matic one and may be an important risk factor for the becoming of the child. Even so, infant’s auto-regulatory abilities and parents’ capacities to elaborate the traumatic conflicts must not be underestimated in their possible reorganization and potential for dynamic transformation. The consequences of preterm birth and perinatal stress don’t have to follow a causal evolution, with determined repetition and a logic that derives from risk factors. Potential reorganization of experiences - through neural plasticity, reassociations of traces related to consolidation and reconsolidation processes — should open to a new destiny of early traces. This is especially true if it is accompanied — with appropriate supportive or therapeutic intervention.

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We-S-457
Sympathetic cortical response in mother-infant relation and post partum depression
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The adverse effects of postpartum depression (PPD) on psychological development, due to decreased maternal responsiveness and empathy to the baby needs, may be long lasting. Our aim was to investigate cortical mechanisms underlying mother’s responsiveness to infant’s pain, in mothers with or without PPD risk. After assessment for PPD risk, mothers were tested while watching a routine heel prick performed on their infants. We used near-infrared spectroscopy to assess mothers’ cortical activity. Changes in oxy-haemoglobin (HbO2), as estimate of cortical activity, were statistically analysed. In mothers not at risk for PPD, HbO2 increased significantly in the dorsolateral frontal cortex, which previously shown to activate in association with empathizing with the infant and parental behaviour. In mothers at risk for PPD, HbO2 decreased in the same areas. These findings may offer further insight on the cerebral basis of PPD interference with an adequate maternal responsiveness and empathy to the baby’s needs.

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We-S-458
The epistemological axioms of neuropsychoanalysis: Conquest or drift?
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The concept of neuropsychoanalysis becomes now more and more relevant, because there is a real change in the biological perspective. As a matter of fact, neuroscientists have during a long time considered the brain in itself outside the question of the relationship. Since a short time, they give rise to what we could call a « biology of the relationship », and this is already clear with the biological researches in the field of attachment. Doing so, they make the same move than the psychoanalysts’ one passing through from the drives theory to the object relations’ theory. However, one important point has to be underlined: if the subject matter of neurosciences is clearly the brain in itself, the subject matter of psychoanalysis is the material co-produced by the psychical working of the patient and of the analyst. The disadvantage of the concept of neuropsychoanalysis could be to confuse these two very different epistemological viewpoints, but, by contrast, the advantage of the concept could be to link them together without confusion, and only in order to define different interfaces for a mutual stimulation and a mutual questioning.

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Resilience and trauma after disaster in Asian children and adolescents

We-S-459
Developing mental health support system for children and adolescents after devastating earthquake and tsunami in Japan
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Japan has often experienced big earthquakes and mental health care activities for afflicted children and adolescents have become more common since the Hanshin-Awaji earthquake disaster of 1995. The Japanese Society for Child and Adolescent Psychiatry (JSCAP) has been serving an important role in the mental health care after major natural disasters through dedicated contribution of member psychiatrists and allied professionals. The Committee of Disasters of the JSCAP has experienced many onsite activities and made an effort to establish more effective mental health support system for children and adolescents after devastating disasters. In this presentation, we first report the latest East Japan earthquake and tsunami of March 2011 and the JSCAP activities for afflicted children and adolescents, and then discuss the development of mental health support system for youth after devastating disasters.

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We-S-460
Assessment and intervention of psychiatric problems in adolescents experiencing Typhoon Morakot
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The aims of this assessment and intervention program were to examine the prevalence rate and associated factors of posttraumatic stress disorder (PTSD) related to Typhoon Morakot, the direct and indirect effects of PTSD, major depressive disorder (MDD), disaster-exposure experience, gender, and perceived family support on suicide risk, the level of general anxiety, and the intervention effects of four-session Eye Movement Desensitization and Reprocessing (EMDR) on reducing the severity of disaster-related anxiety, general anxiety, and depression in 271 Taiwanese adolescents who experienced Typhoon Morakot that impacted Taiwan in 7th August, 2009. The prevalence of PTSD related to Typhoon Morakot was 25.8%. Adolescents who were female, had PTSD related to previous traumatic events before Typhoon Morakot, had more exposure experiences, were physically injured, or had family member in same household died or seriously injured in Typhoon Morakot were more likely to have the diagnoses of PTSD related to Typhoon Morakot. General anxiety was significant among the adolescents experiencing Typhoon Morakot. The results of structural equation model indicated that increased disaster-exposure experience and female gender had direct influences on an increased suicide risk, and had indirect influences on increased suicide risk that were mediated by PTSD and MDD. Perceived high family support directly decreased suicide risk. Both PTSD and MDD had direct influences on an increased suicide risk, and PTSD had an indirect influence on an increased suicide risk that was mediated by MDD. The results of the MANCOVA indicated that the EMDR group had significantly lower post-intervention severity levels of general anxiety and depression than the TAU group. Meanwhile, the post-intervention level of disaster-related anxiety of the EMDR group tended to be lower than that of the TAU group (P = .05).

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