In clinical presentations of adolescents, unresolved issues from the past contribute to tumultuous psychic structures, disrupting the ability to master developmental tasks. Trouble trusting others and themselves become central, and re-working profound psychological scars takes time. This enables the emergence of a sense of self, less vulnerable to later mental disorder. Psychoanalytic principles elucidate the deepest fears and conflicts, and the meaning of what is communicated within the therapeutic relationship. This paper presents work with a young woman manifesting a range of primitive anxieties, from early adolescence into adulthood. Therapy involved the development of trust in the psychotherapist, constantly tested, requiring minute-by-minute attunement and the holding capacity to bear challenging emotional material. Film excerpts reflecting themes of inner darkness, “nothing”, arising frequently in psychotherapy with adolescents, illustrate aspects of the experience. This presentation proposes that it could be negligent to not provide therapeutic time and contained space for such adolescents.

http://dx.doi.org/10.1016/j.neurenf.2012.05.111

Mo-S-107
In the beginning and the pain of before
J. Grimwade
The Cairnmillar Institute. Clinical Services, Mental Health for the Young and their Families, Victorian Group, Camberwell, Australia

The client-clinician relationship has antecedents in the process of referral that takes place before their actual meeting. Qualitative research is reported that looks at how the relationship is shaped by the circumstances of referral, and how the process of gaining access to mental health services can involve a special sort of pain for a worried parent, pain that is not disclosed to the clinician. Beginnings in child and adolescent mental health have a shape designed by clinicians in 1909, and these historical factors continue to influence contemporary practice. Consumer/carer research can help us adapt historical wisdom gained over a century to the current concerns of referrers–health professionals, teachers and parents alike.

http://dx.doi.org/10.1016/j.neurenf.2012.05.112

Mo-S-108
Attachment and alliance in the therapeutic relationship: The potential strength in shared experience to face fear and find freedom
S. Dean
Projects; Mental Health for the Young and their Families: Victorian Group, Malvern, Australia

An effective therapeutic relationship is essential to psychotherapy, acknowledged by therapeutic approaches of all theoretical orientations. In psychoanalytic child psychotherapy, as in adult work, the concept of therapeutic alliance underlies understanding of the tasks and processes of psychotherapy. More recently, the concept of attachment has become equally helpful in understanding not only the traumas brought by the child to the psychotherapist, but also the process of healing through the medium of attachment within the therapeutic alliance. A brief review of key literature is followed by case vignettes from psychotherapy with children, highlighting how attachment experience shared between psychotherapist and child can illuminate transference-counter transference experiences, and thence encourage the child to unlock inner strength and growth. Within the secure base of their relationship, child and psychotherapist join together to face and reflect upon horrifying fears and anxieties that shake the child’s development, to find freedom to explore emerging self-regulation and self-identity.

http://dx.doi.org/10.1016/j.neurenf.2012.05.113

Mo-S-109
Using “advocacy” as a weapon to obtain inpatient child psychiatric services in Nigeria
O.O. Omigbodun
Psychiatry, College of Medicine, University of Ibadan, Ibadan, Nigeria

Virtually all regions of Nigeria have focused on the development of inpatient psychiatric services for adults to the total exclusion of children and adolescents who form over 50% of the population. In the few places where child services are found, they evolved as offshoots of adult services, following the same pattern. The neglect of child mental health care within the ‘psychiatric sector’ sends a wrong message to those holding the keys to child health care that the mental care of children is really not that important. This presentation highlights the role of advocacy in ensuring the provision of inpatient services for children. The methods used in the advocacy process such as drawing up plans for feasible, attractive, low cost services, methods to demystify mental illness, one on one and group discussions, evidence of holistic benefits are discussed. In regions with much resistance, advocacy needs creativity, doggedness and multiple attack points.

http://dx.doi.org/10.1016/j.neurenf.2012.05.114

Mo-S-111
The configuration of a successful unit – “which bed is comfortable and what makes it so”
C. Simons
Adolescent Services, Albert Road Clinic, Melbourne, Australia

From the perspective of 35 years of involvement in Child and Adolescent Inpatient Units in both public and private settings, this presentation will consider the elements conducive to a successful service. A successful unit offers comfort of fit for the purpose to patient, family, referrer, and staff. Aspects considered will include the establishment and maintenance of a functional referral system, understanding the planning and shape of an admission including defining its purpose and with mechanisms to monitor its progress. The definition of who will benefit from admission, and how, and why now, will be discussed. In consideration that an inpatient unit should have a theoretical basis, how is this chosen, implemented and how are staff trained for competency, consistency, and quality of delivery of the designated therapeutic goals. There will be discussion of the advantages and disadvantages of admission, including in the latter category, competition, contagion, and feelings of disempowerment and aroused jealousy in parents.
Discharge and follow-up are an integral part of admission and options for their best practice delivery are considered.

http://dx.doi.org/10.1016/j.neurenf.2012.05.115

Baby, child, adolescent liaison psychiatry

Mo-S-113
Psychogenic non-epileptic seizures in adolescents
Y. Auxemery
Psychiatrie, HIA Legouest, Metz, France

Psychogenic non-epileptic seizures are defined as paroxysmal episodes that clinically resemble epileptic seizures but in which simultaneous electrographic activity fails to show any epileptic ictal pattern. Many psychogenic seizures patients received the false diagnosis of epilepsy and are still treated with antiepileptic drugs; a diagnostic of non-epileptic events should be considered in children and teenagers with intractable epilepsy. Because the interictal epileptiform abnormalities may confound the diagnosis, the EEG-video recording is the gold standard for distinguishing non-epileptic from epileptic seizures. Psychogenic seizures have been associated with mood and anxiety disorders, dissociative and somatoform disorders, and trauma with especially sexual abuse. Clinicians should screen for adult and childhood trauma, dissociative disorders, depression and posttraumatic stress disorder. Therefore, previous personal and family history of epilepsy represents the most important risk factor for psychogenic seizures in children and teenagers. The psycho-physiological mechanisms that cause psychogenic seizures are controversial. Some author reports that psychogenic seizures could be associated with physical brain disorder that may play a role in their development. Others consider that these seizures are caused by psychological process like conversive disorders. The majority of young patients with psychogenic seizures have a good outcome. The PNES diagnosis has to be clearly communicated to the patient. Psychiatric comorbidities have to be treated by a psychiatrist who suggests a psychotherapy too.

http://dx.doi.org/10.1016/j.neurenf.2012.05.116

Mo-S-114
Conversive disorders among children and adolescents: Clinical and MRI findings, and challenges
L. Oussenas,*, E. Tordjman
a Service de neuropsychiatrie, Necker Hospital, Paris, France
b Service de psychiatrie de l’enfant et de l’adolescent, Paris, France
*Corresponding author.

The authors will review psychoanalytic and neurobiological perspectives on disorders falling under the umbrella of “conversion disorders”, in which emotional and other psychological dynamics are transferred to or converted into abnormalities in the perception or function of the body, or in dissociative states of consciousness. Conversive disorders in children and adolescent are different that ones in adults. The talk:
– will review recent neuroscientific experiments that study conversion disorders;
– present data about children and adolescent included in the clinical research: sex, age, symptom, anxiety (STAI, RCMAS) and depression (CDI); family functioning; and MRI first results (ASL, Arterial Spin Labelling);
– the main point is that actual neurobiological researches fail to built paradigms based on relevant theoretical and clinical hypotheses. Psychoanalysis provides an interesting frame for new F MRI paradigms in conversive children and adolescents, that are presented.

http://dx.doi.org/10.1016/j.neurenf.2012.05.117

Mo-S-115
Treatment of recurrent headaches and abdominal pain in children and adolescents: What does the evidence tell us and which are the implications?
B. Larsson
The Regional Centre for Child and Adolescent Mental Health (RBUP) Mid-norway, Norwegian University of Science and Technology (NTNU), Faculty of Medicine, Trondheim, Norway

Functional non-organic abdominal pain and headaches are common health complaints reported by school-aged children. The prevalence of frequent headaches and migraine has increased, in particular among adolescent girls, and the long-term prognosis for children and adolescents with recurrent abdominal pain or headaches is unclear. They also experience a marked impact on their psychosocial functioning and reduced quality of life. During the last two decades, cognitive-behavioral treatment approaches have been shown to be effective primarily for children and adolescents suffering headaches but also recently for those having chronic abdominal pain. Given that these pain complaints are undertreated, more cost-effective approaches need to be developed. Recently, internet-based psychological approaches and brief interventions have shown promising outcomes for children and adolescents with frequent abdominal or head pain. An overview over empirical findings focusing on the results of controlled trials of drug and psychological intervention and suggestions for future research will be presented.

http://dx.doi.org/10.1016/j.neurenf.2012.05.118

The impact of psychosocial trauma on child development

Mo-S-116
Distant consequences and psychological help for people who were child victims of the Rwandan genocide of 1994 – a protective factors study
R. Labelle
Department of Psychology, université du Québec à Montréal, Montréal, Canada

In 1994, between 800,000 and one million Tutsis were killed in Rwanda. The psychological consequences are enormous. Currently, some survivors adopt various strategies to cope with genocide’s impacts. Objective.– To identify protective factors among Rwandan genocide’s victims during their childhood and adolescence. Methods.– Articles published in the last seventeen years were identified and analyzed using Medline, PsyInfo and the websites of organizations that assist genocide’s victims. Eleven articles were identified. Some relate to youth (n = 7) and the others to both youth and adults (n = 4). Discussion.– Protective factors identified are:
– individual factors like self-confidence, having the will to live, perseverance and responsibilities;
– family factors are parent’s education, father’s occupation and family size;
– environmental support such as to have a confident adult, friends and the Rwandan government and NGOs. Results.– The results are discussed in terms of their consequences possible to protect people against adversity.

http://dx.doi.org/10.1016/j.neurenf.2012.05.119

Mo-S-117
Child soldiers, terrorism, terror, and child development
G. Gachnochi
Centre de Santé Élio-Habib, OSE, Paris, France

À l’encontre de la Convention des Nations Unies sur les Droits de l’Enfant, il est fréquent qu’enfants et adolescents soient utilisés dans les conflits armés. En Afrique, au Pakistan, au Népal, au Liban, en Palestine, ils sont recherchés...