Su-S-068

**The French and European treatment as usual in the INCANT study**

M. Lascaux a,*, J. Couteron b, O. Phan c

a Centre Emergence IMM, Paris, France
b Président de la Fédération Addictologie, Paris, France
c Unité Inserm U669, Maison des adolescents, centre Emergence IMM, Paris, France

*Corresponding author.

During the Incant study, each participant had to describe the way he usually treated adolescents with substance abuse. This described psychotherapy was named treatment as usual (TAU) in the Incant study. The French TAU was not homogeneous. Therefore, we have interviewed 10 French psychotherapists in order to highlight common practices despite this heterogeneity of practices. This study has permitted us to try to formalize what we called the explicit TAU or TAUe. This TAUe was a supervised TAU. At the end of the study, we used the questionnaires we have built for the TAUe to interview all European TAU therapists.

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Su-S-069

**The French network of consultations for young drug consumer**

J. Couteron

Président de la Fédération d’Addictologie, Paris, France

In 2004, the Consultations for young drug consumers have permitted to adolescents with substance abuse problems to get in touch with qualified professionals in the field of addictions. More than 250 consultations were created. Their practices were based on motivational interviews, therapeutic alliance and self-assessment of drug use. These consultations are now well implemented and have built an important network. They are still shaping their practices to be always aware of the constant evolution of drug use among younger.

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**Asperger syndrome**

Su-S-070

**Psychopathology, resilience and creativity of Asperger syndrome**

S. Kato

Psychiatry, Jichi Medical University, Shimotsuke, Japan

The author attempt to point out, just for a start, the characteristics of Asperger syndrome from the point of view of psychopathology through a rereading of Hans Asperger’s original paper (1944). This thesis merits reevaluation, if for no other reason than to fill the gaps in operational diagnostics based on the DSM. It is found by rereading that Asperger’s view of the principal disturbances of autistic psychopathy include a “disturbance of natural evidence” or a “crisis of common sense”. It is moreover possible to classify Asperger syndrome among the disturbances of spacing in the sense meant by the evolutionary psychiatry of A. Stevens and J. Price. The author then develops our comprehension of Asperger syndrome from the point of view of the perspective proposed by the notion of resilience in people with Asperger syndrome and of the possibility for them through these mechanisms of adaptation to find in the organization of the personality of the “as if” type a position of relative equilibrium. They concur or overlap in the creation of crutches, of borrowed personalities secondarily legitimated by the reaction of the socius. This will end up in the production of inventions and “œuvres” (works). Clearly, one rarely encounters several cases that one could consider pertinent to be successful Asperger syndrome.

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**Su-S-066**

**The European INCANT (International Cannabis Need of Treatment) study**

H. Rijgter

University Ersamus, Rotterdam, Netherlands

INCANT is a multisite randomized controlled trial. It compared Multidimensional Family Therapy (MDFT) with active treatment as usual (TAU) at and across sites in Brussels (Brugmann Hospital), Berlin (Therapielanden), Paris (Centre Emergence and CEDATs), The Hague (Parrams Brijder and De Jutters), and Geneva (Phénix). Eligible for INCANT were adolescents of either gender, from 13 through 18 years of age, with a cannabis use disorder. We did recruit 450 plus 13 non-randomized TAU cases from France = 463 cases. Previous MDFT trials have shown that MDFT does better than active TAU in adolescents categorized as ‘high-severity’ (showing more or more intense, problem behaviour than low-severity teenagers). We decided to apply this severity distinction to the INCANT TLFB data, distinguishing youth with 64 or less TLFB cannabis use days before baseline (low-severity) and youth with 65 to 90 such days (high-severity). MDFT and TAU were equally effective in reducing cannabis use days in the low-severity youth. However, MDFT was clearly superior to TAU in the high-severity kids (effect size moderate to large).

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**Su-S-067**

**Multidimensional Family Therapy (MDFT) practice in France and across Europe in the INCANT study**

O. Phan a,*, C. Bonnaire b, N. Bastard c

a Unité Inserm U669 Maison des adolescents, centre Emergence IMM, Paris, France
b Laboratoire de psychopathologie et processus, université Paris Descartes, Sorbonne Paris Cité, Boulougne-Billancourt, France
c Centre Emergence, Institut mutualiste Montsouris, MFPass, Paris, France

*Corresponding author.

MDFT is an outpatient systems-oriented treatment programme, involving a broad array of interventions. None of these interventions is unique to MDFT, but what render them special are the way they are combined and the linkage to a strong theoretical framework. Accordingly, in MDFT the therapist tries to target as many life domains and problem behaviours as possible. A therapy restricted to just substance use may not achieve lasting benefit, as unresolved problem behaviours are risk factors for substance use relapse. Despite their differences in background, European MDFT therapists have integrated the model quite well.

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