

**Infant Mental Health Journal**  
**Supplement to Volume 32, Issue 3**

**Infancy in Times of Transition**

**Program Abstracts**

**Editors**

**Hiram E. Fitzgerald**  
**Ryan McGreal-Miller**  
**Dolores K. Fitzgerald**

**World Association for Infant Mental Health**  
**12<sup>th</sup> World Congress**  
**June 30-July 3**  
**Leipzig, Germany**

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## From the Editor:

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

McKelvey, L., Fitzgerald, H. E., & Schiffman, R. (2010). Risk exposure in toddlers of low-income families: links to child functioning at age 10. *Infant Mental Health Journal*, 31 (Abstract Supplement, p 145).

## Contents

	Page
Precongress General Sessions	3
Wednesday June 30 Sessions	5
Thursday July 1 Sessions	43
Friday July 2 Sessions	79
Saturday July 3 Sessions	130
Posters	
Wednesday	
Adolescent Parenting	164
Alcohol and Other Drugs	168
Family Law Issues and Child Abuse and Custody	171
Assessment: Diagnosis and Clinical Issues	174
Attachment Studies and Clinical Disorders	181
Autistic Spectrum Disorders	193
Thursday	
Caregiving Contexts	198
Cross Cultural Studies	210
Emotion Regulation and Disorders of Temperament	212
Evaluating Parent-Infant Psychotherapy	215
Father-Infant Interaction	219
Infant Depression and Early Psychopathology	221
Infant Mental Health Services and Training	225
Mother-Infant Interaction	233
Friday	
Parenting and Family Process	250
Saturday	
Prematurity and High Risk Infants	270
Preventive-Intervention and Community Context	281
Psychodynamic Psychotherapy	298

#### **P24 Accuracy in detecting prenatal alcohol exposure and error prevention**

Xavier M. (Portuguese Catholic University, Portugal), Carvalho T. (Portuguese Catholic University, Portugal), Brizida A. (Portuguese Catholic University, Portugal), Rei C. (Portuguese Catholic University, Portugal), Cruz J. (Portuguese Catholic University, Portugal), Pereira J. (Portuguese Catholic University, Portugal), Bastos L. (Portuguese Catholic University, Portugal), Campos M. (Portuguese Catholic University, Portugal), Costeira M. (Neonatology Service- CHAA, EPE, Portugal)

Obtaining accurate information about prenatal alcohol exposure is particularly important because of the risks for negative neonatal and later neurobehavioral outcome, ranging from subtle developmental problems to fetal alcohol syndrome. In this work we pretend to present data about detection of children prenatally exposed to alcohol, born at a Hospital Unity of North of Portugal between 2005 and the first 6 months of 2009, and discuss error prevention in detecting prenatal alcohol exposure. We performed an analysis of reports of maternal consumption /prenatal exposure in informatics and paper medical records from 2005 to 2009. Children were identified as prenatally exposed to alcohol if a direct description was found on any part of their process. Data about pregnancy, labor, neonatal period or later developmental characteristics, number of emergencies and hospitalizations were analyzed. As preliminary results were being analyzed, it became apparent that data related to the number identified (N=15) were not compatible with informal reports of clinicians and Social Services Professionals, total number of births per year and national and international statistics about alcohol consumptions. This work presents the descriptive analysis of the group identified and a brief discussion about accuracy in detecting prenatal alcohol exposure. We suggest that problems in identification of prenatal alcohol exposure are a combined type of error: part active, part latent, involving a cognitive domain but also representing the contextual (social/cultural) factors shaping the health care practice. We defend that adequate screening and report strategies must be organized and that a non-punitive/collaborative work between the different professionals involved in health care arena is necessary. We hope that this kind of work represents an alert to the future and a step to error prevention in detection of prenatal alcohol exposure.