birth has been shown to have beneficial effects on both the physical and mental health of the mother and that of the partner, this practice has been sacrificed in favor of managing the risk of spreading COVID19 without regard to the psychosocial consequences on the family. The results allow us to conclude that: support for paternal involvement is precarious, the mental health of both parents is weakened, and social support makes the difference.

Conclusion

Understanding the effects of public health measures resulting from the COVID19 pandemic on the continuity of support for future and new parents is essential in order to protect both parents' mental health. This study highlights that we must ensure that the deleterious changes made to antenatal and perinatal services offered to parents in the context of the pandemic do not become permanent practices. Adopting practices that include fathers, support for co-parenting and continuous screening of the mental health of both parents are possible solutions to improve antenatal and perinatal services and thus protect the mental health of parents.

Maternal trauma moderates the association between prenatal depression during the COVID-19 pandemic and infant development

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T4 - BOP30: Pregnancy, birth and early parenting during the Covid-19 pandemic, Liffey Meeting Room 2B, 18 July 2023, 16:30 - 18:00

INTRODUCTION:

An increase in prenatal depressive symptoms (PDS) has been documented during the COVID-19 pandemic (Berthelot et al., 2020; Tomfohr-Madsen et al., 2021), which has implications for infant development (Duguay et al., 2022; Provenzi et al., 2021). Given that maternal trauma (abuse and neglect during childhood) is also a known risk factor for perinatal psychological distress (Racine et al., 2021) and infant development (Garon-Bissonnette et al., 2022), this study aimed to evaluate whether maternal trauma moderated the association between PDS during the COVID-19 pandemic and infant socioemotional development at 6 months.

MATERIAL and METHODS:

A sample of 216 mothers (Mage = 29.67 years, SD = 3.71) was recruited online during the COVID-19 mandatory confinement in Quebec, Canada from April 2nd to April 13th 2020 and was followed-up at 6 months postpartum. Depressive symptoms were assessed using the EPDS, maternal trauma with the CTQ, and infant socioemotional development with the ASQ:SE-2. Moderation analyses were performed using the PROCESS macro for SPSS.

RESULTS:

Maternal trauma moderated the association between PDS and infant socioemotional development, even when controlling for maternal postnatal depressive symptoms, $b = .39$, 95% CI [.20; 2.46]. The association between PDS and developmental problems was only apparent in trauma-exposed mothers, $b = 1.18$, 95% CI [.15; 2.20] and not in women not reporting trauma, $b = -.16$, 95% CI [-0.72; .41]. Together, maternal trauma and PDS explained 17% of the variance in infant development, $R^2 = 0.17$, $p < .001$.

DISCUSSION:

Our findings suggest that the upsurge of PDS observed in pregnant women during the pandemic increased the risk of early developmental problems only in offspring of mothers who already had a history of adversity. Our results call for trauma-informed prenatal interventions with women who experienced distal and proximal stressors to mitigate the intergenerational effects of prenatal depression.

T4-BOP30.3

SEREN: the impact of parent-infant separation on a neonatal unit following the COVID-19 pandemic.

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T4 - BOP30: Pregnancy, birth and early parenting during the Covid-19 pandemic, Liffey Meeting Room 2B, 18 July 2023, 16:30 - 18:00

Introduction:

SEREN is an enhanced family-centred, relationship-based neurodevelopmental follow-up programme. It was developed specifically for families isolated from their infants on the neonatal unit (NNU) due to a diagnosis of Covid-19. It is unknown how this early separation may impact upon parent-infant attachment, relationships, and neurodevelopmental outcomes. SEREN was born and funding was secured through the hospital charity for a 2-year follow up programme.

Aims:

SEREN aimed to provide an enhanced neurodevelopment follow up for parents and infants including assessment, intervention, peer support and monitoring regardless of their gestational age.

SEREN aimed to measure the impact of the parent-infant separation upon parent infant attachment; parental stress and the infant's neurodevelopment up to 2 years post term age.

Description:

Families experiencing a period of separation at Starlight NNU due to a diagnosis of COVID-19 between January and June 2021 were invited to take part in the SEREN programme. 16 families have been seen for individual appointments with the Consultant Neonatologist and/or Clinical Specialist Occupational Therapist (OT) at 3, 6 and 12 months post term age. The final 24 months appointment will be carried out in January 2023. The infants gestational ages ranged from 27 to 40 weeks. Furthermore, a closed group of 6 sessions was facilitated by the OT with a focus on parent-infant relationship and co-occupations.

Outcomes measures include Newborn Behavioural Observations; Prechtl General Movements Assessment; Parents Rating Attachment Scale, Parental Stress Scale and Bayley Scales of Infant and Toddler Development.

Conclusion:

Findings will be fully analysed following the 24 months appointments and ready for the conference. Initial findings indicate a shift in connectedness between parents and infants whilst on the unit, at discharge and another shift particularly at 12 months post term age. Also, earlier detection of developmental difficulties for infants who would not otherwise have been followed up.

T4-BOP30.5

Contours of connection in time and space

Dr Jen Re¹

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T4 - BOP30: Pregnancy, birth and early parenting during the Covid-19 pandemic, Liffey Meeting Room
2B, 18 July 2023, 16:30 - 18:00

Introduction:

Sustaining and building early relationships in virtual space is a challenge brought to us through the COVID-19 pandemic. Trevarthen, Stern and Winnicott all write about the infant's early capacities and readiness to engage with their caregivers and the caregiver qualities that enhance and support them. Their theories are developed on the assumption of embodied connection.

Aim:

How could a 4 month old infant hold on to a meaningful relationship with a grandparent over 4 months of remote living and virtual relating?

Description:

During the COVID-19 pandemic Melbourne Australia underwent the longest lockdown of any city in the world. My daughter and family headed out of Victoria in a Winnebago motorhome just as Victoria shut its borders to the world. They travelled for 4 months around Australia with their 4 children. The older ones would have no trouble staying connected and know me. The youngest was 4 months old and as a grandparent how could I find a way to sustain and build an arc of connectedness between us so he still knew me when we were reunited? Was it possible?

Conclusion:

While Trevarthen, Stern and Winnicott help to build an arc of theory around this journey, can the unexpected adversity of the pandemic teach us anything more about the human potential for connectedness?

T4-BOP30.7

Birth experience and mother-infant early relational health among mothers with and without COVID-19 during pregnancy

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T4 - BOP30: Pregnancy, birth and early parenting during the Covid-19 pandemic, Liffey Meeting Room 2B, 18 July 2023, 16:30 - 18:00

Introduction

A mother's experience during labor and delivery has the potential to influence the quality of the mother-infant relationship. Mothers who gave birth during the COVID-19 pandemic may face unique challenges that could impact early relational health.

Aim of the study

To investigate the impact of the birth experience on mother-infant early relational health among women who gave birth during the COVID-19 pandemic.

Materials and Methods

Participants were mother-infant dyads (n=375) enrolled in the COVID-19 Mother Baby Outcomes (COMBO) Initiative. A subset (n=122) of mothers had a history of COVID-19 infection prior to delivery. At 4-6 months postpartum, mothers reported on their birth experience using the Labor and Delivery Index, and the Birth Memories and Recall Questionnaire, and mother-infant bonding using the Postpartum Bonding Questionnaire. Dyads also engaged in a 3-minute interaction task via zoom. Videos were subsequently coded using the Welch Emotional Connection Scale to determine continuous and binary ratings of mother-infant emotional connection.

Results

Lower mother-reported bonding at 4-6 months was associated with lower birth satisfaction ($r=-.202$, $p<.001$) and greater emotional memory of the birth ($r=.306$, $p<.001$). Both effects remained significant ($p<.05$) after controlling for prenatal COVID-19 infection status, infant sex, mode of delivery, maternal age at delivery, primiparity, and maternal postpartum depression. Coded mother-infant emotional connection was not associated with birth satisfaction ($r=.125$, $p=.05$) or emotional memory of the birth ($r=.062$, $p=.34$). However, mothers from dyads who were emotionally connected reported higher scores on birth satisfaction ($M=13.0$) than those who were not emotionally connected ($M=11.70$, $t(65.12)=-4.23$, $p<.001$). Maternal prenatal infection with COVID-19 was not associated with early relational health outcomes ($r=-.083$ -. 059 , $p=.108$ -. 336).

Conclusions

Findings highlight the importance of considering the birth experience and its impact on early relational health. Fostering supportive birth environments may help promote early relational health for mother-infant dyads.

The Distance-Closeness Continuum as a Source of Resilience for Mothers Have Given Birth During COVID-19

Dr. Iris Zadok¹, Mrs Shanny Chen Abramovich

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T4 - BOP30: Pregnancy, birth and early parenting during the Covid-19 pandemic, Liffey Meeting Room 2B, 18 July 2023, 16:30 - 18:00

Iris Zadok & Shanny Chen-Abramovich

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Background

In late 2019, COVID-19, began to spread worldwide. In February 2020, the virus reached Israel, and in March 2020, various social distancing restrictions were imposed on the public.

Aims

Given various studies worldwide that drew a link between the pandemic and heightened anxiety and stress among women during pregnancy, this study explored the experiences of Israeli women who gave birth during COVID-19. It was designed to identify their narrative and address their sources of formal and informal support.

Methods

This exploratory qualitative study thematically analyzed semi-structured interviews of 15 Israeli women who gave birth during the first-third COVID-19 waves (March 2020-March 2021).

Findings

Three themes emerged: dilemmas around the experiences of pregnancy, childbirth and parenthood; duality and continuity between the need for protective family closeness and the fear that dictates social distance; and the role social media.

Conclusions

The coping of women who have given birth during COVID-19 present a complex set of factors, including resilience, difficulties, concerns and uncertainties. These are discussed in the context of their coping along the distance-closeness continuum with reference to issues raised by the participants and further studies on mothers' resilience during COVID-19. Implications to practice: We propose future interventions aimed at enhancing mothers' the sense of resilience of women in this period of life under conditions of social distancing that will also contribute to the wellbeing of infants born during that period.

T4-BOP37.1

Attachment and self-regulation: Implications of bi-directional effects for children with a disability or developmental delay

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T4 - BOP37: Attachment 1, Liffey Meeting Room 3, 18 July 2023, 16:30 - 18:00

Introduction

Children with disability or developmental delay have significantly elevated rates of clinically diagnosable emotional and behavioural disorders. Quality of parent-child attachment is significantly associated with self-regulation of emotion and behaviour, executive function, non-organic feeding problems, obesity, sleeping, and other developmental concerns found to be elevated for children with disability or developmental delay. As a malleable variable, attachment security presents an opportunity for early intervention professionals to influence a range of child development outcomes.

Aims of the study

This multi-faceted interconnection between attachment and self-regulation was explored in a study which investigated how early childhood intervention professionals could improve the attachment security of children with a disability or developmental delay.

Materials and Methods

This mixed methods study included a) a survey of early childhood intervention professionals, b) a systematic review of the attachment patterns of children with disability or developmental delay and attachment interventions used with this population, and c) in-depth interviews with parents and professionals.

Conclusions

Children with disability or developmental delay are significantly less likely to form a secure parent-child attachment relationship and almost twice as likely to form a disorganised attachment than the general population. Bi-directional effects between self-regulation and attachment security are integral to the trajectory of child developmental outcomes and family wellbeing. Association is not causation and the relationship between disability, attachment, and self-regulation, is complex. Strategies can be implemented by early childhood intervention professionals to improve attachment security, self-regulation, and child and family outcomes.

Congruence and Incongruence of Infants' Early Interactive Behavior Predict Attachment in Infants Born Very Preterm

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T4 - BOP37: Attachment 1, Liffey Meeting Room 3, 18 July 2023, 16:30 - 18:00

INTRODUCTION:

Infants typically exhibit flexibly organized configurations of emotion and behavior during en-face mother-infant interactions that convey convergent messages about their internal states and desires. Interactive configurations that are congruent regarding the organization of facial, vocal, affective, postural, and kinesthetic behaviors (e.g., simultaneously looking at, smiling, and reaching for the caregiver) are easy for caregivers to read and respond to appropriately, and are linked to positive, reciprocal caregiver-infant interactions. Maternal risk factors such as postpartum depression affect infant congruency (Beebe, 2020), but less is known about the role of infant vulnerabilities such as very preterm (VPT) birth.

AIM:

In this longitudinal study, we evaluated whether VPT or full-term (FT) birth was associated with infants' interactive congruence and incongruence during mother-infant en face social interaction at 3 months corrected age. We also assessed whether interactive congruence or incongruence (regardless of birth history) would predict attachment security at 12 months.

MATERIAL AND METHODS:

Participants were 70 infants born VPT and 85 infants born FT and their mothers from urban working-to-middle class backgrounds in Portugal. Infants' congruent and incongruent responses were scored microanalytically second-by-second from videotapes of infant-mother interaction during the first episode of the Face-to-Face-Still-Face paradigm at 3 months by trained, reliable coders. An independent team of trained, reliable coders evaluated Infants' attachment security in the Strange Situation at 12 months.

CONCLUSIONS:

Compared to infants born FT, infants born VPT were more likely to exhibit incongruent responses during mother-infant en-face interactions at 3 months and to be classified with an insecure attachment at 12 months. Notably, infant interactive congruence was a stronger predictor of later attachment than infants' gestational age at delivery, birthweight, or demographic factors. We hope that this study contributes to unveiling the organization of attachment processes in infants born VPT.

Keywords:

Infant congruent and incongruent interactive behavior; very preterm birth; Face-to-Face Still-Face paradigm; attachment; Strange Situation.

T4-BOP37.3

The Significance of adding Circle of Security Parenting program to existing autism interventions

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T4 - BOP37: Attachment 1, Liffey Meeting Room 3, 18 July 2023, 16:30 - 18:00

Introduction

Caregivers of children with autism spectrum disorder (ASD) often experience difficulties in responding appropriately to the needs of their children. Kubo et al. (2021) reported the effectiveness of the Circle of Security Parenting (COSP) in Japanese mothers of children with ASD. However, the mechanisms of change in mothers have not been examined.

Aim

To qualitatively examine the mechanisms of change in mothers, and explore the integration of COSP in existing ASD interventions.

Description of the work

Participants were 20 mothers of children with ASD. Children were 4-12 years in age and 85% were receiving ASD interventions. A modified grounded theory approach was adopted with the data consisting of verbatim records during COSP sessions.

Data analysis revealed that fully discussing “raised emotions that inhibit appropriate responses,” and “resistance about adopting new parenting methods” were important mediators in process of change toward providing “appropriate responses to children's needs.” The “raised emotions that inhibit appropriate responses” was associated with “mixed feelings about having a child with ASD” and “mothers' own experiences of childhood trauma.”

Conclusions

COSP targets caregivers' empathy and emotional regulation to help become able to serve as a secure base and safe haven for their children. For these improvements in mothers of children with ASD, it is particularly important for them to introspect on the defensive processes that influence parenting and put their own feelings into words including those specific to the caregivers of ASD children. Supporting caregivers in gradually exploring themselves and verbalizing their feelings is not a component of existing ASD interventions and here is the significance of adding COSP to existing ASD interventions.

Kubo N., et al., Effects of an attachment-based parent intervention on mothers of children with autism spectrum disorder: preliminary findings from a non-randomized controlled trial, *Child and Adolescence Psychiatry and Mental Health*, Vol.15, No.37, 2021.

T4-BOP37.4

Infant and Pre-school attachment, continuity and relationship to caregiving sensitivity: new and historic findings.

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T4 - BOP37: Attachment 1, Liffey Meeting Room 3, 18 July 2023, 16:30 - 18:00

Introduction and Aim:

Here we report the prevalence and temporal stability of child attachment and parental caregiving behaviour, from infancy (1 year) to pre-school (4 years) in a new population cohort, and examine findings against the past decades of findings in community cohorts.

Materials and Methods:

We used observational data on attachment behaviour collected on third generation infant and toddler offspring within one of Australia's longest running studies of social and emotional development. We also ran systematic reviews of historic findings.

Results:

At 1 year (n=314 dyads) and at 4 years (n=368 dyads) the proportion assessed Secure was 59% and 71%, respectively. The proportion assessed as Avoidant was 15% and 11%; Ambivalent 9% and 6%, and Disorganized was 17% and 12%, at 1 and 4 years, respectively. Continuity of attachment pattern was highest for the infant Secure group.

Conclusions:

Our contemporary estimates are consistent with historical trends from earlier community-based studies (since 1978), highlighting the stability of attachment behaviours in the context of notable secular change.

Psychosocial Correlates of Maternal-Fetal Attachment Anxiety for Second-Time Mothers and What We Should Know

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T4 - BOP37: Attachment 1, Liffey Meeting Room 3, 18 July 2023, 16:30 - 18:00

Introduction and Aim of the Study:

Many women not only go through the transition to motherhood with the birth of their first child, but also another transition with the birth of their second child. Few studies address the concerns of second-time mothers, who report worrying about how they will care for two children or whether they will love the second baby as much as their first child. The current study examined mother-fetal attachment anxiety (MFAA) with their second baby, the psychosocial correlates (e.g., depression, marital distress, adult attachment insecurity) of mothers' attachment anxiety to the baby, and the prediction of mother-infant bonding (MIB) postpartum.

Material and Methods:

U.S. Mothers (89.6% White, N = 241) expecting their second baby participated in a longitudinal investigation starting in the last trimester (prenatal: P) and then 1, 4, 8, and 12 months postpartum. Mothers completed self-reports of MFAA, depression, marital quality, adult attachment, and security of the mother-firstborn (FB) attachment at P. Mothers also reported on MIB when babies were 1, 4, 8, and 12 months old.

Results:

Most women reported little to no worry about attachment to the second baby (89.6%). Higher MFAA was, however, correlated with more depressive symptoms, more marital distress, an insecure mother-FB attachment, and adult attachment avoidance/ambivalence before birth. MFAA predicted less MIB (less warmth and closeness) at 1, 4 and 8 months after birth.

Conclusions:

Women concerned about loving their second baby as much as their first appear to be surrounded by a network of attachment insecurity in relations with partner, firstborn, and infant, as well as mental health difficulties. Infant mental health providers working with women in the perinatal period should take note when second-time mothers express worries about loving their second baby as much as their first, and screen for maternal depression and anxiety symptoms.

Attachment style in pregnant women: links with depression, attachment to the fetus and maternal representations

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T4 - BOP37: Attachment 1, Liffey Meeting Room 3, 18 July 2023, 16:30 - 18:00

Introduction and Aims

A woman's attachment to her child develops during pregnancy. It is accompanied by representations of herself as a future mother as well as representations of her future baby. Pregnancy is a period of great vulnerability, which is reflected in the frequency and intensity of depressive symptoms. Attachment theory sheds interesting light on the experiences of pregnant women. The aim of this study was to determine to which extent the attachment styles of expectant mothers have an impact on their level of depression, their maternal representations and their prenatal attachment.

Methods

212 pregnant women have been recruited during their maternity visits in two Parisian maternities. They completed the Relationship Scale Questionnaire, the Prenatal Attachment Inventory, the Edinburgh Postnatal Depression Scale, two scales of the Stern "R" Interview.

Results

Attachment styles can partially predict depressive symptomatology, maternal representations and prenatal attachment in pregnant women. According to the analyses, the more secure the attachment was, the more positive the maternal representations were. In addition, secure attachment was negatively related to depressive symptoms. The results also showed a positive correlation between fearful and preoccupied styles and depression scores. Finally, contrary to previous research, preoccupied attachment was positively correlated with prenatal attachment.

Conclusions

The attachment style of the pregnant woman plays a role in how she experiences her pregnancy, imagines her baby and projects herself as a mother. Depressive symptoms, maternal representations, and prenatal attachment are partially predicted by the attachment styles of the pregnant women. As indicators of the type of support they need, taking into account the attachment styles of pregnant women can allow for the proposal of adjusted care and can help the prevention of symptoms of psychological distress and the improvement of the experience of pregnancy.

T4-BOP37.8

The Role of Parents and Children Attachment quality on Children's Obesity: preliminary data

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T4 - BOP37: Attachment 1, Liffey Meeting Room 3, 18 July 2023, 16:30 - 18:00

Introduction

Temperament, attachment relationships, and family routines uniquely and jointly contribute to the self-organizational processes across early childhood (Tereno et al. 2017). This knowledge has been adopted in the quest to understand and prevent pediatric obesity.

Aim of the study

The goal of our study is to test associations between individual child (temperament), parent-child (attachment security), and family mealtime (interaction, feeding, eating) factors and patterns of children's eating behaviors.

Material and Methods

For this, we included sixty families with children aged between 3 to 5 years old, with identified overweight by their pediatrician. In this presentation we'll present preliminary data on parent's attachment quality (assessed by the Relationship Scale Questionary) and children's attachment quality (assessed by the Attachment Behavior Perception Questionary) and self-regulation quality (assessed by the Child Behavior Questionnaire), according to their levels of obesity (BMI).

Conclusion

Data collection and analysis are still in progress. Findings will be discussed to underline child obesity risk factors that should be considered on preventive clinical work of children obesity. This will allow informed intervention activities that are both child-focused as well as family-focused.

References

Tereno, S., Madiagn, S., Lyons-Ruth, Plamondon, A., Atkinson, L., Guédeney, N., Greacen, T., Dugravier, R., SAIAS, T., & Guedeney, A. (2017). Assessing a Change Mechanism in a Randomized Home-Visiting Trial: Reducing Maternal Disrupted Communication Decreases Infant Disorganization. *Development and Psychopathology*, 29(02), 637-649. doi: 10.1017/S0954579417000232.

T4-BOP42.1

Developing continuing bonds: Music Therapy with parents of life-limited infants on the neonatal unit.

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T4 - BOP42: IMH Services 3, Wicklow 5, 18 July 2023, 16:30 - 18:00

Introduction:

By 2030 14,648 infants under 1 in the UK are predicted to have a life-limiting diagnosis(1). Currently infant mortality (<1 year of age) equates to 45% of child deaths making this population a priority to support with accessing palliative care and support services. Having an infant admitted to the neonatal intensive care unit can be a profoundly traumatic experience for parents, impacting their potential to engage with their infant. The potential for parent-infant interaction is further impacted when an infant has a life-limiting diagnosis due to the infant's requirement on medical support and parents' heightened awareness of the proximity of loss. Music Therapy (MT) can be an accessible intervention for parents experiencing symptoms of trauma, providing time where parent and infant can experience moments of connectedness.

Aim:

To increase parents' sense of parental identity and expressive capabilities to provide moments of connectedness that support the parent-infant bond.

Description of work:

MT sessions provided on the neonatal unit for parents and their infants draw upon parents' experiences and connections with music to empower parent's cultural identity. Parents are supported with ways of using this music and their voice to meet the needs of their infant, creating a sedative or stimulative effect as appropriate. This music can also be created during compassionate extubation and post-death.

Conclusion:

MT has the potential to support parent-infant bonding through increasing parental engagement. When culturally sensitive, it empowers parents' identities, connecting the infant to the wider family and community. These moments develop the parent-infant bond which is then internalised and continues in bereavement.

1. Fraser. L. G-SD, Jarvis. D., Norman. P., Parslow. R., 'Make Every Child Count' Estimating current and future prevalence of children and young people with life-limiting conditions in the United Kingdom. Together for Short Lives. 2020.

T4-BOP42.2

The Efficacy of Multi-element Behavior Support (MEBS) Plans with Families in Infant Development Programs

Dr. Lori Ann Dotson¹, Dr. Allison Liu¹

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T4 - BOP42: IMH Services 3, Wicklow 5, 18 July 2023, 16:30 - 18:00

Introduction:

Applied Behavior Analysis (ABA) is an evidenced based practice used in the treatment of young children with autism. ABA in conjunction with infant mental health assessment and treatment strategies can provide optimal support to children recently diagnosed with Autism, and their often-grieving parents.

Purpose:

The aim of this presentation is to introduce infant mental health and child development professionals to the efficacy of non-linear, non-aversive ABA strategies to support skill development, behavior management and improve child and parent quality of life.

Description:

Using a Multi-element Behavior Support (MEBS) Plan methodology focused on creating supportive environments, skills teaching, and behavior reduction strategies, this presentation provides an evidence-based, person-centered, non-aversive model and methods to prevent and respond to behaviors of concern while teaching necessary skills to young children and their parents who participate in a community based infant development program.

Conclusion:

After attending this brief presentation, participants will be familiarized with the basic tenants of ABA, the elements of a MEBS Plan, and the ways in which ABA and infant mental health professionals can collaborate to strengthen families in the earliest stages of early intervention.

T4-BOP42.3

Training and Coaching Practitioners to Promote Young Children's Social-Emotional Development in Early Childhood Settings

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T4 - BOP42: IMH Services 3, Wicklow 5, 18 July 2023, 16:30 - 18:00

Introduction

The Pyramid Model (Fox et al., 2003; Hemmeter, et al., 2006) is a framework of practices for early childhood educators to promote young children's social-emotional competence and prevent and address challenging behavior. The approach has been tested in two randomized trials (Hemmeter, Snyder, Fox, & Algina, 2016; Hemmeter, Fox, et. al., 2021) and is being implemented in 32 states across the United States.

Purpose

This workshop will provide information on the Pyramid Model practices, how practitioners are trained to implement the approach with fidelity, and free resources for implementation.

Description

The Pyramid Model uses a promotion, prevention, and intervention framework to organize the practices that are taught to all early educators in a setting. The universal level of the Pyramid Model includes the practices related to nurturing and responsive relationships and high-quality supportive environments that are critical for promoting the social-emotional competence of all children (partnerships with families, creating a classroom community of caring, joining in children's play, engaging in supportive conversations, providing encouragement and feedback to children, promoting child engagement, teaching rules and expectations, structuring transitions,). At the secondary level, teachers are guided to implement practices that promote the social and emotional skills of all children in the classroom with a focus on peer-related interactions, identifying and managing emotions, and social problem solving and providing instruction to children who need additional intervention. The final level of practices includes the use of intensive individualized interventions to address a child's persistent challenging behavior. At this level, teachers develop, implement, and evaluate an individualized behavior support plan through collaborative teaming, functional assessment, and data-informed decision-making.

Conclusions

Participants attending will learn about the approach and outcomes, the practices associated with the framework, and how practitioners are trained and coached to implement the practices with fidelity.

MC3 Perinatal: Using Technology to Improve Perinatal Mental Health Outcomes

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T4 - BOP42: IMH Services 3, Wicklow 5, 18 July 2023, 16:30 - 18:00

INTRODUCTION

Perinatal mood disorders (PMDs), mainly depression and anxiety, are the number one complications of pregnancy and postpartum; 50% of affected patients go undiagnosed and of those the majority untreated. However, untreated PMDs may have detrimental impact on parenting and child outcomes. Perinatal psychiatry access programs aim to increase PMD identification and treatments in obstetric care. MC3 Perinatal is a perinatal psychiatry access program in Michigan.

AIM OF THE STUDY

To demonstrate 1) feasibility to enroll providers and patients into the program and conduct psychiatric consultations to obstetric providers and direct service to perinatal women; 2) acceptability of the program to the participants; and 3) preliminary effectiveness of the telemental health counseling for patients' outcomes.

MATERIAL and METHODS

Since program inception (2021) we enrolled a total of n=800 obstetric providers and conducted a total of n=678 psychiatric consultations; in addition, we provided telemental health counseling to n=208 pregnant and postpartum women. To evaluate acceptability, providers and patients rated their satisfaction. Women enrolled in counseling provided intake and monthly ratings on depression (PHQ-9), anxiety (GAD-7), substance use (4Ps, NIDA Quick screen) and risk for interpersonal violence and bonding impairment. Preliminary analyses show high ratings of provider and patient program satisfaction (>90%), and positive changes in mental health from intake to 5 months postpartum for women receiving telemental health counseling (clinical level anxiety dropped from 49% to 18% and clinical level depression from 41% to 10%, respectively).

CONCLUSIONS

MC3 Perinatal for Moms has shown feasibility to increase access for PMD treatment in primary obstetric care. The program is highly acceptable to both providers and patients and shows initial effectiveness in reducing depression and anxiety across the peripartum period. Current findings suggest this may be an efficacious model to reach and support perinatal women and their infants who otherwise may go untreated.

‘Next Stop: Mum’: Evaluation of a Postpartum Depression Prevention Strategy in Poland

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T4 - BOP42: IMH Services 3, Wicklow 5, 18 July 2023, 16:30 - 18:00

Introduction:

Postpartum depression (PPD) is a common and serious mental health problem that affects about 13–20% of new mothers.

Aim of the study:

In the study we present a mid-point evaluation of the postpartum depression (PPD) prevention strategy in Poland. As PPD is associated with potential negative consequences for the mother and infant, the need to introduce screening and treatment is vital.

Material and Methods:

Analyzed data were collected within the framework of “The Next Stop: Mum”, a part of the Polish National Health Policy Program. The project covered over 21,500 women in the first year postpartum.

Conclusions:

The average score in the Edinburgh Postnatal Depression Scale (EPDS), in a screening provided in direct contact, was 4.73 (SD = 4.14, n = 7222), and increased in 55% of women in the follow-up study. In online screening the average score in the EPDS assessment was 16.05 (SD = 5.975, n = 10,454). The ‘probable depression’ rate (EPDS > 12) in ‘direct’ contact is 7.3%, and on the online platform—77%. Additionally, 26% of possibly affected mothers assessed in ‘direct’ contact benefited from psychological consultations. The average score in the EPDS among mothers who benefitted from consultations is 16.24 (SD = 4.674, n = 231). Approx. 82% of healthcare providers raised their knowledge of PPD after training sessions.

Maintaining the assumptions of the program: training for medical staff, screening conducted throughout the first twelve months postpartum, online platform with the possibility of self-screening and early psychological intervention seem to be justified actions, leading to a higher number of women with risk of PPD referred.

Research to Practice: A Public Health Framework in Early Childhood Mental Health

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T4 - BOP42: IMH Services 3, Wicklow 5, 18 July 2023, 16:30 - 18:00

INTRODUCTION

Economic insecurity, racism and discrimination, political unrest, and a pandemic threaten our sense of safety and well-being. Bringing two decades of ACEs research into practice within early childhood settings, this workshop outlines the public health approach. Using the socioecological model, the 'grassroots to grasstops' framework works within systems to change systems, providing services while shifting policy and practice that keep adversity and inequity in place. Leveraging a research-based framework, a continuum of community strategies addressing paired ACEs (Adverse Community Environments and Adverse Childhood Experiences) and social determinants of health guide implementation.

PURPOSE/AIMS

The overarching goal is to build a resilient, equitable community that supports child well-being. The public health approach moves beyond individual, caregiver, and community awareness efforts. Universal, selected, and indicated services are delivered based on assessed need and risk of the infants, toddlers, and preschoolers served. It reduces healthcare costs and burdens, improves classroom functioning, increases learning and academic performance, and improves attachment.

DESCRIPTION

Services are integrated throughout the community, with clinicians embedded within childcare centers, schools, and pediatric offices, offering onsite services and support that eliminate racial and ethnic barriers to accessing quality behavioral health prevention, early intervention, and treatment. Efforts focus on building awareness and the capacity of caregivers and the community to effectively address ACEs and promote positive relationships in a trauma-informed approach. Some of the interventions of the model include individual and small group play therapy, psychoeducation, teacher and caregiver training, classroom assistance, mental health observation, crisis intervention and formal child/class observations.

CONCLUSIONS

Utilizing a public health framework allows us to have wider-ranging impact than the traditional disease-centric model which addresses health as the absence of illness. This model brings the research into practical implementation, changing the way of being with children at the caregiver, preschool, and community levels.

T4-BOP42.7

Co-designing a 'First 1000 days' series of workshops for parents of newborns in New Zealand

Ms Tawera Ormsby¹

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T4 - BOP42: IMH Services 3, Wicklow 5, 18 July 2023, 16:30 - 18:00

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.

We co-designed a "First 1000 days" series of workshops for parents of newborns from multicultural backgrounds in South Auckland, Aotearoa, New Zealand. We worked with parents who had completed our antenatal group with our early intervention service, once their babies were born. Empathy interviews between these parents resulted in a group designed, 10 week programme of topics they felt they needed to support them develop secure relationships with their babies or skills that would help them parent as they and their baby journeyed together.

The group suggested speakers, ideas were shared, planning processes were designed and parents with skills offered to share them. Free play and 'learning through play' sessions with their babies were set up as relationships between parents and their babies, and relationships between the parents in the group were strengthened. They became keen to provide peer support for other parents in groups that followed.

We report the positive outcomes for these groups who attended, co designed and participated in these services and programmes aimed at building upon parent's resilience.

Perinatal infant and parent mental health services: a scoping review of national models and guidelines

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T4 - BOP42: IMH Services 3, Wicklow 5, 18 July 2023, 16:30 - 18:00

Background:

Perinatal mental illness can lead to emotional, developmental and attachment issues for parent, infant, and child longer term and result in extensive economic costs. In Tyrol, Austria, stakeholder workshops identified a lack of awareness among the public and health professionals, a lack of screening and prevention activities, limited coordination of and gaps in services.

Aim:

This scoping review aimed at identifying and summarising perinatal and infant mental healthcare models/pathways and guidelines, providing an overview of common characteristics and best-practice examples.

Methods:

To include 'best practice' documents describing care models/pathways and evidence-based guidelines that focus on several aspects of care, including prevention, screening, referral, management of mental health during pregnancy and postpartum until the child's first birthday.

Conclusions:

Based on information from six documents (UK, Ireland, Canada, Australia), we described common characteristics and outlined an 'ideal' care model which should:

- be evidence-based, needs-based, person-centred, and equitable
- provide compassionate, supportive, empowering care, based on collaborative decision-making
- include integrated pathways and multi-professional, coordinated networks
- integrate interventions of primary prevention, counselling and effective early identification and screening
- have clearly defined referral pathways
- provide appropriate evidence-based treatment with timely access
- consider the mental health and wellbeing of the mother, but also of the child(ren) and the father/partner/co-parent, as well as the parent-infant relationship
- include people with lived experiences when designing and delivering PIMH care
- plan evaluation and/or monitoring of newly implemented interventions from the beginning

Open questions remain, including: identification and care for fathers/co-parents/partners with perinatal mental health problems, explicit inclusion and consideration of (mental) wellbeing of the infant as well as other children, and specific role of people with lived experiences. Results will be used for further discussion and serve as a basis for designing, further developing and implementing PIMH care in Austria.

T4-BOP47.1

Researcher and educator interpretations of micro-analytic observations of infant sociality

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T4 - BOP47: Early relationships and child behaviours, Wicklow Hall 1, 18 July 2023, 16:30 - 18:00

INTRODUCTION

In the field of infant mental health, methods for studying infant behaviour and interactions include: microanalytic observations where minute behavioural actions and sequences are explored using video; and psychoanalytic exploration by the observer of their thoughts and feelings about infant behaviour. Often these two approaches are used independently of one another. Yet when used in conjunction, they can generate new understandings about infants' interactions and underlying motivations.

AIM

This presentation will describe how microanalytic and psychoanalytic methods of infant observation were used to generate researcher and educator insights into infant sociality and social development in education and care (EC) settings.

MATERIAL and METHODS

This study was conducted in two EC settings with educators and infants under 2 years of age. A micro-analytic approach was used to examine infants' interactions in triads (defined as a third infant and an interacting infant-peer dyad) from video recordings of 20 infants collected across a 19-month period (age range = 3 to 21 months). A data set of 564 coded observations was generated and analysed using frequency analyses, correlations and group comparisons. A psychoanalytic approach was used to generate interview data with four educators while viewing video extracts of infant interactions in triads. In total, 18 interviews were conducted and analysed using structural and thematic approaches.

RESULTS

Analyses confirmed that third infants were watching, coming in to, and communicating with the dyad. Insights from the psychoanalytic method identified third infants' motivations as: being curious and interested in their peers, working out the interactions between the dyad, and seeking belonging and togetherness.

CONCLUSION

Micro-analytic and psychoanalytic methods of observation generated data that identified and described infant-triad interactions, and provided meanings that underlie these interactions. Combined, these two methods gave a more comprehensive understanding of how and why infant groups behave the way they do.

The Impact of Teacher Mental Health on the Behavior Problems of Young Children

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T4 - BOP47: Early relationships and child behaviours, Wicklow Hall 1, 18 July 2023, 16:30 - 18:00

Introduction:

Maternal depression has been shown to be a risk factor for the development of problem behaviors in young children. More children worldwide are spending time in childcare. There are gaps in the research regarding how the mental health of caregivers in childcare settings impact young children's behavior problems.

Study Aim:

Explore associations among childcare provider depression and 3-yr-old problem behaviors after controlling for maternal depression.

Material and Methods:

The Family and Child Experiences (FACES:2009) survey is a longitudinal nationally representative extant dataset of the Head Start program. Head Start programs in the United States provide early care and education for children ages 3-5 who are from economically disadvantaged homes or have a disability. A total of 1,445 cases with data at both the beginning and end of the school year were available for regression analyses. Parent and Teacher depression were measured using the CES-D (Radloff, 1977). Child problem behavior as reported by parents was collected using an abbreviated adaptation of the Personal Maturity Scale (Entwisle et al. 1987) and from the Behavior Problems Index (BPI; Peterson and Zill 1986). Scores range from 0-24. Regression analyses controlled for child age in months and gender (0=female).

Conclusions:

Analyses revealed that child gender ($\beta=.585$, $t(1,444)=3.231$, $p=.001$) and parent ($\beta=.099$, $t(1,444)=6.554$, $p<.001$) and teacher ($\beta=.047$, $t(1,444)=2.432$, $p=.015$) depression at the beginning of the year were statistically significant predictor of child problem behaviors reported at the end of the year. Results indicated that in addition to male children having higher problem behavior scores, higher parent and teacher depression scores were also associated with higher problem behavior scores. Parent depression had notably bigger impacts, but the noted impact of teacher depression on child outcomes provides additional support for efforts to support healthy mental health and wellbeing for all caregiver types. Implications for practice will be discussed.

Mentalizing under “pressure” – maternal mind-mindedness in an emotionally challenging situation and infant behaviours

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T4 - BOP47: Early relationships and child behaviours, Wicklow Hall 1, 18 July 2023, 16:30 - 18:00

INTRODUCTION:

Parents’ capacities to envision and interpret their infants’ mental states, thus mentalizing, can be measured as mind-mindedness (MM) and parental reflective functioning (PRF). Despite empirical indications that parental mentalization is linked with positive child development outcomes, its associations with infant behaviours are scarcely examined. Further, little is known about the relationship between MM and PRF. In this context, assessing parents’ mentalizing abilities in attachment-activating situations could be relevant since parental mentalization can be activated by certain levels of emotional arousal.

AIM of the study:

Our study aims (a) to investigate maternal MM during an emotionally challenging interaction compared to a neutral situation while considering further links with PRF and (b) to explore associations between MM and infant behaviours.

MATERIAL and METHODS:

A sample of N=76 mother-infant dyads, derived from a longitudinal cohort study, provided data for the present analysis at 7 months postpartum. Maternal MM indicators (appropriate and non-attuned) were assessed using observations of a 15-minute free-play situation and the Still-Face-Paradigm (SFP). PRF was assessed using the Parent Development Interview-Revised. Infant behaviours during the SFP will be analysed using the Infant and Caregiver Engagement Phases coding scheme. All measures are coded with inter-rater-reliabilities.

RESULTS:

Preliminary analyses revealed higher appropriate MM during SFP compared to free-play. Higher levels of PRF were associated with less non-attuned MM during the SFP re-engagement episode. Interestingly, MM during SFP and free-play did not seem to be related. Infant interactive and self-regulatory behaviours are currently being coded and analysed with MM indicators.

CONCLUSIONS:

Our study provides insights into parents’ mentalizing process, indicating activation of maternal MM during attachment-activating interaction and a link between higher levels of “offline” mentalizing reflection with “online” mentalizing attunement into infants’ internal states. Associations with infant behaviours will be analysed and discussed to reveal possible mechanisms of infant-parent mutual regulation.

Longitudinal Relations Between Parenting Stress and Child Internalizing and Externalizing Behaviors

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T4 - BOP47: Early relationships and child behaviours, Wicklow Hall 1, 18 July 2023, 16:30 - 18:00

Introduction

Parenthood can be experienced as a pleasant but challenging period for parents, possibly accompanied by parenting stress. Early parenthood in particular is a vulnerable period as many parents experience biological and psychosocial changes related to new parenthood. Previous studies have shown that parenting stress is related to child behavior problems, but few studies have investigated the transactional relations across time between parenting stress and child outcomes separately, examining within-person changes.

Aim of the study

The first aim of this study was to examine the transactional within-person associations of parenting stress and child internalizing and externalizing behavior problems across childhood from age 9 months to 9 years. Secondly, we examined parenting as a possible underlying mechanism by testing whether parental warmth and hostility mediate within-person associations of parenting stress and child behavior across time.

Materials and Methods

Data were analyzed from the Growing Up in Ireland longitudinal child cohort study including 7,208 caregiver-child dyads at wave 1 (child's age nine months), who were followed at child's age three (wave 2), five (wave 3) and nine years (wave 5). Data were analyzed using a random intercept cross-lagged panel model in R-lavaan.

Conclusions

Bidirectional relations between parenting stress and child behavior were found for both internalizing and externalizing behavior from age 5 to 9, but not for earlier time points. Our results did not indicate mediating effects of parental warmth or parental hostility in the associations between parenting stress and child behavior problems. Therefore, we conclude that parenting stress and child internalizing as well as parenting stress and child externalizing behaviors have transactional associations from child's age 5 to 9 years. Future research examining transactional associations of parenting stress and child behaviors should investigate possible other mediations taking a within-person approach by utilizing the RI-CLPM.

T4-BOP48.1

FIRST CLINIC: how multidisciplinary teams are preventing the trauma of infant-mother separation at the hospital.

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T4 - BOP48: Perinatal risk and trauma, Wicklow 2A, 18 July 2023, 16:30 - 18:00

The FIRST (family intervention response to stop trauma) Legal Clinic is a multi-disciplinary team and a medical-legal partnership between our local child welfare agency, a law firm and our local hospital designed to prevent the trauma of unnecessary separation by child protective services immediately following birth.

Our clinic works with pregnant mothers to eliminate safety and risk issues months prior to child welfare intervention. By helping streamline access to drug and alcohol evaluations and treatment beds, our clinic aims to prevent the adverse childhood experience (ACE) of separating an infant from their mother. Using the eat, sleep, console method and with the support of a veteran mother who has successfully been through child welfare involvement herself, mothers who access our clinic are surrounded by legal, emotional and community supports that aim to prevent removal. Our data has shown that an overwhelming number of mothers we work with have no removal of their infant and no systemic involvement.

The medical-legal partnership also allows treating doctors to have a voice at the table when child welfare decisions are being made and to promote healthy infant-mental decisions centered around bonding and development with mothers.

Our clinic model has inspired culture change and similar prevention efforts in other states across our country. Our Clinic hopes to inspire the cross-pollination and cooperation of the various disciplines that engage with pregnant mothers who are struggling with substance use to promote the best possible health outcomes for the infants.

Delivering targeted phone-based support to parents at risk of suicide in the perinatal period

Ms Julie Borninkhof¹

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T4 - BOP48: Perinatal risk and trauma, Wicklow 2A, 18 July 2023, 16:30 - 18:00

Introduction:

Suicide is the leading cause of maternal death in Australia and other high-income countries, and has significant and long-lasting impacts on the individual, their babies and families, and their communities. However, there is very limited research offering insights into experiences of perinatal suicidality, and services for parents experiencing suicidal ideation in the perinatal period are scarce.

Aim or Purpose of the project or work described:

PANDA delivers the only free National Perinatal Mental Health Helpline in Australia. They currently deliver approximately 50,000 calls per year with approx. 10,000 of these (20%) to callers who disclose that they are experiencing suicidal risk or ideation. The early intervention and integrated support that PANDA provides is critical to callers from across the country.

Description of the work or project:

Through person centred, evidence-based interventions and almost 40 years of delivery, PANDA's peer and clinical team understand the fear and stigma that significantly impacts peoples help-seeking during this period. Recognising parents fear removal of their babies if they disclose risk, it is imperative that every opportunity is taken to assess risk, listen to the experience of the person and ensure they are connected to a community of care.

Delivered via a secure digital phone system and web-based tools and resources, the accessible and translated services provided by PANDA meet people's needs across all levels of mental vulnerability and conditions. They ensure that people from Australia's most vulnerable communities receive equitable access to care.

Conclusions:

This presentation will explore the experience of perinatal suicidal ideation and risk in Australian parents.

It will present the work that the team at PANDA undertake to address caller risk, break down stigma and provide person centred care. Here the power of services underpinned by lived experience will be evidenced, including Peer support staff (employed and volunteer) and Community Champions to create and deliver care.

Parents' resolution of children's diagnosis among asylum seekers from Eritrea and South Sudan in Israel

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T4 - BOP48: Perinatal risk and trauma, Wicklow 2A, 18 July 2023, 16:30 - 18:00

Introduction:

Parents' resolution of their children's diagnosis is considered a central process that parents go through when their child is diagnosed with a developmental disorder or a chronic illness. Several studies show parental resolution is associated with more sensitive caregiving and with children's secure attachment. Yet, most studies were based on Western families, and little is known regarding processes that may shape parental resolution.

Aim:

This study focused on parents who were asylum seekers from Eritrea and South Sudan in Israel. We examined whether parents' resolution of their children's diagnosis was related to the number of past traumatic events they experienced and their post-traumatic and migration stress levels. Alongside this, the role of resilience factors in parents' environment was examined. We aimed to expand current research on parental resolution in different cultural-ecological contexts, as well as on parenting among asylum seekers in general and specifically in Israel.

Material and Methods:

Participants were 51 parents (25 fathers; 88.2% from Eritrea) of children with Autism, Global Developmental Delay, or Cognitive Impairment. Parents completed questionnaires that measured their resolution of their child's diagnosis (Resolution of Diagnosis Questionnaire), exposure to traumatic events in the past (Harvard Trauma Questionnaire), post-traumatic symptoms (PTSD Checklist for DSM-5), and current migration stress levels (Refugee Post-Migration Stress Scale), as well as the extent to which they benefited from resilience factors (Connor-Davidson Resilience Scale-25).

Results:

Controlling for the type of child diagnosis and time since receiving it, results showed that more past traumatic experiences, higher post-traumatic stress, and higher migration stress were each associated with lower parental resolution. However, resilience did not moderate any of these links.

Conclusions:

The study reveals the links between parents' resolution of children's diagnosis and past trauma and stress. Implications for practice with parents who are asylum seekers will be discussed.

Inpatient Perinatal Mental Health Toolkit: caring for perinatal women in general mental health inpatient units

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T4 - BOP48: Perinatal risk and trauma, Wicklow 2A, 18 July 2023, 16:30 - 18:00

Introduction:

Perinatal mental illness is common and may at times require a parent or expectant parent to be hospitalised. NSW linkage data shows the rate of admission is raised significantly for women in the first postpartum year and is increasing over time. Best practice guidelines recommend the use of mother baby admission units, however in NSW, there are a very small number of these beds available and many pregnant women and parents of infants require admission to a general mental health inpatient unit (IPU) resulting in separation of parent and infant.

Women admitted to inpatient units in the perinatal period have unique medical and physical care needs which generalist mental health staff may be unfamiliar with as well as issues around maintaining care for, and contact with their infant. While generally encouraging of parent-infant contact for admitted consumers, IPU's and staff are not always adequately skilled or resourced to provide this. Assessing, monitoring and managing risk and recovery is complex and requires an understanding of issues specific to caring for families in the perinatal period.

Purpose of project:

This presentation describes the development and trial of an innovative digital toolkit to assist in equipping inpatient mental health staff to understand the needs of and support pregnant consumers and parents of infants admitted to IPU's.

Description:

This toolkit contains videos utilising a consumer story to highlight particular aspects of providing care in IPU's the perinatal period alongside evidence, check lists, protocols and tip sheets. The toolkit was co-designed by consumers, perinatal and infant mental health clinicians, perinatal psychiatrists and acute mental health staff. The videos and protocols pertaining to the parent-infant contact visits will be highlighted in the presentation.

Conclusion:

The digital toolkit was successfully introduced to all major general inpatient units in NSW through a NSW Health online learning platform and an evaluation of its uptake and effectiveness in improving care is underway in 2023.

Screening for Maternal Depression in Home Visiting: The Important Role of Culture

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T4 - BOP48: Perinatal risk and trauma, Wicklow 2A, 18 July 2023, 16:30 - 18:00

Introduction:

Home visiting (HV) programs are a vital public safety net program for young children and families in the United States. HV programs are highly impacted by maternal depression, with positive screening rates ranging from 35.5 to 57.2%. Increasingly HV programs have implemented universal screening procedures to identify mothers with depression for additional services, but only a small proportion of caregivers who screen positive are referred to services or initiate services. Studies show that there are many reasons for relatively low rates of service use following referrals, including differences in cultural values.

Aim of the study:

This study gathered qualitative from mothers and home visitors about the barriers and facilitators to maternal depression screening and referral to services within the Parents as Teachers (PAT) home visiting program in the United States, with a focus on the important role of culture.

Material and Methods:

Semi-structured interviews were conducted over the phone with 16 home visitors (called “parent educators”) and 15 mothers who participated in depression screening within PAT. Just under a third of PAT staff interviewed identified as Black or African American, another third identified as White, and just over a third identified as Hispanic or Latino. In addition, almost half of mothers identified as Hispanic or Latino, a quarter identified as White, just under a quarter identified as Black, and one mother identified as biracial. Three mothers were interviewed in Spanish.

Conclusions:

Findings will be shared about family and staff experiences during screening and highlight the strategies that PAT parents educators utilized to effectively engage and screen mothers of different cultural backgrounds. These findings will promote maternal mental health equity within PAT and other home visiting programs.

Detection of Psychosocial Perinatal Risk Situations

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T4 - BOP48: Perinatal risk and trauma, Wicklow 2A, 18 July 2023, 16:30 - 18:00

INTRODUCTION

Perinatal Psychology is a specific area of psychology that works with the beginning of life and its related problematic situations. Early detection of psychosocial factors that indicate potential risk situations for the dyad at the time of birth, allow to implement specific interventions in perinatal mental health.

AIM of the study

The aim of the study is the detection of Psychosocial-Perinatal-Risk situations at the time of birth; and to present the results of its application in a maternity Hospital in Buenos Aires, Argentina; allowing to deepen our understanding of the specific characteristics of these psychosocial risk factors during the perinatal period.

MATERIAL and METHODS

The sample is composed of 3000 mother-baby dyads of the hospital “Mi pueblo” in F. Varela, Buenos Aires, Argentina, who were interviewed administrating the Perinatal Psychological Interview (PPI) between May 2011 and January 2022: 871 dyads (29%) from the maternity department; 1971 dyads (65.7%) in the Neonatal Intensive Care Unit, 103 (3.4%) from OB/GYN.

The PPI was administrated to examine psychosocial factors that allow the early detection of Psychosocial-Perinatal-Risk situations.

RESULTS/CONCLUSIONS

34% of the sample was detected as psychosocial perinatal risk (1020/3000 dyads). Different types of risk situations were identified and categorized in 10 Psychosocial-Perinatal-Risk situations: risk related to Non-nesting 15.3 %; Social risk 10.2%; Grief 11.3%; Adolescent risk 16.4%, Psychological risk 12%; risk related to Absence of support by their partner 13%; Family related 4.5%; Denial of pregnancy 4.8%; Institutional 4% and Physical risk 8.2%.

These findings demonstrate the importance of considering factors regarding emotional safety of women during the perinatal period, emphasizing the relevance of including Psychosocial-Perinatal-Risk situations that allow early detection and specific interventions in perinatal mental health.

“Orim” national intervention project in Israel:

Mothers’ adverse childhood experiences and mother-toddler relationships

Professor Efrat Sher-Censor¹, Dr. Rinat Feniger-Schaal¹, Dr. Michal Slonim¹, Prof. Nina Koren-Karie¹

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T4 - BOP48: Perinatal risk and trauma, Wicklow 2A, 18 July 2023, 16:30 - 18:00

Introduction:

Epidemiological research suggests that exposure to four or more adverse childhood experiences (ACEs) predicts poor health and mental health in adulthood. Research also shows that children of parents who were exposed to four or more ACEs are at increased risk of poor health, behavior problems, and poor academic achievements. However, most studies on the effects of ACEs on parents and their children were conducted in North America and were based on self-report questionnaires. Research of the effects of parents’ ACEs on observed parenting is scarce.

Aim:

We aimed to begin and address these gaps by studying Jewish and Arab Israeli mothers and their toddlers. We hypothesized that in accordance with studies conducted in North America, mothers’ exposure to four or more ACEs would be associated with mothers’ reports of more behavior problems of toddlers and that mothers’ depressive and anxiety symptoms would mediate this link. We also expected that mothers’ exposure to four or more ACEs would be associated with lower maternal sensitivity and poorer quality of the home environment, as observed by trained coders.

Material and Methods:

Participants were 187 mothers (20% Arab Israeli) and their toddlers (50% female; Mean age = 21.01 months) who were referred to a national early intervention project in Israel. Using self-report questionnaires, mothers reported their ACEs, their depressive and anxiety symptoms, and their toddlers’ behavior problems. We used observations to assess maternal sensitivity (Maternal Behavior Q-sort – Short Version) and the home environment (Home Observation for Measurement the Environment).

Results:

Results supported the hypotheses, demonstrating the significant role ACEs play in early mother-child relationships.

Conclusions:

The importance of including the assessment of ACEs in research and practice with families of young children will be discussed.

T4-BOP49.1

Keeping infants in mind through the development of an Early Years Strategy

Dr Allison Cox¹, Ms Annette Jackson¹, Dr Lynda McRae¹, Ms Renaye Kelleher¹, Ms Kamil Moolchand¹, Ms Catherine Gillon¹

¹Berry Street, Melbourne, Australia

T4 - BOP49: Advocacy, keeping babies and children in mind, Wicklow Hall 2B, 18 July 2023, 16:30 - 18:00

Introduction

In Australia, recent public health reforms have been focussed on prevention and responses for children and families experiencing family violence, child maltreatment and mental ill-health, for example through the Victorian Government's Early Intervention Investment Framework (EIIF) which is now embedded in Victoria's annual state budget process

Berry Street is one of Australia's largest independent child and family services organisations and in 2021 worked with over 8000 at-risk children under nine years of age with over 1600 children being under four years of age and 11% identifying as Aboriginal and/or Torres Strait Islander.

Despite this large amount of service delivery to vulnerable infants and young children, it was occurring in the absence of a coordinated strategy to ensure optimal outcomes with our youngest service users and their families and carers.

Aim

Berry Street has undertaken an Early Years Strategy project to develop a coherent, evidence-informed strategy comprising effective prevention and early intervention initiatives and interventions aimed at delivering more favourable outcomes across the prenatal-8 years lifespan of children, their parents/carers and families.

Description

The project consisted of a literature review, a data collection and mapping exercise to capture all data available across Berry Street programs working with children aged 0-8.9 years, either as primary or secondary clients, a consultation inquiry with 37 subject matter experts from Berry Street and its sector partners within a series of individual and group meetings.

The research and the project consultation results are unequivocal that the early years for children is the most crucial time in development for early intervention, due to (i) the opportunity for greatest impact for growth and change and (ii) the higher cost to the child and community of not acting.

Conclusion

This paper will present the Early Years Strategy project methodology, findings and the endorsed Berry Street Early Years Strategy.

How we co-produced a programme theory to support the development of Wee Minds Matter.

Dr Rachel Harris¹, Dr Beatrice Anderson, Dr Andrew Dawson, Ms Alice McFarlane

¹NHS Greater Glasgow & Clyde, Glasgow, UK

T4 - BOP49: Advocacy, keeping babies and children in mind, Wicklow Hall 2B, 18 July 2023, 16:30 - 18:00

‘Wee Minds Matter’ (WMM) is a multidisciplinary Infant Mental Health (IMH) service that aims to support families and professionals to meet infants’ needs and understand the infant experience, and thus transform culture around IMH in Greater Glasgow and Clyde.

The evaluation design of this complex intervention draws on national guidance and regional needs assessments (i, ii, iii). The development of the underpinning programme theory was aided by a ‘Programme theory workshop’ (PTW) facilitated by the evaluation team to capture how the WMM team see this intervention ‘working’. The WMM team contributed to a stakeholder analysis, review of wider context and system influences, and identification of interventions, and underlying mechanisms of change.

AIM OF THE WORKSHOP

The aim of the workshop is to share the development, implementation and synthesis of findings from the PTW.

METHODS

A demonstration of the interactive online whiteboard used to capture data, and methods such as ‘history of the future’, ‘PESTLE’ and final reflections will be delivered. Participants will take part in an interactive example of one of the methods.

CONCLUSIONS

The workshop will explore the PTW approach, discuss methods used, and consider how this methodology could be extended to enrich and refine other programme theories. The workshop will conclude with an open discussion on strengths, limitations and potential improvements.

i Skivington et al. (2021). A new framework for developing and evaluating complex interventions: Update of Medical Research Council guidance. *BMJ*, 374, n2061. <https://doi.org/10.1136/bmj.n2061>

ii Wason et al. (2021). Evaluability assessment of the Scottish Government’s Perinatal and Infant Mental Programme. May 2020. <https://www.gov.scot/publications/evaluability-assessment-scottish-governments-perinatal-infant-mental-health-programme/pages/2/>

iii Galloway et al. (2021). Assessing the Need for an Infant Mental Health Service in NHS Lanarkshire. <https://www.nhslanarkshire.scot.nhs.uk/download/infant-mental-health-report/>

T4-BOP49.4

The Voice of the Infant: Working together to support infants' views and rights

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T4 - BOP49: Advocacy, keeping babies and children in mind, Wicklow Hall 2B, 18 July 2023, 16:30 - 18:00

As part of our work developing Infant Mental Health services and systems in Scotland, the authors embarked on a project to facilitate the voices of babies and young children in our work, in the appraisal and evaluation of that work and in the design and development of our services.

Our intention was to provide guidance on how to take account of infants' views and rights in all encounters they may have with professionals in statutory or third sector services, or in public spaces, such as shops, libraries or galleries.

Our Voice of the Infant working group had 4 aims:

- To produce Best Practice Guidelines collating information about how to take account of infant's views and rights. We used the Lundy Model of Participation* to anchor this work which included practice examples from a range of settings.
- To produce an Infant Pledge detailing what babies and very young children should expect from adults.
- To produce an Infants' Rights statement that reflected Scotland's position on the rights of very young children, with a focus on enabling the breadth and depth of the rights held within the UNCRC to be accessed.
- To disseminate material developed to promote knowledge and understanding of the importance of Infant Mental Health and highlight that it is everyone's responsibility to listen to infant's views and ensure they reach decision makers.

In this paper, we will place this work in the context of relevant policies and legislation, including the UNCRC, describe our processes and share the content of the Best Practice Guidelines, Infant Pledge and Infants' Rights statement.

*Lundy, L (2007) 'Voice' is not enough: conceptualising Article 12 of the UNCRC. British Educational Research Journal 17(4), 927-942.

Advocacy for Implementation and Early Childhood Expansion of a Mental Health Access Program in Virginia

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T4 - BOP49: Advocacy, keeping babies and children in mind, Wicklow Hall 2B, 18 July 2023, 16:30 - 18:00

Introduction:

While nearly all infants and families with young children encounter healthcare services, many primary care providers (PCPs) lack training in infant and early childhood mental health (IECMH), have limited knowledge of available community services, and limited time to make effective connections.

Purpose of work described:

A unique collaboration in Virginia has successfully implemented a telephone-based mental health access program (VMAP) and advocated to expand this access line to include infants and young children, with stable statewide funds. This abstract describes the advocacy efforts to build, expand, and sustain VMAP, in partnership with key stakeholders.

Description of the work:

In 2018, the VA Department of Health received funds from the US Health Resources and Services Administration, used in partnership with the Virginia Chapter of the American Academy of Pediatrics and the Medical Society of Virginia Foundation, to implement VMAP in a statewide pilot. VMAP includes mental health training for PCPs, telephone consultation with mental health professionals, and care navigation for families. During 2019-2022, the VMAP team successfully advocated annually for expanded funding in the state budget, now with a total of \$6.8 million, including \$1.4 million for expansion to provide dedicated expertise in IECMH. Since its inception VMAP has provided over 20,000 hours of training to PCPs and responded to over 3,200 calls. Calls regarding children 0-5 years have disproportionately been related to concerns about Autism, disruptive behaviors, and child maltreatment. Ongoing expansion efforts will aim to increase IECMH-specific training and link families with a growing network of IECMH-endorsed professionals.

Conclusions:

Key advocacy efforts in VA have led to successful implementation and early childhood expansion of a mental health access line, providing PCPs with important education and support, and linking families to services. This is a model that other states or governmental agencies could consider for building sustainable IECMH infrastructure.

T4-BOP49.6

Ag Fas Anios. The Psychological Society of Ireland's Perinatal and Infant Mental Health Group

Dr Eithne Ni Longphuirt¹

¹Psychological Society Of Ireland Special Interest Group in Perinatal and Infant Mental Health, Dublin, Ireland

T4 - BOP49: Advocacy, keeping babies and children in mind, Wicklow Hall 2B, 18 July 2023, 16:30 - 18:00

Introduction

The Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH) of the Psychological Society of Ireland promotes clinical practice, education and research regarding the health and development of parents and infants from conception and pregnancy through to five years postpartum. The SIGPIMH primarily supports the discipline of Psychology, in addition to interdisciplinary cooperation with other medical and allied health professions. Since its inception the SIGPIMH has engaged in ongoing advocacy regarding perinatal and infant mental health. It is hoped this talk will provide participants with an insight into the work of the SIGPIMH.

Aims

This presentation aims to outline the activities of the SIGPIMH over the last number of years. In particular it's work advocating in the areas of legislation, policy and increased awareness of research relating to perinatal and infant mental health.

Description

Since the early stages of the SIGPIMH, developments in research, legislation, culture and best practice have broadened the focus of activities. Shifts in Irish society, and a growing research base has placed an onus on the SIGPIMH to develop a stronger voice in disseminating evidence-based practice within the public sphere. This talk will provide participants with information regarding the work of the SIGPIMH in providing evidence-based information on matters relating to perinatal and infant mental health in Ireland. Including a widely publicized press release for the referendum on the 8th Amendment, outlining the evidence base regarding the mental health outcomes following termination of pregnancy.

Conclusion

SIGPIMH promotes the values of inclusion and diversity, alongside evidence-based practice. This presentation aims to communicate to participants the activities of a professional body in its work advocating for families and infants in an Irish context.

ProChild Collaborative Laboratory: Addressing poverty and social exclusion and promoting children's rights and well-being

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T4 - BOP49: Advocacy, keeping babies and children in mind, Wicklow Hall 2B, 18 July 2023, 16:30 - 18:00

The ultimate goal of successful societies is to assure children the best start in life. Childhood adversity can impact health and wellbeing later in life. Thus, it is crucial to intervene in childhood to offset the negative outcomes of being exposed to early adverse experiences, and to discontinue the cycle of intergenerational poverty, violence and inequality.

To address these issues, the ProChild Collaborative Laboratory (ProChild CoLAB) aims to develop a strategy against child poverty and social exclusion in Portugal, by bringing together academic researchers and professionals in the field. By placing children at the center of research, and through an articulated intersectoral collaboration, the ProChild CoLAB aims to: design and develop transdisciplinary scientific research projects and technological innovation; develop, implement and validate intervention programs to break the cycle of poverty and to promote children's rights and well-being; create customized, scientifically validated innovative products and services; offer scientific training and supervision to professionals and promote corporate social responsibility in the childhood field; and contribute with scientific-based guidelines and recommendations for local and public policies.

In order to do so, the ProChild CoLAB is organized around two strategic areas: (1) the Social Intervention Area grounded in four units: Health and Wellbeing; Development and Education; Social Participation and Citizenship; Protection and Welfare; and (2) the Social Technology Development Area anchored on two units: Digital Technologies and Nanotechnology.

Within those areas, and based on a collaborative and multisectoral work with researchers and stakeholders, our presentation will address four main current projects: a community program integrating screening, psychological assessment and intervention in children's mental health problems; an articulated model for evaluation, intervention, and professional training in childhood daycare services; a participatory project on building healthy neighborhoods; an integrated model for family foster care.

T4-BOP50.1

Is mother-child Emotional Availability malleable through short-term focal psychoanalytic therapy for children with depressive disorders?

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T4 - BOP50: Supporting emotional availability, sensitivity and mentalisation, Wicklow 1, 18 July 2023, 16:30 - 18:00

Introduction:

Parent-child interactions of low quality represent a risk factor for child psychopathology and unfavourable socio-emotional adjustment. Emotional Availability (EA) is a construct describing the affective quality of parent-child interactions and has shown to be sensitive to attachment-based interventions or programmes focussing specifically at improving parent-child-interactions. However, there is a paucity of data regarding the sensitivity to change of EA in child psychotherapies, such as Short-term Psychoanalytic Child Therapy (PaCT).

Aims of the study:

This prospective study aimed to evaluate whether dimensions of mother-child EA are malleable through PaCT.

Methods:

This study included a sample of N=30 children aged 4;0 to 8;11 years;months with their mothers. Videotaped mother-child interactions in a free-play context were coded with the Emotional Availability Scales, 4th edition at two assessment points: before (t1) and after (t2) PaCT. All children had been diagnosed with a depressive disorder within a period of maximum 3 months prior to t1 using the Preschool Age Psychiatric Assessment (PAPA), which is a structured, psychiatric interview to assess psychiatric symptoms, diagnoses and impairments in 2- to 8-year-old children.

Results: By applying repeated measures multiple analysis of covariance (MANCOVA) using time as independent variable, the EA dimensions as dependent variables and child age and sex as covariates, we will present detailed data on whether changes regarding the EA dimensions occurred between t1 and t2.

T4-BOP50.2

The use of video material to promote early attachment in perinatal mental health services

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T4 - BOP50: Supporting emotional availability, sensitivity and mentalisation, Wicklow 1, 18 July 2023,
16:30 - 18:00

Introduction:

Video Interaction Guidance (VIG) is an intensive, short-term intervention which targets difficulties in early attachment between mothers and infants. The practitioner tailors the intervention to the parent's individual goals and needs. Video recordings and shared reviews are utilised to embed better attunement in mother-infant relationships.

Aim:

The aim of this presentation is to inform and educate professionals working with mothers and infants on the use of video material in supporting early attachment and bonding.

Description:

Currently the SPMHS in the Coombe Hospital are the only service in Ireland to offer video interaction guidance (VIG) as a specialist and targeted intervention for Mothers who are struggling in their attachment relationships with their babies. We will share the evidence base and theoretical underpinnings of VIG. Our early experience in utilising this approach will be shared including challenges and opportunities. We will outline the approach and share video extracts from Mothers we have worked with to better illustrate the approach. We will also discuss our research in this area and share early outcome findings.

Conclusions:

The hope is that by observing VIG in action, this will inspire other professionals to think about how they might integrate the approach in their own settings. VIG offers a pragmatic and cost-effective opportunity to intervene successfully in the early lives of mothers and babies.

Tuning in to Toddlers: Improvements in Emotional Availability Following an Emotion Socialisation Program

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T4 - BOP50: Supporting emotional availability, sensitivity and mentalisation, Wicklow 1, 18 July 2023, 16:30 - 18:00

Introduction and Aim:

Both parent-child emotional availability and parent's emotion socialisation behaviours influence children's emotional development. During toddlerhood, parents may find it challenging to sensitively respond to their toddler's increased need for autonomy, which is often coupled with a greater intensity in negative emotional expression. Parenting programs can assist by improving the parent's ability to respond supportively to their child's emotions, and could also improve aspects of the parent-child relationship. Tuning in to Toddlers (TOTS) was developed as a universal program to improve parents' supportive reactions to children's emotions; discussion of emotions; and, parental role-modelling of appropriate emotion expressiveness. Previous evaluation of TOTS has found improvements in parent-report questionnaires of emotion socialisation beliefs and behaviours, emotion regulation, empathy, and child behaviour as well as on biological measures of toddlers' stress cortisol. The current study aimed to evaluate whether the TOTS program also led to improvements in observed emotional availability.

Methods:

Parents of toddlers aged 18–36 months old were recruited through childcare centres and maternal child health centres in Melbourne, Australia and were allocated to either an intervention or a 15-month waitlist control condition in a cluster-randomized controlled design. Parents in the intervention group participated in 6 group sessions of TOTS. Baseline and 12-month post-intervention observational assessments for 99 mother-child dyads (intervention, n = 50; control, n = 49) were coded using the Emotional Availability Scales, fourth edition.

Results:

Compared with controls, intervention mothers showed significant improvements in sensitivity ($p = .004$) and there was some evidence for improvements in child responsiveness ($p = .092$). There was less evidence for group differences in EAS subscales of structuring, non-intrusiveness, non-hostility, and child involvement.

Conclusion:

This study provides preliminary evidence that an emotion socialisation program additionally impacts emotional availability in mother-child dyads. Evidence for conceptual similarity and clinical implications will be discussed.

The Role of Negative Emotionality in the Development and Treatment of Early Externalising Behavioural Problems

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T4 - BOP50: Supporting emotional availability, sensitivity and mentalisation, Wicklow 1, 18 July 2023, 16:30 - 18:00

Introduction

Longitudinal research provides general support for negative emotionality as a risk factor for persistent early externalising behavioural problems (EBP) and some evidence of its mediation between coercive parenting and EBP. Negative emotionality can be measured early in development and may provide an earlier point of intervention. However, it remains unclear whether negative emotionality can be reduced by parenting interventions that target early EBP.

Aims of the study

The primary aim was to examine the developmental change in negative emotionality, both developmentally and in response to a parenting intervention, in association with changes in overreactive parenting and EBP during toddlerhood. We examined whether changes in parenting and EBP were mediated by changes in negative emotionality. This study also aimed to test whether reduced negative emotionality serves as a mediation mechanism linking improvements in parenting through an intervention and improvements in EBP.

Methods and Materials

The study was conducted with 300 toddlers at risk of behavioural difficulties and their parents, who were randomised to receive Video feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) or treatment as usual. Participating families received home visit assessments at two time points: pre-randomisation and immediate post-intervention (5-month post-randomisation). During assessments, EBP was measured using an early childhood version of the Preschool Parental Account of Children's Symptoms, negative emotionality was indexed by the caregiver-reported child dysregulation profile on the CBCL1.5-5 and parenting behaviours were measured using the self-reported Parenting Scale. The latent difference score approach was conducted to test the hypothesised mediation models.

Conclusions

We found that decreased negative emotionality mediated improvements in overreactive parenting and EBP, indicating the role of negative emotionality in coercive parent-child processes that contribute to early EBP. We also experimentally tested whether negative emotionality could be a malleable target for VIPP-SD to reduce early EBP but found no evidence.

Longitudinal Development of Parent-Child Interaction in Home Visiting: Examining the Moderating Effects of Parental Depression

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T4 - BOP50: Supporting emotional availability, sensitivity and mentalisation, Wicklow 1, 18 July 2023, 16:30 - 18:00

INTRODUCTION and AIM:

Depression interferes with a caregiver's capacity to provide engaged and positive caregiving; decreasing the likelihood of positive affect and reciprocity in interactions (Lovejoy et al., 2000). Home visiting (HV) provides one avenue to improve child outcomes in families impacted by depression. Serving parents with depression in HV programs is common. This study examines how parent-child interactions change during HV, and whether those changes differ for those enrolling with depression.

MATERIAL and METHODS:

Participants were enrolled in the Healthy Families America (N=601) in the southern US. Parents averaged age 21 (SD=4) and almost half were White (49%; 22% Black, 23% Hispanic, 4% other). Depression was measured with the Patient Health Questionnaire-2. For each home visit, HV staff record the percent of time of the visit focused on specific content and rated the quality of parent-child interaction observed.

Functional Data Analysis was used to analyze parent trajectories of the observed parent-child interaction through time. To determine if there is an overall difference in the mean functional trajectories across depression conditions, a Functional Analysis of Variance (FANOVA) was used. FANOVA is an asymptotic version of the ANOVA F-test employing a numerical Monte Carlo procedure and a parametric bootstrap of 2000 samples. It allows for the use of all information in the trajectories.

RESULTS:

There were significant differences in the trajectory of parent-child interaction scores for caregivers enrolling in HV with and without depression (Bootstrap $p=.030$). Caregivers without depression have parent-child interaction scores that increase and stabilize throughout services. Caregivers with depression have parent-child interaction scores that increase in the first 6 months of services but attenuate.

CONCLUSIONS:

Parents who enter HV with depression may need additional supports to maintain positive gains in their parent-child behaviors as services progress. Findings also highlight the need for ongoing observation of interactions.

Internet mentalization informed Video Intervention Strength Based (VI-SD) to improve maternal sensitivity in mother-infant dyads

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T4 - BOP50: Supporting emotional availability, sensitivity and mentalisation, Wicklow 1, 18 July 2023, 16:30 - 18:00

Background:

Depressive symptoms in the postpartum period are a highly prevalent mental health problem, which can negatively influence mother's sensitivity and mentalization, key competencies for attachment formation and child development. Its prevalence increases in mothers of low socioeconomic status and even more in contexts of high psychosocial stress, which reduces treatment options and face-to-face approach. The use of Video-feedback has been particularly effective in attachment-based interventions. Despite this, the trainings are expensive, usually in English and require cultural adaptations to be used in Latin American countries. This study aims to evaluate the feasibility and acceptability of a resource-focused video intervention (VI-SD) developed in Chile, informed by mentalization and aimed at mother-baby dyads with depressive symptoms, attended in Public Health Centers.

Methods/design:

A pilot randomized clinical trial with two groups of mother-baby dyads with children between 4 and 12 months of age was planned. Participants were randomly assigned to the control (CG) and experimental (GE) groups in a 1:1 ratio. The participants of both groups received the usual treatment of the Centers and psychoeducational primers, the EG received the VI-SD. The study developed started with 79 dyads, 38 from CG and 41 from EG (T1) and finalized with 49 dyads (T3), 23 from CG and 26 from EG.

Results:

The results showed that it is feasible to implement an online intervention with video-feedback in mother-infant dyads with depressive symptoms. Significant differences were observed between the groups with an increase in maternal sensitive response and reflective functioning in the EG, as well as a reduction in hostile and intrusive behavior in this group.

Discussion:

These results contribute with evidence for the use of a mental health intervention based on attachment theory, at a distance, for low-income mother-infant dyads, low cost and suitable for scaling to local and community Primary Health Care.

T4-BOP51.1

Pop Culture Professionalism: Why presenting infant mental health constructs at entertainment conferences makes sense

Ms. Jacqueline Jacobs¹, Dr. Kelly Pelzel², Dr. Elizabeth Jarvis³, Dr. Burgundy Johnson², Dr Tracy Vozar⁴

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T4 - BOP51: Innovative Means of Meaningful Relational Work in Perinatal through Five Mental Health, Liffey Meeting Room 1, July 18, 2023, 16:30 - 18:00

INTRODUCTION

What do superheroes, princesses, and infant mental health have in common? They are all topics of interest to families and share several thematic underpinnings. The panel showcases prior topics presented at pop culture con/comic con conferences in the United States as well as the intended and unintended consequences.

DESCRIPTION

Looking to engage a lay audience around topics in infant and early childhood mental health, the presenters combined forces to create pop culture content relevant to psychoeducation around perinatal through five (P-5) mental health. Topics from our team thus far included Disney's triggering of attachment systems using parental loss as a plot device, foster parent representation in Harry Potter and Star Wars, parent coaching in the Mandalorian, fairy godmothers as protective factors, neurobiology of attachment and substance use in Tiger King, and parental grief/loss in Wandavision.

AIMS or PURPOSE

Presentations on P-5 mental health concepts using engaging stimuli and pop culture examples provides an opportunity to engage a lay or novice audience in theory in "sticky" ways. Audience members have approached panel members during and following with questions, requests for referrals, and interests in the field.

CONCLUSIONS

Numerous popular culture media have relevance to P-5 mental health topics. Pop culture approaches to psychoeducation on P-5 mental health have additional exciting implications for teaching and practice that will be discussed with the audience.

T4-BOP51.2

We Really Need to Talk About Substances: Including comorbid use in perinatal mental health services

Ms. Jacqueline Jacobs¹, Dr. Elizabeth Jarvis², Ms. Lauren Gross¹, Dr Kelly Elliott¹, Dr Tracy Vozar³

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T4 - BOP51: Innovative Means of Meaningful Relational Work in Perinatal through Five Mental Health, Liffey Meeting Room 1, July 18, 2023, 16:30 - 18:00

INTRODUCTION

Substance use in the perinatal population is a public health priority with prevention in women of reproductive age an identified area of focus for certain regions in the United States. Notably, mental health, substance use and behavioral health concerns are the leading causes of maternal mortality in the United States. With nearly 80% of all maternal deaths categorized as preventable, we can and must intervene sooner and more effectively (Trost et al., 2022). Substance use during pregnancy not only impacts the developing fetus and the health of the mother, but also disturbs the developing attachment of mother and baby. Perinatal substance use can have a widespread impact on the caregiver's physical and mental health as well as the baby's development and well-being creating an environment ripe for early relational trauma and later repetition of substance abuse.

DESCRIPTION

We discuss 1) the risks of various types of substance use and misuse during the perinatal period, 2) the implications of substance use for prenatal care seeking, maternal morbidity, and mortality, 3) screening, assessment, and treatment possibilities and 4) ideas for training.

AIMS or PURPOSE

The speakers have created training programs and services with areas of focus in P-5 mental health and comorbid substance use. The intention is to provide resources, services, and education to expectant parents and their networks as well as in-depth training for professionals. Implications for treatment will be discussed, as well as current best practices based on a relational/attachment model.

CONCLUSIONS

Interdisciplinary providers need to provide effective screening, preventative care, early intervention, and attachment-informed treatments to the perinatal population and their families.

Trost SL, et al. (2022). Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services.

T4-BOP51.3

Dance, Baby, Dance!: Fostering health and connection through shared music and movement

Professor Beth Troutman³, Dr Tracy Vozar^{1,2}, Dr Kelly Elliott⁴

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T4 - BOP51: Innovative Means of Meaningful Relational Work in Perinatal through Five Mental Health, Liffey Meeting Room 1, July 18, 2023, 16:30 - 18:00

INTRODUCTION

Dance, movement, and music create the opportunity to strengthen the connection and foster security between parents and children. Rhythmic movement is connected to parents' capacity for attunement, mirroring, and mindfulness; key attributes within securely attached dyads. Dance and music interventions have also been shown to have positive effects on mental and physical health. Given the stress on families during and since the Pandemic, people need multiple effective coping strategies.

DESCRIPTION

Each program emphasizes the importance of movement, caregiver-child relationships, and the benefits of music on well-being during stressful times. One presenter hosted Daily Dance Parties from her living room over Zoom, thereby engaging intergenerational family and friend relationships internationally. From a parallel perspective, another presenter modeled self-care practices for infant and early childhood mental health providers by offering BeMoved® virtual classes. Another presenter focused efforts on families of hospital first line staff. Utilizing the SING.PLAY.LOVE. approach, she partnered with its creator to offer daily Zoom "play parties" to families to 1) reduce pandemic distress; 2) engage children in self-regulating activities; and 3) provide calming and co-regulating experiences.

AIMS or PURPOSE

This presentation explores three dance, movement, and music programs intended to provide respite and support for families with young children. The presenters will explore old school ways of connecting and attuning (i.e., dance and music) via a novel mechanism (i.e., telehealth) and with the lens of perinatal through five mental health principles.

CONCLUSIONS

In this presentation on dance and movement for mental and physical health, we will describe each highlighted program's successes, challenges, and visions for the future, using qualitative data as well as participatory methods. Get ready to dance!

Troutman, B. (2022). Dancing Toward Security: Adding New Steps to Your Attachment Dance. In: Attachment-Informed Parent Coaching. Springer, Cham. https://doi.org/10.1007/978-3-030-98570-7_18

T4-BOP51.4

Innovative Means of Meaningful Relational Work in Perinatal through Five Mental Health

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T4 - BOP51: Innovative Means of Meaningful Relational Work in Perinatal through Five Mental Health, Liffey Meeting Room 1, July 18, 2023, 16:30 - 18:00

INTRODUCTION

Hanging up a shingle will not reach those most in need of services. Professionals need to be creative, innovative, and community-engaged to reach a breadth of clients. For perinatal through five (P-5) professionals, that means being present in locations where caregivers and infants frequent.

DESCRIPTION

Services in community museums, health centers, libraries, buses, pop culture conferences, and other family-friendly venues reduces stigma, enhances attendance, and sets a welcoming tone – all increasing access. Virtual services are also a valuable option for increasing accessibility to many services, even those we may have previously thought were too relational or play-based to be offered over a screen. In addition to strengthening protective factors, professionals need to broaden their scope of work to include screening and addressing social determinants of health and known risk factors. Providers also need to offer services in the preferred language of the client.

AIMS or PURPOSE

Our speakers have been creatively collaborating to address these needed changes. Across different work settings (e.g., hospitals, academic departments, museums), states in the USA (e.g., DC, Iowa, California, Colorado), and disciplines (e.g., clinical, developmental, and educational psychology, social work) the presenters will share a variety of innovative means employed to increase accessibility and scope of P-5 services. Each talk will introduce an innovative means of conducting P-5 practices including WePlay/Nosotros Jugamos caregiver-child groups, virtual support groups for caregivers, Parentline telehealth services, Integration of Working Models of Attachment in Parent Child Interaction Therapy (IoWA-PCIT) via telehealth, mobile treatment via buses, and virtual dance parties.

CONCLUSIONS

Each presenter will share the experienced barriers that prompted innovation, and discuss details of the approaches, strengths, and growing edges of each innovation. We will also invite the audience to discuss their ideas for implementation of innovative approaches and consider the innovations ahead of us as a field.

T4-BOP52.1

Promoting Infant Mental Health through systematic training and coaching of Infant/Early Childhood Mental Health Consultants

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T4 - BOP52: IMH training for practitioners, Liffey Meeting Room 2A, July 18, 2023, 16:30 - 18:00

Introduction

IECMHC consultants work with early childhood educators (ECEs) and families to promote early social relational skills and address Infant Mental Health (IMH) concerns in infants, toddlers and preschoolers. The emphasis is on promoting strong attachment and relational health between providers and young children and build attachment fostering skills in ECEs. Consultants help providers to understand IMH principles, including how to best support early healthy emotional growth in young children through focusing on supporting adult caregivers.

Purpose

The purpose of this workshop is to demonstrate a statewide systematic approach to onboarding IECMHC consultants to ensure they have a full range of knowledge and skills in IMH and consultation practices.

Description

This workshop will offer an in-depth review of one state's IECMHC onboarding processes to ensure consistent consultant training in evidence-based practices as well as ongoing support services, coaching, and communities of practice. Training and coaching contents include social emotional and developmental screening practices, foundational IMH content and skills, classroom observation practices and fidelity tools, Facilitated Attuned iNteractions (FAN), understanding equity in early childhood education, and Pyramid Model practices. Content also includes navigating relationships between ECEs and children, particularly when they describe children or families as challenging. The steps taken to both conduct trainings and offer ongoing implementation support will be reviewed. Discussion will include local adaptations and ways this approach could match needs in other programs and locations.

Conclusion

At the end of the workshop, participants will have increased knowledge about one state's approach to offering IMH training, coaching and ongoing support to IECMHC consultants. They also will have generated ideas about how to make local adaptations.

T4-BOP52.3-4

Parallel Process : How training in an attachment-based intervention impacts those trained and service delivery

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T4 - BOP52: IMH training for practitioners, Liffey Meeting Room 2A, July 18, 2023, 16:30 - 18:00

The Circle of Security Parenting (COSP) program was designed to help caregivers be a secure base and safe haven for children. Training in COSP is designed activate participant's attachment systems in hopes of boosting empathy and enhancing reflective function.

This workshop reviews pre-, post- data on how professionals from various countries (phase 1- n =172; phase 2 – n = 115) were impacted by COSP training. Participants submitted a short analysis of a brief clinical situation describing a mother-child interaction (BCS) and filled out Empathy (EQ) and Reflective functioning (RFQ) questionnaires before and after COSP training. There was a significant increase in the use of attachment concepts and language in the BCS, and a corresponding decrease in the use of judgmental terms towards the mother. Those participants who used more attachment terminology post-training were independently scored as being less judgmental towards the mother post-training. Further, phase 2 participants who scored low on the pre-training EQ and RFQ demonstrated significant increases in both scores after training. Overall, COSP training promoted professional's empathy and RF towards parents, which could promote more responsive service provision in the community.

Data from Italy suggests that training in COSP has promoted a change in how community services are provided. Qualitative analysis derived from interviews of providers in multiple agencies in and around Bologna, Italy showed these impacts:

- Improvement in the ability of professionals from different theoretical backgrounds to work together in intervention;
- Improvement in recruiting groups of parents from services that hadn't previously worked together;
- Better integration of activities from different areas of the health system that had previously struggled to work together.

Overall, these field interviews suggested that the COSP training's non-judgmental approach may have enhanced "sharing" and "cooperation" among trained groups of professionals and supported effective communication that enhanced service delivery.

Improving IMH Home Visiting Training Curriculum to Strengthen Cultural Responsiveness and Equitable Service Delivery

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T4 - BOP52: IMH training for practitioners, Liffey Meeting Room 2A, July 18, 2023, 16:30 - 18:00

Introduction

Infant Mental Health Home Visiting (IMH-HV) is a needs-driven, relationship-based intervention with demonstrated positive outcomes for parents and children. Prior research found that higher therapeutic alliance (TA) was associated with improved program retention. Additionally, research found that White providers reported weaker TA with Black clients, yet Black providers' TA ratings were not associated with client race, suggesting White provider racial bias may be important to consider.

Aims

The current project aimed to inform quality improvements to IMH-HV provider training to better prepare providers to effectively engage and support diverse families.

Description

Focus groups, or individual interviews, were completed with 18 providers and 7 clients (parents/caregivers). Participants completed an anonymous demographic survey and self-selected into one of three groups offered separately to providers and clients: White identifying, Black identifying and Non-Specified racial/ethnic identity groups. A racially diverse, interdisciplinary team conducted thematic analysis of the data. In an iterative process, multiple coders reviewed transcripts to discern themes, with disagreements resolved by discussion. Analysis identified barriers and opportunities for effective engagement of clients: when provider and client are of different racial/ethnic backgrounds, provider attempts to forge a connection may make families feel 'othered'; providers may not see their racial identity as salient, yet it influences their practice and the establishment of rapport with families; patience, tolerating discomfort, and allowing the family to determine whether the provider can be trusted are key to establishing TA; the unique experience of marginalized providers in the field; and relationships are central in IMH-HV.

Conclusions

Effective IMH-HV practice with clients of diverse backgrounds requires a high level of self-understanding on the part of providers. Enhancing training to more deeply consider both the perspectives of diverse clients and the salience of one's own identity has potential to reduce barriers to TA, improve program retention, and address health disparities.

T4-PW6.1

Developmentally Supportive Interactions with Young Children in a Learning Landscape

Ms Misty Krippel¹, Dr Michaelene Ostrosky¹, Researcher Catherine Corr¹

¹University Of Illinois, Urbana-Champaign, United States

T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

INTRODUCTION:

Child development occurs mainly in the context of developmentally supportive interactions with others. Learning Landscapes (LLs) are designed to transform everyday spaces (e.g., parks, bus stops, libraries) into learning opportunities for children and families, to elicit developmentally supportive caregiver-child interactions that encourage age-appropriate learning. LLs are intended to foster learning opportunities for caregivers and children. Playful interactions through LLs have resulted in achievement gains for children from lower socioeconomic status backgrounds.

AIM:

In this exploratory study, we investigated the impact of a LL, near a community park, on caregivers' developmentally supportive interactions with their young children.

MATERIALS AND METHODS:

An observational measure of developmentally supportive interactions, the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO; Roggman et al., 2013), was used during live observations to measure how caregivers interacted with their young children (n = 10, M = 25 mo, range = 12-47 mo) while on a LL trail.

CONCLUSIONS:

Preliminary findings through observations of 10 caregiver-child dyads showed high scores across the PICCOLO domains and total scores (See Table 1).

- PICCOLO total scores for all families were substantially higher than the reported mean scores from the PICCOLO measurement sample (52.7pts, 12.7pts over the measurement sample mean (1.6 SD based on the measurement sample)).
- Teaching received the highest mean score (14.4pts, 6.8pts over the measurement sample mean (2.4 SD)), and the highest variability (ranging 11-16pts, 1-3 SDs over the measurement sample mean).
- Encouragement had the lowest mean score (12.3pts, yet almost a full SD over the measurement sample mean (2.2pts)).

The surprisingly high scores, even considering differences in sample populations, suggest that environmental prompts, like those provided in LLs, can promote developmentally supportive interactions in families' everyday environments, offering support to entire communities to support children's early development.

Developmentally Supportive Interactions with Home Visitors: A Coaching-based Community of Practice

Dr. Mark Innocenti¹, Professor Emeritus Lori Roggman²

¹Utah State University, Logan, USA, ²Utah State University, Logan, USA

T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

Introduction:

Coaching is one example of a developmentally supportive interaction (DSI). Few coaching approaches show clear outcome evidence for home visiting (Walsh et al., in press), but home visitors can be viewed as coaches for caregivers, and home visitors can be coached using a parallel process. A Community of Practice (CoP) that incorporates DSI and focuses directly on improving home visitors' practices will be described.

Aim:

This presentation aims to describe the process and tools for implementing a coaching-based CoP for home visitors, to note the aspects of DSI in the CoP, to report the results of the CoP on home visitors' DSI practices with parents in their programs, and to discuss the effectiveness of coaching in home visiting.

Method:

CoP is a form of collaborative learning (Buyse et al., 2003). We focused on coaching home visitors to engage families in DSI practices that support child development (Roggman et al., 2019). Recommended coaching practices were followed (Innocenti & Roggman, in press): (1) The community selects practice goals. (2) Home visitors self-video the practice, then rate and reflect on their home visit practices. (3) Self-videos are shared in meetings along with descriptions of practices and reflections. (4) Participants reflect on strengths of each other's ideas and practices (no negative comments allowed). (5) The process is repeated (cyclical). The Home Visit Rating Scales (Roggman et al., 2019) were used to guide the practice selection and for measuring outcome data. We worked with a multi-site, statewide evidence-based home visiting program for five years. Program staff improved their practices and maintained improvement.

Conclusion:

The process for implementing a DSI coaching-based CoP focused on the actual practices of home visitors while in the home will be presented. This DSI model is relationship-based, strengths-based, collaborative, reflective, and exemplifies parallel process. The home visitors' practices improved.

T4-PW6.3

Developmentally Supportive Interactions across relationships and contexts: Babies, siblings, home visitors, and community settings

Professor Emeritus Lori Roggman¹

¹Utah State University, Logan, United States

T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

INTRODUCTION:

Developmentally supportive interactions (DSI) occur in various relationships and contexts. Early DSI between parents or other caregivers and children is an established predictor of positive developmental outcomes for infants and young children. Other relationships also include DSI, such as interactions between siblings or between coaches and home visitors who engage in DSI with parents of children at risk or with disabilities. DSI is part of a developmental relationship (Li & Julian, 2012), characterized by reciprocity, relationship, gradually increasing complexity, and increasing independence in the developing person. DSI may occur in home, community, or virtual settings.

AIM:

This symposium aims to (1) provide a sampling of diverse relationships and contexts in which DSI can be observed and used to support the development of infants, children, families, or practitioners; and (2) discuss the parallels and differences in DSI across these relationships and contexts.

MATERIALS & METHODS:

The five studies presented in this symposium have all used observational methods to observe DSI. They have adapted their observations to parents with young babies, in the US and in Spain, to older siblings playing with toddlers, to families exploring a Learning Landscape in a park, and to group coaching of home visitors who coach parents. These interactions have been observed during in-person home visits, from video recorded by parents, in virtual sessions, or in community settings. Measures include the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO; Roggman et al., 2013) and the Home Visit Rating Scales (HOVRS; Roggman et al. 2019).

CONCLUSIONS:

These studies show the range of DSI across relationships and context and provide a broad view of how DSI can support not only the development of basic skills and knowledge needed by young children but also support the development of parents and the practitioners who work with them.

T4-PW6.4

Developmentally Supportive Interactions with Young Babies in the US & Their Later Developmental Outcomes

Professor Emeritus Lori Roggman¹, Dr. SuJung Park¹, Dr. Tasha Olson¹, Dr. Krista Gurko¹, Dr. Mark Innocenti¹

¹Utah State University, Logan, United States

T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

INTRODUCTION:

Developmentally Supportive Interactions (DSI) are critical for children's earliest development. Our studies using the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO; Roggman et al., 2013) to measure parents' DSI with toddlers and young children 10-60 months, showed that brief observations of parents' DSI predict children's skills at school entry and in early adolescence, many years later. The same measure of DSI in parent-infant interactions has been reported with infants in the first year of life (reported at WAIMH, 2018), and has now been tested in relation to both later DSI and children's developmental outcomes in the second year of life.

AIM: Our purpose was to explore whether parent-infant DSI in the first year of live, as measured by the PICCOLO, is not only concurrently associated with infant development in the first year, but also predictive of later parenting and child development outcomes in the second year.

MATERIALS & METHODS:

In the US, 87 mothers of 87 infants, 3 to 9 months old ($M = 5.4m$, $sd = 1.4m$) at Time 1, participated in a 10-minute video-recorded play session in their home, later coded with the PICCOLO, using expanded guidelines for infancy (PICCOLO+B). Trained assessors worked with parents to complete an age-appropriate Ages and Stages Questionnaire-3, (ASQ-3; Squires & Bricker, 2009). At Time 2, families were contacted again and were again recorded playing at home, coded later with PICCOLO, and completed the ASQ-3.

CONCLUSIONS:

Mothers' DSI with babies 3-9mo, as measured by PICCOLO, predicted both DSI and ASQ-3 scores at 14-18mo. Thus, DSI in the first year of life showed predictive validity in relation to both parenting and child development in the second year. The results demonstrate predictive validity of the PICCOLO for babies and reflect the key role of early DSI for infant development.

Developmentally Supportive Interactions with Young Babies in Spain

PhD Julia Gomez-Cuerva¹, PhD Mónica Gutiérrez-Ortega², PhD Catalina Morales-Murillo¹, María del Mar Batista-Guerra³, Manuel Pacheco-Molero¹, Dr Rosa Vilaseca⁴

¹Universidad Internacional de La Rioja, , Spain, ²University of Valladolid, , Spain, ³University of Las Palmas de Gran Canaria, , Spain, ⁴University of Barcelona, , Spain

T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

INTRODUCTION:

Developmentally supportive interactions parents have with young infants provide the primary context for promoting infant development. Thus, reliable tools have been developed to support developmental supportive parenting behaviors. The Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO; Roggman et al. 2013) is an observational tool developed in the US and validated in Spain (Vilaseca et al., 2019) for children 10-47 months. Expanded observation guidelines for 3-9-month-old babies have been developed in the US to create the PICCOLO Baby version. However, this new version has not been adapted for or tested in the Spanish population.

AIM:

The study aimed to analyze the psychometric properties of the PICCOLO for observing parents interacting with babies in Spain.

MATERIAL & METHODS:

The PICCOLO is an observational measure of parent-infant developmentally supportive interactions in a variety of cultural contexts. Twenty-nine items are divided in four domains: affection, responsiveness, encouragement, and teaching. Parent behaviors during parent-infant interactions are evaluated using a 3-point scale: 0 = absent, 1 = rarely, 2 = clearly. Domain and total scores are calculated by adding the rating for each item. For this study, the PICCOLO Baby version items and additional guidelines were translated to Spanish following a back-translation process. Fifty Spanish mother-infant dyad, with infants from 3 to 9 months participated in the study. Families completed a sociodemographic questionnaire through an online platform and recorded a 10-minute home video of a mother-infant free-play situation. Trained raters scored the mother-infants interaction using the Spanish translation of the PICCOLO Baby version.

CONCLUSIONS:

Inter-rater and scale reliability support the Spanish version of PICCOLO Baby to assess early developmentally supportive behaviors by caregivers of infants in Spain. Results from this study suggest the utility of PICCOLO for observing parent-infant interactions in the earliest months of life to support the child's development.

T4-PW6.6

Developmentally Supportive Interactions Between Young Children and Their Younger Siblings

Dr. Tasha Olson^{1,2}

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T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

INTRODUCTION

The sibling relationship is a unique but important context for early development. The effects of a positive or negative sibling relationship can affect children's development in childhood and throughout their lives. Despite the important role of siblings and the unique aspects of the sibling relationship, sibling interactions are largely overlooked as a resource of developmental support. Instead, much of the research and interventions concerning early developmentally supportive interactions (DSI) have focused on observing and supporting DSI between adult caregivers and their children.

AIM

The purpose of this project is to identify DSI behaviors used by children, aged 3 to 8 years, with their younger siblings, aged 1 to 4 years, during play using the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO; Roggman et al., 2013) and to identify child factors that affect DSI.

MATERIALS & METHODS

A sample of 15 young sibling pairs and their caregivers in the US participated in this project by completing an online questionnaire to provide information about their families and their participating children. After completing these questionnaires, participating caregivers chose to either record their children playing together for 10 minutes then send the videos electronically to the researcher or meet virtually with a research assistant to record the 10-minute play video. These videos were coded using the PICCOLO by trained and reliable research assistants.

CONCLUSIONS

Our observations support the feasibility for observing DSI in young sibling pairs using the PICCOLO. Young children, particularly older siblings, engage in DSI with their younger siblings during play, though less frequently or adeptly than adult caregivers. Child factors such as age and gender, affect the DSI between children and toddlers during play. Identifying and fostering DSI between young siblings may expand available supports for children's early development and also provide support overall family well-being.

T4-PW6.7

Infant Mental Health Home Visiting Buffers the Effect of DNA Methylation on Infants' Socioemotional Health

Dr. Jamie Lawler¹, Julie Ribado², Dr. Rebekah Petroff², Dr. Jaclyn Goodrich², Dr. Maria Muzik², Dr. Katherine Rosenblum²

¹Eastern Michigan University, Ypsilanti, United States, ²University of Michigan, Ann Arbor, United States

T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

Introduction:

Early exposure to stress affects risk for mental health outcomes over the lifetime and across generations. Methylation of DNA is an epigenetic mechanism thought to be linked to environmental stress and intergenerational transmission of adversity. Methylation of the NRC31 glucocorticoid receptor gene is associated with heightened cortisol response and negative socioemotional outcomes (Parade et al., 2016).

Aim:

Research on interventions that disrupt the intergenerational transmission of adversity are nascent. The Michigan Model of Infant Mental Health Home Visiting (IMH-HV) is a needs-driven dyadic intervention focused on improving the quality of the parent-child relationship. The current study sought to examine the effect of IMH-HV on the relationship between toddlers' NRC31 methylation and their socioemotional competence in a randomized-controlled trial.

Material and Methods:

Participants included 44 parents and toddlers randomly assigned to 12 months of IMH-HV treatment or to a control group. Toddler socioemotional competence was measured via the Brief Infant-Toddler Social-Emotional Assessment. Saliva samples were collected from children using Oragene kits (DNA Genotek). Methylation of the exon 1F region of the glucocorticoid receptor, NRC31, was measured via pyrosequencing and averaged.

Conclusions:

The overall regression predicting child socioemotional competence was significant, $F(3,40) = 5.94$, $p = .05$, $R^2 = .17$, and moderation analysis revealed a significant interaction effect, $F(1,40) = 6.77$, $p = .013$, $\Delta R^2 = .14$). Simple slopes revealed that in the absence of treatment, methylation of NRC31 predicts lower socioemotional competence ($b = -.37$, $p = .03$). However, this effect is not seen for children in the treatment group ($b = .33$, $p > .1$), suggesting that IMH-HV treatment buffers the effect of NRC31 methylation on children's socioemotional outcomes. Analysis of additional genes, including SLC6A4 and BDNF, is currently in process. This is the first study to demonstrate a buffering effect of an IMH-HV intervention on the relation between methylation and socioemotional outcomes.

Parade, S.H., et al. Child Development 87.1 (2016): 86-97.

Thriving Together: Evidence for Efficacy of the Michigan Model of Infant Mental Health Home Visiting

Dr. Jamie Lawler¹, Dr. Jennifer Jester², Dr Jessica Riggs²

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T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

The Michigan Model of Infant Mental Health Home Visiting (IMH-HV) is the primary service delivered to at-risk families across the state of Michigan, USA. It was developed in the 1970s by Selma Fraiberg at the University of Michigan and integrated into the state public mental health system as a prevention service for infants at risk of early relationship failure and potentially resultant deleterious outcomes. Despite being based on well-established clinical and developmental theory, with refinement based on implementation experiences with thousands of families, until recently, the Michigan Model of IMH-HV had not been directly evaluated with the methodological rigor necessary for designation as an evidence-based practice. Through a community-university-state partnership, a collaborative team of researchers across eight universities have embarked on an evaluation of the efficacy and effectiveness of the Michigan IMH-HV Model. Most recently, in a randomized-controlled trial, researchers have demonstrated positive effects of the intervention across several key outcomes including parent mental health, reflective functioning, relational health, and child socioemotional outcomes. This symposium highlights four important findings documenting longitudinal intervention outcomes. Paper 1 reports on improved maternal depressive symptoms over the course of treatment for mothers receiving IMH-HV treatment, but not for the control group. In Paper 2, researchers demonstrate that IMH-HV improves parenting reflectivity after 6 months of IMH-HV treatment. Paper 3 shows improvements in the early relational health of parent-child dyads among families with mothers who report high levels of maternal stress and mental health symptoms, which without treatment, negatively impact early relational health. Finally, Paper 4 demonstrates that IMH-HV buffers the negative effects of adversity-associated DNA methylation on child socioemotional outcomes. These findings contribute to the growing evidence base for the Michigan Model. Importantly, findings span across maternal health, relational health, and child health outcomes demonstrating the wide-reaching beneficial effects of IMH-HV.

T4-PW6.9

Increased parenting reflectivity following Infant Mental Health Home Visiting: A randomized controlled trial

Dr. Jennifer Jester¹, Dr Jessica Riggs¹, Dr. Jerrica Pitzen¹, Dr Kristyn Wong Vandahm¹, Dr. Maria Muzik¹, Dr. Katherine Rosenblum¹

¹Zero to Thrive, University Of Michigan Department Of Psychiatry, Ann Arbor, US

T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

Introduction

Parental reflectivity is a parents' ability to think about their child's internal states including thoughts, emotions, and motivations. Increased parental reflectivity, often a target of intervention, is associated with improvements in sensitive parenting and secure child attachment.

Aim:

We hypothesized that mothers who received Infant Mental Health Home Visiting (IMH-HV) services would show improved parental reflectivity, compared to mothers who did not receive intervention.

Materials and method:

Data came from 73 mothers enrolled in a clinical trial studying the effects of Infant Mental Health-Home Visiting (IMH-HV), a relational, home-based intervention.

At baseline, average age of mothers was 31.91 years (SD=5.69) and children 10.88 months (SD=7.23). Mother's race was 33% African-American, 70% white and 7% other. Average reported family income was \$48,333 (SD =34,559).

We used a "per protocol" treatment group for analysis; the intervention group consisted of 33 participants assigned to intervention who received at least one home visit. Controls included 35 participants assigned to control and five assigned to intervention who received no home visits. Following 6 months of treatment, the intervention group had a mean rating of 3.37 on the parental reflectivity scale of the Working Model of the Child Interview, whereas controls had a mean rating of 2.89. Ordinal logistic regression predicting reflectivity at 6 months, controlling for baseline reflectivity, race/ethnicity and family income-to-needs ratio, showed that those who received IMH-HV were more likely to be in a higher reflectivity category at follow-up (odds ratio = 2.99, $p = .027$) than controls.

Conclusions:

Infant mental health home visiting helped mothers to increase parental reflectivity. Improved understanding of their child's internal experiences and behaviors are expected to lead to more sensitive parenting and secure child attachment. Future research should explore these associations.

Whole Health Approach in Maternal-Infant Mortality: Integrating Physical, Mental and Social Determinants of Health

Elizabeth Lanter¹

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T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

Whole Health Approach to addressing Maternal and Infant Mortality: Integrating Physical Health, Mental Health and Social Determinants of Health

Introduction

Healthcare patients widely are being asked to establish with a primary care provider (PCP), also known as a medical home, which still has many barriers for perinatal services. As we are moving to a Whole Health model of care, it is important to consider that these medical homes also include mental health and social determinants of health. “Deaths from complications during pregnancy, childbirth, and the postnatal period have declined by 38% in the last two decades, but at an average reduction of just under 3% per year, this pace of progress is far too slow.” (World Health Organization, Maternal Child Health Impact statement)

AIMS

To provide understanding of the urgent need to integrate physical and mental health, as well as social determinants, that lead to truly whole health care, when addressing maternal child health initiatives (such a maternal death, infant death and maternal mental health). It is important that all aspects of integrated whole health are also trauma informed.

Description

Provide meta-analysis of what is already being done in terms of identifying gaps in care for physical health, mental health and social determinants of health. Discuss details of why integrated care is so important to maternal child health field and data outcomes, especially around maternal death, infant death and maternal mental health).

Conclusions

Focusing on one silo of care has the ability to produce impactful and effective outcomes. However, continuing to neglect the other parts of a patient’s life, will continue to show deficits in outcomes. Understanding a Trauma Informed Whole Health Approach to maternal child health will helps us better assess and treat a patient’s strengths and barriers for my systemic, long-standing results.

https://www.who.int/health-topics/maternal-health#tab=tab_2

<https://www.marchofdimes.org/research/maternity-care-deserts-report.aspx>

The Michigan Model of IMH Home Visiting mitigates maternal stress effects on early relational health

Dr Jessica Riggs¹, Sarah Freeman², Prof Holly Brophy-Herb³, Dr Ann Stacks⁴, Dr. Larissa Niec⁵, Dr. Jamie Lawler², Dr. Maria Muzik¹, Dr. Katherine Rosenblum¹

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T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

Early Relational Health (ERH) is comprised of the mutual actions, affect, and skills exhibited by both the parent and the child during interactions. Importantly, ERH is more than the sum of the influence of the parent and child's behavior during an interaction; rather it is the quality of the relationship or connectedness that is formed between the infant/toddler and their caregiver (Condon, 2016; Frosch, 2019). Parental mental health and experiences of trauma and/or stress has been linked with more difficulties in parenting, which in turn may impact the co-construction of strong ERH between parent and infant/toddler.

Participants were 64 mother-infant/toddler dyads enrolled in a clinical trial studying the effects of Infant Mental Health Home Visiting (IMH-HV). We hypothesized that maternal stress and mental health symptoms would be related with worse ERH, but that receipt of a relational intervention – IMH-HV would mitigate the negative impact of maternal symptoms on ERH. At study entry, maternal age averaged 31.91 years (SD = 5.69) and child age averaged 10.88 months (SD = 7.23). Approximately 70% of mothers reported their race as White, 33% reported their race as Black/African American, and 7% endorsed another race.

Pre-treatment levels of PTSD symptoms ($r = -.32, p = .01$), anxiety ($r = -.35, p = .004$), and maternal ACE score ($r = -.29, p = .03$) were associated with worse ERH assessed 12 months later. However, for those assigned to receive IMH-HV services, these associations did not remain. Additionally, mothers with the highest ACE scores who were assigned to IMH-HV had the highest ERH scores, suggesting IMH-HV services in the context of childhood adversity can promote optimal parent-child relational health.

Results suggest that IMH-HV can mitigate the negative impact of maternal stress and mental health symptoms on ERH.

Maternal mental health improvements following the Michigan Model of Infant Mental Health Home Visiting

Dr Jessica Riggs¹, Dr. Jennifer Jester¹, Prof Holly Brophy-Herb², Dr Ann Stacks³, Dr. Maria Muzik¹, Dr. Katherine Rosenblum¹

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T4 - POSTER WORKSHOP 6, EcoCem Room, 18 July 2023, 16:30 - 18:00

Introduction

Globally maternal mental health concerns, including depression and anxiety, are widespread and contribute to ruptures in parent-child relationships. The effects of home visiting (HV) programs on maternal mental health are mixed, and surprisingly few studies that have examined the effects of HV programs that employ parent-infant psychotherapy, such as the Infant Mental Health model, on maternal mental health.

Aims

The focus of the current study was to examine associations between receipt of an Infant Mental Health Home Visiting (IMH-HV) program and depressive symptoms among a community sample of mothers of infants. We posit that comprehensive nature of IMH-HV, pairing parent-infant psychotherapy with developmental guidance, and emotional and concrete supports, will be associated with improvements in mothers' depressive symptoms and anxiety.

Methods

In a randomized controlled study, 73 mother-infant dyads were assigned to IMH-HV (n=38) or a non-treated control condition (n=35) and five dyads assigned to intervention but who received no home visits were reassigned to control. Home visits were provided by trained infant mental health clinicians over the course of one year and assessments were done every three months. Depression symptoms were assessed with the PHQ-9 and anxiety symptoms with the GAD-7. Data was analyzed using linear mixed modeling.

Results

The model results for depression symptoms showed a negative effect of time by treatment (estimate = -0.10, $p = .039$) indicating that the treatment group decreased more over time than the control group. For anxiety symptoms, the treatment by time was also negative (estimate = -0.14, $p = .13$).

Conclusion

Results suggest that IMH-HV improves maternal mental health over time, particularly depression. Anxiety symptoms, which may be less severe relative to depression, appear more difficult to improve, perhaps suggesting the need for closer investigation about the sources and forms of anxiety experienced HV programs might address anxiety.

T4 - SYM 51.1

On gender and cultural differences in parental embodied mentalizing

Phd Student Brynulf Bakkenget¹

¹Inland Norway University Of Applied Sciences. Institute Of Psychology, , Norway

T4 - SYM51: On gender and cultural differences in parental embodied mentalizing, Ecocem, 18 July 2023, 16:30 - 18:00

This presentation will be about my experiences regarding the coding of PEM and my PhD work in light of culture. As a Norwegian man born and raised in the rural parts of Norway, I have often come upon conflicts regarding my own personal preferences in meeting with more urban cultures. I want to reflect on how this might show in the smallest of micro-interaction to the makro-interactions in the broader context.

I will relate these cultural differences from my experiences as a psychotherapist, both in the rural parts and in meeting with clients from urban upbringings.

In the theoretical part of the presentation, I will describe the Norwegian, rural culture and how this might affect the way we express ourselves in language and in embodiment communication. I will describe how this might be related to the literature, art, architecture and more that the Norwegian, rural culture consist of.

In addition to this, I will give a description of the work of Alfred Lorentzer which I use in my PhD. He is a psychoanalysis and a philosopher who has developed a qualitative research approach called Depth-hermeneutics. In his theories we find a heavy emphasis on how the embodiment expressions is embedded in culture. Culture effects fetus and mother relation and this period in life lays the ground for relational processes trough life. In using his theories in my research, I will describe how we look for these cultural traces in the embodiment interaction of the participants. "The body keeps the score" said van der Kolk, and I think Lorentzer could have added "the body also keeps the culture".

T4 - SYM 51.2

On gender and cultural differences in parental embodied mentalizing

Dr Dana Shai¹

¹School of Psychology, The Academic College of Tel Aviv Yaffo, ,

T4 - SYM51: On gender and cultural differences in parental embodied mentalizing, Ecocem, 18 July 2023, 16:30 - 18:00

The study of Parental Embodied Mentalizing (PEM; Shai, 2011) affords us to study the intricate nonverbal exchanges between caregivers and infants. This is an additional layer of human connectivity that has been shown to uniquely add to understanding of how the quality of the caregiver-infant relationship shapes and predicts the child's social, emotional, and cognitive developmental trajectories. However, bodies are, and always have been, shaped according to the cultural moment (Orbach, 2019). Orbach argues that there has never been a "natural" body: a time when bodies were untainted by cultural practices. She draws her attention to the fact that how we move our hands as we speak, the way we walk, our table manners, our gait, the food we eat, whether we mark babies at birth via circumcision or later with facial markings: all these tell us that bodies belong to a specific time and place (Orbach, 2019). Orbach sums it up poignantly by saying that there is no such thing as a body, only a body within a culture.

In this symposium, we will explore—conceptually, clinically, and empirically—if and how sex and cultural differences may impact and contribute to individual differences in the quality and phenomenology of parental embodied mentalizing.

The first presentation will briefly introduce the approach and measurement of PEM (Shai, 2018), and then demonstrate--through video vignettes and empirical data--similarities and differences in embodied interactions that fathers and mothers have with their infants, and how these uniquely predict children's different developmental trajectories. The second presentation will elaborate on this topic to examine if and how fathers' interpersonal history and psychological representation of the fetus may be associated with fathers' Parental Embodied Mentalizing capacities at 12 months of age. The third presentation will expand this topic to examine possible differences between rural and urban societies in Norway in terms of self-expression in language and in embodied communication. These possible differences will then be related to the literature, art, and architecture.

The Paternal nonverbal Dance: Similarities and Differences in fathers and mothers' Parental Embodied Mentalizing

Dr Dana Shai¹

¹Academic College Tel-Aviv - Yaffo, ,

T4 - SYM51: On gender and cultural differences in parental embodied mentalizing, Ecocem, 18 July 2023, 16:30 - 18:00

Fathers today take an active and involved role in the caregiving and raising of their infants. While this cultural shift has been identified and acted upon by policy and legal institutions, the scientific world has sorely lagged in answering to this change by the means of direct empirical research, resulting in most of the parent-child research focusing, in fact, on the mother-infant relationship. As a result, the unique and growing contribution of fathers to the child's socio-emotional development is understudied within the scientific community. The novel conceptual and empirical approach brought forward in this presentation involves investigating fathers' impact on their infants' development under a framework of Parental Embodied Mentalizing (PEM) and examine whether this capacity varies between mothers and fathers. PEM refers to the parental capacity to (1) implicitly conceive, comprehend, and extrapolate the infant's mental states--such as wishes, desires, or preferences--from the infant's kinesthetic patterns and (2) adjust one's own kinesthetic patterns accordingly. The construct and measure of parental embodied mentalizing (PEM; Shai & Belsky, 2011a, b; Shai & Fonagy, 2014), an implicit, body-based, and interactive approach to parental mentalizing. Studies have found that mothers' PEM profile not only predicted the child's attachment over and above established measures of maternal sensitivity, but also social skills, language and academic performances, and behavior problems as far as the first grade (Gange et al., 2021; Shai & Belsky, 2018; Shai & Meins, 2018; Shai et al., 2022). Taken together, these findings suggest that the nonverbal, whole-body movement parent-infant interaction carries meaning of the parent's internal representations of the child, the parent, and their relationship, and may very well be a vehicle through which preverbal infants are impacted by these parental internal forces. As promising as these findings are, they pertain only to mother-infant interactions, and do not consider the father-infant interaction. In effort to promote the understanding of the nature of father-infant interaction, we investigated what are the behavioral similarities and differences between paternal and maternal PEM that impact the infant's developmental trajectory. Put differently, what is the unique contribution of fathers' nonverbal interaction to their child's socio-emotional development? To this end, in this presentation, we will present findings from two longitudinal studies (N=250 families) involving mothers and fathers interacting separately with their infants at 6-months of age at home during a free-play session vis-à-vis parental variables (such as depression, parental stress, parental sensitivity) and compare and contrast the unique and shared movement patterns of mothers and fathers in their PEM capacities and how it relates to individual differences in their developing child. Results show that fathers and mothers do not differ in their parental embodied mentalizing capacity. This contrasts with verbal measures of mentalizing, and sensitivity measures employed in these studies. Moreover, findings reveal independent and unique developmental trajectories in fathers, versus mothers, parental embodied capacities. This research holds the potential to make an important contribution to the study of human embodiment from a whole-body movement perspective and will lead to the development of novel therapeutic interventions for fathers and infants.

T4-VID8

Sensorimotor observation as an earliest tool to prevent developmental disorders

Dr Ayala Borghini¹

¹Hets, Geneva, Switzerland

T4 - VID8: Sensorimotor observation as an earliest tool to prevent developmental disorders, Wicklow 2A, July 18, 2023, 16:30 - 17:30

Developmental sensorimotoricity teaches us that the own activity of a developing child allows the integration of sensations. Throughout the sensorimotor loop, experiences make possible sensations that can orient adequately future movement and adaptation to the world around. When the human environment is worried, less attuned, inadequate behaviors can occur and this process of sensory integration can be strongly disturbed. The sensorimotor observation and assessment give us a reliable framework, truly an inspiration, to accompany parents in order to support their child development. This film gives us an opportunity to discover the work around sensorimotor development in high risk infants and toddlers.

Studying clinical processes of rupture and repair in psychoanalytic parent infant psychotherapy

Mrs Tessa Baradon¹, Dr Björn Salomonsson², Professor Evrinomy Avdi³, Dr. Michelle Sleed¹, Miss keren amiran⁴

¹Anna Freud Centre, , ²Karolinska Institute, Stockholm , Sweden, ³University of Thessaloniki, Thessaloniki, Greece, ⁴Independent Film Director, ,

T4 - WSH54: Studying clinical processes of rupture and repair in psychoanalytic parent infant psychotherapy, Liffey Hall 2, July 18, 2023, 16:30 - 18:00

The study of therapy process can provide a rich understanding of the factors that might support or impinge on the therapeutic relationship and how therapeutic change is brought about. To date, very little process research has been carried out in relation to Psychoanalytic Parent-infant Psychotherapy. The method of Layered Analysis (Baradon, 2018; Avdi et al., 2020) has been developed specifically to examine parent-infant psychotherapy sessions from multiple perspectives and modalities. LA is a micro- and macro-analytic approach that explores verbal and nonverbal communication between therapist, parent and infant. In this approach, various clinical and research tools are used to provide layers of meaning to therapeutic encounters. These tools include:

1. The observation of infant-parent-therapist nonverbal behaviour (in real time and using frame-by frame microanalytic techniques).
2. The analysis of verbal exchanges using discourse analysis (Georgaca & Avdi, 2011) and the application of the Reflective Functioning coding of mentalizing in language (Slade et al., 2004).
3. The coding of atypical caregiving behaviours associated with infant attachment disorganization using the AMBIANCE (Bronfman et al., 1999).
4. The therapist's reports of countertransference in the therapeutic encounter,

The aim of this workshop will be to present the method of Layered Analysis. Brief segments of video-recorded parent-infant psychotherapy sessions will be shown, and the multiple "layers" of analysis will be demonstrated.

We will facilitate an interactive discussion about the application of the method and the findings that can be elucidated.

Weathering the Storm: Working with infants in the context of significant parental psychopathology

Dr Ewa Bodnar¹, Ms Lisa Gannon¹

¹Queensland Centre For Perinatal And Infant Mental Health, Brisbane, Australia

T4 - WSH55: Weathering the Storm: Working with infants in the context of significant parental psychopathology, Wicklow 2B, July 18, 2023, 16:30 - 17:30

Introduction and Aim

To explore ways to support infants and the clinicians working with them when parental mental ill health is identified clinically as the main concern but not acknowledged as such by the family. This situation presents specific challenges in health systems such as ours where perinatal mental health is positioned in separate organisations to infant mental health.

Description

Using case based discussion this workshop will consider the role of the infant mental health clinician in various clinical scenarios. The types of presentations considered will include parental delusions involving the young child, parental hypochondriasis by proxy and personality structures that prohibit genuine acknowledgement of the child's experience. Our experience is that clinical presentations involving disavowed parental psychopathology, masked by reported symptoms in the children, are amongst the most challenging to face infant clinicians.

We will examine these issues in our roles both as clinicians working directly with families but also as supervisors providing governance and support to others working with this complexity. We will discuss whether there is a role for infant mental health, what the boundaries of that role are in our system, when to persist and when to desist, and how to support the clinician tasked with 'being with' the infant in this precarious situation.

Separating the mental health systems offered to parents versus their infants exacerbates an already difficult situation by creating barriers to enquiry and assessment of the parental difficulties. Psychotic, distorted or fragmented defences against discussion of parental psychopathology are enabled systems are siloed.

Conclusions

The work shop will feature a mix of clinical scenario, theoretical discussion and reflective discussion with participants. At the end of the workshop we hope to have provided participants an opportunity to consider and discuss this particularly challenging aspect of Infant Mental Health work.

Mother-Infant Dialectical Behaviour Therapy plus ABC- Changing the intergenerational impact of perinatal borderline personality disorder?

Ms Sally Watson¹, Associate Professor Anne Sved-Williams¹, Ms Amelia Winter¹, Ms Chris Yelland¹

¹Helen Mayo House Women and Children's Health Network, Adelaide, Australia

T4 - WSH56: Mother-Infant Dialectical Behaviour Therapy plus ABC- Changing the intergenerational impact of perinatal borderline personality disorder?, Wicklow 3, July 18, 2023, 16:30 - 17:30

Introduction

The problems experienced by women with a Borderline Personality Structure (BPD) are often exacerbated with the arrival of an infant. The multiple impacts of sleep deprivation, infant settling and changing family dynamics can quickly become overwhelming. The resulting maternal emotional dysregulation (Newman, 2015), compromised mentalising capacity compounded by the poor support networks which many have because of difficulties with maintaining interpersonal relationships has almost inevitable impacts on their infants (Eyden, 2016, Renneberg, 2016, Crandell, 2003, Crittenden 2010.) Few programs provide specific therapy for perinatal BPD to intervene early in the infant's life and help prevent intergenerational transfer of problems from mother to infant

Aim

To evaluate the benefits of adding an evidence-based mother-infant therapy (Attachment biobehavioral catchup – ABC, Dozier, 2017) to mother-infant dialectical behaviour therapy (MI-DBT)

Description

MI-DBT uses a structured, manualised intervention to teach mothers how to use Linehan's DBT skills (Linehan, 1993, 2014) to manage the specific challenges of parenting and support their infant's emotional regulation. Qualitative and quantitative evaluation demonstrates substantial improvements in mothers mental health (Sved- Williams, 2018 & 2021) but insufficient change in the mother infant relationship. MI-DBT+ is therefore now providing 10 sessions of individualised dyadic intervention either pre or post the 24 week MIDBT program.

Conclusions

Changing the trajectory for families with perinatal BPD is challenging. Mothers arrive to parenthood often with compromised models of parenting as well as their own difficulties with emotional regulation, making parenting difficult and inevitably impacting on their infants. Qualitative and quantitative data from this 7 year project, enlivened by videos, will show the benefits of providing intense therapy over a significant period of time.

Pregnancy in the Shadow of Grief: Attachment Relationships with the Unborn Baby Carried After Loss

Doctor Joann O'Leary¹, Doctor Margaret Murphy²

¹Star Legacy Foundation, Minneapolis, United States, ²University College Cork, , Ireland

T4 - WSH58: Pregnancy in the Shadow of Grief: Attachment Relationships with the Unborn Baby Carried After Loss, Wicklow 4, July 18, 2023, 16:30 - 18:00

Introduction

Prenatal motherhood and attachment during pregnancy involves an embodied relationship with the unborn child. When a baby dies during pregnancy this attachment is interrupted. Bowlby suggested that bereavement occurs due to the prior formation of attachment bonds during pregnancy and without attachment there would be no bereavement. Babies in a pregnancy that follows are at risk for attachment disorders because of this interrupted attachment to the deceased baby. Thus, both mothers and their partners struggle with embracing a new unborn baby.

Aim

The aim is to present an interactive discussion with participants on a prenatal attachment-based model of intervention for pregnancy following loss. This will be done drawing on the presenters' research and clinical practice combined with video clips of parents pregnant after loss.

Conclusion

Grounded in the continuing bond/attachment theories, this prenatal intervention gives meaning to their parenting role for the deceased baby to create space to attach to the baby that follows.

O'Leary, JM., et al. (2021). *Different Baby, Different Story: Pregnancy and Parenting after Loss*. Rowen & Littlefield, NY.

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Côté -Arsenault D. & O'Leary, J. (2015). Understanding the experience of pregnancy subsequent to perinatal loss. In: Wright, P, et. al. (Eds.) *Perinatal and Pediatric Bereavement*. (pp169-181), Springer Publishing, NY, NY.

Trout, M. (2021). *Four Decades in Infant Mental Health*, Cambridge Scholars

Into the Forest I Go: Nature as a Partner in Reflective Practice

Carolyn Martin^{1,4}, Jane West^{2,4}, Ms Ellen Coker^{1,4}, Amy Harrison^{3,4}

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T4 - WSH59: Into the Forest I Go: Nature as a Partner in Reflective Practice, July 18, 2023, 16:30 - 17:30

Inspired by the Japanese practice of shinrin yoku, Forest Bathing has been scientifically proven to boost immune strength, reduce stress, improve cognitive functioning, and increase the sense of awe. In addition to these psycho-physiological benefits, Forest Bathing also offers the opportunity to deepen our relationship with the natural world. Forest Bathing and other nature-informed practices comprise a widely-applicable approach that can be adapted to any child, family, or community context. Such practice requires no special equipment or environment, instead using each facilitators' and practitioners' body-based senses. By slowing down and carefully observing with all of our senses, we begin to notice many incredible wonders of being in the world.

In this session on nature-informed practices you will:

- Be immersed in a nature-based sensory practice, on which to draw in subsequent workshop activities.
- Hear through recorded video and in-person storytelling and discussion, what working with Forest-Bathing-derived methods, practices, and experience from 2021-22 was like for the presenters.
- Learn from early childhood professionals who engage with nature-based practice how it has deepened their reflective capacity.
- Review data on the impact of nature-informed practices from a recent Early Childhood Mental Health consultant retreat.
- Apply the insights of the presenters' as well as your own experiences with nature-connected methods and practices. In small groups, you will:
 - reflect on how you, your colleagues, and your client families and children might engage in nature-based self-aware practices to deepen your reflective capacity.
 - access support documents, a bibliography, and research on the benefits of sense-based self-aware practices, Forest Bathing methodologies, and nature-connected practices.
 - reflect on an initial plan to incorporate nature-connected practices during regularly scheduled activities in your workplaces.

You will leave our time together with renewed inspiration to deepen your relationships with earth and with one another through nature-based methods and practices.

Concurrent validity of ASQ-3 with Bayley Scales of Infant Development-III at 2 years: Singapore Cohort

Associate Professor Pratibha Agarwal¹, Dr Xie Huichao², Anu Sathyan Sathyan Sathyapalan Rema³, A/Prof Michael Meaney⁴, A/Prof Keith Godfrey⁵, A/Prof Victor Rajadurai¹, Dr Shilpee Raturi¹, A/Prof Mary Daniel Lourdes¹

¹Kk Women's And Children's Hospital, , Singapore, ²Nanyang Technological University National Institute of Education, , Singapore, ³Agency for Science Technology and Research (A*STAR), , Singapore, ⁴McGill University, , Canada, ⁵MRC Life Course Epidemiology Centre and NIHR Southampton Biomedical Research Centre, , England

Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

With increasing acceptance of universal developmental screening in primary care, it is essential to evaluate the local validity and psychometric properties of commonly used questionnaires like the parent-completed Ages and Stages Questionnaires, 3rd Edition(ASQ-3) in identifying developmental delays

Aim:

The aim of this study is to assess the convergent validity of the ASQ-3 with the Bayley Scales of Infant Development-3rd edition (Bayley-III) in identifying developmental delay in a low-risk term cohort in Singapore.

Methods:

ASQ-3 and Bayley-III data collected prospectively with generation of ASQ-3 cut-off scores using three different criteria: 1-standard deviation (SD)(Criterion-I) or 2-SD(Criterion-II) below the mean, and using a Receiver Operator Curve (ROC)(Criterion-III). Sensitivity, specificity, positive(PPV) and negative(NPV) predictive values were calculated. Correlations between the ASQ-3 and Bayley-III domains were evaluated using Pearson coefficients.

Results:

With all three criteria across different domains ASQ-3 showed high specificity (72–99%) and NPV (69–98%), but lower sensitivity (19–74%) and PPV (11–59%). Criterion-I identified 11-21% of children as “at-risk of developmental delay” and was the most promising, with high specificity (82-91%), NPV (69-74%) and overall agreement of 64-71%. Moderate-strong correlations were seen between ASQ-3 Communication and Bayley-III Language scales ($r=0.44-0.59$, $p<0.01$). Lowest sensitivities were seen in the motor domains.

Conclusions:

ASQ-3 is reliable in low-risk settings in identifying typically developing children not at risk of developmental delay, but has modest sensitivity. Moderate-strong correlations seen in the communication domain are clinically important for early identification of language delay, one of the most prevalent areas of early childhood developmental delay.

The PUF-program: Addressing infants' mental health vulnerabilities in the community health care.

Dr Janni Ammitzbøll¹, Mrs Majbritt Vonsild, Project Health Nurse Mette Bagge Møller, Project Health Nurse Julie RV Rathsach, Postdoc Stine Kjær Wehner, Research Assistant Ida Voss, Professor Anne Mette Skovgaard

¹National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark

Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Population-based strategies addressing infants' mental health are fundamental to prevent the development of childhood psychopathology and validated and feasible measures covering the range of mental health vulnerabilities in municipality settings are urgently needed.

Aim:

To describe the development, validation and implementation of a pragmatic service-setting based program of early identification and guidelines for actions addressing mental health vulnerabilities in infants aged 9-10 months delivered by community health nurses (CHN).

Methods:

The PUF-program was developed in close collaboration with CHNs from twenty Danish municipalities, building on research evidence on developmental psychopathology, potentials of early intervention in the settings of the CHNs; and the PUF-measure to the standardized assessment of mental health at ages 9-10 months. The PUF-program includes a manualized program for the CHNs' training, assessments and intervention within the existing municipality settings.

Qualitative and quantitative methods were applied to explore validity and feasibility of implementation.

Results:

The PUF program was implemented in 2018-2020. The fidelity of the program differed across municipalities, and supplementary booster sessions were added to optimize the adherence to the guidelines of the program. The preliminary results show that 11% of children from the general population were identified with complex problems of development and regulation of eating, sleep, and emotional and cognitive functions. Face validity of the program was reported high by CHNs, and CHNs experienced that parents appreciated the standardized approach and the associated communication about the child's development and needs.

Detailed results from analyses of participants and assessments of CNHs experiences will be presented at the congress.

Conclusions:

The PUF-program is feasible for use in the existing municipality settings, and the initial validity is high. The PUF-program has strong potentials as a basic approach in municipality settings addressing mental health and development among infants at ages 9-12 months.

Sensitive parenting to vulnerable infants - Development and testing a service-setting based intervention, the VIPP-PUF.

Dr Janni Ammitzbøll¹, Project Health Nurse Mette Bagge Møller¹, Project Health Nurse Julie RV Rathsach¹, Project Health Nurse Mette Karlsen¹, Mrs Majbritt Vonsild¹, Project Health Nurse Katja Stage¹, Project Health Nurse Camilla Dahl Kristensen¹, Health Nurse Lotte Finseth², Research Assistant Maria Jacobsen¹, Postdoc Stine Kjær Wehner¹, Ms An Roelands³, Professor Marian Bakermans-Kranenburg⁴, Professor Anne Mette Skovgaard¹

¹National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark, ²Herlev Municipality, Herlev, Denmark, ³The VIPP Training and Research Center, Leiden University, Leiden, Netherlands, ⁴ISPA- University Institute of Psychological, Social and Life Sciences, Lisbon, Portugal

Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Mounting evidence underscores the developmental impact of mental health problems in early childhood. The settings of community health nurses (CHNs) and the standardized PUF-program offer potentials of indicated prevention, and the Video-feedback Intervention to Promote Positive Parenting (VIPP) has shown effectiveness across a range of early child and parental vulnerabilities.

Aims:

The study is part of the Infant Health Study and aims to develop and test the VIPP-PUF intervention to promote sensitive parenting of vulnerable infants identified at ages 9-10 months, and to explore feasibility, fidelity, and effectiveness of the intervention.

Method:

The intervention is created from the VIPP-Sensitive Discipline (VIPP-SD) and the PUF-program to be delivered between child ages 9 to 14 months. The VIPP-PUF includes a specified and elaborated manual and a program of training and supervision of CHNs who deliver the intervention. The VIPP-PUF includes six sessions of two hours completed over a 3-4 month's period, using video recordings of parent-child interactions, including feeding and play. VIPP-PUF is hypothesized to promote parents' sensitivity to infants' developmental and regulatory needs and improve their overall developmental outcomes, as has been demonstrated for VIPP.

Fidelity and feasibility of the VIPP-PUF intervention and study measures have been examined in pilot studies conducted (2021-2022) in four municipalities representative of the overall study population. The effectiveness of the VIPP-PUF is currently investigated in a step-wedge randomized controlled study conducted in sixteen municipalities, and includes a process evaluation using mixed methods approaches.

Results:

The experiences from the first two years of the implementation of the VIPP-PUF intervention will be presented at the congress.

Conclusion:

The study is the first to explore an intervention within municipality settings to target the earliest trajectories of mental health problems via promoting sensitive parenting of infants with developmental and regulatory vulnerabilities.

Feeding interaction and psychopathological risk: a mother-child study

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

Consolidated research has shown that maternal psychopathology can be significantly associated with children's internalizing and externalizing symptoms. This association has been explained by several underpinning mechanisms. However, the bulk of research examining the connections between psychopathological risk from mothers to children have used clinical samples from women who have been diagnosed, leaving normative and sub-threshold populations relatively unstudied. Moreover...

AIM

The present study aims to assess maternal and children's psychopathological risks at 8 years in a non-clinical sample as a function of feeding interaction quality at three years of the child.

MATERIAL & METHODS

150 mother-child dyads (female children $n = 84$; mothers' mean age = 31.73, $SD = 2.49$) took part to the study. Data on interaction quality were collected at children's three years of age, while self-report measures were administrated when children were eight years old. Mother-child interaction quality was operationalized through the global score of the Feeding Scale. This observational measure allows the assessment of the child's and the parent's dysfunctional behaviors during the meal, with higher scores indicating less adaptive dyadic interactive patterns. Maternal psychopathological symptoms were assessed by means of the subscales and the Global Severity Index (GSI) of the Symptoms Checklist-90-R (SCL-90-R), while children's symptoms were measured through the Cognitive Behavioral Checklist (CBCL). A number of three-way Loglinear analyses was performed to explore the differences in symptoms distribution as a function of mother-child interaction (i.e., adaptive vs. maladaptive) at three years of the child.

CONCLUSIONS

Results attested that dyads who presented maladaptive interaction patterns at three years of the child were more likely composed by mothers with higher psychopathological risk and children with symptoms above the clinical range, compared to dyads who had adaptive interaction patterns.

Insights into the complex immune environment during pregnancy and association with the developing human connectome

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Maternal health and intrauterine exposures during pregnancy play a major role in molding infant neurodevelopment—one influence is maternal immune activation (MIA). Animal models show MIA affects the developing brain, disrupting the regulation of developing neurotransmitter systems. Human studies are sparse, but increasingly show the complex role of multiple immune markers in later risk for neurodevelopmental conditions. However, evidence of MIA influencing newborn brain organization and function is limited and few markers are explored.

Aim:

This study proposes an analysis of 46 markers of MIA from the third trimester of pregnancy to understand potential unique phenotypic profiles and common associations of expressed maternal immune markers during pregnancy with the developing human connectome in healthy pregnancies. Sample: 74 healthy women with singleton pregnancies underwent blood draws between 34-37 weeks gestation. Adaptive (e.g., IgG) and innate (e.g., cytokines), totaling 46 markers of MIA, were collected. For preliminary analyses of MIA in relation to the newborn brain, 30 participants aged 0-6 months underwent MRIs.

Findings:

Principal component analysis identified the first 5 PCs explains ~68% of the variance and the first 10 explains ~83% (top PC is 42.1%). Using the top PC each edge in the connectome was correlated with the immune profiles. Several regions trended towards significance – one survived correction and included 359 edges.

Summary:

This is the first study beginning to observe the influence of 46 maternal immune markers on the developing human connectome. Multiple areas of the developing human connectome are influenced by MIA during the 3rd trimester of pregnancy. The highest number of edges was observed in the inferior parietal lobe of the left hemisphere – a region associated with functions from basic attention to language and social cognition. Deviations in prenatal exposure to MIA may longitudinally impact infant behaviour in these areas essential for human interaction.

Indirect effects of perinatal stressors in the association between maternal trauma and infant negative affectivity

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Pregnant women who have been exposed to childhood interpersonal trauma are at higher risk than women without history of trauma to experience stressors during pregnancy and the early years postpartum, which may play a role in the intergenerational trajectories of trauma.

The aim of this study was to evaluate 1) the association between maternal childhood trauma, pre- and postnatal stressors, and infant negative affectivity; and 2) the mediating role of stressful events in the association between maternal trauma and infant negative affectivity.

A sample of 119 pregnant women (33.6% with trauma, Mage = 29.72, SD = 4.6) was recruited in prenatal clinics. Participants completed the Childhood Trauma Questionnaire during the second trimester of pregnancy. Between 6 and 12 months postpartum (Mage = 9.03 months, SD = 5.06) they completed questionnaires assessing life stressors during pregnancy and after childbirth (Social Readjustment Rating Scale) and infant negative affectivity (Infant Behavior Questionnaire).

Bivariate correlations revealed that maternal trauma ($r = 0.19$, $p = .04$) and prenatal stressors ($r = 0.24$, $p = .01$) were associated with infant negative affectivity. No association was observed between postnatal stressors and negative affectivity. Results yielded an indirect effect of prenatal stressors in the association between maternal trauma and infant negative affectivity, $B = 0.006$, 95% CI [0.001, 0.013].

Our finding that maternal trauma influences infant development through prenatal, but not postnatal, stressors, points towards an important role of biological mechanisms in the intergenerational impacts of trauma. Further studies should evaluate whether the in-utero transmission of maternal trauma may be mitigated by prenatal interventions.

Caregiver Suicidality: Early Intervention Conceptualized Using the DC: 0-5 to Reduce Suicidality in Offspring

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The completed suicide of an individual leaves the individual's loved ones with a great deal of stress with which to cope. This is specifically true for families; in families where a completed suicide occurs, the risk for relative suicidal behaviors is five times greater (Baldessarini & Hennen, 2004). This rate is lower for attempts rather than completions, but the risk is still prevalent. Many individuals today are still working towards understanding the complexity associated with grief and the subsequent therapy that is often needed.

Increase the knowledge base of infant and early childhood providers on the risk factors following a completed caregiver suicide through the conceptual lens of the multi-axial framework and cultural formulation of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC 0-5). A variety of evidence can be utilized with this specific population.

The presenters will discuss nurturing social and emotional development through the use of evidence-based approaches including Play Therapy, Child-Parent Psychotherapy, and Bibliotherapy as early intervention options to mitigate the impact of caregiver suicide.

The completed suicide of a loved one – specifically a caregiver – can lead the affected child to struggle with emotional dysregulation. Along with an increased risk of an offspring attempting suicide, the child is also at risk for developing psychosocial difficulties such as posttraumatic stress disorder (PTSD), poor social adjustment, and symptoms of depression (Kuramoto et al., 2009). Addressing these struggles as early as possible into their development, when appropriate, could benefit the offspring as they mature into adults. Methods discussed during this workshop can yield positive attunement.

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The impact of parental suicide on child and adolescent offspring. *Suicide & Life - Threatening Behavior*, 39(2), 137-51. <https://www.proquest.com/scholarly-journals/impact-parental-suicide-on-child-adolescent/docview/224887479/se-2>

Early Pathways: An Evidence-Based, In-Home Mental Health Treatment Model for Ages 0-6

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Young children ages 0-6 remain one of the most vulnerable populations to mental health concerns, and one of the least treated. Exposure to trauma often precipitates or contributes to these mental health concerns, and children's overall vulnerability. Families living in poverty and experiencing adversity are particularly at risk for experiencing potentially traumatic events and developing related symptoms.

Purpose of Work

Early Pathways (EP) was developed to treat young children experiencing mental health concerns. EP additionally is designed to treat symptoms after exposure to traumatic events.

Description of Work

The EP treatment program is an in-home, evidence-based mental health program for children ages six and younger targeting behavioral, emotional, or trauma-related concerns, which has been used to serve families of culturally diverse backgrounds, including foster care. EP theoretically integrates behaviorism, social learning and attachment theories; cognitive and social/emotional development; and trauma informed care. This model incorporates caregiver coaching in order to strengthen the caregiver-child relationship, which is the most significant predictor of therapy outcomes for this age group. A total of four random control trials (RCTs) have demonstrated EP's treatment effectiveness. EP has also been endorsed by Substance Abuse and Mental Health Services Administration and recognized as a promising treatment model by other treatment clearinghouses.

Conclusion

An overview of the EP model will be presented, including the theoretical foundations of the model, the assessment tools, and the therapeutic techniques used during treatment. We will provide an overview of research on EP, including the RCTs and current evidence on treatment outcomes. This session will conclude with discussion of future directions for the research and use of the EP treatment model.

Relations between sleep and behavior problems in Black toddlers

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Associations between child sleep and behavior problems are well-documented, but less is known about the bidirectionality of these relations and distinct aspects of sleep and behaviors across development. Moreover, few studies have focused on these relations in Black toddlers. Yet, findings may inform the development of culturally-relevant interventions.

Aim of Study

Our aim was to examine reciprocal relations between sleep and internalizing/externalizing behaviors in Black toddlers at 24 and 36 months.

Material and Methods

We used data from the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development. The sample included 98 Black mothers and infants in the United States. Maternal age ranged from 18 to 39 ($m=25.15$, $sd=5.23$) and the average years of education was 13.33 ($sd=1.70$). Mothers rated toddler sleep and internalizing and externalizing behavior using the Child Behavior Checklist (Achenbach, 1991).

We used cross-lagged analyses to examine reciprocal relations. Results demonstrated unidirectional, rather than reciprocal, relations between sleep and externalizing behavior among Black toddlers. Externalizing behavior at 24 months predicted bedtime refusal at 36 months ($b = .30$, $p = .007$), but bedtime refusal at 24 months did not predict externalizing behaviors at 36 months ($b = -.04$, $p = ns$). Interestingly, frequent night waking at 24 months predicted low externalizing behavior at 36 months ($-.18$, $p < .01$), but externalizing behavior at 24 months did not predict frequent night waking at 36 months ($-.04$, $p = ns$) among Black toddlers. No associations were found for sleep and internalizing behavior or trouble sleeping and internalizing and externalizing behaviors.

Conclusions

Findings underscore the importance of examining the directionality of distinct sleep and behavior patterns within the context of race and ethnicity. Investigations of bidirectional relations with parental values, preferences, and practices such as co-sleeping are needed and may inform culturally-relevant intervention.

Conceptualizing Risk and Resilience in Medically Complex Young Children

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

The literature on the post-discharge development of children 0-3 who experience inpatient care is sparse. Existing research focuses on specific conditions or procedures or was conducted decades ago. Intensive hospitalization in early childhood, shares many factors with early adverse experiences that have been well studied; including but not limited to foster care, separation from primary caregivers institutional care, poverty, and acute stress. In intensive care children experience both intense pain and sedation, they are cared for by a rotation of unfamiliar adults, often confined to a c bed and lack predictability in their environment.

Purpose:

Building a conceptual model for the multi-domain impact of hospitalization in early childhood (0-5) on the family system, the child's state and long-term neurodevelopment and mental health outcomes.

Description:

Both for basic science and with the goal of clinical translation the field of developmental psychology has a rich history of exploring abnormal childhood environments and experiences. Such research indicated that stress in early childhood, particularly chronic stress, has potential to have detrimental impacts on cognitive and social development⁵ throughout the lifespan. There have been positive outcomes with parenting intervention research in relation to hospitalization in the NICU, however specific factors may not be as impactful outside the perinatal period. Given the similarities between hospitalization and the known consequences of early life stress on physical, mental, and cognitive development further inquiry into the impact of complex and intensive medical care is necessary.

Conclusion: To build a model of the impact of intensive hospitalization on young children and their development, information can be drawn from the early adversity, stress and NICU parenting intervention literature. To fully conceptualize risk and opportunities for resilience and intervention further specific research must be completed and trauma-informed interventions piloted.

Risk and protective factors for Italian children's and parents' sleep quality during the Covid-19 pandemic

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Children sleep problems have negative repercussions not only on family well-being but also on children's development. Few studies have investigated the impact of Covid-19 pandemic on parents' and children's sleep. The current study aimed to: 1) test for any perceived changes by parents in their own and children's insomnia symptoms with the advent of the pandemic 2) examine the existing relationships between children's temperamental negative emotionality, partner involvement in child management, family resilience, covid-19-related anxiety symptoms of parents and children's and parents' sleep.

264 Italian parents (89% mothers) with children aged 1-6 years took part in the study filling out the following self-report questionnaires: Brief Infant Sleep Questionnaire-R, Insomnia Severity Index, Rothbart's temperament questionnaires, Who Does What, Fear of Covid-19, The Walsh Family Resilience Questionnaire, from March to November 2021 during the new government-imposed restrictions on the domestic territory. A paired samples t-test was used to analyze possible parent-perceived changes in sleep-wake patterns over time. In addition, a model with Path analysis was tested to verify the associations between children's and parents' sleep and risk and protective factors under study.

While pediatric insomnia symptoms decreased from the March 2020 pre-lockdown to March 2021 ($p=.000$); the presence of sleep-related habits not in line with pediatric recommendations ($p=.000$) increased. Covid-19-related anxiety resulted associated with parental insomnia ($R^2 = .16$, $p=.000$) and the use of problematic bedtime practices ($R^2 = .12$, $p=.002$). Negative child emotionality to greater pediatric ($R^2 = .12$, $p=.001$) and parental insomnia symptoms and partner involvement in child management to reduced problematic falling asleep practices ($b=-.176$, $p=.001$). Family resilience was related to parent insomnia symptoms ($b=-.139$, $p=.001$).

Results showed that high levels of anxiety in parents and negative emotionality in children were risk factors for sleep quality, while high partner involvement and family resilience protective factors.

Experiences of Counselors Working with Greif and Death in Early Childhood

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

The ability to both understand and work through grief within the early developmental ages of childhood has been controversial, but it is now believed that children are not only capable of navigating bereavement in early childhood but should be supported through that process by the securely attached adults in their lives (Brinkmann, 2020; Shapiro et al., 2014; Stuber & Mesrkhani, 2001). To best help bereaved children navigate a healthy bereavement process, the adults that work with children must be prepared to talk with children about death at an early developmental age (Brinkmann, 2020; Shapiro et al., 2014).

Aim of the study

This phenomenological study explored the lived experiences of counselors completing grief work with clients in early childhood (ages 0-5) that have experienced a death loss.

Material and Methods

Using a transcendental phenomenological approach, semi-structured interviews were completed with participants currently licensed in the united states with clinical experience working with this population and presenting problem.

Conclusions

Nine counselors completed the interview process, and through inductive coding, five themes emerged including: (1) Layered Grief and Dyadic Work, (2) Death Discomfort, (3) Sculpting Developmental Understanding, (4) "Sitting in the Fire/Rain," and (5) Weight of the Work. The identified themes and shared experiences that emerged from this study provide vital information for the infant mental health community in treating grief with families and children. Resources, techniques, and approaches identified in this research will be shared.

Brinkmann, S. (2020). Learning to grieve: A preliminary analysis. *Culture and Psychology*, 26(3), 469-483. <https://doi.org/10.1177/1354067X19877918>

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Prospective association between maternal trauma and infant social-emotional development

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Childhood trauma is frequent in the general population of pregnant women and has been associated with complex psychological symptoms and neurobiological alterations during the perinatal period. These problems may in turn represent risk factors for offspring early development. However, little is known about the association between maternal trauma and offspring social-emotional development in the first year of life. The present study evaluated the association between maternal trauma and infant social-emotional development at six months, controlling for the effect of maternal prenatal and postnatal distress.

A total of 200 women (mean age=28.42, SD=3.38) were recruited online and during prenatal medical appointments (T1) and were followed-up at six months postnatal (T2; 50% girls). Participants completed the Childhood Trauma Questionnaire at T1, the Kessler Psychological Distress Scale at T1 and T2, and the Ages and Stages Questionnaire, Social-Emotional at T2. Multiple regression analyses showed that the severity of trauma experienced by mothers during childhood negatively predicted infant social-emotional development ($B=0.32$, $p=.002$), over and beyond the effect of pre- ($B=0.58$, $p=.02$) and postnatal ($B=.07$, $p=.40$) anxio-depressive symptoms. Furthermore, children whose mothers experienced trauma were 2.36 times more likely to display clinically significant developmental problems than children whose mothers did not experience trauma ($p=.02$).

The findings suggest that the intergenerational repercussions of maternal trauma may be observed from the very first months of life and call for the implementation of trauma-informed and trauma-focused prenatal interventions with expecting parents.

Developmental trends and changes in Japanese children, comparing assessment data from 1983 and 2020

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Introduction and Aim:

In recent years, children have undergone various changing circumstances. This study aimed to investigate the developmental trends and changes in Japanese preschool children over 40 years.

Material and Methods:

Data were collected using standardized testing materials of the Kyoto Scale of Psychological Development (KSPD). Individual assessment data were gathered for 1026 and 1655 children, aged 1–13 years old, from 1983 and 2020, respectively. We compared the “50%-passing ages” for each of the 115 items in both samples at which 50% of children would succeed in the task of items.

Results:

Many test items demonstrated minimal change; however, several items in various developmental areas reported remarkable acceleration, while others showed conspicuous delay. Particularly, for naming the four colors, red blue yellow and green, development was found to be accelerated by 12 months. However, development for second and third aspects of the origami tasks by 3–6 months and development for copying figures such as square, triangle, or diamond had been delayed by 9–11 months.

Conclusions:

These developmental changes were attributed to rapid social and nurturance environmental changes. It may be essential to observe and understand these changes and support them better in the future.

Early identification of adverse childhood experiences in a clinically referred paediatric population

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Experiences shape the developing brain in early childhood with early exposure to adverse childhood experiences (ACEs) having a more significant impact on long term health than ACEs experienced later in life. A lower cut-off point for toxic stress risk in young children of two or more ACEs has thus been suggested due to the increased risk of further ACE exposure across a young child's lifespan.

Aim of the study: The study aim was to determine the ACE burden in clinically referred young children and to investigate whether children with two or more ACEs have greater socioemotional difficulties than those with less than two ACEs.

Material and Methods:

56 children between 0-5 years and their caregivers were recruited at the Zero to Four Child and Youth Mental Health Service (0-4 CYMHS), Children's Health Queensland over a 12-month period to October 2022. Caregivers responded to a 15-minute survey on their child's ACEs experiences and measures of theirs and their child's socioemotional wellbeing.

Results:

Caregiver mental health conditions (53%), caregiver loss or separation (36%) and domestic violence (31%) were the most commonly experienced ACEs. Almost half of the population (47%) had experienced more than two ACEs with 24% of children accumulating four or more ACEs. Poorer levels of child global health ($M=9.50$, $SD=1.79$, $t(52)=2.19$, $p=.033$), and positive affect ($M=14.76$, $SD=2.37$, $U=245.50$, $p=.033$), measured by the PROMIS Early Childhood, were identified in the high ACEs group.

Conclusions:

ACEs experienced by young children that impact the caregiver-child attachment relationship can be particularly damaging for a child's long-term health, as it diminishes the buffering nature of this relationship. Early identification of ACEs is critical to limit the development of toxic stress in young children and prevent further accumulation across their lifespan. Increased efforts to screen and support families who have experienced multiple adversities are required.

Developmental functioning of infants/toddlers with brain and solid tumors: Findings from a clinical sample

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

Experiences and environmental factors influence development. This, in combination with cancer-directed treatment, may result in increased risk for developmental delays among young oncology patients. Research demonstrates reduced developmental functioning among infants and toddlers with brain tumors. Less is known about the developmental functioning of infants and toddlers with non-central nervous system solid tumor (solid tumor) malignancies.

AIM

Describe the developmental functioning of infants and toddlers diagnosed with brain tumors as compared to those with solid tumors. Describe both clinical populations as compared to normative developmental expectations.

DESCRIPTION

Clinical data were abstracted from medical records of 76 infants and toddlers undergoing treatment for brain tumors (n=36) or solid tumor malignancies (n=40). Patients were referred for clinical evaluation and were assessed between 3 and 36 months of age. The specific measures used for assessment depended on clinical presentation. Statistical comparisons were made between the brain tumor and solid tumor groups, and between each group and age-normative expectations.

Infants and toddlers with brain tumors and solid tumors exhibited significant developmental delays when compared to normative expectations (Brain Tumor: cognitive $t=-5.56$, $p<0.001$; gross motor $t=-5.29$, $p<0.001$; fine motor $t=-6.04$, $p<0.001$; expressive language $t=-4.77$, $p<0.001$; receptive language $t=-6.11$, $p<0.001$; adaptive $t=-6.44$, $p<0.001$; Solid Tumor: cognitive $t=-3.84$, $p=0.001$; gross motor $t=-4.99$, $p<0.001$; fine motor $t=-2.95$, $p=0.007$; expressive language $t=-2.31$; $p=0.03$; receptive language $t=-4.40$, $p<0.001$; adaptive $t=-4.95$, $p<0.001$). Compared to the solid tumor group, the brain tumor group demonstrated significantly lower functioning in the domains of cognitive ($t=3.57$, $p=0.001$), adaptive ($t=2.24$, $p=0.029$), fine motor ($t=3.69$, $p=0.001$) and receptive language ($t=2.16$, $p=0.037$).

CONCLUSIONS

Findings support the need for developmental screening and early intervention services for infants and toddlers undergoing cancer treatment. Implementation of protocols for early identification of developmental difficulties is prudent amongst infants and toddlers undergoing active cancer-directed treatment.

Multiple prenatal risk and associations with mother-infant interactions, child externalizing and internalizing, and parenting stress

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Multiple risk is generally associated with poorer developmental outcomes across domains. However, as risk factors tend to co-exist, it is vital to map the formation of various risk constellations, and how they relate to different outcomes in infancy. This may provide more accurate knowledge on how prenatal risk and subsequent development are associated. The present study investigates clustering patterns of multiple prenatal risk and how it relates to both child and parental outcomes, as well as interactional quality.

Multiple prenatal risk factors were measured in 1036 Norwegian pregnant women participating in the prospective longitudinal community-based study Little in Norway. Mother-infant interactions were videotaped and scored with the ERHS at 12 months, and PSI and ITSEA were administered to the mothers 18 months after birth. This includes both self-report and observational data. First, we analyzed response patterns to identify latent classes, indicating separate risk profiles within our sample. Second, we investigated how these classes related to later mother-child interactional quality, parenting stress, and child internalizing and externalizing behaviour. Results identified three specific prenatal risk profiles; broad risk (7,52%), mental health risk (21,62%) and low risk (70,86%). The broad risk group showed an increased risk for poorer mother-infant interactions compared to the low risk group. The mental health risk group showed adverse outcomes on externalizing and parenting stress compared to the low risk group, and even the broad risk group. The mental health group showed more adverse outcomes on all measures, when compared with the low risk group. The study highlights that families at risk can be identified as early as during pregnancy, and that prenatal risk factors cluster together in specific risk constellations that are differentially related to parent and child outcomes.

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Monitoring infant development – caregiver report and direct assessment in a global context

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION:

The richness of early childhood makes it imperative that indicators used to measure early development are holistic, inclusive, comparable and feasible. In view of a lack of such measures, combined with the urgency of Sustainable Development Goals (SDG) which require monitoring children under 5 years who are developmentally “on track”, the World Health Organization (WHO) developed the Global Scales for Early Development (GSED) to measure children’s early development (ages 0-3 years). The GSED includes three measures: 1) short form (SF) for population-evaluation (caregiver-report), 2) complementary long form (LF) for programmatic-evaluation (direct assessment), and 3) psychosocial form (PF) for psychosocial development evaluation (caregiver-report). GSED build on advances made by analyses of existing global datasets, and new data collection that demonstrated the cross-cultural applicability of items that measure young children’s development.

AIM:

In this presentation, we will describe 1) the process of development of GSED caregiver-reported and direct assessments as it reflects the attention to capturing cultural neutrality and methodological rigour, and 2) preliminary data from 3 countries.

METHODS:

To achieve the goal of addressing child development globally, the item bank for the new measures was constructed based on existing cross-sectional and longitudinal datasets from 51 cohorts in low- and middle-income countries using 18 established early child development instruments (with 2221 different developmental items) representing over 66,000 anonymised children with 100,153 assessments. Combining expert judgment and statistical modelling, the prototype measures were constructed and validated in a study conducted in Tanzania, Bangladesh, and Pakistan.

RESULTS/CONCLUSIONS:

Preliminary data indicate that GSED SF and LF measures have high reliability and validity with other developmental assessments, while the psychosocial form requires further development. This suggests that caregiver report and direct assessment by trained assessors are valuable complementary sources of information necessary to monitor young children’s physical, mental and developmental health.

Parental Depression and Infant Attachment Predict Infant Developmental Outcomes

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Parental depression increases the risk of children's insecure attachment (Barnes & Theule, 2019) and predicts developmental delays in early preschool. Insecure attachment is related to lower language and self-regulation scores in preschoolers though it is unclear what role parental depression plays in the effect of infant attachment on infant functioning. Aim. We explored associations between parental depression, infant attachment, and observations of social-emotional communicative skills in 12-month-old infants.

Method

Forty-two couples and their first-born children were observed in triadic interactions during structured (e.g., games, reading books) and unstructured (e.g., free play, eating snacks) tasks. Parents' depressive symptoms were assessed with the CES-D and infants' communication, gross- and fine motor, problem-solving, and personal-social outcomes via the ASQ. An observer-based Attachment Q-Sort measured infants' attachment security, dependency, smooth interactions, and physical contact with mothers. We also conducted a standardized assessment of infants' social-emotional functioning (ESQ).

Conclusions

Maternal depression was negatively correlated with infants' personal-social functioning while paternal depression negatively correlated with communication scores. Attachment security, proximity-seeking with the mother, and smooth interactions with the mother and other adults were positively correlated with infants' problem-solving. Infants higher in attachment security and social interactions with mothers were observed to be more socially responsive to the experimenter. Furthermore, infants who demonstrated smooth interactions with mothers were better at behavioral regulation during interactions with the examiner. In this non-clinical sample, attachment-related variables were better predictors of infant outcomes than parental depression. Correlations between depression and attachment security were not significant although correlated in the expected direction. Present results indicate that these variables make different and unique contributions to infants' development.

References:

Barnes, J., & Theule, J. (2019). Maternal depression and infant attachment security: A meta-analysis. *Infant Mental Health Journal*, 40(6), 817-834. <https://doi.org/10.1002/imhj.21812>

Development of infant emotion regulation: Examining the roles of maternal prenatal depression and fetal attachment.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

Maternal prenatal depression has been associated with infant's emerging emotion regulation abilities, and maternal-fetal attachment is also linked to infant outcomes. AIM OF THE STUDY. Our primary aim was to examine associations between maternal functioning and infants' emotion regulation during the still-face paradigm (SFP) in a primarily Black/African-American sample. We hypothesized that maternal prenatal depression symptoms would be negatively associated with infant emotion regulation during the SFP, and higher maternal-fetal attachment would be positively associated with infant emotion regulation.

MATERIAL AND METHODS

Participants were 101 mother-infant dyads from a larger longitudinal study initiated in Detroit Michigan, USA. The Center for Epidemiological Studies Depression questionnaire measured maternal depressive symptoms prenatally and when infants were 7 months old. The Maternal Fetal Attachment Scale (MFAS) measured the attachment pregnant women had to their soon-to-be children. Emotional and behavioral responses from the double SFP, which repeats the still-face and reunion phases, were coded using the MACY-Infant-Parent Coding System.

RESULTS

Multiple regression analysis revealed that higher MFAS role-taking, seeing oneself as a parent and the fetus as their future child, was associated with significantly more infant attempted social engagement with mom during the first still-face episode, which previously has been associated with future secure attachment and positive infant outcomes ($\beta = .35$, $p = .006$). In an analysis of the second still-face episode, prenatal depressive symptoms were significantly associated with infant initiation with mom, which has been deemed a less effective emotion regulation strategy at this episode, when controlling for current depressive symptoms ($\beta = .30$, $p = .010$).

CONCLUSIONS

These results demonstrate the roles of prenatal maternal-fetal attachment and depressive symptoms in infant emotion regulation strategy use throughout the double SFP as infants learn mom will not respond and the task becomes more distressing.

Pashe Achhi-Beside you: Remote Learning Intervention to be Connected Children & Caregivers during the Pandemic

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¹BRAC, Dhaka, Bangladesh

Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

In the wake of the 2020 COVID-19 pandemic, nationwide lockdowns were imposed in Bangladesh as the country began preparing for an unprecedented crisis following the first confirmed cases in early March 2020. Schools and offices were closed indefinitely and institutions across the board rushed to establish safety protocols. As COVID-19 worsened, BRAC sought to establish pathways that would continue to foster a shared connection with children and families who were cut off and isolated due to social distancing policies. After a series of intervention pilots, reviews, and iterations, the Pashe Achhi Telecommunication model was created to facilitate remote connections, in the form of play-based learning and psychosocial wellbeing, for displaced and socially isolated children and families of Rohingya communities living in Bangladesh's Humanitarian camps.

This presentation will describe the Pashe Achhi model, a remote, telecommunication-based intervention, which was created in response to the COVID-19 pandemic, to connect with children and families living in isolation with little opportunity to interact beyond the small family. The model's primary objectives were to ensure an enduring connection with beneficiaries, foster mental health through psychosocial support, and encourage learning through play and parent-child interactions to promote healthy development.

The ways that this model integrated a tele counselling framework with key concepts from BRAC's learning-through-play programs for the beneficiaries will be described. Stories from families and from our experiences will be presented.

Childrens emotional problems during the SARS-CoV-2 pandemic and childs attachment

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

The SARS-CoV-2-pandemic went with many restrictions for families with young children, affecting the mental health of children worldwide. Previous studies have already identified secure attachment as an important protective factor for child development.

Aim of the study

The aim of this study was to investigate the influence of the pandemic and child attachment on children's emotional problems. It is hypothesized that insecurely attached children generally have more emotional problems, emotional problems of all children worsen over the pandemic, and insecurely attached children suffer more from the pandemic in terms of their emotional problems.

Material and Methods

N = 129 mothers and their children were included in the analysis. Children's emotional problems were measured in an online survey at three different measuring points before and during the pandemic, using the Strengths and Difficulties Questionnaire (SDQ). Child attachments was measured with the Strange Situations Test (SST), when the child was approximately 12 months old. The calculation of a mixed ANCOVA showed, that securely attached children had fewer emotional problems than insecurely attached children ($F(1, 118) = 13.93, p < .001$) and that the emotional problems of all children increased significantly over the pandemic ($F(1.79, 210.87) = 5.92, p = .004$). The interaction effect between time and child attachment was not significant ($F(1.79, 210.87) = 0.09, p = .897$).

Conclusions

Our study shows that there is an association between attachment security and emotional problems and the impact of the SARS-CoV-2-pandemic on the mental health of preschool children in Germany, but insecurely attached children did not suffer more from the pandemic in terms of their emotional problems. The result indicate the need of preventive services (for children and parents) to promote and maintain stress coping skills in order to maintain children's mental health in times of crisis.

Maternal antenatal depressive symptoms, infant regulatory problems and child emotional and behavioural problems

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction Maternal antenatal depressive symptoms (MDS) are known to be associated with infant regulatory problems (IRP) and emotional and behavioural problems later in childhood.

Aim was to test the hypothesis that IRP at the age of 6 months would moderate the effect of antenatal MDS on child's internalizing and externalizing problems at the age of 4-5 years.

Material and Methods Normal population Finnish mothers and their firstborn children have been followed from pregnancy onwards. The questionnaires completed by the mother were the Edinburgh Postnatal Depression Scale (EPDS) for determining MDS antenatally, the Neonatal Perceptions Inventory (NPI) for eliciting IRP at the age of six months, and the Child Behavior Checklist (CBCL) for determining child's Internalizing and Externalizing problems (T score cut-off ≥ 60) at the age of 4-5 years ($n = 157$). Standardised values of the square root of EPDS, and NPI were used.

Results MDS antenatally were indicatively associated with IRP at six months ($B = 0.14$; $p = 0.082$). At the age of 4-5 years, neither IRP, nor the MDS-IRP-interaction were associated with Internalizing Problems, whereas MDS ($OR = 1.7$; $p = 0.084$) was indicatively associated with higher scoring in Internalizing Problems. Concerning the Externalizing Problems, both MDS ($OR = 1.7$; $p = 0.035$) and IRP ($OR = 1.6$; $p = 0.024$) were associated with higher scoring. The MDS-IRP-interaction term remained indicatively ($OR = 0.7$; $p = 0.089$) in the model.

Conclusions Current study suggests that IRP indicatively moderates the effect of antenatal MDS on child's risk for behavioural but not emotional problems 4-5 years later. MDS alone indicatively increase child's risk for emotional problems. The risk for behavioural problems is increased by both MDS and IRP but fewer IRP decrease the effect.

A Pilot Study to Explore the Continuity of Mental Health Services from Infancy Through Adolescence

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

TITLE:

A Pilot Study to Explore the Continuity of Mental Health Services from Infancy Through Adolescence

INTRODUCTION:

Without coordinated treatment, infancy through adolescence, children are likely to develop lasting social emotional problems. Following an in-depth literature review that identified the need to address gaps in service, the researchers conceptualized an infancy through adolescence pilot project designed to improve the continuity of mental health services in rural American communities (New Jersey and Pennsylvania). The pilot project included the development of a multidisciplinary team to address this systemic health need. The team analyzed rural mental health coordinated services provided infancy through adolescence with the end goal of implementing a computerized, shared, longitudinal tracking system beginning with infants receiving mental health services through their high school graduation. Also, childhood mental health intervention checkpoints and parent education on childhood mental health indicators and navigating the mental health system is at the heart of the project.

AIMS:

This presentation demonstrates a theoretically based pilot project designed to develop and implement a shared, computerized longitudinal tracking system for children receiving IMH services through high school. The presentation includes discussing the mental health intervention checkpoints infancy through adolescence and parent education on childhood mental health indicators and how to navigate the mental health system.

MATERIALS AND METHODS:

Methods for the pilot project include an in-depth literature review, surveys, interviews, case studies, and technological environmental scanning.

CONCLUSIONS:

As of date, gaps in mental health services infancy through adolescence within New Jersey and Pennsylvania rural communities have been identified. We have developed a multi-disciplinary team across two states who are collaborating to create and implement a computerized, shared, longitudinal tracking system for children receiving IMH services through high school graduation. Intra- and inter-agency surveys have been developed and are in process. Environmental scanning for other similar programs is constant.

Paternal Trauma and Offspring Development in Early Childhood: Exploring the Moderation by Child Sex

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Offspring of fathers or mothers with a history of childhood maltreatment (CM) are at increased risk of developmental problems. Some evidence points toward distinct intergenerational trajectories of maternal trauma according to child sex (CS). However, this has never been explored among offspring of fathers with a history of CM.

Aim of the study

The present study evaluates if boys' and girls' development is associated differently to their fathers' history of CM. Material and Methods. Sixty-four men from the Province of Quebec, Canada, completed the Childhood Trauma Questionnaire between the second and the third trimester of pregnancy. The Ages and Stages Questionnaire, Third Edition was completed by themselves (n=46) or their partner (n=18) when the child was aged between 5 and 36 months (48% girls). A moderation analysis was performed using the PROCESS macro for SPSS.

Results

The overall regression model was not significant ($F(3, 60) = 2.06, p = .12, R^2 = .09$). Although child development was not significantly predicted by CS ($b = -10.04, t(60) = -.86, p = .39, 95\% \text{ IC} [-33.27, 13.19]$), the severity of fathers' CM significantly and negatively predicted child development ($b = -1.94, t(60) = -2.30, p = .03, 95\% \text{ IC} [-3.63, -.25]$) and the moderating effect of CS was marginally significant ($b = 2.16, t(60) = 1.86, p = .07, 95\% \text{ IC} [-.16, 4.48]$). Only girls' development was associated with severity of fathers' CM ($b = -1.94, t(60) = -2.30, p = .03, 95\% \text{ IC} [-3.63, -.25]$), not boys' ($b = .22, t(60) = .28, p = .78, 95\% \text{ IC} [-1.37, 1.81]$).

Conclusions

This study provides preliminary evidence of a moderating effect of CS in the intergenerational repercussions of paternal trauma. These findings should be replicated with a larger and more diverse sample.

What can we know about the first 1000 days: a critical review of MPEWS findings

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Background:

Questioning what is possible to know is the basis of what Kant referred to as a critical approach to reflection on science and the consideration of the validity of scientific theories. The theories of fetal programming and the developmental origins of health and disease (DOHaD) informed the basic research questions used in the MPEWS study as a longitudinal pregnancy cohort designed to test a range of hypotheses derived from these theories. It has a focus on maternal mental health over the perinatal period and child developmental and mental health outcomes.

Objectives:

Based on the findings of more than 30 empirical reports and other analyses of the study's data, a number of hypotheses have been tested derived from these underlying theories and it is timely to review these findings as a whole in relation to the original study hypotheses and consider how this set of findings bears upon the theories from which they were derived and to what degree a given set of findings can confirm or falsify the theory from which it is derived.

Results:

Results will be briefly presented from MPEWS studies and synthesized with respect to the confirmation and falsification of scientific theories, in this case theories of fetal programming, the DOHaD model and the evolutionary significance of maternal priming. Consideration will be given to the differences between testing a set of hypotheses and then the application of findings to a scientific theory. Where indicated comparison to other findings from similar studies will be drawn in order to discuss issues of replication and the potential role of synthesis across studies using meta-analytic techniques.

Conclusions:

The conclusion to be drawn from this exercise are both methodological and epistemic. The paper will conclude broadly by critically reconsidering various models of scientific practice in the investigation of human development.

Screen exposure and kindergarten entry readiness: Evidence from India

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¹Post Graduate Institute of Medical Education and Research, Chandigarh, India

Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Background:

Television (TV) is one of the most common means of entertainment for children, especially from economically disadvantaged families. Emerging research has cautioned against the use of excessive screen exposure and its adverse impact on the growing child's executive functioning, cognitive development, language skills, and school readiness. The current study aimed to examine the relationship between the duration of TV viewing and kindergarten readiness among economically disadvantaged preschool children from a developing country.

Methods:

A total of 168 preschool children from low middle income homes were recruited from the community child care centres. A semi-structured questionnaire was used to assess the background demographic information and duration of daily television viewing. The kind of developmental stimulation provided by parents at home was measured by the STIMQ (pre-school version). The StimQ assesses cognitive stimulation at home including availability of learning materials (ALM); reading (READ), parent involvement in developmental activities (PIDA), and parent verbal responsivity (PVR). School readiness was measured by the child's knowledge of letters, numbers, words, colors, body parts, and writing skills. The study was cleared by the Institute's ethics committee.

Results:

The mean hours of television viewing were 2.51 (SD=1.40) and only 17.3% of the children were watching TV for less than one-hour. Stepwise multivariate regression analysis results revealed that 25.1% of the total variance in school readiness was predicted by the age of the child, total STIMQ score, and duration of television viewing ($F=5.44$, $P=.0001$). While the child's age and the STIM Q scores were positively correlated to school readiness, duration of television viewing was negatively correlated.

Conclusions:

There is a need to improve home learning environments through parental educational programs to counter the adverse impact of excessive screen viewing on school readiness, especially among children from poor families.

PREDICTIVE ABILITY OF PERSISTENT MATERNAL MENTAL HEALTH DIFFICULTIES ON THE PRESENCE OF CHILD BEHAVIOR PROBLEMS

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction and Aim of Study:

Postnatal Anxiety (PNA) and Postnatal Depression (PND) affects about 1 in 10 mothers and impacts child behaviour. However, there is limited research on what effect persistent PNA and/ or PND, beyond infancy, have on preschool child behaviour. To examine the effects of persistent PNA or PND on child behaviour (total, internalising and externalising) at 24 and 48 months of age.

Materials and Methods:

212 parents of children enrolled in the Growing Up in Singapore Towards Healthy Outcomes (GUSTO; n = 1152, birth cohort 2009–2010), a prospective longitudinal cohort study, completed the Child Behaviour Checklist (CBCL 1.5-5) at 24 and 48 months. Maternal PNA and PND symptoms at 3 and 24 months were identified using the Spielberger State-Trait Anxiety Inventory (>75th percentile) and Edinburgh Postnatal Depression Scale (≥ 13) respectively. Demographics, child's general and socio emotional development (Ages & Stages Questionnaire (ASQ-3; ASQ:SE-2) and parenting stress (Parenting Stress Index 3rd edition) were also analysed. A multivariate logistic regression was performed with mothers who had persistent or resolved PNA or PND at 24 months, against the CBCL at 24 and 48 months.

Results:

Persistent Maternal PNA and PND symptoms at 24 months were found in 11.3% and 10.3% respectively. The prevalence of child behaviour problems was 11.79% and 9.43% at 24 and 48 months, respectively. PNA or PND predicted total child behaviour problems at 24 months (OR= 4.645, CI [0.902-23.913]), at 48 months (OR= 12.546, ** CI [1.494-105.355], p value <0.05), and internalising problems at 24 months (OR=4.084, CI [0.810-20.599]), and at 48 months [OR= 3.332, CI [0.782-14.201]]. Income was shown to be a significant predictive factor for behavioural problems at 24 months (OR = 4.367, CI [1.151-16.393]) and internalizing behavioural problems at 48 months (OR = 5.988, CI [1.618-22.222]).

Conclusion:

Persistent maternal mental health problems beyond infancy can impact preschool child behaviour. Low income was shown to be a significant predictor of preschool externalising and internalising behaviour problems. Unadjusted; **

Socio-emotional difficulties in deaf children in Ireland

Dr Elizabeth Mathews¹

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

This presentation elaborates on findings from the first major study of socio-emotional outcomes of deaf and hard of hearing (DHH) children in the Republic of Ireland. Specifically, it sought:

1. to identify the prevalence of socio-emotional difficulties among a large sample of DHH children in Ireland (hereafter referred to as 'the sample');
2. to compare the prevalence identified among the sample with national and international findings.

This study used the Strengths and Difficulties Questionnaire (SDQ) as it has been used in international studies with cohorts of DHH children and has also been used on a large sample of the Irish child population in a large national longitudinal study of childhood in Ireland: the Growing Up in Ireland (GUI) study (Thornton et al., 2010), thus providing a basis for a comparison of results. Data was gathered from 113 families from 23 out of the 26 counties in the Republic of Ireland. One hundred and thirteen parents completed the SDQ in full for their child. The mean total difficulty score on the SDQ was 11.89 which, while within the normal range, is higher than the means obtained from any of the three waves of the GUI study. Within the DHH sample, 42% were found to have a TDS that is clinically significant (i.e. 14 or more), more than three times that of the GUI samples. Furthermore, 13% of the DHH sample had very high scores (i.e. 20 or more) compared to 2-3% across the GUI waves, meaning DHH children were at an almost five-fold risk of being in this high scoring category. Areas of most concern were peer problems. The presentation outlines implications for clinical practice.

Occupational Therapy within Infant Mental Health Services in Scotland

Advanced Specialist Occupational Therapist Rhona McAlpine¹, Mrs Kirsty Fowler¹

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

It is recognised and documented in policy that what happens in the first 1001 days, including pregnancy lays the foundation for every child's future health, wellbeing, and learning. We must optimise on opportunity.

Infant Mental Health teams in Scotland are in the early stages of development and have begun to deliver services, placing the focus on supporting the connection between infants and their parents, encouraging development of strong, loving relationships. Each team has a different combination of professionals, creating highly skilled multi-disciplinary teams (MDT).

AIM

The poster will present the process of evaluating and beginning to capture the unique contribution of Occupational Therapy to an Infant Mental Health Team. It will draw on the experience of two occupational therapists working in separate teams within Scotland.

DESCRIPTION

An occupational focused perspective contributes to the MDT's understanding and shared formulation of the needs of an infant and their family. Assessment and intervention address the co-occupations shared by the parent and infant, identifying and supporting the parenting occupations that are most meaningful to the relationship, while amplifying the experience of the infant.

The following data collection methods will be developed and used to collate key themes and to measure effectiveness:

Use of a goal-based outcome approach to identify meaningful parenting goals for occupational therapy intervention. Use of a three-point Likert scale to evidence outcomes.

Use of a data collection tool, including a coding structure to capture occupational therapy type and focus of intervention i.e. sensory supports, environmental adaptation, functional assessment.

We aim to develop and refine a qualitative parent questionnaire to evaluate the impact of an occupational therapy approach and intervention addressing the parent-infant relationship, specifically parental knowledge and confidence.

CONCLUSIONS

Our poster will detail the qualitative and quantitative methods used to gather data and will present the initial findings.

Measuring Epigenetic Changes of Early Childhood DNA Methylation after Mitigative Infant-Parent Psychotherapy

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Early childhood development is a strong predictor of long-term health outcomes, and adverse childhood experiences can lead to maladaptive changes which could alter health throughout life. These changes may be occurring via the epigenome, the collection of mitotically heritable chemical marks that can impact gene expression without changing the genome. We sought to understand how adverse childhood experiences, punitive parenting, and a psychotherapeutic intervention designed to mitigate these risks can impact DNA methylation, the most commonly studied epigenetic mark. A cohort of families at greater risk for disruptions to the parent-child relationship was randomly divided to receive either Infant Mental Health Home Visiting (IMH-HV) or control (treatment as usual). Saliva samples were collected from infants (n=46-55) at baseline and after 12 months. Salivary DNA methylation was measured using pyrosequencing at four genes and genetic elements of interest to brain function and development (NR3C1, SLC6A4, BDNF, and LINE1). In children, methylation in SLC6A4 and LINE1 was sensitive to parenting; decreased SLC6A4 methylation observed with increasing parental responsiveness and decreased LINE1 methylation observed with increasing levels of endorsement of corporal punishment and child-role reversal. BDNF methylation was not associated with adverse, early-life experiences but did display an overall decrease in response to treatment over 12 months. This relationship was most robust in younger children (<12 months at treatment initiation), when the epigenome is most plastic. Overall, these results suggest that the epigenome is sensitive to both early life experiences and mitigative psychotherapy, revealing potential targeted molecular pathways for early life therapeutic interventions.

Minding parents' ups and downs: exploring the effects of mood instability on infants' socio-emotional development

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

While the continuum for perinatal depression has been extensively researched in relation to its impact on parents' interpersonal functioning and children's mental health over time, research into mania has concentrated on the end of the spectrum (i.e., postpartum psychosis). Investigation of milder manic or mixed states in the perinatal period is still limited, with the effect of parental hypomanic traits on young children's socio-emotional development currently unknown.

Aim

To model the direct and indirect effects of parental low and hypomanic mood profiles on infants' socio-emotional development while exploring the mediating roles of parental reflective functioning and emotion regulation strategies (cognitive reappraisal and expressive suppression).

Material And Methods

An international online survey was completed by 1788 parents with a child under two years of age during the first wave of the Covid-19 pandemic (March-August 2020). Parents completed a set of questionnaires measuring their 1) depressive symptoms, 2) hypomanic traits, 3) reflective functioning, 4) emotion regulation strategies, and 5) socio-emotional development of their babies. Structural equation modelling techniques were employed.

Results

After controlling for contextual factors, the model revealed a negative association between parental mood instability and infants' socio-emotional development. Although the effects from the two parental mood profiles were of the same magnitude, different intergenerational risk pathways were identified. The impact of parental hypomanic mood traits on infants' socio-emotional difficulties was fully mediated by parental low reflective functioning. Contrastingly, the effect of parents' depressive symptoms was mainly attributable to its direct negative association with infants' socio-emotional development and only partially mediated by parents' less frequent use of cognitive reappraisal.

Conclusions

Study findings highlight the need of 'minding' the full spectrum of parental mood instability during the perinatal period and supports the incorporation of parental reflective functioning into prevention and early intervention strategies, promoting parental and infant mental health.

Infancy to 8: How Early Maternal Mental Health, Reminiscing and Language Shape Children's Mental Health

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

The relationship between maternal mental health and child mental health is well established. What modifiable mechanisms might mediate the association between early maternal depression symptoms and later child mental health outcomes? Parents and children talk about past events dozens of times every day from a young age. This practice, known as reminiscing, has been linked with child emotion, language, memory, and mental health outcomes.

AIMS

The aim of this study was to investigate whether an association between maternal depression symptoms in infancy and later child mental health at age eight was mediated through mother-child reminiscing and children's language development.

MATERIALS AND METHODS

Data was drawn from a large longitudinal cohort study 'Growing Up in New Zealand' (www.growingup.co.nz). Participants were 1234 children and their mothers. Reminiscing conversations were recorded in the home and coded for maternal elaboration quality, maternal emotion resolution quality and child emotion resolution quality. Maternal depression symptoms were reported in child infancy at 9 months post-partum, and child self-reported depression, anxiety, and mother reported internalising and externalising symptoms were measured at age 8. We conducted multiple regression models to clarify related covarying demographic variables. A series of serial mediation models supported the mediating effects of reminiscing and child language development on the relationship between maternal depression symptoms at 9 months, and child mental health outcomes at age 8.

CONCLUSIONS

Our findings demonstrate an indirect pathway of maternal depression to child depression and anxiety, and externalising symptoms through maternal elaboration, and child language ability. Not only do these findings provide novel information regarding the mechanism of transmission of mental health, but it provides an opportunity for the prevention of transmission through the modification of parent-child reminiscing.

Vitamin D levels and depressive symptoms during pregnancy

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Depression during pregnancy is associated with unfavorable outcomes for offspring including low birth weight, preterm birth, and adverse neurodevelopment. It is of great interest to understand potentially modifiable associates of depression during pregnancy. Vitamin D is a steroid hormone with a multifaceted function, including direct effects on brain development and function. An association between low 25(OH)D levels and depression among pregnant women have been suggested, but there are critical knowledge gaps in the current literature.

Aim of the study

We tested if higher levels of 25(OH)D during pregnancy were associated with lower levels of depressive symptoms during pregnancy. In addition, we tested if a history of depression diagnoses before pregnancy was modulating the association.

Material and Methods

The participants (n=1079) came from the Prediction and prevention of preeclampsia and intrauterine growth restriction (PREDO) study. Our analytic sample comprised 307 women who reported depressive symptoms concurrently to three blood samplings at the median (interquartile range) 13.0(12.6-13.4), 19.3(19.0-19.7), and 27.0(26.6-27.6) gestational weeks. Depressive symptoms were measured using the Center for Epidemiologic Studies Depression Scale (CES-D). CES-D was completed biweekly up to 14 times. Covariates in the current study were seasons, maternal age, smoking, BMI, hypertensive disorders, diabetes, alcohol use, and education level.

Conclusions

In conclusion, our study suggests no association between 25(OH)D and depressive symptoms throughout pregnancy. However, our study suggests that among those with a history of depression diagnoses, increasing 25(OH)D levels across pregnancy may associate with decreasing levels of depressive symptoms. The results call for replication but suggest that attention should be directed to monitoring the 25(OH)D levels of pregnant women with a history of depression diagnoses.

Effortful control as a resilience factor for children with developmental delays facing the Covid-19 pandemic

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction and Aim

The Covid-19 pandemic brought many challenges to families, changing everyday life rapidly and drastically. Parents faced financial concerns, a sudden increase in caregiving burden, health worries as well as the stress of being in quarantine. These adverse effects likely impacted parents' abilities to provide sensitive caregiving and support to their children. Since children with developmental delays (DD) and their families have pre-existing vulnerabilities, their adaptation to the pandemic might have been more challenging, and the pandemic's negative impact on them even greater.

The current examination looks into families of children with DD and the effect maternal Covid-19-related worries had on children's well-being. Children's effortful control (EC) was examined as a resilience factor since it was previously linked to child adjustment in the face of adversity.

Material and Methods

In T1, pre-pandemic, 84 families from low to medium SES were recruited during the children's diagnostic process in the Shamir medical center's child development center (Child's age $M=3.5$ $sd=0.94$). Mothers completed questionnaires on children's EC. T2 took place during the first quarantine in Israel. Families were contacted and asked to complete online questionnaires; 56 families participated in T2 (child's age $M=5.9$ $sd=1.33$). Mothers reported on their child's quality of life (QoL) and Child behavior problems using well-accepted questionnaires. Mothers were also asked about their concerns about the family's health, finances, and parental responsibilities.

Results

Children with low and medium levels of EC showed more behavioral problems and lower QoL when their mothers reported having higher levels of worry. High levels of EC were found to act as a buffer against the link between maternal worry and the child's adjustment. Implications for intervention will be discussed.

Detecting risks of mental health among children in day care centers of Seoul City.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Early brain undergoes fast and dynamic functional changes after first few years of birth, interacting with external environment. Therefore, young children experiencing adverse early life events such as COVID-19 Pandemic situation may have high risks of neurodevelopment and mental health. However, since most investigations of mental health status during COVID-19 Pandemic period have been done in adult population in South Korea, we don't have objective data about young children. Hence, they were easily neglected by Governmental plans for reducing mental health problems during COVID-19 Pandemic period.

Objective:

City of Seoul in collaboration with the Korean Academy of child and adolescent psychiatry, aimed at detecting risks of mental health and neuro-development among children in public day care centers during COVID-19 Pandemic period.

Method :

500 children, aged from 1-5 years, enrolled in public day care centers during June to September of 2022, were randomly assigned. Graduate Students evaluated children by using screening tools. They also recorded 20 minutes' play assessment sessions. Screen of behavior problems were measured by both parents (CBCL) and teachers (TRF). Among children who showed risks in any one of these screening measures, child psychiatrists examined the recorded video clips and made clinical diagnose based on DC 0-5, and DSM-5.

Results :

Among 456 children who underwent all screening measures, 290 children(64%) were screened as showing risks. 220(48%) children were categorized as having clinical conditions (152 diagnostic group and 68 sub-clinically diagnostic group). Global developmental delay., emotional disorder, language disorder were most common diagnostic categories.

Conclusion :

Young children in Seoul showed very high levels of risks regarding mental health as well as neuro-development. Present data suggest the necessity of more extended study in other cities and also urgent intervention plans to reduce the risks of mental health among young children in South Korea

Early Intervention and Infant/Early Childhood Mental Health in the Military: An Inservice Series

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

In the United States, the field of early intervention (EI) has embraced a consultative coaching model. This model considers the relationship between provider and caregiver at its core as the team works to promote the development of infants and young children with delays or disabilities.

Communication, mutual trust, and respect are essential to successful coaching. The field of infant and early childhood mental health (IECMH) is also rooted in relationship-based work with a set of principles and practices that can help early intervention providers hone the aforementioned skills, particularly when working with military families who have unique stressors.

PURPOSE

Share information on how early intervention providers can utilize information and practices from the field of IECMH to enhance their provision of relationship-based coaching services.

DESCRIPTION

This poster presentation will highlight several of the promising practices highlighted in the three inservices such as :

Assessing and promoting social emotional development of infants and toddlers, particularly as it pertains to being in relationship with others

Enhancing the use of reflective practices in coaching sessions

Awareness of perinatal mood disorders (PMAD) risks as well as post traumatic stress disorder (PTSD) experienced by babies, mothers and fathers after a traumatic birth and/or neonatal intensive care unit (NICU) stay
Awareness of treatments that licensed mental health providers can use to provide healing after abuse/neglect, trauma or natural disasters

CONCLUSION

Early intervention providers can benefit from knowledge of IECMH principles and practices, some of which they may be qualified to utilize with training. Trauma informed practices that are at the heart of IECMH work can be particularly informative for EI providers in the military.

Comparing maternal and paternal affective touch: a first step towards a contextual C-Tactile approach

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

It has now been accepted that affective touch plays a major role in the healthy development of young infants and that an essential subclass of unmyelinated low-threshold mechano-sensitive skin fibres (i.e., C-Tactile afferents) that conduct affective information about affective touch – occupies a far-reaching role. However, a lot of research relies on retrospective, cross-sectional, and laboratory studies, focusing on either the infant, mother, or at the best the mother-infant dyad, hindering a proper understanding of the development of affective touch in early life related to the context, including that of both parents’ – mother and father.

AIM

In the current study we took a first step towards the role of touch in paternal care and compared the impact of paternal and maternal nurturing stroking touch on infants’ physiological self-regulation in terms of respiratory sinus arrhythmia (RSA).

MATERIAL and METHODS

We compared the impact of a 3-min stroking period with a pre-stroking baseline and post-stroking baseline of 25 (unrelated) mothers and 25 fathers (on their infants, aged 4–16 weeks. We registered infant electrocardiogram (ECG) and respiration to calculate infant RR-interval (RRI), respiration rate (fR) and RSA and analysed the stroking speed.

CONCLUSIONS

Infants showed a significant increase in RSA (mediated by heart rate and respiration) during and after stroking touch, no matter whether touch was delivered by fathers or mothers. These results show the need to examine how CT-sensitivity is built through the first months of life and in what extent the caregiving context may have an impact on that.

VID-KIDS Virtual Program: Pilot Testing of a Prototype Design

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION VID-KIDS

Virtual, a nurse-guided video-feedback intervention, focuses on sensitive and responsive parenting to promote infant development in the context of maternal postpartum depression (PPD). Initially conceived as a home-visiting program, the pandemic halted the in-person VID-KIDS trial. Pivoting to online delivery directly responded to consumer needs (e.g., increased parenting stress, reduced service access) and agency partners' requests for accessible and cost-effective parenting support. Through user-engaged software design approaches, we collaborated with mothers and VID-KIDS' nurse-interventionists to co-develop a virtual platform. We are now pilot-testing the VID-KIDS Virtual beta prototype.

AIM

Study goals include 1) investigating VID-KIDS Virtual's impacts on maternal-infant interaction quality, maternal depression, and infant developmental outcomes; 2) examining whether the online program yields the same findings as the home-based intervention, and 3) assessing users' satisfaction.

MATERIAL & METHODS:

VID-KIDS comprises three brief (45 - 60 minutes) video-feedback sessions conducted weekly at 3-week intervals. VID-KIDS Virtual impacts are being assessed via quasi-experimental design, with outcomes collected at baseline and two months post-intervention. Measures include the Parent-Child Interaction Teaching Scale (primary outcome), Edinburgh Postnatal Depression Scale), Ages and Stages Questionnaire, infant salivary cortisol, and DNA from buccal (cheek) cells for epigenetics. We are also comparing the effectiveness of VID-KIDS Virtual (n=20) to the home-visiting program (n=146). A brief user-experience survey will assess mothers' satisfaction with the virtual platform. Refinements will be made to the prototype based on users' feedback, resulting in a final VID-KIDS Virtual interface.

CONCLUSIONS:

Mental health problems were (and remain) severe secondary effects of the pandemic, with mothers at heightened risk due to PPD. However, a practical effect of the pandemic was the unprecedented level of digital health innovation. VID-KIDS Virtual program addresses the increasing demand for online mental health solutions and early interventions that ameliorate the impact of PPD on infants.

The Austrian Early Childhood Intervention Programm as a Best Practice to promote health sustainably

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Promotion of early childhood development and health at the earliest possible stage is anchored in the SDGs. The Austrian Early Childhood Intervention Programme was evaluated as Best Practice for the EU NCDs initiative in July 2022. It is an outreach programme that specifically targets families during pregnancy or with a child aged 0-3 years who are experiencing stress.

Aim:

The concept underlying the Austrian programme builds on current scientific evidence (neuroscience, epigenetics, public health, etc.) on the high relevance of early childhood for health and quality of life in later life as well as on findings on the accessibility and effective support of socio-economically disadvantaged groups. The programme is designed to have a positive influence on the social determinants of health and to promote a healthy upbringing of the children. The longterm purpose of the programme is to contribute to health equity. It must be checked again and again whether these goals are being achieved.

Materials and methods:

Data from our documentation system is analysed and reported annually. In addition, evaluation studies were/are carried out as well as other research activities. Besides feedback from the parents at the end of their support, those, who gave their consent, are contacted annually with different short questionnaires.

Results:

Evaluation, research as well as the unique documentation system show, that the objectives can be achieved: Families benefit from participating in the programme as their burdens can be reduced and their resources strengthened. Data from documentation and evaluation proof that socially / socioeconomically disadvantaged families are reached very well by the programme; thus a contribution to health equity seems to be realistic.

Conclusions:

The implementation of the concept is successful so far, the intermediate objectives are being met. The impact model suggests that the long-term goals can also be achieved.

Would you like a text with that? Rural caregivers' preferences for receiving developmental information.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction and Aim of the Study

This study aims to understand caregivers' interests, preferences for, and concerns about enrolling in a voluntary text-messaging program to supplement in-office child development consultation through a large, but rural pediatrics clinic. The pediatrics clinic hosts 8 physicians and one HealthySteps child development specialist. The specialist's time is in high demand, and ways to expand contact with families is a priority item. The use of text messaging as a possible touchpoint to provide families with relevant developmental information is one option being explored. Prior to adopting or piloting such a program, however, this study aims to explore how families might utilize this program.

Material and Methods

A QR code linking to a Qualtrics survey was posted in each clinic room following IRB and clinic approval. Caregivers complete the 12-item survey anonymously in as little as five to ten minutes. Items include questions about topics of interest to the family as well as interest in the text-messaging format. Family demographic information is also captured.

Results

The survey was posted in July 2022 and remains open and active. As such, data has not yet been analyzed.

Conclusions

Information about whether or not families are interested in a text format, as well as special topics of interest and the ages of children for whom they would like to receive information will all be reported. Information about preferences for frequency of contact will also be available.

Infant and Toddler Language Development Trajectories across Linguistically Diverse Households

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction/Aim of the Study

Dual experiences of poverty and developing in homes where English is not the primary language has placed many young children at risk for underdeveloped school readiness (Pianta et al., 2020). The aim of this study was to comparatively examine language development trajectories in infants and toddlers from English- or Spanish-speaking low-income households who participated in child-development-focused home visiting.

Materials/Methods

Participants were drawn from two home visiting programs and assessed with distinct measures: a) 76 Early Head Start children assessed via observation with the Early Communication Index (Luze et al., 2001), and b) 238 ParentChild+ children assessed by parent report on MacArthur-Bates Communicative Development Inventory (Fenson et al., 2007) and Communication and Symbolic Behavior Scale (Wetherby & Prizant, 2002). Measures were completed at three timepoints.

Results

For each measure, similar patterns of growth and no statistically significant differences were found for children from English- and Spanish-speaking homes.

Conclusions

Results suggest an absence of a language development gap for this population, which conflicts with previous school readiness research. Implications for home visiting and later schooling will be discussed.

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Outpatient clinic 0-5: Early Childhood consultation in the Psychiatric University Hospital Zurich, Switzerland.

Dr Marina Zulauf Logoz¹, Florian Kraemer¹, Dr.med.univ. Veronika Mailaender Zelger¹, Dr.med. Gudrun Seeger-Schneider¹

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

We would like to report on the development and implementation of our Early childhood consultation at the Psychiatric University Hospital Zurich, Switzerland.

14-26% of all children of preschool age (2.5 years) show clinically relevant disorders (Egger & Angold, 2006a). Of these, 10% are emotional disorders, predominantly anxiety disorders, and 9% are various externalizing disorders. The latter in particular often show a persistent course into adulthood.

Anxiety disorders that begin at an early age also often run a chronic course if left untreated and comorbid disorders often develop. Approximately 5% of all children suffer from oppositional defiant disorder/social behavior disorder, and this generally represents the most common reason for referral to child psychiatric/psychological treatment (NICE, 2013). The main causes of the development of oppositional and aggressive behaviors in early childhood are inconsistent parenting and lack of control, combined with decreased attention to children's prosocial behavioral approaches (Döpfner, 2009).

Purpose of the work:

Thus, there is a need to develop sustainable and evidence-based services for families with young children in child and adolescent psychiatry as well, including primary, indicated and secondary prevention and age-specific intervention methods / therapy.

Description of the project:

-Indications of our target group are:

Regulatory disorder, Developmental disorders in the social-emotional area, Interaction disorder (with parents, siblings, peers).

-Assignment by concerned parents themselves or professionals.

-Our newly developed consultation includes

diagnosis and intervention in early childhood between 0 and 5; early detection of abnormalities; improving parenting and interaction skills e.g. implementing Parent-Child-Interaction Therapy PCIT; Improving the parent-child relationship and thus promotion of the child's development in all areas; early intervention in case of "suspected diagnosis" of autism/favorable influence on the course of autism spectrum disorders.

Conclusions:

We will report on the first phase and take-up of the new offer including descriptive data on over 20 PCIT-cases.

Idioms of Attachment Proyecto Oaxaca. Prioritizing locally focused listening over culturally biased telling.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Infant mental health theories and tools have largely been developed in a middle class, white, mostly male European/American context. Everyone loves their children and early relationship powerfully affects development. However, the specificity of how a society shapes the psychosocial processes of imagining a human being into being are unique to culture, history, and socioeconomic reality. It is incumbent on the field of Infant Mental Health to find ways to interrogate past assumptions and acknowledge and engage contextual realities. We need to find ways to create and study data sets that are representative of the global infant population as well as locally co-create tools adapted to support the specificity of early relationship in cultural context. Quetzalli Zephyr began Idioms of Attachment Proyecto Oaxaca in 2022 with the intention of listening to what the local context of Oaxaca has to say about early relationship. We offered some of our ideas (attachment, reflective functioning, trauma informed care) and demonstrated some of our tools (NBO and COSP) with both parents and professionals in a variety of contexts. By prioritizing locally focused listening over culturally biased telling, we have started to scratch the surface of learning how families in Oaxaca experience early relationship, what matters the most to caregivers, the contours of the stressors facing infants and their caregivers, and what kinds of supports are present/absent. Our goal is for this iterative, collaborative process to organically fertilize the space between us so that locally useful tools to support early relationship can evolve and be implemented effectively. We would like to share our experiences with you in the format of a symposium discussion that includes Quetzalli Zephyr consultants in conversation with some of the Oaxacans we have worked with over the past 12 months.

Confidence Building in Infancy: An Analytical Study of Infant Emotional Behavior Patterns

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

One aspect of social-emotional behavior is the level of confidence demonstrated by the infant. This study examined whether ethnicity, gender, temperament, and parental nurturing skills are related to infant confident behavior during situations of play and attachment/separation transitions. Aim: The study served as the beginning test phases of reliability and validity for the 10-item FIOT™ (Fisher Infant Observational Tool), an observational assessment instrument created for use by parents and practitioners working with infants between the ages of 6–12 months. The FIOT is intended to measure confident behavior and is designed to be sensitive to infants and parents from bicultural contexts as well as from the dominant culture.

Material and Methods:

The sample included 77 infants and 77 parents from three cultural groups: African American, Caucasian American, and Latino/Hispanic American. Infants between 6–7 months and 11–12 months were observed within 3 different temperament groups.

Results:

The FIOT demonstrated internal consistency reliability of .79 using Cronbach's alpha. Inter-rater reliability of the FIOT was measured by percent agreement (items ranged from 87.5% to 100%) and Cohen's Kappa (items ranged from .63 to 1.0). The utility and content validity of the FIOT was examined through conducting a focus group with parents. The analyses showed a relationship between the infant's FIOT score and two variables, ethnicity and temperament. Infants from the dominant culture and those with easy temperaments showed higher levels of confident behavior. No significant relationship emerged between the FIOT and gender or parental nurturing skills.

Conclusion:

The objective of the current investigation was to identify infant emotional behavior patterns and provide adults with a unique tool that would help assess early behavior and perhaps redirect the onset of negative patterns during infancy. Continued research on the FIOT is recommended.

FIOT: A new screening tool to measure infant confidence levels from dominant and bicultural groups

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

FIOT® (Fisher Infant Observational Tool) was developed to measure confident behavior and is designed to be sensitive to infants and parents from bicultural and dominant groups. It is a paper tool designed to measure one aspect of social-emotional behavior and focus on the level of confidence demonstrated by the infant during situations of exploration and play. Aim: The study served as the beginning test phases of reliability and validity for the 10-item FIOT® (Fisher Infant Observational Tool), an observational assessment instrument created for use by parents and practitioners working with infants between the ages of 6–12 months.

Material and Methods:

The sample included 154 infants and parents from three cultural groups: African American, Caucasian American, and Latino/Hispanic American. Infants between 6–7 months and 11–12 months were observed within 3 different temperament groups.

Results:

The FIOT demonstrated internal consistency reliability of .79 using Cronbach's alpha. Inter-rater reliability of the FIOT® was measured by percent agreement (items ranged from 87.5% to 100%) and Cohen's Kappa (items ranged from .63 to 1.0). The utility and content validity of the FIOT® was examined through conducting a focus group with parents. The analyses showed a relationship between the infant's FIOT® score and two variables, ethnicity and temperament. Infants from the dominant culture and those with easy temperaments showed higher levels of confident behavior. No significant relationship emerged between the FIOT® and gender or parental nurturing skills.

Conclusion:

The objective of the investigation was to identify infant behavior patterns and provide adults with a unique tool to help assess early behavior and redirect the onset of negative patterns during infancy. Continued research on the FIOT® is currently underway.

Psychological intervention in the relationship between parents and their babies in indigenous Kichwa communities-Ecuador

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

When conducting a first exploratory approach to indigenous Kichwa communities in Ecuador in the framework of a research focused on the psychic construction of babies, indigenous leaders ask that the research produce a psychological intervention with the children whom they perceive as sad and withdrawn. The leaders explain that this sadness is due to: health problems such as chronic malnutrition in childhood, violence, abandonment by migrant parents and the absence of state institutions manifested in the closure of day care centers.

Our hypothesis:

This scenario produces a loss of social fabric, practices and rituals that sustain parenthood and the care of babies, leaving the community in a cultural impasse between the worn-out indigenous cosmovision and the white mestizo western culture as an unattainable horizon.

Aims:

Conduct an evaluation of the quality of the relationship between parents and their babies, along with psychological support aimed at listening and assessing the trajectories of parenthood in the community through mediation objects.

Description of project:

We work with an interdisciplinary team composed of medical doctors, nutritionists and designers. Home visits are conducted using Esther Bick observation method, attachment questionnaires and observations of interactive playing between the mother and the baby. A diary was designed for parents where they can weave their parental story. This record is prioritized due to the difficulty with writing and the work is based on the community's own knowledge.

Conclusions:

The intervention allows deepening the representations of the relationship between parents and their babies to avoid repeating patterns of violence received from their own parents. Social conditions and poverty can be improved by taking into account the psychological dimension of the construction of parenthood for these women.

How does early childhood teacher emotion dysregulation and job stress relate to preschoolers' self-regulation?

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction and Study Aim:

Teachers' emotion regulation is theorized to be important for fostering positive classroom environments (Jennings & Greenberg, 2009). Empirical research in early care education settings supports this assertion as workplace stress is associated with increased emotion dysregulation (Hatton-Bowers et al., 2022) and worsened self-regulation in children (Neuenschwander et al., 2017). Thus, it is important to identify factors that negatively impact children as well as understand factors that ameliorate dysregulation and stress. For example, mindfulness is linked to effective emotion regulation strategy use and buffers stress. We hypothesized emotion dysregulation and job stress would each uniquely predict preschoolers' self-regulation. Further, we explored if mindfulness moderated the associations between emotion dysregulation and job stress to preschoolers' self-regulation.

Material and Method:

50 early childhood teachers completed online surveys and reported on their emotion dysregulation, workplace stress, and mindfulness. 162 parents reported on preschoolers' self-regulation.

Results:

Results suggest that teacher emotion dysregulation, and not job stress, was negatively associated with preschoolers' self-regulation ($\beta = -0.258$, $p = .034$). Mindfulness was not a significant moderator for emotion dysregulation or job stress on self-regulation.

Conclusion:

Results provide evidence for supporting preschool teachers' emotion regulation skills to nurture a classroom environment where children can develop strong self-regulation.

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The relations of maternal attachment style, socialization of emotions and children's behavior.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Emotional regulation is associated with increased competence in interactions with peers (Wong, Diener, & Isabella, 2008), prosocial behavior (Eisenberg, Cumberland, & Spinrad, 1998; Eisenberg et al., 1999; Berlin & Cassidy, 2003), effortful control (i.e., top-down self-regulation; Spinrad et al., 2004, 2007), and low levels of externalizing problems (Eisenberg et al., 2005). There are a few studies of parents' emotional socialization in Japan. There is a need to further understand emotional socialization in Japan and its' relations with children's behaviors.

Aim of the study

- 1) To examine the difference of emotion socialization of 6 years children's mothers' (n=117) and fathers' (n=68)
- 2) To conduct cross-lagged analysis to see the influences of attachment style of mothers and fathers and emotion socialization and children's behavioral problem

Material and method

send questionnaires, part of the longitudinal data yearly conducted from prenatal through ten years in Japanese population (789 mothers and 557 fathers at the prenatal period).

Conclusions

- 1) We conducted t-test and found mothers rated higher Emotion Focused Reaction than fathers ($t=2.295, p<.05$).
- 2) We found significant correlations between parents' attachment styles and the emotion socialization and children's behavioral problem from one year to ten years old. We are exploring the cross-lagged model currently.

How Do Early Childhood Educators' Self-compassion and Emotion Regulation Relate to their Mental Well-being?

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction and Aim:

Early childhood educator (ECE) stress is a concern internationally, impacting responsive teaching (Jeon et al., 2019). Self-compassion-based interventions have been associated with increased psychological well-being (Matos et al., 2022). Consequently, emotion regulation was found to mediate the association between self-compassion and well-being (Finlay et al., 2015). However, self-compassion is an understudied concept, creating a need to understand the processes underlying the association between self-compassion and well-being.

We examine how self-compassion and emotion regulation in ECEs relate to their mental well-being. Further, using a path model, we examine if emotion regulation mediates the relationship between self-compassion and mental well-being.

Method:

124 ECEs completed online surveys reporting on self-compassion, emotion regulation, and mental well-being. Majority identified as White/Caucasian with mean years of experience(11.55).

Results:

Self-compassion and emotion reappraisal (ER) were positively correlated with mental well-being ($r = 0.61$, $p < 0.001$; $r = 0.45$, $p < .000$, respectively), whereas emotion suppression (ES) was negatively correlated to mental wellbeing ($r = -0.32$, $p < .000$). The variance inflation factor indicated low collinearity (1-5).

Self-compassion and ES were unique predictors of mental well-being. Further, controlling for years of experience and ECEs age, ES significantly mediated the association between self-compassion and mental well-being (95% bootstrapped CIs:[0.0052, 0.1011]). ER was not a significant mediator.

Conclusion:

Self-compassion and emotion regulation skills enhance educators' mental well-being, which may impact educators' caregiving abilities.

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Predicting perinatal social support: A systematic review and meta-analysis of preconception antecedents

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION:

Social support is undeniably beneficial during the perinatal period for parents and their children. Unfortunately, many parents globally continue to report insufficient access to social support. The factors that contribute to the availability and perceptions of support are likely to exist before parenthood. Identifying these factors may help in the preparation and strengthening of social support for expecting parents.

AIM:

We take a lifecourse approach to examining factors before conception that predict parents' later perceptions of social support during pregnancy and the first 18 months postpartum.

METHOD:

We searched the electronic databases PsycINFO, MEDLINE Complete, CINAHL, Embase, PsycExtra and Open Dissertations for quantitative peer-reviewed and grey literature that reported an association between perinatal social support and any preconception factor (including retrospective measures). From 9,850 articles, we identified 143 unique studies for inclusion, from 35 countries ranging from low to high income. C

ONCLUSIONS:

Preconception factors commonly associated with perinatal social support include pregnancy intention, parity, use of assisted reproductive technology, history of miscarriage, parents' adverse childhood experiences, parents' migration history, and parents' substance use histories. However, most studies relied on retrospective measures and a majority of studies did not include fathers. Furthermore, few studies explicitly aimed to examine the relationship between preconception experiences and perinatal social support. More high-quality prospective evidence is required to inform targets for timely interventions which seek to promote parents' meaningful experience of social support. Meta-analytic evidence will be presented.

Construction of the Views on Normal Infant Sleep Questionnaire (VNIS) - Pilot Study

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction and Aim of the study:

Parents' understanding of "normal" infant sleep varies across cultures and over time. Although in the UK bed-sharing is discouraged by the National Health Service, in one study nearly half of all neonates bed-shared at least once¹. No validated instrument exists to understand parents' prenatal views on infant sleep, which may influence their decisions postnatally.

The Views on Normal Infant Sleep Questionnaire (VNIS) will: be a tool for midwives to assess parents' knowledge gaps and provide tailored perinatal care; increase reliability of postnatal self-report measures; allow for cross-cultural comparisons; provide a baseline for researchers to use in longitudinal studies.

Participants: N=100 primi- and multiparous women (≥ 28 weeks' gestation; UK resident; Age 18+). This study has ethical approval from Liverpool John Moores University and follows the Helsinki Declaration guidelines.

Material and Methods:

Participants will complete a 31-item parent-report online questionnaire with items on sleep location, feeding, and infant wakefulness and sleep patterns. We will run an exploratory factor analysis to indicate the broad structure of the items. A correlation matrix will be used to exclude redundant items, followed by a confirmatory factor analysis (CFA) with a minimum 0.32-standardized factor loading. Goodness-of-fit of the CFA model will be assessed by the root mean square error of approximation and its associated 90%-confidence interval, and by the comparative fit index.

Results:

Results of the pilot study will be used to adjust the questionnaire for use in a subsequent longitudinal study (N=500 primi- and multi-paras). CFA will be repeated in the larger sample to validate the questionnaire.

Conclusions:

The VNIS will be a valuable scale to assess parents' understanding of "normal" infant sleep.

¹Blair, P. S., & Ball, H. L. (2004). The prevalence and characteristics associated with parent–infant bed-sharing in England. *Archives of Disease in Childhood*, 89(12), 1106-1110.

Belonging in (early) childhood education and care institutions

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Since our society is becoming increasingly diverse, the question of who belongs to the group and who does not, becomes most important. It has been shown that the experience of belonging is highly important for individual well-being as well as for child development, early learning and social behavior (e.g. Over 2016; Kyrönlampi et al., 2021). The sense of belonging supports developmental processes of self-coherence, personal agency and evolving identity, especially in early childhood (Johansson & Puroila, 2021) and is seen as a main source of human motivation. Various authors underline a connection between democratic societies and the basic need of all people to be accepted as part of a group. The experience of belonging is therefore more than an individual feeling: it affects all types of relationships and thus becomes a political issue with consequences for society as a whole (Dusi et al., 2014). (Early) childhood education and care institutions offer a place where children from diverse backgrounds experience the sense of belonging for the first time.

The current study aims to investigate how a sense of belonging can be supported in education and care institutions for all children, respecting their diversity.

We are using an ethnographically inspired interpretative phenomenological analyses methodology to consider the children's right to be heard directly (United Nations, 1989). In addition, the perspectives of parents and professionals are included.

Children between the ages of three to eight years experience belonging in education and care institutions for the first time. Furthermore, there are transitions of great importance between day-care-center, kindergarten and primary school in Switzerland. Understanding how a sense of belonging is developed is highly meaningful for their learning and (social) participation in a community.

RIPOD (risk of postpartum depression): postpartum follow-ups, risks and prediction for cases, and neuroimaging data

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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).

High-quality practices in early childhood education and care centers: A multilevel approach to professional development

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Research shows that early life experiences, characterized by responsive and sensitive interactions, can positively impact infants' and toddlers' development and well-being, with short and long-term effects. In deprived environments, where children must deal with multiple sources of potential toxic stress, opportunities for quality interactions between children and adults are crucial to minimize the negative impact of adversity. High-quality early childhood education and care (ECEC) centers can serve as a protective environment, providing enriched experiences and relationships. Despite the absence of a complete characterization of ECEC services in Portugal, the available data points to moderate or low levels of quality, which may be insufficient to impact child development positively.

Aims

This poster presents the project Development and Education in Childcare (DEC), currently implemented in eight centers, in four Portuguese regions. This project aims to create an in-service intervention program to support ECEC professionals' knowledge and pedagogical practices with the goal of improving children's developmental outcomes.

Description

Based on the theory of change that underpins DEC's project, the conceptual and methodological framework as well as its multilevel strategies and intervention components will be presented. Multilevel interventions involve reflective coaching and training strategies, continuously evaluated through fast-iteration cycles targeting specific indicators related to its implementation. At the same time, impact evaluation is conducted by an external team, collecting data regarding infants' and toddlers' development, adult-child interactions, and professionals' perceptions of pedagogical practices.

Conclusions

Piloting DEC on a small scale facilitates adaptations and improvements and test the program validity, based on an evidence-based approach. This will allow for future expansion and scaling-up of the project and to inform public policies about high quality practices in ECEC centers.

Practitioners' Experiences of Delivering Online and Face-to-Face Group-based Parenting Interventions: a Qualitative Investigation

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Introduction and Aim of the study

Despite their novelty, research suggests online parenting interventions are well received by parents and lead to positive outcomes. For instance, Spencer et al. (2020) found significant positive effects in both parent and child outcomes in a meta-analysis of 28 studies. It is unclear, however, how practitioners who deliver these interventions perceive their efficacy especially compared to face-to-face interventions. The current study explores the experiences of practitioners as they may influence both the use of online delivery and parent's receptivity.

The aim of this study was to explore practitioners' perspectives of delivering Mellow Parenting (MP) groups online, an attachment-based facilitated parenting intervention. The study also explored the perspective of dual-trained practitioners' (experience delivering online and face-to-face MP interventions).

Material and Methods

Semi-structured interviews were conducted with 15 practitioners', all practitioners had delivered at least one online MP programme. Most practitioners had delivered both online and face-to-face Mellow programmes (80%). Interview transcripts were analysed using an inductive approach to reflexive thematic analysis and analysis was conducted by the first and second author with the aid of NVivo software.

Results

Initial findings have revealed three overarching themes exploring practitioners' experiences of delivering online parenting interventions: (1) expected and unexpected practical benefits of online;(2) barriers in connecting and emotionally supporting participants online; (3) technology challenges arising, often overcome with more online experience.

Conclusions

The results from this study will help in our understanding of the strengths, challenges and differences that emerge with online parenting interventions from the perspective of practitioners. Offering parenting programme developers the opportunity to better understand practitioners' perspective and the role they play in improving parent and child outcomes.

References

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Other motherhoods: Conversations with Pakistani migrant mothers living in Catalonia.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

In migrant families converge contextual transformations that can compromise adult caregivers' parental skills to carry out a successful parenting. Objective: To approach to the guidelines, practices and beliefs about breeding and parenthood in Pakistani families living in Catalonia, to describe the differential characteristics between the context of origin/reception associated with opportunities and barriers in parenting practices and to determine the use that they make of support networks and area resources.

Method:

20 women participated, divided into three focus groups (6 and 7 members). They were established in Catalonia (<5 years of residence) and had children (between 10 and 40 months old). The data was collected through a focus group interview divided into 4 thematic sections. A constant comparison analysis was performed which generated an indirect observation instrument (concordance between independent observers Kappa 0.79).

Conclusions:

Pakistani mothers living in Catalonia understand motherhood as an inalienable goal that gives meaning and significance to their lives. It also implies more responsibilities and a considerable decrease in time for themselves. They express changes in their relationship with different family members. Motherhood strengthens bonds and their position within the extended family structure. Couple relationships change, gender roles are highly differentiated, being the mother who assumes the greatest responsibility for the care of family members and for the transmission of family and cultural values. Mothers associate the well-being and the healthy development of their children with the need of taking care of themselves physically and emotionally, as well as of providing them with a conflict-free environment. Acculturation and the loss of original cultural practices and values are a source of concern. A short external and public support network is observed, as well as a limited use of maternity support services. Instead, informal networks between women in the community are a source of information and care.

Preschool teachers' beliefs, emotions, practices, and perceived intervention needs toward anxious withdrawal during early childhood

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Anxious withdrawal place preschoolers at increased risk of experiencing not only anxiety and depression, but also peer and academic difficulties (Rubin & Chronis-Tuscano, 2021). Research has shown that positive teacher-child relationships play a protective role against these negative socioemotional outcomes (Kalutskaya et al., 2015).

Aim of the study:

Due to existing gaps in literature, this study aimed to understand in-depth preschool teachers' beliefs, emotions, practices, and perceived intervention needs toward anxious withdrawal in the classroom.

Material and methods:

Thirty Portuguese preschool teachers of children aged 3 to 5 years were interviewed based on a semi-structured interview guide.

Conclusions:

The thematic analysis revealed that most preschool teachers recognized that anxious withdrawal may have negative social consequences and may be attributed to internal and unintentional factors, which may be modified through collaborative actions between key socialization agents (i.e., parents and preschool teachers). However, participants reported mixed reactions (e.g., worry, guilt, frustration, tranquility, empathy) toward this type of social behavior in the classroom. Most preschool teachers highlighted the importance of establishing a positive teacher-child relationship and inclusive classroom climate for anxious-withdrawn children. However, preschool teachers' practices toward this type of social behaviors were quite heterogeneous, ranging from passive approaches (e.g., giving time or waiting for child's social approach) to indirect (e.g., modelling, organizational support) or active (e.g., stretch and scaffold, emotion coaching) interventions. Participants acknowledged the need of evidence-based professional development interventions to enhance knowledge toward anxious withdrawal, provide opportunities for guided practice, and promote self-awareness.

References

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Preschool teachers' beliefs, emotions, and tolerance toward social withdrawal and aggression: Direct and indirect associations

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Introduction:

Preschool teachers function as both caregivers and educators, providing nurturance and learning that may impact children's socioemotional outcomes (Coplan et al., 2015). The behavioral responses of preschool teachers may be directly and indirectly (through emotional reactions) influenced by their beliefs toward children's social behaviors (Coplan et al., 2011).

Aim of the study:

This study aimed to examine the direct and indirect (through negative emotions, like worry and anger) associations between preschool teachers' beliefs (anticipated consequences and attributions) and tolerance toward socially withdrawal and aggression.

Material and methods: One hundred and seven Portuguese preschool teachers completed the Child Behaviors Vignettes (Coplan et al., 2011).

Conclusions:

Lower perceived intentionality was indirectly ($b = -0.21$, $SE = 0.07$ [-0.36; -0.07]) associated with lower tolerance toward shy-withdrawn behaviors, through increased worry ($F_{2,104} = 4.55^*$, $R^2 = .08$). Higher perceived negative peer ($b = -0.15$, $SE = 0.05$ [-0.25; -0.06]) and academic ($b = 0.14$, $SE = 0.06$ [0.05; 0.27]) consequences were indirectly associated with lower tolerance toward unsociable-withdrawn behaviors through increased worry ($F_{2,104} = 14.93^{***}$, $R^2 = .22$, and $F_{2,104} = 16.53^{***}$, $R^2 = .24$). Higher perceived negative peer consequences were both directly and indirectly (through increased worry ($b = -0.05$, $SE = 0.03$ [-0.11; -0.01], and $b = -0.03$, $SE = 0.02$ [-0.09; -0.01]) associated with lower tolerance toward physically ($F_{2,104} = 9.95^{***}$, $R^2 = .16$) and relationally aggressive ($F_{2,104} = 6.58^{***}$, $R^2 = .11$) behaviors.

References:

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Educator assessment of children's learning experiences with the Observe Reflect Improve Children's Learning (ORICL) tool

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

It is widely accepted that the first two years of life are critical to positive life trajectories, yet there is much room for improvement in the provision of education and care (EC) services for infants and toddlers. To provide a high-quality EC program requires specialist knowledge and skills to observe, reflect on and interpret very young children's behaviour and communication; effective planning to consolidate and extend learning; facilitation of children's engagement with the social and physical environment; and accurate documentation to track and communicate learning progress. High-quality EC is supported by well qualified staff, but in Australia educators only require a Certificate-level qualification.

AIM

The Observe, Reflect, Improve Children's Learning (ORICL) digital tool was co- designed to enhance the capacity of infant-toddler educators to notice, record, and interpret the day-to-day interactions, relationships, and learning experiences of very young children in EC settings.

MATERIAL and METHODS

The ORICL digital tool includes 118 stimulus items to prompt assessment of children's behaviour and interactions across six domains that are aligned with the Early Years Learning Framework for Australia: 1 Identity, Belonging, Sense of Self, Family and Culture; 2 Connectedness with Others; 3A Emotional Wellbeing; 3B Physical Wellbeing; 4 Constructing Knowledge and Understandings; 5 Communication. Its use in EC settings is being facilitated by 11 Partner Organisations and funding from the Australian Research Council. Educator provided child data records and interviews about the effectiveness of ORICL to support program planning will be presented.

CONCLUSIONS

The evaluation of educators' use of the ORICL in a recurring cyclical process of observation and planning for individual children will provide the groundwork to trigger significant and sustained improvement in pedagogy and practice for infant-toddler education and care.

Speaking for the baby's adults: Supporting the systems that supports the parents/caregivers of the baby

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

It is well known that Infant Mental Health is focused on the relationship development in a particular dyad, whether it be mother, father, biological, foster/adoptive parent and/or other kinship relationship. When servicing the family, the baby is often the identified client. This leaves the unfortunate reality that the systems that support the adults are often neglected from being supported through IMH principals. This can result in negatively impacting outcomes for not only the identified client, but the parenting and dyadic attachment of any of their children.

AIMS

To increase awareness of the need to enhance IMH principals (ghosts/angels in the nursery, relationship development) in the services that are supporting parents/caregivers, to integrate physical and mental health that leads to truly whole health care an adult client who is also a caregiver.

Description

Map out the service areas that are touched by parents/caregivers of infants such as medical providers, substance abuse clinics, insurance companies, etc. Discuss how IMH training/awareness and reflective supervision/consultation can positively impact the service provided to these parents, and thus the potential for increased growth in the parent's ability to provide healthy socio-emotional development skills (trust, overcoming barriers, enhancing strengths, etc).

Conclusions

Service providers that are servicing adults can have a better understanding of IMH principals and how to support these individuals, who may be caring for children. Providing this additional trauma informed, relationship-based support to adults can impact their ability to better engaged in their own physical and emotional healing, leading to healthier dyadic attachments, to break the cycles of intergenerational trauma.

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Expanding the Target Population for Early Detection through Parent Engagement

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Early identification is traditionally focused on detecting children with developmental delay and disability and determining eligibility for early intervention services. However, developmental concerns for a larger cohort of children not yet manifesting such delay suggest the need for helpful community-based services (Robinson L, Bitsko RH, Thompson R, Dworkin P, McCabe MA, Peacock G, Thorpe P, 2017). A universal early detection process should also include those vulnerable to adverse outcomes (Halfon & Hochstein, 2002; Sameroff et al., 1987). Broadening the target population for early detection necessitates a process that includes eliciting parent's highly predictive opinions and concerns (Glascoe & Dworkin, 1995).

Centering the family voice and experience broadens the early detection process beyond specific disorders to better align with family priorities. The Centers for Disease Control and Prevention's "Learn the Signs. Act Early." program (LTSAE) began in 2004 as a campaign for autism spectrum disorder detection (Association of Maternal and Child Health Programs, 2021). Research with families advanced LTSAE to also educate parents on the importance of sharing their concerns in the early detection process (Raspa et al., 2015).

Family engagement is critical to the successful practice of early identification. Research documents the concordance between families' elicited concerns and children's developmental screening scores (Glascoe & Marks, 2011). Moreover, when families are routinely and actively questioned about their concerns as part of service delivery, their child is more likely to receive indicated services (Arbour et al., 2021).

Expanding the early identification process to include child and family needs, such as concrete and social supports, is also a predictor of positive child outcomes (Guralnick, 2020) and honors the importance of the family's voice in decision-making (Magnusson et al., 2022). Such an approach can promote positive outcomes for all young children, especially those deemed vulnerable due to adverse social, environmental, and behavioral factors.

Do maternal multiple insecure attachment models impair quality of the mother-infant relationship via depression?

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INTRODUCTION:

Previous studies suggest that insecurity to the romantic partner impairs the quality of the mother-infant relationship via depression (Vanwalleghem et al., 2022): the poorer the quality of attachment to the partner, the higher the risk of perinatal depression for the mother and, in turn, the more likely the infant is to be at risk of bonding problems with her. It is unclear however whether mothers' attachment with parents also plays a role, and how the attachment network including the partner explains depression and bonding with the infant.

AIM of the study:

To test whether mothers' insecure attachment models of the relationship with their own mothers and fathers and/or insecurity with the partner are associated with lower relationship quality with their infants via depression.

MATERIAL and METHODS:

The Attachment Multiple Model Interview (measure of attachment along four dimensions: security, deactivation, hyperactivation, and disorganization for each relationship, i.e., mother, father, partner), the Edinburgh Postnatal Depression Scale (measure of the intensity of depression), and the Postpartum Bonding Questionnaire (measure of the quality of the mother-infant relationship) were administered to 90 mothers of infants under 6 months, 32 of whom exhibited postpartum depression.

CONCLUSIONS:

Partial Least Squares-Path Modeling analysis (PLS-PM) showed that maternal depression mediates the link between attachment to the partner and mother-infant bonding, whereas attachment to, respectively, the mother and the father is not linked to mother-infant bonding. They highlight the specific importance of attachment to the partner for mother-infant bonding disorder in the context of perinatal depression.

Photographic Experiences (Kangaroo Mother Care): The impact of Image in the psych birth of prematures

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

The experience of the babies in the NICU leaves marks in the psychism and affects future life as disruptions in the relationships and in the neurodevelopment. The KMC becomes an ally in the protection and promotion of the psychosomatic development of the baby, fostering a humanizing care. The photos taken by a pediatrician, registers moments of the everyday hospital experience of premature babies focusing on the psychic interaction mother-baby.

Aim of the Study:

The present work consists in the psychoanalytic understanding based on the observation of photographs of parents and babies experiencing the kangaroo methodology and how it affects the psychic formation of babies.

Material and Methods:

The image is a mediating instrument in the reconstruction of emotional ties. The biological care alone cannot be enough to guarantee the survival of the baby without future consequences. Taking this into consideration, it became convenient to include the psychoanalytic view of the photos to reflect the importance of the KMC in the somatopsychological development of babies and families. The photo becomes an instrument, not a product. It is a means to sensitize the Family and it shows the staff what they generate through humanized work.

Conclusions:

The photos not only help as a point of observation for the analysis, but also represent a tool in the KMC. Whenever the mother sees her photos with the baby, it helps her translate her emotions and it represents care. The images highlight the reencounter with the pleasure through touch, providing communication between parents and the baby. The pleasure sensation generated from touch develops synaptic networks that boost the development of SNC of babies and the psych body. The baby, whose endless search for the reenactment of pleasure will in his own way transform these messages into a movement towards life itself.

The premature baby's life as they become a subject (Kangaroo Experience)

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Parents of premature newborns, experience scenarios to which they were not prepared for and feelings of fear and anxiety arise.

The Word Cloud is a method that exposes, in an intuitive way, the words and expressions that emerged in a given scenario experienced by parents. By identifying the words most frequently found in hospital settings, it is possible to identify the most prevalent emotions and optimize therapeutic resources aimed at recovering the health and well-being of that family.

Aim of the study:

To create, through Word Clouds a synthesis of the feelings expressed by the parents of PTNBs, both at the admission of the newborn and at discharge, and to analyze the effectiveness and importance of the UCINCa in the process of reducing sequelae, emotional ones, related to prematurity and also to evaluate which feeling rests on the minds of the parents after a certain time of the experience.

Material and Methods:

A retrospective, cross-sectional study, which evaluated the medical records of newborns admitted to the UCINCa from April 2019 to October 2019 in which 26 medical records were evaluated, from which words were collected by asking parents what they were feeling upon arrival at the UCINCa and upon discharge from the Unit, the information was used to create Word Clouds. In March 2022, the parents of this research were asked to send a short audio answering to a script sent to them to assess the feelings they had regarding the experience they went through after much time passed.

Conclusion:

The words that prevailed the most in the memories, years later are hope and gratitude, directed to the support network. It is of fundamental importance that policies in perinatal health and in the childhood area bear in mind a care strategy and through planning of actions while creating the aforementioned networks.

Response to the baby's crying in relation to depression and anxiety in the postpartum period

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

A baby's cry is seen as a strongly emotional stimulus for an adult. Theoretically, sensitive maternal behavior in response to infant signals is the key precursor to a secure attachment: mothers' affective responses to infant distress, predicts attachment security.

Aim of the study: The purpose of this study was to determine the relationship between the severity of depressive and anxiety symptoms in the postpartum period and the nature of the response to the baby's crying.

Material and Methods:

Analyzed data were collected within the framework of the project "The Next Step: Mum". 155 mothers participated in the survey. The survey was conducted in two stages. Mothers completed the Edinburgh Postnatal Depression Scale (EPDS), General Anxiety Disorder scale (GAD 2) and My Emotions Scale for the assessment of parents' emotional reactions to child's crying (SER-PD).

Conclusions:

The most common response to a crying child exhibited by mothers was child-oriented empathy ($M = 18.41$, $SD = 2.84$, $max = 20$, $min = 8$), and mothers were least frequently amused ($M = 4.7$, $SD = 1.79$, $max = 12$, $min = 4$). A significant positive correlation was observed between the severity of depressive symptoms in the follow-up part and both self-oriented subscales (self-oriented frustration and self-oriented anxiety), and a negative one for the child-oriented empathy dimension. Similar correlations were observed for the severity of anxiety disorder symptoms. A predictive role of anxiety symptom severity was also found for the self-oriented frustration dimension.

The maternal response to the baby's cry, so important in the perspective of responsiveness and future attachment, is related to the severity of postpartum depression (PPD) and anxiety symptoms. Therefore, it seems reasonable to pay special attention to women at risk of developing PPD and anxiety disorders in the context of their ability to respond to a baby's cry.

Social inequality in pandemic outcomes for families and children under three? A German representative study

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

A social gradient in the psychosocial impact of the COVID-19 pandemic has been demonstrated for the German residential population. Do parent self- and pediatrician reported family psychosocial and (mental) health outcomes related to the pandemic also differ by family socioeconomic status in young families and in children under three years of age?

Aim of the study:

We compare families with lower and higher socioeconomic status with respect to pandemic outcomes for a) young families (e.g., perceived burden and worries, but also positive aspects) and b) their children aged zero to three (e.g. pediatrician and parent perceived age-appropriate development).

Material and Methods:

Data originate from the nationwide representative study "Kinder in Deutschland – KiD 0-3 2022" ("Children in Germany") conducted in the context of routine pediatric check-ups. The study is ongoing, data collection will end in early December 2022. Up to 6000 parents and their pediatricians will report on characteristics of the child (e.g., health and development), the parent (e.g., parenting stress), and the family (e.g., socioeconomic status), including experiences of and worries related to the pandemic.

Conclusions:

Based on qualitative studies with small samples, we expect that families with lower socioeconomic status report higher stress during the COVID-19 pandemic. Analyses will provide evidence concerning the impact of the pandemic on long-term outcomes for a) young families and b) their young children with respect to psychosocial stress and (mental) health, from the perspective of the parent and each family's pediatrician. Implications for families' needs related to the mitigation of potential long-term impacts of the COVID-19 pandemic will be discussed.

Multilevel Impacts of the COVID-19 Pandemic: A Bioecological Systems Perspective of Parent and Child Experiences

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

The coronavirus (COVID-19) pandemic and associated public health restrictions created unprecedented challenges for parents and their young dependent children. While psycho-social impacts of natural disasters on families are well studied, a typography of parent specific concerns in the COVID-19 context was yet to be articulated.

Aims of the study: Using a bioecological systems framework, we adopted a mixed-methods research design to i) examine parents' core concerns about the impacts of the pandemic on themselves and their children and ii) test significant differences in the reporting of concern by mothers compared with fathers.

Methods: Data were drawn from the Australian Temperament Project Generation 3 (ATPG3) study, a prospective study of children born to a 39-year population-based cohort. During enforced COVID-19 lockdown restrictions between May to September 2020, ATPG3 parents (n=516) were surveyed about their own and their child/ren's functioning in the context of the pandemic. Parents' free-text responses about their concerns for themselves and their child/ren were the subject of qualitative content analysis (n=192).

Conclusions:

Parents reported far-reaching impacts for themselves and their children across multiple bioecological systems. Core concerns were for emotional rather than physical health, specifically, for parents this was represented by increased levels of anxiety and stress, and for children, these impacts were notable from a developmental perspective. Parenting related stress was gendered, with significantly greater concerns expressed by mothers in comparison to fathers. We comment on the nature of parent-reported family stress, with reference to modifiable risk factors and consideration of future public health intervention efforts.

Parenting quality and emotional-behavioral wellbeing in offspring living in communities for maltreated children

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Institutional care settings constitute a frequently adopted living arrangement for children raised in families characterized by histories of violence and maltreatment. Although they should represent a more suitable alternative, the literature extensively points out how institutions often tend to provide suboptimal caregiving environments, both due to organizational and relational aspects, putting children to a higher risk of experiencing an increase in emotional and behavioral problems later in development. Thus, next to the management of organizational characteristics that could promote quality of care, a consistent monitoring of professional educators' parenting quality and of children's emotional-behavioral problems should represent one of the main targets of facilities, in order to tailor and improve treatments and their outcomes.

Aim of the study:

The study aimed to investigate longitudinally quality of professional educator-child interactions and emotional behavioral problems in children raised in a community that treats offspring with histories of severe maltreatment.

Material and methods:

14 children (7F, Mage=29.79 mths, SD=6.99) living in a community that treats offspring with histories of severe maltreatment were assessed with respect to relationship quality with their educators and emotional wellbeing, and matched to a group of low-risk pairs (7, F Mage=19.79, SD=5.81) recruited from the general population. Quality of parenting behaviors and of educator-child interactions was assessed during videotaped episodes of free-play (EAS; Biringen, 2008), whereas emotional-behavioral problems in children were assessed through self-report measures (CBCL; Achenbah & Rescorla, 2000). Measurements were carried out at entrance into the facility (T1) and after 6 months of treatment (T2).

Conclusions:

The improvement of professional educators' quality of parenting and the screening of emotional-behavioral problems in children should represent a particular important target for institutional care settings. The results of the study could orient and inform assessment and treatment. Clinical implications of the findings are addressed.

Family Child Care Providers' Engagement with Professional Development: Providers' Well-Being and the Impact of Professional Development

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction and Aim of the study

Early educators have some of the highest rates of stress, depression and turn-over. Adult well-being, or lack of it, has been shown to impact children's behaviors, teacher's interactions with children, suspension and expulsion practices, and children's engagement in the classroom. Much of the research available is on preschool teachers and teachers in Head Start classrooms. This study focussed on family child care providers and combined quantitative and qualitative data to compare family child care providers well-being and their level of engagement with professional development.

Material and Methods

This study utilized surveys and interviews to compare family child care providers' self-reported work stress, perceived personal stress, depression, and program characteristics, and the teachers' utilization of professional supports such as workshops, coursework, coaching and mentoring, and reflective practice, with the goal of answering the question of whether family child care providers who are actively engaged in professional development experience less workplace stress, higher child engagement and lower problem behaviors.

Results

Providers in the study reported engaging with professional development for information and social supports, reflection on the children and families they are currently serving - specifically expressing the value in revisiting training topics, and for the sustainability of their work over time. The cohort in this study did not report using suspension or expulsion in the previous year; instead they reflected on the need to understand children in the context of their family and community. While they experienced workplace stressors, the family child care providers in this study scored low on screenings for stress and depression and reported experiencing the rewards as well as the challenges in their work. This finding aligns with those of prior research regarding the importance of professional development for maximizing the well-being of both children and their care providers.

Associations between Physiological and Emotion Regulation in Early Childhood Teachers

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

In educational settings, early childhood teachers are faced with highly complex social situations and are often required to deal with challenging situations that entail them to regulate their own emotions. Research points to relations between teachers' poor emotional regulation (ER) abilities and maladaptive reaction patterns to children's emotions. Hence, it is important to better understand how ER strategies are linked to teachers' ability to self-regulate in the classroom context. One measure associated with ER is respiratory sinus arrhythmia (RSA), which indexes parasympathetic control of the heart via the vagus nerve. RSA withdrawal (RSAW), or the decrease in RSA (from baseline) that occurs during challenging contexts, is thought to support behaviors indicative of adaptive coping. Blunted RSAW are thought to index impaired ER capacity.

Aim

To examine the association between teachers' use of emotional suppression strategies and their ability to regulate their physiological responses to children's temper tantrums.

Methods

Seventy-two early childhood teachers (M seniority=10.58, SD=9.28) participated. RSAW was measured by an electrocardiograph recorder, while watching 2 videos of children exhibiting tantrum behaviors in childcare contexts and a neutral-content video before and after each one. Teachers completed questionnaires on their ER.

Results

Teachers showed RSAW while watching children tantrum behaviors ($p < .05$), suggesting active physiological regulation. During recovery phases, RSA levels did not return to baseline and stayed significantly low throughout the experiment, indicating incomplete physiological recovery ($p < .05$). Furthermore, higher use of emotional suppression was associated with lower RSAW ($r = -.42$, $p < .01$).

Conclusions

Research findings indicate that children tantrum behaviors elicit teachers' physiological arousal, suggesting elevated stress response. Teachers high on suppression showed less adaptive physiological coping, affecting their ability to respond in a regulated, adequate manner to children's needs. Findings highlight the need of developing interventions targeting adaptive strategies that support teachers' self-regulation in the classroom context.

Infant and toddler teachers' reports of stress and workplace support during the COVID-19 pandemic

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

Working as an infant/toddler teacher is a rewarding job, but is filled with high stress and emotional fatigue. These concerns were exacerbated during the pandemic. Studies have identified teachers' work-related concerns, but few studies have examined the lived-experiences of infant/toddler teachers during the COVID-19 pandemic.

STUDY AIM

This study examined teachers' reports of stress, well-being, and workplace supports during the pandemic.

METHODS

Participants were 22 center-based infant/toddler teachers (Mage = 37.40, SD = 8.80; 54.5% Black, 18.2% White, 4.5% Asian, 18.2% multiple categories) in the United States recruited at the outset of the pandemic. Most teachers had an Associates' degree (36.4%) or higher (40.9%). Participants were interviewed via Zoom about their experiences of work-related stressors and supports. Interviews were transcribed verbatim and analyzed via DeDoose Version 8.1.8 using a grounded theory approach.

RESULTS

Major themes included stressors and workplace supports. Sub-themes for stressors included difficulties in managing uncertainties/change, challenges in delivering infant/toddler programming remotely, and stress related to children and families. Both personally and professionally, the uncertainties of the pandemic and the ongoing adjustment required at work and at home were frequent sources of stress. Adjusting to remote work including delivering infant/toddler content remotely, communicating with families, completing non-teaching work, and access to resources to work from home were major stressors. Teachers were deeply worried about children and families not receiving services, and they missed "their" children and families. Finally, teachers reported consistent communication and the provision of informational and material resources (e.g., curricular and personal information including financial support and food pantries for teachers) as most helpful.

CONCLUSIONS

Despite the complexity of and emotional investment of their work, employers were able to successfully support teachers overall. These results can help employers understand how to more successfully support teachers in the future.

Early childcare settings in Israel: Structural quality, caregiver sensitivity and children's behavior

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Day care centers differ in their structural and process factors. Size of the group and the numeric ratio between caregiver and children might affect the quality of caregiver sensitivity and children's behavior in the setting. In Israel, 58% of children aged 3-36 months are in childcare settings for many hours a day, most of them are in low structural quality. Therefore, it is important to study the interaction between structural and process qualities of childcare.

Aim of the study:

To examine the role that structural quality plays in the relationship between the caregiver's emotional responsiveness and the child's involvement during play and activity. The study also examined whether the expression of aggression varies with different structural qualities.

Material and Method: 84 early childhood care settings were classified into either standard structural quality (29) or non-standard (55), based on the size of the group and the numeric ratio between caregivers and children. Caregivers and children (aged 6 to 24 months) in the group were filmed in various episodes that were coded for caregivers' responsiveness, children's involvement, and aggression.

Results:

The emotional responsiveness of the caregivers in standard quality settings was significantly higher than that of those in low-quality settings. The level of aggression in the group was lower in standard quality settings compared with that of non-standard quality. A significant positive correlation was found between emotional responsiveness and involvement at settings of standard quality. However, no significant correlation between the two variables was found in settings of non-standard quality.

Conclusions:

The findings attest to the impact of structural quality as a necessary condition for ensuring process quality and for facilitating beneficial relationships between adults and children. Non-standard structural quality might become a risk factor for children's wellbeing in childcare group settings.

Attachment to the partner and perinatal depression: the mediating role of early maladaptive schemas

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Insecure attachment and early maladaptive schemas are two risk factors for perinatal depression. Giving birth can be challenging and thus urge mothers to rely on their partners for support. But if they feel insecure in this relationship, activation of early maladaptive schemas is likely, increasing the risk of depression.

Aim of the study:

The aim of this study is to test whether the activation of early maladaptive schemas mediates the link between attachment to the romantic partner and depression.

Material and methods:

The Attachment Multiple Model Interview, the Young schema questionnaire-short form 3, and the Edinburgh Postnatal Depression Scale were administered to 45 mothers of infants under 6 months, 21 of whom exhibited postpartum depression.

Conclusions:

Partial Least Squares-Path Modeling analysis shows both a direct effect of attachment to the romantic partner on depression and an indirect effect, mediated by early maladaptive schemas. These direct and indirect effects explain 52.8% of the variance of depression scores. These findings highlight the need to focus on both attachment to the romantic partner and early maladaptive patterns in the treatment of perinatal depression.

Children's wellbeing in the context of high parental coparenting and legal conflict following separation

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Meta-analytical results indicate that children from separated families fare worse than children from nuclear families (Swartz-den Hollander, 2017). Thereby, ongoing parental conflict and coparenting problems can impede child adjustment (van Dijk et al., 2020). Especially children whose parents are involved in legal disputes regarding custody or contact arrangements might experience increased levels of emotional distress and pressure to side, leading to negative child outcomes (Rowan & Emery, 2019). To address these issues, this study examines the impact of parental conflict on child wellbeing and the role of positive parenting as a potential protective factor in the context of separation and divorce.

Data derived from a diary study of N=213 parents who have separated or divorced within the past five years. Besides other information, parenting quality, current legal disputes, coparenting problems and child adjustment of one randomly selected oldest or youngest child were assessed by parental report. The current analyses focused on a subsample of n=81 parents (72% female, age: M=38.3) with children in toddler- and preschool-age (2 to 6 years, M=4.31).

Preliminary analyses indicate that parents currently involved in a legal dispute presented significantly more coparenting problems in comparison to other separated parents. Higher levels of coparenting problems were associated with more externalizing and psychosomatic problems in the children. Thereby, coparenting problems characterized by triangulation and pressure to side had even more detrimental effects on child adjustment than overt parental conflict. Positive parenting, however, functioned as a protective factor. Further analyses of the diary data will allow for a deeper understanding of the interrelations between parental conflicts, parenting behavior, and child-adjustment on a daily basis.

Following separation, involvement in ongoing coparenting conflicts and custody disputes has the potential to impair child wellbeing substantially. Implications of the findings will be discussed regarding interventions for parents in the course of conflictual separation.

The role of emotional regulation in the relationship between attachment and depressive symptoms during postpartum.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION:

Emotional regulation is central during the transition to motherhood in terms of mental health (Lin et al., 2019; Marques et al., 2018), quality of the mother-infant relationship (Rutherford et al., 2015) and child development. According to the literature, attachment is one of the determinants of emotional regulation capacities in adults (Mikulincer & Shaver, 2019). Moreover, attachment and emotional regulation are predictors of mental health among pregnant women. Indeed, insecure attachment has effects on affective disorders among mothers (e.g., Biancardi et al., 2020). Previous studies show a link between attachment representations and emotional regulation capacities, but the contributions of the different attachment figures remain unclear.

AIM of the study:

Exploring the role of emotional regulation in the relationship between attachment and maternal depressive symptomatology during the postpartum period, and the dimensions of emotional regulation implicated in this relationship.

MATERIAL and METHODS:

Attachment representations were assessed using the Attachment Multiple Model Interview (AMMI). Emotion regulation was assessed using the Difficulties in Emotion Regulation Scale. The Beck Depression Inventory-2nd version was administered to assess depressive symptoms during pregnancy. Finally, postpartum depressive symptomatology was assessed using the Edinburgh Postnatal Depression. In this longitudinal study, 46 participants were recruited during the end of pregnancy (M=7,69 month) (T0), immediate postpartum, a month post-delivery (T1), and mid postpartum, between the third and fourth month postpartum (T2)

CONCLUSIONS:

As presented in the graph, Partial Least Squares-Path Modeling analysis (PLS-PM) showed that throughout pregnancy and postpartum, emotional regulation mediates the link between attachment representations to the partner and maternal depressive symptomatology. These results underline the importance of the quality of attachment to the spouse in depressive symptomatology that mothers will present during the perinatal period. The results offer insight on which dimensions of emotional regulation are implicated in the relationship between attachment to the partner and depressive symptoms.

EXPLORATORY ANALYSIS OF THE AFFECTIVE BOND BETWEEN PARENTS AND CHILDREN BORN AFTER A PERINATAL LOSS

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Perinatal loss is a reality that affects thousands of families each year. This project studies the possible relationship between the residual symptoms of post-traumatic stress disorder (PTSD) and the anxious, depressive and stress symptoms of parents and the type of emotional bond they establish with their newborn child after the loss. To do so, participants completed the Trauma Screening Questionnaire (TSQ), the reduced version of the Depression Anxiety Stress Scales (DASS-21), and the Experience in Close Relationship Scale (ECR-S).

Only 4 of the 20 participants had a secure bond. Of the remaining 16, 10 stand out with ECR scores far from the average. Of these 10, 2 have anxiety, depressive and stress symptoms, 6 have these symptoms and residual symptoms of PTSD and the remaining 2 have normal scores on both DASS-21 and TSQ.

These results encourage further research in order to determine whether or not there is a relationship between perinatal loss, the symptoms mentioned and the link with the future child.

Association Between Mothers' Childhood Experiences, Current States of Mind, And Wishes For Their Children's Future

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

This study examined the association between mothers' childhood experiences, their current states of mind and their wishes for their children's future. Forty-one mothers were given the Adult Attachment Interview (AAI) which primarily inquires about their childhood experiences with their parents but also includes a question about their top three wishes for their children 20 years into the future. Following the previous study (Behrens & Umemura, 2017), five different types of wishes were identified: Well-being, relationship, personal fulfillment, achievement, and personality/character, which were consequently quantified based on the emotion-oriented-ness scale. This crude 3-point scale rates wishes that are affective or more emotion-oriented as a 3 whereas more instrumental or materialistic wishes receive a 1. Out of three wishes, we focused on the first wish. The findings showed that mothers' wish score was significantly, negatively correlated with Rejection ($r=-.530$, $p=.004$) and Neglect ($r=-.554$, $p=.002$) experience scores and positively correlated with Loving scores ($r=.552$, $p=.002$). These findings indicate that mothers who reported Loving experiences with their mothers are more likely to wish happiness for their child, a construct that we define as "emotion-oriented." Mothers who were rejected or neglected were more likely to wish that their child's material and instrumental needs are met. Finally, mothers' wish score was significantly, negatively correlated with Derogation ($r=-.377$, $p=.044$), high scores indicative of their insecure-dismissing states of mind. To the best of our knowledge, this is the first study that investigated the link between the quality of mothers' wishes for their children and their own childhood attachment experiences and states of mind.

Behrens, K. Y., & Umemura, T. (2017). Japan-US comparison of mothers' wishes for their children's futures in the context of attachment. *Journal of Family Studies*, 26, 329-344.

Validation of the Hungarian short ECR-R among mothers of infants in a nationally representative sample

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

The short form of the Hungarian Experiences in Close Relationships Revised (ECR-R-HU-SF) is a self-report questionnaire developed primarily for screening purposes. It contains 8 Likert-type items measuring attachment-related Avoidance and attachment-related Anxiety in romantic partner relationships. The original ECR-R has been validated in several languages and countries, but at the same time, the growing number of publications on shortened versions reflects the need of a time-saving tool for screening and monitoring purposes. The Hungarian short version of the ECR-R was previously validated in a nationally representative community sample (N=958; for ECR-R-HU, see Dupont et al., 2022). The factor structure and psychometric properties of the ECR-R-HU-SF were encouraging, and the corresponding scales of the short and long versions were highly correlated.

Aim of the study:

The aim of the present study was to confirm the reliability and the validity of the ECR-R-HU-SF among mothers of very young children (\leq age 3 years) in a nationally representative community sample.

Material and Methods:

The ECR-R-HU-SF was part of the self-administered questionnaires used in the study called 'Infancy in 21st century Hungary' (Dani et al., 2020), in which 980 mothers raising children aged 3-36 months were included. The sample was nationally representative regarding the children's age, gender, and type of residence. The factor structure (CFA) and the psychometric properties (Cronbach's alphas) of the ECR-R-HU-SF were tested. Construct validity was examined by correlations of the Avoidance and the Anxiety scales with instruments on perceived stress (PSS-4), depressed mood (DS1K), perceived warmth and invasion of the child (H-MORS-SF), and perceived social support and stress.

Conclusions:

We can conclude that the reliability and validity of the Hungarian short version of the ECR-R are confirmed in a sample of mothers raising infants and toddlers.

PERINATAL MENTAL HEALTH AND ATTACHMENT IN A LONGITUDINAL COHORT STUDY

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

AIMS:

The overall aim is to understand the relationship between maternal mental health and child outcomes including the role of treatment. This symposium will aim to present data understanding the relationship between attachment, maternal mental health and child developmental outcomes.

MATERIAL and METHODS:

The Mercy Pregnancy Emotional Wellbeing Study is a pregnancy cohort of 887 women and their children recruited in Melbourne, Perth and rural Western Australia. Women with untreated depression, on antidepressant treatment and control women are included in the studies. The design is a prospective pregnancy longitudinal study that recruits women in first trimester and follows up over pregnancy and the postpartum to 12 months and includes maternal-fetal self-report measures in pregnancy, observational assessment of mother and infant at 6 months coded using the Emotional Availability Scale and the Strange Situations Procedure at 12 months. In addition, the Adult Attachment Interview is collected in pregnancy on women. At 4 years of age children have a developmental and mental health assessment that includes executive function. Mental Health in both mother and at 4 years of age in the child is assessed using both diagnostic measure as well as self-report. This symposium will present data from pregnancy to 12 months postpartum on the impact of depression on the mother infant relationship at 6 month postpartum mother-infant interaction task as well as on infant-parent attachment at 12 months, child development at 4 years of age together with the role of maternal attachment state of mind in pregnancy.

CONCLUSION:

Understanding the relationship between maternal attachment state of mind, infant-parent attachment and maternal perinatal depression is critical for the delivery of services that support mother and infant. This study is one of few longitudinal pregnancy cohort studies that are specifically designed for understanding mental health and child outcomes.

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Parental Reflective Functioning, Life Stressors, Depression and Anxiety Across the Perinatal Period

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

Sensitive caregiving is the cornerstone of secure infant attachment. Sensitivity is supported by parental reflective functioning (PRF), the ability to understand mental states in relation to behavior, and is undermined by maternal depression and anxiety. Life stressors such as food and housing insecurity may contribute to depression and anxiety, further compromising parental sensitivity. Associations between life stressors and PRF, and continuity in PRF across the transition to parenthood are unknown. Identifying stressors, PRF, maternal depression and anxiety prenatally may help providers to intervene early and prevent later problems with parent-child interactions.

AIMS

1. Test the continuity of PRF from the third trimester to two months postpartum.
2. Examine associations across maternal stressors, PRF, depression, and anxiety.

MATERIALS AND METHOD

Mothers (N = 21) participated in two points of data collection in this study; the first was during the last trimester of pregnancy and the second was two months postpartum. Mothers completed an online Qualtrics survey during the last trimester of pregnancy that included demographics, health information, life stressors, the Prenatal Parental Reflective Function Questionnaire (PRFQ, Pajulo et al., 2015), the Edinburgh Postnatal Depression Scale (EPDS, Cox et al., 1987), and the Perinatal Anxiety Screening Scale (PASS, Somerville et al., 2017).

ANALYTIC PLAN

I will conduct correlations and partial correlations, and regression across study variables (demographic data, prenatal PRF, depression, and anxiety) to address the research aims. The research aims are exploratory given mixed results in correlations across stressors, prenatal PRF, maternal depression and anxiety in the literature and thus, there are no directional hypotheses.

CONCLUSION

Results will contribute to understanding predictors of maternal PRF and inform early screening for potential infant-caregiver relationship difficulties.

Promoting Attachment in the NICU: The Importance of Caregiver Involvement

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

The Neonatal Intensive Care Unit (NICU) is for newborns in need of critical medical care for a variety of reasons. In this setting, there can be extreme stressors for families which often include dealing with separation from the newborn and perceived impairment of the caregiver-infant relationship.

Purpose:

The purpose of this poster is to highlight existing research on how NICU professionals can promote attachment between caregiver(s) and their infant in an environment that deals with uncertainty and fear. This involves taking a relational approach that centers NICU families in the care of their child as well as identifying factors that may impact a caregiver's ability to form a secure attachment to their infant.

Description:

Cultivating a space in which NICU caregivers feel supported, including feeling some sense of control and understanding of this experience, can help promote attachment with their infant. Some assessments that could be utilized include the Clinical Interview for Parents of High-Risk Infants (CLIP) and Working Model of the Child Interview (WMCI) to help professionals know when early intervention is needed and better understand what factors might impact the infant-caregiver relationship. Additionally, getting families actively involved through family-centered developmental care might further allow a sense of collaboration and comfort.

Conclusions:

Assessing for caregiver needs and perception of their relationship with their infant is imperative in early intervention. Caregivers and staff alike should be better supported through resources and interaction guidance to help promote attachment in the NICU.

Citations:

Givrad, S., Hartzell, G., & Scala, M. (2021). Promoting infant mental health in the neonatal intensive care unit (NICU): A review of nurturing factors and interventions for NICU infant-parent relationships.

Craig, J. W., Glick, C., Phillips, R., Hall, S. L., Smith, J., & Browne, J. (2015). Recommendations for involving the family in developmental care of the NICU baby.

Maternal perinatal depression and emotional availability as predictors of child executive function

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

BACKGROUND:

Perinatal maternal depression has been theorised to affect the development of executive function (EF) in children, but the mechanisms are obscure. One potential pathway is through the mother-infant relationship.

AIM:

To investigate the role of emotional availability in the mother-infant relationship and its interaction with perinatal depressive symptoms in the development of EF in early childhood.

MATERIAL and METHODS:

A prospective pregnancy cohort of 181 women and their children was studied to determine whether change in maternal perinatal depressive symptoms or the burden of postpartum symptoms (Edinburgh Postnatal Depression Score) predict child EF at age 4 (measured using the Preschool Age Psychiatric Assessment, NEPSY-II, and Shape School) when considering the mother-infant relationship, assessed with the Emotional Availability Scales (EAS) at 18 months, as moderator or independent predictor.

RESULTS:

A consistent association between maternal perinatal depressive symptoms and child EF was not found. However, analysis suggested an association between EAS and EF was present for some outcomes. The results were adjusted for maternal cognition (Test of Premorbid Function) and socioeconomic status. Findings were limited by sample size and statistical power to detect smaller effect sizes.

CONCLUSIONS:

Change in maternal depressive symptoms over the perinatal period and the burden of post-partum symptoms were not associated with poorer EF outcomes in children at age 4 when taking EAS into account as moderator or predictor. Exploratory analysis suggests an association between EAS at 18 months and child EF at 4 years.

Young Children with Special Health Care Needs: Exploring Primary Caregiver Perceptions of Attachment

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

The literature in infant mental health (IMH) and early childhood development repeatedly emphasizes the critical importance of healthy and secure attachment relationships between primary caregivers (PCGs) and young children with special health care needs (CSHCN) in order to optimize developmental outcomes. Professionals providing therapeutic supports to young CSHCN and their families are encouraged by leaders in the field to incorporate tenets of IMH into their practice. However, despite the depth of respect in the field for the dynamic and dyadic nature of the attachment relationship, there is little evidence documenting the lived experience and perceptions of PCGs in regard to attachment relationship with their young CSHCN.

Aim of the Study:

The purpose of this phenomenological study was to explore the lived experience of attachment relationship in PCGs of young CSHCN. The research questions guiding that purpose were: 1) What are the perceptions and lived experiences of PCGs of young CSHCN regarding their attachment relationship? 2) How do familial resources (ie., social, economic, environmental, and developmental affordances) tend to inform the perceptions and lived experiences of PCGs of young CSHCN regarding their attachment relationship? and 3) How do Early Intervention programs tend to inform the perceptions and lived experiences of PCGs of young CSHCN regarding their attachment relationship?

Materials and Methods:

A convenience sample of PCGs of children enrolled in Early Intervention programs were recruited to participate. Guided by a Dynamic Systems Model, data collection included: 1) qualitative data from one-on-one video-recorded semi-structured interviews with PCGs and 2) demographic information reflecting the multiplicity of contexts impacting the attachment relationship.

Conclusions:

Data is currently under analysis employing both traditional manual qualitative methods and Computer Assisted Qualitative Data Analysis Software (CAQDAS) with an iterative inductive approach aimed at capturing themes and essences of PCGs' lived experience of attachment with their young CSHCN.

CULTURAL FACTORS IN THE DEVELOPMENT OF PERINATAL MENTAL HEALTH DISORDERS

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

BACKGROUND:

Cultural beliefs and practices in pregnancy and early parenthood may have a protective role regarding perinatal mental health disorders but this may be impacted by trauma secondary to migration and acculturation. Culture shapes child development and although the developmental process is similar across cultures, progression may vary as children acquire culture-specific skills.

AIM:

To explore differences in risk and protective factors for CaLD women and their mental health across pregnancy and the early postpartum period by recruiting 150 CaLD women into the Mercy Pregnancy and Emotional Wellbeing Study (MPEWS), a prospective pregnancy cohort study, using established protocol.

MATERIALS and METHODS:

CaLD women at < 20 weeks gestation will be allocated to either 1) a group diagnosed with depression (past and current) using the Structured Clinical Interview for the DSM-5 TR Axis I Disorders (SCID-5); or 2) a non-depressed group also established using the SCID 5. In addition, this project will relax the English proficiency inclusion criteria used for to recruit the MPEWS cohort, including women without full English fluency; this will allow us to capture a broader group and be a more diverse sample of CaLD women in Australia. Measures will be administered at 20 weeks, third trimester, and six months postpartum including the Edinburgh Postnatal Depression Scale (EPDS), State and Trait Anxiety Inventory-State (STAI-S) and Stressful Life Events (SLE). Early parenting measures, recorded at 6 months postpartum, will examine breastfeeding, maternal and infant sleep (Pittsburgh Sleep Inventory, Brief Infant Sleep Questionnaire) and mother-infant relationship (Maternal Postnatal Depression Scale, Parenting Stress Index, Postpartum Bonding Questionnaire).

CONCLUSIONS:

This research will explore how cultural factors may influence the development of perinatal mental health disorders by recruiting a group of CaLD women with perinatal depression so that we can better understand how their experiences differ from CaLD women without depression, and Australian-born mothers.

Perinatal complications and childhood behaviour: is the association modified by sociodemographic risk?

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Numerous adverse pre and perinatal exposures have been individually associated with risk for psychiatric illness in the offspring. However, such exposures frequently co-occur with each other and with sociodemographic risk (SR) factors such as young maternal age and low income, raising questions about the interactive impact of pre/perinatal and SR in childhood mental health.

Aims:

The aim is to explore whether children exposed to cumulative perinatal (pregnancy, delivery & birth) complications have increased risk of behavioural difficulties at 5 & 9 years compared to non-exposed children.

- 1) Are perinatal complications associated with higher SDQ score?
- 2) Are perinatal complications associated with increased risk of clinically significant SDQ scores?
- 3) Are the above relationships moderated by SR?

Materials/methods:

Data from Growing Up in Ireland (GUI)– a longitudinal, nationally representative cohort of 11,000 infants who were recruited at 9 months old in Ireland will be used for secondary analysis. Retrospectively-reported perinatal complications at 9-months and strengths & difficulties (SDQ) total score at 5 and 9 years will be examined. Cumulative SR will be measured by combining maternal age, migrancy, family income and parental education levels.

Conclusions:

This study may highlight the need to consider both cumulative perinatal complications and SR as a means of identifying children who could benefit from promotive intervention to offset adverse outcomes & to support women who experience multiple perinatal complications.

Restrictions of visitors in maternity, mothers' emotional experience and construction of the first mother-newborn bonds

Psychologist Laurine Colin¹, Mrs Jessica Letot¹, Lecturer authorized to steer researches Carolina Baeza-Velasco^{1,2,3}, Emmanuel Devouche¹

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

At the time of COVID-19, visit restrictions were implemented in maternity hospitals. Some research has revealed the negative impact of these restrictions on mothers when they affect the partner's presence and an emotional ambivalence when they concern other visitors. However, few qualitative studies have explored mothers' emotional experiences and their impact on the development of the first mother-newborn bonds.

Aim:

This qualitative study aimed to explore the emotional experience of mothers confronted with visitor restrictions in the maternity ward, and the potential effects of this experience on the construction of the first bonds with the newborn.

Material and methods:

Individual, semi-directive interviews were conducted between 9 December 2021 and 15 August 2022 with 16 mothers who had given birth in the maternity hospital during the pandemic. They were transcribed and then subjected to thematic analysis.

Results:

In the absence of their partner, it was found that mothers had mostly negative emotional experiences during their stay in the maternity ward. However, some mentioned a special time of meeting and caring for their newborn. The absence of siblings was also associated with a predominantly negative experience, but without any apparent repercussion in the construction of the first mother-newborn bonds. Finally, the participants reported a relatively positive experience, but sometimes a negative one when visits were banned for the extended family. Nonetheless, most of them spoke of the tranquillity necessary for an intimate encounter with their newborn, which was favourable to the latter's well-being.

Conclusions:

These results encourage a rethink of the regulation of post-COVID maternity visits in the subjective interest of mothers and their newborns. However, it would be relevant to complete this study with quantitative research to solidify these findings.

The development of a novel maternal premature birth support application

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Nearly 400,000 infants are born prematurely each year in the U.S, many requiring emergency resuscitation. Mothers who experience premature infant resuscitation at delivery are frequently unprepared and describe feelings of extreme vigilance over the infant, emotional lability, a need to disengage from contacts, flashbacks, avoidance of event reminders and increased anxiety. To date, interventions to prevent maternal distress before a mother experiences their infant's resuscitation have not been well studied in the United States and prenatal counseling focuses on decision making and outcomes. To help fill this gap in maternal support, we created the Maternal Resuscitation Navigation Application (MARINA), informed by a multi-disciplinary group of neonatologists, neonatal nurses, MFM specialists and parents of premature infants. MARINA is a simulation-based web application, which focuses on providing interactive information, visuals, and support regarding the experience of neonatal resuscitation.

Methods:

A convenience sample of 20 mothers receiving standard neonatal counseling (SC) will be compared to 20 mothers who are provided MARINA and SC. Descriptive statistics will compare the two populations. Analysis will involve the comparison of performance across the two populations on validated questionnaires, the Impact of Event Scale and the Perinatal PTSD Questionnaire, employing Mann-Whitney testing and comparisons to normative values. Qualitative interviews and thematic analysis will be performed. IRB approval obtained.

Results:

We are currently undergoing enrollment, with the expectation that full enrollment will occur by January 2023.

Discussion:

It is critical to consider maternal health when discussing optimal care in neonatology. Resuscitation of a premature newborn is an experience that is often traumatic, and traumatic experiences during delivery can impact a woman's mental health during the post-partum and child-rearing life stages. MARINA represents a novel and innovative use of technology to provide about a potentially traumatic experience to mothers before they experience premature infant resuscitation.

Evolution of Group-Based Perinatal Mental Health Care During COVID-19

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction/Aims:

The emergence and prolonged course of the COVID-19 pandemic heightened stress for many pregnant and parenting individuals. Mental health concerns increased dramatically in response to social isolation, reduced access to care, and psychosocial stressors including job loss, financial strain, and school closures. The Healthy Expectations Program provides group-based perinatal mental health services and psychiatric care to treat Perinatal Mood and Anxiety Disorders (PMADs). Healthy Expectations rapidly transitioned to telehealth services in response to COVID-19 to address the growing need for care while mitigating the risk of disease transmission. This study examines:

- 1.) Participant demographics, enrollment, and completion rates pre- and post-pandemic onset
- 2.) Scores on the Edinburgh Postnatal Depression Scale pre- and post-pandemic onset
- 3.) Scores on the Generalized Anxiety Disorder-7 post-pandemic onset

Method/Results:

This study was conducted at a tertiary care pediatric hospital in the Mountain West region of the United States. The sample included 87 participant dyads in the Mother-Infant Therapy group (MIT-G) between March 2019 and August 2022. Descriptive and inferential statistical analyses compared group characteristics and outcomes pre- and post-pandemic onset. Results indicate similar participant demographics over time, though the program served more participants with public insurance and fewer individuals of color during the pandemic. Rates of 12-week group completion via telehealth, EPDS, and GAD-7 scores showed significant improvement during COVID-19.

Conclusions:

Group-based perinatal mental health services via telehealth offered valuable care during the COVID-19 public health crisis. Participants reported significant improvements in PMAD symptomatology and completed MIT-G at higher rates when offered virtually. Telehealth is a promising care adaptation for some pregnant and parenting individuals facing psychosocial stressors and may reduce barriers to care. Continued evaluation is needed to better understand how to improve access to care for individuals of color facing complex challenges related to longstanding systemic inequities rooted in structural racism.

Enhancing perinatal healthcare for trafficked pregnant and child survivors using an infant mental health lens

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

INTRODUCTION

The Trafficking, Healthcare, Resources, and Interdisciplinary Victim Services and Education (THRIVE) program provides integrated perinatal healthcare, mental health services, and substance use care for a unique cohort of human trafficking survivors - pregnant persons and their children – during pregnancy, childbirth, and the postpartum continuum.

AIMS

- 1) Describe maternal trauma-related stressors and strengths unique to human trafficking survivor mothers.
- 2) Illustrate maternal transformational transitions from pregnancy to parenting across the perinatal healthcare continuum
- 3) Describe strategies to advance early maternal and infant social-emotional and relational health.

DESCRIPTION

The THRIVE program assembled an interdisciplinary team of providers, including a family medicine physician to care for the mother and the children, maternal-fetal medicine physicians to assess maternal obstetric concerns, psychiatrists with expertise in trauma-informed care, an addiction care provider for patients with substance use disorders, an infant mental health consultant, a psychologist, advanced practice nurses, and patient navigators. Infant mental health consultant provides developmentally informed, relationship-based, and culturally responsive perinatal mental health to enhance this team's healthcare practices and community-based partnerships.

CONCLUSIONS

Trafficked persons face unique challenges during pregnancy, including housing and food insecurity, poor social support, child welfare involvement, and potential forced separation from their newborns. The THRIVE program provides ongoing perinatal healthcare services for the mother and their children up to at least one year postpartum. This enhanced healthcare model has been developed to help trafficked persons address unique challenges, reduce triggering experiences, and improve relational and developmental outcomes for mothers and children. We describe the early implementation of this unique approach, including opportunities and challenges in achieving improved outcomes. The THRIVE experience will provide other healthcare providers with strategies to enhance care and treatment for trafficking survivor mothers and their children.

Comfort and Reassurance in Labor and Delivery: Risk and Protective Factors for Postpartum Depression

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Expectant parents are increasingly seeking individualized care for labor and delivery amid increasing rates of obstetric interventions and surgical delivery. Because labor and delivery may be stressful and vulnerable for some, attachment representations may influence obstetric expectations and experiences, especially concerning obstetric support for autonomy. Autonomy is a hallmark of attachment in which infants gradually become self-reliant, independent and secure while others become anxious or avoidant. Thus, support for autonomy during labor and delivery may be reassuring for some, while threatening for others. Experiencing labor and delivery as threatening may affect progress and outcomes. For example, expectations for, and perceptions of obstetric experiences may also serve as protective or risk factors for postpartum depression.

Aims of the study: This study examines adult attachment avoidance and anxiety, support for obstetrical autonomy during labor and delivery, obstetric interventions, method of delivery, and postpartum depression.

Materials and methods:

Participants (N=136) reported on their first birth, their adult attachment anxiety and avoidance using the Relationship Structures Questionnaire, support for obstetric autonomy with the Health Care Climate Questionnaire, number and type of obstetric interventions, method of delivery, and postpartum depression on the Edinburgh Postnatal Depression Scale.

Results:

Attachment avoidance and anxiety are marginally statistically significantly associated with perception of support for autonomy. Attachment anxiety, number of birth interventions, surgical delivery, and perceptions of support for autonomy are statistically significantly associated with postpartum depression. Regression analyses show number of interventions, surgical delivery, and perceptions of support for autonomy are associated with postpartum depression, accounting for 22% of the variation in postpartum depression.

Conclusion:

Obstetric support for autonomy appears to be a protective factor for postpartum depression, while obstetrical interventions and surgical delivery appear to be risk factors. Replication may lead to better understanding of risk and protective factors for individualized care and postpartum depression.

The Labor of Attachment Anxiety In Obstetrical Care and Postpartum Depression

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

Labor and delivery are life-changing experiences for many. For some, however, experiences during labor and delivery may be associated with postpartum depression with long-term effects for parents and infants. There is little research that examines adult attachment anxiety and avoidance and experiences during, and outcomes of labor and delivery. There is growing concern about overuse of obstetric interventions, especially cesarean sections that have far exceeded recommended rates of 10-15% for more than 15 years. Similarly, between 15- and 28% of birthing parents experience obstetric coercion during labor and delivery. Little is known about vulnerabilities and risks for obstetric coercion, how obstetric coercion may be associated with rising rates of interventions and method of delivery, and effects on maternal outcomes, such as postpartum depression.

Aims of the study:

This study examines adult attachment anxiety and avoidance, number of obstetric interventions, mode of delivery, obstetric coercion, and postpartum depression.

Material and methods:

Participants (N=136) reported on their first birth, their adult attachment anxiety and avoidance using the Relationship Structures Questionnaire (ECR-RS), number and type of obstetric interventions, method of delivery, coercion with the Care Provider Coercion Assessment Scale, and postpartum depression on the Edinburgh Postnatal Depression Scale (EPDS).

Results:

Attachment anxiety, number of obstetric interventions, operative delivery (assisted vaginal delivery or cesarean section), and obstetric coercion were statistically significantly associated with postpartum depression. Analyses showed obstetric coercion mediates the association between attachment anxiety and postpartum depression. Risks and vulnerabilities accounted for between 4- and 27% of the variability in postpartum depression.

Conclusion:

Attachment anxiety may be a risk factor for obstetric coercion and postpartum depression. Attachment education may be a potential target for early prevention and intervention efforts in obstetrics and infant mental health. Additional research is warranted to promote individualized obstetric care for optimal experiences for parents and infants.

Role of attachment, coparenting, and self-compassion on parenting sense of competency in the perinatal period

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Perinatal mental health symptoms negatively impact maternal wellbeing, the mother-child relationship, and child development outcomes. Parental insecure attachment is a risk factor for developing poor mental health during the perinatal period. In addition, factors such as a sense of parenting competency, self-compassion, and coparenting relationship are critical within the perinatal period. While parenting sense of competence is associated with mental health symptoms experienced during the perinatal period, limited research has explored the interplay between parenting competency, self-compassion, coparenting, and parental attachment style. The current study aimed to further understand these relationships by examining the role of attachment, coparenting, and self-compassion in parenting sense of competency in perinatal women. Participants included eighty-six women ($M = 30.95$, $SD = 10.14$) seeking psychological therapy through a local Perinatal Mental Health Service. Participants completed self-report measures before commencing psychological treatment as part of the standardised treatment procedure, including the Self-compassion Scale, the Coparenting Relationship Scale, the Edinburgh Postnatal Depression Scale, the Depression, Anxiety and Stress Scale, the Relationship Questionnaire, and the Parenting Sense of Competency Scale. Regression models revealed that the coparenting relationship was associated with attachment. In contrast, a second regression model showed that coparenting and self-compassion significantly predicted parenting sense of competency, with attachment becoming non-significant when paired with coparenting. Overall, the findings highlight the importance of addressing parenting competency, coparenting, and self-compassion from an intervention point of view. Targeting these areas that can exacerbate stress, anxiety, and depression in parents could enable them to parent in an effective and attachment-informed way while decreasing the targeted mental health symptoms.

An Imaginary Journey into Childbirth and Early Interaction

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Fear of a childbirth is a common reason for consultation in Infant Psychiatric Clinics, with 10 % of pregnant women suffering from it. An Imaginary Journey into Childbirth and Early Interaction (IJCEI) is an exercise based on Cognitive Psychotherapy to help reduce parents' fear of childbirth. After positive clinical experiences from using IJCEI, we wanted to know how the IJCEI affected mothers' fear of childbirth.

The IJCEI is done during one hour appointment after the pregnancy week 35. The therapist asks the mother to take a comfortable position and then helps the mother to imagine being in a safe place and to relax. The therapist then asks the mother to imagine birth giving step by step to from the beginning of labor to the first moment with the baby and asks her questions of what the mother thinks is happening, what she is feeling and so on. Our pilot had 11 mothers, aged from 26 to 38. The birth number varied 1-4. We measured mothers' fear before and after doing the IJCEI exercise with a VAS scale (0 no fear, 10 worst possible fear).

The mothers' fear scores before the IJCEI exercise ranged from 4 to 9.3, with the average of 6.7. Mothers' fear scores after the IJCEI exercise ranged from 2 to 9.4, with the average fear score of 4.5. The IJCEI exercise decreased the fear for 10 mothers, but for the mother with the highest fear score it had no effect. Mothers reported that the IJCEI exercise helped them realize why they were afraid, and that they felt calm during birthgiving.

Mothers with fear of child birth need support and help from midwives and obstetricians, but as a part of the treatment IJCEI seems promising. In the future we plan to evaluate the results of this method further.

Parent evaluation of attending the Solihull Approach Antenatal Parenting Group, in Northern Ireland

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

This poster presentation will show thematic analysis of data collection from questionnaires completed by parents attending the Solihull Approach antenatal parenting group, a 5 or 6 session group for mothers, fathers, partners, grandparents and birth partners. It is a relationship based group approach underpinned by the Solihull Approach model integrating traditional elements of pregnancy, labour and birth with developing a relationship between parents and their baby.

The group was selected as the antenatal group of choice as part of the Early Intervention Transformation Programme (EITP) 2016-2018 in Northern Ireland whose aim was to equip all parents with the skills need to give children in Northern Ireland the best start in life.

The antenatal group was delivered by midwives across health trusts in Northern Ireland. Parents completed evaluation forms at the end of each session rating a response to three questions using faces as a visual representation of a three-point Likert scale. Three additional questions in session 5 and 6 recorded more detailed responses from parents and these responses are the focus this poster presentation.

Qualitative Analysis was carried out using Inductive Content Analysis. Data was collected for the duration of the EITP and a total 4,308 parental responses included 1,597 responses in session 5 and 2,711 response in session six .

For session 5 the key themes for responses to the question 'What do you think has changed a result of being part of this group?' were, learnt a lot of knowledge, increase in general confidence and feeding. Comments indicate some parents positively changed their intention to breastfeed. Session 6 responses were similar to responses in session 5 and encouragingly there were increased feeling of confidence, ability to care for their baby and feeling prepared. Relationships with facilitators featured in many positive comments of praise for the facilitators.

Solihull Approach Antenatal Parenting Group, Getting ready for baby questionnaire, Relationships, Support and Information.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

This poster will present data collection by midwives delivering Solihull Approach Antenatal group in the Western Health and Social Care Trust in Northern Ireland. Eight groups included fifty seven pregnant women, thirteen fathers, five grandparents and two friends/relatives. Getting ready for baby questionnaire used a 5 point Likert scale ranging from strongly agree to strongly disagree. Thematic analysis was carried out on comments added at the end of the questionnaire. Questions included the suitability of timings/venue, value of having the same midwife team, experience, value and benefits of attending antenatal groups, knowledge gained and if attending the group prepared those attending for the birth, be ready for their baby and be ready to interact and nurture their baby.

Responses to all 13 questions was overwhelmingly positive. All participants agreed they valued having the same midwife team and antenatal group education and was a good idea with 97.4% of participants rating 'strongly agreed' for both questions. 90% strongly agreed they felt included, enjoyed the group and found the antenatal group useful. Responses to the question about feeling prepared for having a baby, 68 participants strongly agreed, 7 agreed, 1 rated unsure and 1 person rated not appropriate. For the question 'This programme has helped me to prepare for interacting/nurturing my baby' 69 strongly agreed, 7 agreed and 1 person rated unsure. Interestingly the response of 'unsure' was not made by the same person.

The most common theme from comments was 'midwife facilitation.' Comments included that the midwives were amazing, excellent, superb and 'All midwives were very attentive.' Other strong themes were increased knowledge, enjoyment and prepared for baby. For example, 'I absolutely loved the classes and felt it really provided invaluable time to bond with my baby and husband as it was time spent totally focused on the pregnancy.'

Childbirth experienced by fathers: links with depression, parental self-efficacy and postnatal sense of security.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction and aims of the study:

Childbirth is a unique and life-changing event that is likely to have an impact on the way parents will live through the days and months following the birth. While this topic has been extensively studied in mothers, research investigating fathers' experiences of childbirth is still scarce. The aim of this study was to investigate the influence of the childbirth experience by primiparous fathers living in France on their level of postnatal depression, parental self-efficacy, and postnatal sense of security.

Material and Methods:

This research is part of a larger study on postpartum fathers, validated by the Research Ethics Committee (CER U-Paris). A total of 250 men answered sociodemographic questions and filled up the Edinburg Postnatal Depression Scale (EPDS), the First-Time Father Questionnaire (FTFQ), the Parent Expectations Survey (PES) and the Parents' Postnatal Sense of Security Instrument (PPSSI).

Results:

80 fathers (32%) scored above the cut-off score of 10 at the EPDS, thus presenting a risk of postnatal depression. A negative birth experience was associated with a higher rate of postnatal depressive symptoms and a lower level of postnatal security. However, no relationship was found between childbirth experience and sense of parental efficacy. The data show no significant effect of delivery type on childbirth experience, postpartum depression, parenting self-efficacy, and postpartum sense of security.

Conclusions:

Similar to mothers, the way fathers experience the birth of their partner can have consequences for the way they go through the postpartum period. In order to prevent possible depressive affects that may impact the relationship with their child, and to strengthen their sense of security when returning home, it is important to provide fathers with appropriate support throughout the perinatal period.

Integrated perinatal mental health care: a national model of perinatal primary care in Japan

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Under the enormous psychosocial impact of the COVID19 pandemic, there is an urgent need to accelerate comprehensive community mental health care systems for vulnerable perinatal women. In Japan three type of questionnaire covering maternal mood and anxiety (Edinburgh Postnatal Depression Scale ; EPDS), mother to infant bonding scale (MIBS) and High Risk Questionnaire (self-made by the authors) has been widely used throughout the antenatal obstetric check up system and community outreach by home visitation for new-born babies.

Aim of the Study

To develop clinician's algorithms that help identifying psychosocial risks for maternal suicide and child maltreatment

Study 1

Material and Methods

A total of 554 pregnant women were followed from pregnancy to after childbirth. Three questionnaires that assess psychosocial characteristics were administered during pregnancy 32-36 gestational weeks. The women were assessed at 5days,1 month and 4 months after childbirth in terms of bonding disorder (by MIBS) and Maternal PMAD by EPDS). Two step cluster analysis was conducted to find out the subgroups with clinically significant pathological bonding problems.

Results

A 3-cluster structure appeared: "normal", " Prolonged lack of affection" and "Pathological anger with depressive symptoms" . "Pathological anger with depression" group were significantly associated with insecure attachment style by RQ (Relationship Questionnaire) and negative relationship with partner.

Study 2

Materials and Methods T

he MIBS, EPDS and High Risk Questionnaire were administered by health visitors in the multi-centre nation-wide cross survey. 3370 mothers were participated during 4 months postnatally. Results MIBS demonstrated two factor structures that include Anger/Rejection (AR) and 'Lack of Affection (LA) subscales. Risk of physical abuse was predicted directly by AR, whereas risk of neglect was predicted directly by LA.

Conclusion

Mother to infant bonding scale and EPDS can help to identify mothers at risk of abuse and to prevent child maltreatment

From NICU to Home: Interdisciplinary Guidelines and Recommendations for NICU Discharge Preparation and Transition Planning

Julia Yeary¹

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

The American Academy of Pediatrics recommends the transition from NICU to home occur when an infant achieves physiologic stability and there is a program for parental involvement and preparation for care of the infant at home. Adequate parent education can reduce the risk of readmission by ensuring that parents seek medical attention appropriately, administer medications and other therapies correctly, and show confidence in the home management of non-acute medical problems. Still, there has only been limited guidance offered on what the content of a comprehensive discharge planning program for the family should be.

The National Perinatal Association (NPA) sought to fill the knowledge gap in family support and preparedness. In 2017, the NPA convened a work group to collect and collate existing standards and complete a literature review of available evidence. In 2019, the NPA hosted a national summit of 16 multidisciplinary experts to review the proposed guidelines leading to the successful publication of the NICU discharge preparation and transition planning guidelines in the February 2022 issue of the *Journal of Perinatology*⁵.

This presentation provides a high-level view of the five guideline sections and a roadmap for integration plus information on the [NICUtohome.org](https://www.nicuhome.org) landing page, a source for the tools and information needed to put the Guidelines and Recommendations into action.

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3. Smith VC, Hwang SS, Dukhovny D, Young S, Pursley DM. Neonatal intensive care unit discharge preparation, family readiness and infant outcomes: connecting the dots. *Journal of Perinatology*. 2013 Jun;33(6):415-21

Parents' perceptions and experiences of support for the parent-infant relationship: a consultation of 487 parents

Dr Karen Bateson¹, Carmen Power²

¹Parent Infant Foundation, UK, UK ²The Profs

Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Parents' voices are not always included in the process of designing, developing and delivering Infant Mental Health (IMH) services. In 2021, the Parent Infant Foundation conducted a large consultation of parents' regarding their understanding of the parent-infant relationship, their experiences of services and what they want by way of support.

Aims or purpose of the work

The aim of this work was to improve parental representation in the design, development and delivery of IMH services.

Description of the work or project

The consultation heard from 487 parents, including a small number of young parents, LGBTQ+ parents, parents of multiple births and parents in contact with social services. The consultation included in-depth qualitative interviews, focus groups and a quantitative online survey, and was conducted in the Cwm Taf Morgannwg region of south Wales.

Conclusions

The findings show the very high degree to which parents understand the importance of their relationship with their baby, how parents feel about being asked about their relationship with their baby, what gets in the way of them asking for help and the role of shame and stigma, what support they have received and valued, and the type of support they might like. The findings align with a smaller study in Essex in 2020, suggesting that these insights may represent universal perceptions and experiences for parents of infants.

This presentation will be useful to anyone working with families from conception to two, including practitioners, service managers, commissioners, voluntary and third sector workers and community development workers.

Family Needs Assessment Survey: Impact of the Opioid Crisis on Young Child & Families

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction:

The number of infants born with neonatal abstinence syndrome increased four-fold in the last 10 years. To address this need, the team surveyed families to seek to improve the quality of care for children aged five and younger who have a mother or primary caregiver who is affected by the opioid crisis.

Aim of the work:

The specific aims of this study was to identify the needs of family impacted by the opioid crisis, to assess the use of resources and services available to meet these needs, and to ascertain any gaps in resources and services underpinning unmet needs.

Description of the work:

Trained community outreach workers administered a needs assessment survey either virtually via a video teleconference or in person at substance use disorder programs. The survey asked the participant about their housing and community safety, stressful life events, adverse childhood experiences and trauma, stigma with opioid use, perceived needs, and use of available services. A sample of 58 females who are dealing with opioid use and who have a child age 5 years-old or younger were recruited from substance use disorder program located in West Baltimore and other areas of Maryland.

Conclusions:

Maryland requires that all illicit substance and prescribed medication use by pregnant women, which results in: (a) a positive toxicology screen for the mother and/or infant, or (b) evidence of neonatal withdrawal symptoms after birth, be reported to Child Protective Services for an assessment and Safe Plan of Care. This change in policy, in combination with increased opioid use, has resulted in a significantly larger number of infants and toddlers and their families interfacing with child welfare. Understanding their needs and mapping available resources is essential to family recovery and child safety and well-being.

Pediatric Oncology Psychosocial Care in Kenya: Practicing on the periphery of clinical care.

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Pediatric Psychosocial care is not a priority in the clinical care for cancer patients. The survival rate for Childhood cancer in Kenya currently stands at 30% compared to developed countries at 80%. While there may be varying reasons for the disparity, psychosocial support which plays a key role is grossly underdeveloped in major hospitals. The oral presentation will highlight the need for comprehensive care for the children and support for the parents. This is part of ongoing research work with various anecdotal examples from the patients sampled at Kenyatta National Hospital. The presentation will highlight the need for the program and the ongoing programs attempting to meet the psychosocial needs and highlighting the efficacy of the programs.

Recommendations for developmental and mental health care involved in early childhood placements in Switzerland

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Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Even though Switzerland has an excellent health care system, and looked after infants and toddlers are removed from their parents and placed specifically because their development and psychosocial wellbeing was at considerable risk, clinical experience documents very well that those children receive less regular pediatric well-child visits, child-parent-psychotherapy and necessary remedial education than children in traditional families. However, early signs of stress or trauma or developmental delay in this vulnerable group receive still little attention; although they often strain the relationship between the babies and their new caregivers, jeopardizing sometimes the stability of the placement and further psychosocial development.

Thus these children should receive early developmental pediatric follow-up and screening for mental health problems at the beginning of placements¹ and close follow-up examinations thereafter, as recommended, for example, by the American Academy of Pediatrics².

Using a survey of Swiss pediatricians, case studies, and initial steps toward implementing transdisciplinary recommendations in this area, we will present previous experiences about obstacles and trajectories how the health concerns of placed infants might be better addressed in health care and placement policy.

Key words: Infant out of home placement; developmental and mental health care; transdisciplinarity in early childhood placements

¹Palmer, A.R., C. Dahl, J. Eckerle, MJ Spencer, K. Gustafson, und M. Kroupina. „A Case Study of the Early Childhood Mental Health Therapeutic Consultation Protocol within a Specialty Multidisciplinary Pediatric Clinic for Adopted and Foster Care Children“. Perspectives in Infant Mental Health Vol., Nr. 2 (2021).

²Childhood Committee on Early Adoption and Dependent Care. „Developmental Issues for Young Children in Foster Care“. Pediatrics 106, Nr. 5, (2000): 1145–50.

A snap shot of the adverse experiences of young parents attending a parenting support programme.

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¹Teen Parent Support Programme, Cork, Cork, Ireland

Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

The more a young person has to lose in their life plan, the more careful they are likely to be in terms of risk-taking behaviours, this includes unprotected sex. Therefore, Young people with futures that are most uncertain remain the most vulnerable to becoming a young parent (Font et al., 2019). These include young people who have grown up in state care or are growing up in acute socio-economic disadvantage (Font et al., 2019). The current study takes a snap-shot of the adverse experiences of young parents in a community-based, young parent support programme in Cork. Results indicated that of the eighty-eight young parents active in the programme in 2022, 41% had previous or current involvement with social-service, 21% of whom have been in care. Forty percent are currently in an insecure housing situation. Moreover, when referred addiction was highlighted as a concern in 4% of referrals, domestic violence was highlighted in 7% of referrals and mental health concerns were highlighted in 23% of referrals. When the offspring of these young parents are exposed to these adverse childhood events, especially when numerous risk factors co-occur they are at higher risk of negative long-term developmental and health outcomes (Zeanah, 2018). Programmes that specifically target supports and engage with young parents are vital in improving the overall well-being of parents and infants and reduce the inter-generational transference of risk (Zeanah, 2018)

Evaluating the impact of a responsive parenting intervention at-scale in Brazil: a quasi-experimental study nested in a birth cohort

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Background

Primeira Infancia Melhor (PIM) is a large-scale, state-funded, responsive parenting intervention that was first established in Rio Grande do Sul, Brazil in 2003. It has since reached 200,000 families and served as a model for Brazil's federal home-visiting program, Crianca Feliz, which is the largest home-visiting program in the world (saude.rs.gov.br). A recent evaluation of PIM's effect on child development found the program was only effective at improving child development for families who joined during pregnancy (Viegas et. al., 2022). The present study uses a quasi-experimental design to build off of these findings to evaluate the impact of PIM on 1) parent responsiveness, sensitivity, guidance, coerciveness, and the parent-child relationship and 2) determine whether intervention effects are moderated by family income, length of program involvement or timing of entry into the program.

Methods

Data for this propensity score matched, longitudinal, observational study, was obtained from the 2015 Pelotas birth cohort, with PIM related indicators linked from the Rio Grande state database. We matched those who had received PIM with one+ participants from the cohort on 27 key covariates. Analysis plans were pre-registered on OSF. Participants were excluded from the analysis if they were missing data on any covariate or outcome variables. Group differences on the five parenting outcomes were examined at 48 months. Participants were then rematched and separate moderation analysis was conducted for each potential effect modifier.

Results

Out of 4275 children in the Pelotas cohort, 797 were enrolled in PIM at any point up to 48 months of age. 3018 children (70.6%) were included in the analytic sample, of whom 587 were enrolled in PIM. Comparing families who received PIM with matched controls, we found a statistically significant effect of PIM on parent sensitivity ($\beta=0.09$, 95%CI 0.01 to 0.17, $p=0.03$) and parent responsiveness ($\beta=0.12$, 95%CI 0.02 to 0.22, $p=0.02$) approximately two years post-intervention. No effect was found on coerciveness guidance, or the parent-child relationship. Moderation analyses revealed mixed findings. No effect modification was found for length of program involvement or timing of entry into the program on any outcomes. However, for families from lower income backgrounds, PIM was found to be more effective at improving parent sensitivity ($\beta=0.14$, 95%CI 0.02 to 0.26, $p=0.03$).

Conclusions

A large-scale, responsive parenting intervention applied in a real-world setting in Brazil was found to improve caregivers' sensitivity and responsiveness at 48 months. Not surprisingly, these caregiving behaviours were also found to be most strongly aligned with the program's content and theory of change model. PIM was found to be significantly effective for families from the bottom income

tercile, suggesting that caregivers in more vulnerable situations may benefit from the program the most.

Prenatal depressive symptoms: modifying child's susceptibility to postnatal depressive symptoms?

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Introduction and Aim of the study

According to the developmental plasticity hypothesis (e.g. Pluess & Belsky, 2011), maternal depressive symptoms (MDS) prenatally may increase child's sensitivity to both negative and positive environmental influences instead of being a vulnerability factor only. The aim of this study was to test this hypothesis in a longitudinal setting. Study hypotheses were

- a) not exposed (NO) children show the lowest symptom levels and highest competence
- b) pre- and postnatally exposed (PREPOST) children show the highest symptom levels and lowest competence
- c) only prenatally exposed (PRE) children show symptom levels between NO and PREPOST groups and higher competence than only postnatally exposed children
- d) only postnatally exposed (POST) children show symptom levels between NO and PREPOST groups and lower competence than PRE group.

Material and Methods

The population-based sample comprised first-time mothers who participated in a longitudinal study in Tampere, Finland, and their children.

The mothers completed an MDS screening questionnaire (EPDS, cutoff 9/10) prenatally, at two months and at six months postnatally (n = 238). The frequencies of mothers in the MDS groups were 62% (NO), 8% (PRE), 13% (POST), and 16% (PREPOST).

Children with outcome reports (CBCL completed by mothers, mCBCL, n = 171, and fathers, fCBCL, n = 102) available at 8-9 years were included. Internalizing (INT) and externalizing (EXT) problems and total competence (TC) scores were used as outcome measures.

Results

The MDS group status was statistically significantly associated with child's INT, EXT and TC scores in mCBCL and TC scores in fCBCL. The PRE group showed high EXT scores in mCBCL but, interestingly, also highest TC scores in both mCBCL and fCBCL.

Conclusions

Instead of being an unequivocal risk factor, prenatal exposure to MDS may enhance child's susceptibility to postnatal environment both in positive and negative ways.

Infant Mental Health and Post-natal Psychosis; a case study in systems of care and psychoanalysis

Ben Goodfellow

Tuesday Lunch - Poster Session 3, The Liffey, 18 July 2023, 12:15 - 13:15

Introduction

Infant mental health and perinatal mental health have merged increasingly over the last 10 years in particular, more so in some areas than others. In Victoria, Australia several perinatal mental health services sit under infant mental health rather than an adult program, allowing an infant-centered approach to parental mental illness to be undertaken from a psychodynamic and family therapy perspective, parallel to any adult psychiatric treatment that is required.

Aims or Purpose

This poster aims to outline a system and team that is structured in such a way as to allow the comprehensive treatment of the mental health needs of both a mother, child and partner. A service map and de-identified case is described to outline the principles and modalities of treatment that can be applied, as well as underlining the role for a psychoanalytic approach in addition to medication and case management, regardless of diagnosis. The case also provides a context to explore how a child can be buffered from the parental psychopathology, and both parents supported in maintaining healthy connections with their baby despite the difficulties they are experiencing.

Description

The case is of a mother from a professional background referred to services one week after the birth of her first child when she developed acute agitation and psychotic symptoms requiring an inpatient admission and intensive outpatient care. The adult mental health service remained involved in the psychiatric treatment of the mother's psychotic and depressive symptoms, while the infant mental health clinician engaged her in weekly psychoanalytically informed therapy. This latter treatment helped her to explore the experience and content of her psychotic and depressive phenomena which had arisen in the context of complicated grief and family trauma since her adolescence. Important existential questions emerged for her which she was aided in coming to terms with, meanwhile her role as mother remained well-preserved throughout the experience. Her husband was also seen on several occasions to help him in dealing with the trauma of all that had changed for him through his wife's illness and in his new role as a father.

Conclusions

Parental mental illness has a profound effect on an infant, even if symptoms in the child have not emerged. An integrated system and method of practice that goes beyond the management of symptoms, including psychosis, can have an important role in helping a family with the safety and recovery of the parent, and the well-being of the baby held equally in mind.

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