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EDITOR'S PERSPECTIVE

Interventions outcomes in Infant Mental Health: Using deceptions and failures to think and understand more and do better…

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Our field of Infant Mental Health is, basically, almost by definition, led by optimism and conviction that early therapeutic acts will prevent psychopathology in the child, through targeting maladaptive parental behaviors and distorted caregivers' perceptions of their infants. It is therefore not surprising to read more about positive outcome studies than negative or inconclusive ones.

When we start with a preventive, comprehensive and well-designed program, such as the CAPEDP (Guedeney et al, in this issue) with isolated high-risk mothers in Paris, or with new adoptive parents in Montreal and in Tel-Aviv (St-André & Keren, Yokohama WAIMH conference, 2008), we may be *a priori* convinced we will find a significant difference between the control and intervention groups. We actually may, but we may not, as the Finnish team (Hermans and Puura in this issue) have not.

While looking at continuities and discontinuities of psychopathology, one may need to look more at the continuity and discontinuities of the risk and protective factors, instead of at the psychopathology itself. In that sense, when we design intervention outcome studies, we may benefit from looking at the course of the risk and protective factors as themselves, and not only at the children's and parents' behavioral outcomes. The intervention is supposed to act as a protective factor, but still it is one among others, and it may be counterbalanced by on-going or new risk factors in either the child, the parents and/or their environment. For instance, preliminary results of an 6-8 years follow up of children who have been treated at our Unit in Tel-Aviv, show that the only factors that seem to differentiate between the better and worse outcome groups, are maternal self-esteem and somatization levels.

This result, if final, may lead to the conclusion that we do need to continue our early childhood interventions, but not necessarily with the child, and may be more targeted at identified parental risk factors.

Long term follow-up and comparative studies of our various primary, secondary and tertiary types of interventions, like those described in this double issue, are, in my view, a crucial step in the development of our growing-up domain of infant mental health. This is a main requirement for going on advocating for investment of public resources in these times of wide financial cuts in health care.