Postgraduate training of specialists in child and adolescent psychiatry in Europe

We-S-451
Child psychiatry training in Europe: What has been achieved and next steps?
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This presentation will provide an overview of the development of child and adolescent psychiatry in Europe and the work of uEMs to improve standards of training. Developments in postgraduate medical education are leading to increasing specification of what should be learnt by trainees to improve knowledge and skills and to protect the interests of their patients. There are some who think that a detailed curriculum for child and adolescent psychiatry should be developed to be applied across Europe. The presentation will examine the practicality of such a venture and propose a way forwards.

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We-S-452
Doctor’s specialist medical training in child and adolescent psychiatry in Sweden
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In 2008 The National Board of Health and Welfare in Sweden decided to announce new regulations and general guidelines for doctors’ specialist medical training. The statute consists of a general part with common provisions for all specialties and a specific part with all the descriptions of objectives for a given speciality. The new regulations are due to criticism of the old system with lack of quality assurance, geographical variations and unsatisfactory evaluations. The new regulations will be described. Increased structure, continuous evaluation, trained supervisors and recurrent inspections of training institutions are some of the advantages of the new regulations.

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We-S-453
Child and adolescent mental health: Regional training for primary care physicians
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We coordinated in Midi-Pyrenees region (France), a training entitled “Primary care physicians and mental suffering of children and adolescents: how to recognize early signs, share expertise and develop partnerships?”; 195 primary care physicians were trained in 11 of 12 territories of the region. This action was initiated throughout all France, by ministries of health and education, French Federation for Psychiatry (Fédération française de Psychiatrie [FFP]) and National public health school. A referential was developed by FFP, to support the training of primary care physicians: general practitioners, school doctors and physicians of maternal child health (Protection Maternelle et Infantile [PMI]). The trainers were pairs of child psychiatrists and psychologists, school and PMI doctors, specially trained and involved in the design of this training. Our paper will present the design of the training, how it was set up in all the region and its evaluation by the 195 participants.

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We-S-454
Building new trends in training of CAP specialists: The situation in Eastern Europe and the Lithuanian experience
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Introduction.-- Qualified and experienced care providers are crucial elements in mental health services. Comprehensive child psychiatric care, implementation and development of CAP services in Lithuania as well as in other post-soviet countries in Eastern Europe started receiving attention after these countries regained their independence. The development over more than 20 years has been an experience comprising achievements, obstacles and week spots. Aim of the presentation is to review the development of CAP services and training.

Methods.-- Data have been collected in discussions with national and international colleagues, through literature studies and web sites of national CAP societies and communications with representatives of UEMS-CAP, ESCAP, IACAPAP and EFPT.

Results.-- There are still large differences in the structure of CAP services and in the process of CAP training in East European countries. In most countries CAP is a mono-specialty with developed programs for residents, in others CAP is still linked to general psychiatry. A good example for the big variety could be presented by the situation in the three Baltic countries. The contents of the curriculum differ. The integration of psychotherapy remains a problem. Knowledge of psychopharmacology has to be improved as has knowledge of Infant psychiatry. Access to research and international medical literature is essential for trainees. Insufficient funding and political will for adequate service and a quality therapeutic milieu and cultural stigma regarding CAP and CAMH could be listed as dominating obstacles.

Conclusions.-- International cooperation and joint attempts to improve and harmonize training in CAP could be fruitful for all the countries.

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We-S-455
A complementarist frame between neuroscience and psychoanalysis applied to neurodevelopmental disorders
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Actually the theoretical debate in the field of child development becomes more and more necessary. Neuroscience has proposed an amount of researches that are real Copernican revolution for some clinicians. In the other hand, such findings seem to produce the same things as in the French Revolution: heads are falling, including that of psychoanalysis. Our purpose is: how to build a new frame for psychopathology that takes into account neuroscience findings, and keep alive the major principles of psychoanalysis: the existence of an unconscious, and the transference phenomenon? Complementarism (Devereux, 1972) is an interesting frame that proposes to keep two valuable theories, without reducing one to another. Those two theories has to be used not simultaneously, but alternatively. We will illustrate the way it can be used, its interests and limits.

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We-S-456
Perinatal stress and plasticity: The destiny of early traces
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The preterm infant experience of early stress in critical phases of development may result in a persistent vulnerability and emotional reactivity to secondary stress later in life. It is therefore important to recognize infant’s signs of stress, as well as signs of competences. Parents’ emotional and affective experience plays also a fundamental role in the quality of parent-preterm infant relationship and the infant’s outcome. The parental experience can be understood as traum