Learning to be human

Mo-S-226
A cascading errors model of empathy and psychopathy
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I will present evidence that emotional reciprocation, largely through parent-child eye contact, underlies neural and psychological development that “cascades” into higher functions such as human empathy. Conversely, problems with eye contact characterise children with conduct problems and impairments in empathy, and might drive cascading errors in development that lead to adult psychopathy. Research will be presented that uses various strategies from computer face recognition to naturalistic family interactions to show that impairments in eye contact are characteristic of children with at risk for ongoing problems of antisocial/aggressive behaviour. It is argued that these impairments may in part underlie the failure to develop into a healthy empathic adult. Implications for innovative early interventions will be discussed.

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Mo-S-227
Empathy, attention, and the development of psychopathy
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I will present data to show that empathy deficits in children with antisocial/aggressive behaviour are related to the function of the serotonergic system. A combination of empirical and theoretical evidence demonstrates how this relationship is likely driven by serotonergic modulation of preconscious attentional systems. These systems are the start of a chain of processes that culminate in the recognition, and affective processing, of the emotional expressions of others.

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Transcultural psychiatry

Mo-S-228
Identity construction in the context of migration: The impact of family dynamics linked to experiences of trauma, loss and exile. A case study
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In our paper, we discuss how children and adolescents from families living in migration construct their identities while referring to multiple symbolic universes and languages. As we will show on the basis of a case-study, the process of passing on languages within a family are tightly linked to the family-dynamics, but also to the way in which different family members conceive the relation between “the past” and “the present”, different languages and different symbolic universes. The existence of different positions, adaptations and coping strategies within a family may help children to create a differentiated and flexible identity position. Still, these positions need to be in a certain harmony, coexisting as different, but acceptable ways of being in the world in order to be supportive for the children. Engaging the family into a dialogue and helping the parents to elaborate loss and bereavement linked to their migration can help their children to get into a creative process of bricolage. This opens the way for them to create a unique, personalized identity while integrating elements of different cultural and linguistic universes.

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Mo-S-229
Parent infant psychotherapy in situations of exile and migration: How to build a therapeutic alliance
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The applied of transcultural approach to the construction of a therapeutic alliance will be discussed. This technique is formed by the association of psychoanalysis and anthropology to approach the understanding and treatment of situations in which a family or parent/child group have moved from one culture to another. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed. We will analyse in special the therapeutic consultations during the perinatal period in situations of migrations. This period is particularly vulnerable for children and families. During this time cultural and family myths acquire great importance, they could be denied or abandoned due to the requirements of the “new” culture, while being vividly present in the mind of the parents, even if unconsciously. The use of transcultural principles as complementarity (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of group consultation will be illustrated. The address to these consultations is numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies. The construction of a specific therapeutic alliance is the main parameter of the efficacy of this kind of clinical work. The first data of a research done in this setting about the representation that the patient has of this alliance will be given.

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Bringing the gap between science and practice

Mo-S-231
The Dutch knowledge centre for child and adolescent psychiatry
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Scientific researchers, experts, professionals, parents and children all work together at the Dutch Knowledge Centre for Child and Adolescent Psychiatry. This network organisation strives to achieve a solid scientific foundation for daily work in the field of child and adolescent mental health. This scientific foundation provides a firm basis for the subtle work that mental health professionals perform each and every day to ensure that children and parents receive the very best care. Since its inception, the Knowledge Centre has published more then 16 scientifically underpinned protocols for diagnostics, psychofarmacology in children (including a formulary), and psychological treatment of mental health disorder. They are published on an open access website for professionals in the field of child and adolescent psychiatry. Due to the many international visitors of the website, the Knowledge Centre launched an English language website that works in sync with the Dutch online program. The Dutch Knowledge Centre for Child and Adolescent Psychiatry is exploring the possibilities with regard to expanding their knowledge network onto the international stage. We are therefore seeking contact with organisations, institutions, scientific institutes in order to further enrich the network.

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Mo-S-232
Experiences from the UK: NICE!
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NICE have been developing guidelines in mental health for over a decade, including nine guidelines covering the whole age range from childhood through to older age (for example, bipolar disorder, eating disorders, obsessional compulsive disorder and generalised anxiety) and five specifically devoted to children, including Depression in Children, ADHD, Autism, Conduct Disorder and schizophrenia and psychosis in children and young people. For this talk, I will focus on the methodology underpinning NICE guideline development, problems of service user participation when developing guidelines for children and how we solved this for our work on ADHD; difficulties in obtaining unpublished trial data with examples from depression in children and the schizophrenia and psychosis in children and young people guidelines. Recently, we have undertaken an international collaboration with the Netherlands College of Psychiatry and the Trimbos Institute to develop guidelines in mental health; and I will explore the possibilities of extending this to include children’s mental health and other European countries.

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Mo-S-233
Guidelines for child and adolescent psychiatry in Germany
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Clinical Practice Guidelines have gained increasing importance in child and adolescent psychiatric health care. They can be important tools for improving knowledge, management, processes and outcomes. Ideally, guidelines provide a framework for best evidence-based assessment and management of child and adolescent psychiatric disorders and assist both the clinical and the patient decision-making process. In Germany, classification of the quality of guidelines is based upon whether a systematic and methodologically sound approach was undertaken in guideline development and whether consensus finding was achieved by a representative body. However, their effectiveness does not only relate to their methodological quality but also on their implementation in clinical practice. The presentation will give an overview on the German perspective and experiences on composing and implementing guidelines on child and adolescent psychiatric disorders focusing on the example of a new evidence-based and consensus-oriented guideline on diagnosis and treatment of ADHD.

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Mo-S-234
Implementing an evidence based method for treating traumatized youth (TF-CBT) in regular clinics – experiences from Norway
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Implementing evidence-supported interventions poses several challenges both at a professional and organizational level. Often mentioned obstacles are related to transferring models from a controlled environment (universities or specialized clinics) into ordinary clinics. Therapists in ordinary clinics are expected to be highly trained in several therapy models covering a range of clinical problems. Learning a new model while seeing other patients or having other demanding tasks may influence how therapists learn and deliver an intervention. This may in turn result in interventions that vary from the model the research results were based on. Data from an effectiveness study in Norway that is implementing TF-CBT in eight child guidance clinics will be presented. Focus will be on diverse challenges that were encountered at the professional level. Were therapists able to deliver TF-CBT with fidelity? How much training and supervision was needed to secure sufficient treatment fidelity? What professional barriers did the therapists face when learning to use an EBP such as TF-CBT? What did children and parents find beneficial? These challenges and solutions will be analysed in light of data from questionnaires and qualitative interviews from the children and parents and from the therapists as well.

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Treatment of personality disorders in adolescents

Mo-S-235
Implementation of the TFP-AIT model of treatment for personality disorders across sites
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Transference Focused Psychotherapy (TFP) is an empirically validated treatment for adults with severe personality disorders, including Borderline Personality Disorder (BPD) that has been modified to treat adolescents with identity diffusion (a characteristic of all personality disorders; and which has been retained as a core diagnostic criterion in the new DSM5). In an ongoing multi-site, international program, several clinics have assisted in developing the modifications to TFP which include: modifications to the treatment frame (the inclusion of the parents, as indicated, in the contracting), the addition of a psychoeducation component, attention to external reality (e.g. focus on school functioning, with contact and interventions as indicated), and modifications to the therapeutic technique (specificially increases in the frequency of Clarification, prior to Confrontation or Interpretation; increased exploration of the extra-Transference relationship prior to interpreting in the transference; etc.). These modifications will be discussed in the context of cross-cultural implementation.

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Mo-S-236
Extension of the TFP-AIT model of treatment to an adolescent patient who committed infanticide
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In this presentation, the case of an 18-year-old adolescent with severe personality disorder who killed her child after a defended pregnancy and secret childbirth will be discussed. The adolescent showed severe identity diffusion and lack of continuity in self-representation. The personality pathology and the psychosocial background give hints for the understanding of this infanticide. The case vignette will clarify the high clinical relevance of identity diffusion in severely disturbed adolescent patients. The presentation will also focus on Adolescent Identity Treatment, a modification of Transference Focused Psychotherapy (TFP-A), which has been developed as a new treatment method for adolescents with severe identity problems.

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Mo-S-237
Extension of the TFP-AIT model of treatment to substance abuse
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Alcohol and identity a challenge to adolescent’s development. The Schilkrut institute has been treating addictions for 35 years. There has always been the complication of co-morbid AXIS II (personality) pathology. To better address the specific needs of these patients, we have been implementing Transference Focused Psychotherapy-Adolescent since 2008, and developing specific modifications to assessment and treatment. We will illustrate the impact of early alcohol use on identity development, as well as on assessment and treatment through a clinical case of comorbid addiction and identity diffusion.

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Mo-S-238
Early stages of the implementation of the TFP-AIT model of treatment