Mo-S-209

Computation highlights subtle interactions between autistic babies and their parents, who are sensitive to their particularities

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Mo-S-207

When clinical data make a psychoanalyst reconsider theory

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Kanner believed that the parents’ evident coldness would play a role in the infant’s pathology. He had taken the consequences for the causes. In the last 15 years, a revolution has taken place for me, as a result of watching family movies of babies who became autistic, and by having babies of the same type as patients in treatment. They are at the opposite end of what I could have imagined 15 years ago. Warm, affectionate, they seek through multiple means to enter into contact with an infant who, from the outset, does not react. The analyst’s act of listening was able to show moments when, as if by enchantment, the baby responds. What presided here? A particular musicality appears in the parental voice, despite the baby’s withdrawal. We have succeeded in bringing to light the presence of a certain form of “motherese’s prosody”.

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Mo-S-208

Implications of motherese’s acoustic analysis in the clinic

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ASD is a class of neuro-developmental disorders that disrupt neural connectivity in the brain and regular interactions in the social realm. A shared hypothesis is that abnormalities in perception and processing of stimuli coming from social environment are in action since the first stages of life, with cascading effects on developmental abilities and intersubjective functions. The lack of reliable biological markers for identifying ASD has led researchers to concentrate on behavioral anomalies in order to detect early signs of autism. Much has been learned about early signs through retrospective studies involving family home videos. Several researches show that there are reliable signs of ASD by the end of the first year of life in the domain of social orienting (less orienting to social stimuli as name prompt and faces). Retrospective studies have revealed that impairments in social communication behaviors before 12 months may characterize some but a minority of cases. In the last years, retrospective findings have been supplemented by prospective studies of infants with an older sibling with ASD, who have an increased risk of developing ASDs, currently estimated at 10–20%. Existing large-scale research programs have focused on identifying the small subset who will develop autism. These studies suggest that behavioral signs of ASD in the social and communication emerge over time through a process of diminishment of key behaviors.

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Mo-S-210

Suicide prevention of young people in Morocco

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Le Maroc est un pays avec une population jeune (40 % de la population a moins de 20 ans) ; l’analphabétisme demeure préoccupant, concernant plus de 50 % de la population ; le Maroc connaît des changements socioéconomiques rapides avec une anomic grandissante. Les vulnérabilités personnelles et groupales des adolescents intéressent depuis peu seulement les instances politiques, sans pour autant prendre en compte leurs aspirations. La pédopsychiatrie est malbénante, les structures de soin et d’accompagnement sont embryonnaires et sans recul. La question du suicide est plutôt abordée par des associations militantes peu soucieuses de l’effet Werther. Le sujet se prête depuis peu seulement à la discussion, même entre professionnels ; toute perspective phénoménologique est occultée. Aucune étude épidémiologique n’a été réalisée. La clinique retrouve pourtant les mêmes facteurs de vulnérabilité que dans les pays outre-mediterranéens. Aucun plan de prévention à l’échelon national n’a été mis en place plus que la simple diffusion des recommandations de l’OMS concernant le sujet.

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Mo-S-211

Youth suicide prevention in Australia

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Le Maroc est un pays avec une population jeune (40 % de la population a moins de 20 ans) ; l’analphabétisme demeure préoccupant, concernant plus de 50 % de la population ; le Maroc connaît des changements socioéconomiques rapides avec une anomic grandissante. Les vulnérabilités personnelles et groupales des adolescents intéressent depuis peu seulement les instances politiques, sans pour autant prendre en compte leurs aspirations. La pédopsychiatrie est malbénante, les structures de soin et d’accompagnement sont embryonnaires et sans recul. La question du suicide est plutôt abordée par des associations militantes peu soucieuses de l’effet Werther. Le sujet se prête depuis peu seulement à la discussion, même entre professionnels ; toute perspective phénoménologique est occultée. Aucune étude épidémiologique n’a été réalisée. La clinique retrouve pourtant les mêmes facteurs de vulnérabilité que dans les pays outre-méditerranéens. Aucun plan de prévention à l’échelon national n’a été mis en place plus que la simple diffusion des recommandations de l’OMS concernant le sujet.

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Suicide prevention in Australia has had national leadership since the 1990’s with accompanying national funding, national policy frameworks and subsequent improvements suicide prevention with some evaluation of initiatives. Initially, this included a specific focus on youth, but this focus has been incorporated into a broader suicide prevention agenda in recent years. The impact of a national approach will be discussed. The Australian public is highly concerned about mental health issues and rated them as the third most important issue for governments to address prior to the 2010 federal election. Mental health issues have an unusual prominence amongst Australians. A public health approach has informed national strategies with a significant role for both NGO’s and government organisations. This presentation will focus on child and youth targets of national strategies, discuss the strategy, relevant social media interventions and outline future directions.

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Mo-S-212
Suicide prevention of young people in Switzerland
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Suicide is an important issue for mental health services in Switzerland. Indeed, suicide is the main cause of death in young men between 19 and 24 and the second one for those between 15 and 19 years. Nevertheless, suicide prevention in Switzerland isn’t organized on a federal level, but only by local, “cantonal”, authorities or associations, covered by a NGO called IPSiloin (Initiative for Suicide Prevention in Switzerland). This contribution to the Symposium presents the activity of a suicide prevention association in the canton of Fribourg. Starting from an analysis of the local socio-cultural context and according to evidence based results of international studies we have built up a multi-sectorial, interdisciplinary approach to prevent suicide of young people, but also of other high risk groups. Our program is presented and will be discussed.

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OPD-CA in research and clinical practice

Mo-S-213
OPD-CA in research and clinical practice
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The operationalized psychodynamic diagnosis OPD was first developed as a system of classification of mental illnesses for adults and in the following years by a large German group of child psychiatrists and psychotherapist as an manual of diagnosis and treatment planning. Since 2003, the manual is published as a book and it is planned to translate it in other languages as it is already done in OPD for adults. The need for such a clear circumscribed specification of psychiatric syndromes for research purpose and a diagnostic evaluation is geared to facilitate the clinical diagnosis, treatment planning and prognostic assessment of individual children and adolescents. It has proven to be a mayor challenge for psychiatry and allied mental health fields. Research and clinical practice show, how important it is, to use these instruments to validate especially psychodynamic psychotherapy and to find psychotherapeutic techniques concerning to the severity of the psychotropic disorder.

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Mo-S-216
Evaluation of inpatient psychodynamic psychotherapy for adolescents who suffer from mixed disorders of conduct and emotions (F92, ICD-10) with OPD-CA axis structure
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Objectives.– A randomized controlled clinical trial carried out at Asklepios Fachklinikum Tiefenbrunn (Rosdorf, Germany) studied the efficacy of a manualized psychodynamic inpatient treatment for adolescents who suffer from mixed disorders of conduct and emotions (F92, ICD-10). A treatment group (n = 32) was compared to a waiting-list (treatment as usual) control group (n = 34) for a six months period. In addition to various global outcome measures (SCL-90-R, IIP, BPI, BSSK, IES, ILK etc.) the OPD-CA axis “structure” as specific psychodynamic outcome measure was used in the patients of the treatment group (n = 32). It was expected that the treatment group showed significant reductions in ego structural deficits such as lack of impulse regulation, communicative functions and reality perception.

Methods.– To assess improvements in ego structure, pre- and posttreatment scores in OPD-CA axis “structure” were compared using t-test.

Results.– Patients of the treatment group showed substantial improvement on all ego structural measures.

Conclusions.– The present results of the study demonstrate that the examined psychodynamic inpatient treatment produces significant reductions in psychopathology among adolescents who suffer mixed disorders of conduct and emotions. Especially in terms of psychodynamic measures (OPD-CA structure) significant improvements can be shown. Therefore, the study provides evidence supporting the use of psychodynamic psychotherapy for this patient group.

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New models in adolescent psychopathology: the adolescent’s houses

Mo-S-219
Working crisis when the adolescents are under judicial mandate
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Psychiatric hospitalization of adolescents has always been an ultimate recourse when no more ambulatory solution can be proposed and when no more other therapeutic space is available. When no more contention of the external framework is available and when the situation needs an institutional framework, these hospitalizations can be supported by social or judicial mandates. The therapeutic team is in a double constraint: to develop a clinical relationship with the patient and his family and to realize a diagnostic statement with a specific treatment proposition considering the symptoms, the mental functioning and the family dynamic.

However, the point of view of the mandate is still different: he has the role to protect the youth but mainly the society. His language and his work’s references are different than that of the psychiatrist. Usually, the time of intervention of the two systems are not the same. We will discuss the collaborative propositions.

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Mo-S-220
Anorexia nervosa and its different cultural expressions: A critical review
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