Trauma and the complex resilience of adopted adolescents
A. Muntean *, M.A. Tomita
Centre for Research in Child-Parent Interaction, West University in Timisoara/CICOP Timisoara, Romania
*Corresponding author.

The trauma of abandonment by the biological parents in the beginning of his/her life has a painful echo along several stages of child development. Finding a new family is a condition for child survival. The resilience is circumstantial capacity to face the difficulties and to continue to thrive. This is based on the quality of child attachment. We explore the resilience of 56 children, aged 10–17 years, adopted by Romanian families at an early stage of their life (0–48 months). The evaluation is done, during 2009–2011, with different instruments functioning within attachment theory framework or congruent with this theory. The child’s resilience will be considered taking in account: the child behavior in distress; the attachment quality; the child’s behavior during parents’ arguments; the child’s trust towards friends; the results in a school; the quality and activities for leisure time. Unexpected factors for child resilience will be also emphasized and discussed.

http://dx.doi.org/10.1016/j.neurenf.2012.05.171

A Longitudinal attachment study on adopted adolescents and their adoptive parents
B. Ongari *, T. Mocatti, A. Decarli
Faculty of Sociology, Department of Sociology and Social Research, University of Trento, Trento, Italy
*Corresponding author.

Continuity of attachment representations in the transition to adolescence is still a crucial issue in attachment theory. This study longitudinally analysed attachment representations of 4 adopted boys (age at placement 11–30 months), respectively assessed at age 5–7 (T1) and 12–14 (T2). The internal working models (IWM) of their parents were also evaluated. The quality of teenagers’ relationships with peers has also been investigated. Attachment representations were assessed during childhood with the Attachment Story Completion Task (ASCT) and during adolescence with the Friends and Family Interview (FFI). Parents completed the Parent Development Interview (PDI) at T1 and T2. Our findings are only qualitative, as the low number of participants doesn’t allow any statistical analysis. We observed a move from a disorganized pattern of attachment to a more stable one in 3 boys out of 4. In general, at T2 adolescents showed better levels of coherence and reflectiveness in their narratives, particularly towards relationships with friends.

http://dx.doi.org/10.1016/j.neurenf.2012.05.172

The behavioral adjustment of adopted adolescents: A multirisk approach
I. Roskam *, M. Stievenart
Psychological Sciences Research Institute, University of Louvain, Louvain-la-Neuve, Belgium
*Corresponding author.

The presentation was designed to identify child, family and contextual risk factors associated to behavioural adjustment in adolescents. Data has been collected among 35 adopted adolescents strictly matched on age and gender with 35 non-adopted adolescents. Child factors that have been considered as relevant were IQ and gender; family factors that have been considered were attachment security and parenting; and contextual factors were appraised from the parents’ educational level and the adoption status. The hypothesis of a cumulative effect of these risk factors regardless of their content on adolescents’ behavioural adjustment, i.e. externalizing and internalizing behaviour and scholastic performance, was tested. The implications of the results for both theoretical and clinical purposes are discussed.

http://dx.doi.org/10.1016/j.neurenf.2012.05.173

Mental health services for children of immigrants and ethnic minorities

School programme to promote children’s socioemotional competences and well being at school – immigrant children and multicultural issues in focus
P. Santalahti *, M. Kampman *, A. Liski *, T. Solantaus *
Child And Adolescent Mental Health, National Institute for Health and Welfare, Helsinki, Finland
a Child And Adolescent Mental Health, National Institute for Health and Welfare, Helsinki, Finland
b The Town of Ylöjärvi, Ylöjärvi, Finland
*Corresponding author.

Finland has been a relatively homogenous society, but since the 1990s immigration has increased. Today in Helsinki, the capital of Finland, the mother tongue of every tenth child is not Finnish or Swedish. This proportion is estimated to be nearly 25% in 2025. “Together at school” is a programme financed by the Ministry of Education and Culture and the National Institute for Health and Welfare to promote children’s socioemotional competences and well being at schools. Previous studies have shown that having positive experiences at school...
is an important protective factor for immigrant children’s mental health. Qualitative studies made in Finland show that children belonging to ethnic minorities face racism at school, but adults have difficulties to notice it. The “Together at school” programme supports principals to lead schools in an ethical way and to promote intercultural learning, which requires critical reflection of one’s own assumptions, dialogue and working with one’s own identity process. Preliminary quantitative results are presented about children’s and parents’ experiences of Finnish schools.

http://dx.doi.org/10.1016/j.neurenf.2012.05.175

Mo-S-177
School mental health in cultural context: School programme to promote children’s socioemotional competences and well being at school – immigrant children and multicultural issues in focus
P. Santalahi, M. Kampman, A. Liski, T. Solantaus
a Child and Adolescent Mental Health Unit, National Institute for Health and Welfare, Helsinki, Finland
b The Town of Viójärvi, Viójärvi, Finland
*Corresponding author.

Finland has been a relatively homogenous society, but since the 1990s immigration has increased. Today in Helsinki, the capital of Finland, the mother tongue of every tenth child is not Finnish or Swedish. This proportion is estimated to be nearly 25% in 2025. “Together at school” is a programme financed by the Ministry of Education and Culture and the National Institute for Health and Welfare to promote children’s socioemotional competences and well being at schools. Previous studies have shown that having positive experiences at school is an important protective factor for immigrant children’s mental health. Qualitative studies made in Finland show that children belonging to ethnic minorities face racism at school, but adults have difficulties to notice it. The “Together at school” programme supports principals to lead schools in an ethical way and to promote intercultural learning, which requires critical reflection of one’s own assumptions, dialogue and working with one’s own identity process. Preliminary quantitative results are presented about children’s and parents’ experiences of Finnish schools.

http://dx.doi.org/10.1016/j.neurenf.2012.05.176

La sexualité de l’Enfant

Mo-S-178
La sexualité de l’enfant et sa gestion en entretien diagnostique ou en psychothérapie
I.Y. Hayez
Faculté de médecine, université catholique de Louvain, Louvain, Belgique

Les pédopsychiatres et les psychothérapeutes ont-ils suffisamment d’échanges avec l’enfant, considéré ici avant sa puberté achevée, à propos de sa vie sexuelle ? Les coordonnateurs de l’atelier ne le pensent pas et expliquent qu’abord pourquoi. Ils décrivent ensuite des manières de procéder dans ce domaine qui soient à la fois actives et délicates, aussi bien face à des enfants qui ne parlent spontanément de rien de particulier que face à ceux dont on vient de révéler qu’ils avaient participé à une expérience sexuelle. Ils se centrent surtout sur la sexualité désirée, voulue, agie par l’enfant comme auteur, davantage que sur la sexualité subie dans l’abus sexuel. Les coordonnateurs discutent ensuite comment une connaissance plus précise des faits sexuels permet souvent de situer l’enfant dans quelques grandes catégories développementales de fonctionnement sexuel, donc de gérer plus précisément avec lui ce qui est en jeu.

Treating tinderbox kids

Mo-S-179
Treating tinderbox kids treating severe emotional dis-regulation and aggression in children and adolescents
C.D. Jeffery
The Sett, Northamptonshire Healthcare Trust, 6UH/United Kingdom

The presentation will explore the possible biological, social and emotional antecedents that contribute to the development of aggression in children. It will explore the onset, presentation, severity and types of aggression that can be displayed. It will also look at how the classification of aggression can affect the onset, treatment and prognosis of young people. The presentation will also explore diagnosis commonly associated with aggression. It will look at the character of aggression and the reasons for its manifestation as well as how it can vary within different diagnosis. It will explore the changes that have occurred over time in the diagnosis of aggression and it will look at the proposed changes within the forthcoming publication of the DSM 5. Within the discussion, it will explore the diagnostic rubric of severe mood dis-regulation, including its definition and the aetiological factors within young people. It will also highlight the interplay between mood dis-regulation and the symptoms associated with attachment disorders, social communication skills and impulsivity leading to an inability to control emotion.

http://dx.doi.org/10.1016/j.neurenf.2012.05.178

Mo-S-180
Treating tinderbox kids – who is being treated? Why do we need to start the treatment?
S. Sankar
The Sett, Northamptonshire Healthcare Trust, 6UH, UK

Treatment of aggression has always been a highly emotive topic. Approaches to reducing aggressive behavior have ranged from the punitive. It is often just chance which determines whether a young person ends up in a criminal justice facility for treatment facility This talk looks at the factors that need to be considered before starting treatment for aggression. Who is being treated? Why do we need to start the treatment? Having decided to go down the treatment route for aggression it looks at the creation of treatment algorithms for aggression. It looks at the available pharmacological and nonpharmacological remedies. It looks that the side effects and pitfalls of going down each of these routes. it looks at the advantage of choosing a pharmacological or a nonpharmacological intervention. Pitfalls and limitations of following a medical model of treatment. it also look at increasing emotional resilience through treatment of co morbid symptom. Formulates a stepwise approach to treatment in the community.

http://dx.doi.org/10.1016/j.neurenf.2012.05.179

Mo-S-181
Treating tinderbox kids – management of aggression in child and adolescent in-patient units
A.A. Okoye
Child and Adolescent Psychiatry, Alpha Hospital, Woking, Surrey, UK

Aggression in adolescent psychiatric settings is a neglected research area as most available comprehensive data derive from adult studies. It has a significant impact on staff, patients and the therapeutic milieu hence the need for development and implementation of innovative preventive intervention strategies. Recommendations in management of child and adolescent aggression empha-