the current questions asked by synchrony evaluation and the state of the art related methods. Definitions and functions of synchrony in early years and adulthood will be first presented. Then, we will review the non-computational and computational approaches to annotate, evaluate and model interactional synchrony. To stress our point, recent applications of computational approaches to ASD studies will be discussed.

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Mo-S-101

Michelangelo, an European research project exploring new, ICT-supported approaches in the assessment and treatment of autistic children

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Michelangelo – a currently running research project partially funded by the European Commission (FP7) – intends to bring the assessment and the therapy of the autism out of the clinical environment and develop a patient-centric home-based intervention requiring a minimal human involvement and therefore extremely cost effective. The project exploits ICT and other technologies in assessing and treating ASD in children in a more “natural” home environment where non-obtrusive techniques are used. At the same time the proposed methodology aims at enhancing the effectiveness of the treatment through its “intensiveness” and “personalization” matching the individual characteristics of the autistic children. As outcomes of the research work, advances will be achieved also in various technological fields. Michelangelo project is expected to have impacts from the medical, social and economic perspectives. The results of its research work will be validated through an exploratory study with autistic children in France and in Italy.

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Adults born very or extremely premature

Mo-S-102

Social vs pharmacological stimulation of the stress system, mentalisation processes and behavior problems in adults born premature

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Empirical evidence showed that oxytocin (OT) is associated with a variety of social behaviours in mammalian animals and in humans. Stressful situations activate the HPA axis resulting in the release of hormones, such as CRH, ACTH and glucocorticoids (cortisol) into the blood stream; OT is also secreted under stress and seems to play a role in the regulation of the stress system, notably in inhibiting ACTH release. While the response to a social stress test (TSST) depends on the personal stress experienced, the pharmacological stress stimulation (CRH test) can evaluate the HPA in absence of a social stress. Currently, the literature does not allow us to define a clear hypothesis on mechanisms involved in the oxytocinergic response, in premature born population, and how OT secretions are associated to the attachment system. To confront results of these two different types of HPA axis stimulation will help us to answer.

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Mo-S-103

Cortisol responses to induced stress (TSST) in a young adult prematurely born sample

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Epidemiologic studies have reported increased levels of neurologic and cognitive disabilities in adolescents and young adults born premature. The purpose of the present study was to examine the relation between cortisol reactivity and comorbid internalizing and externalizing behavior problems among children born premature. Method: In 70 young adults born very premature (< 29 wga) and 35 comparison young adults born in the same hospital and matched for age and SSE level, we collected salivary cortisol samples at 5 moments in the course of 3 days. The 2nd day, subjects were asked to perform the Trier Social Stress Test, which includes a public speaking task and a mental arithmetic task. The diurnal cortisol slope (Area under the Curve (AUC)) was calculated and compared.

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Mo-S-104

Attachment system, reflectivity function, and response to stress in premature born adults

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The attachment can be related with individual differences of response to stress at neurophysiologic and cognitive levels (Maunier et al., 2001). Objective: Study the relationship between neonatal biological risk, psychosocial risk at 30 month and later minor sequel at 7 years old with the response to stress, attachment and reflexive function and health of former VLBW at young adulthood.

Sample.– Fifty VLBW, 19–21 years old randomized, born in Hospital Sent Joan de Deu. 25 VLBW present later minor sequels at 7 years and 25 don’t present. Control group.– Seventy-five normal birth, 19–21years old.


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Meetings of minds in psychotherapy

Mo-S-105

The baby and her parents: The clinician’s role in helping parents to see and experience the inner world of the infant

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Infants and very young children have their own subjectivity and capacity to develop powerful relationships with parents and others. Through complex conscious and unconscious processes, a parent may lose empathic connection with an infant. Troubling symptoms, such as disturbances of self-regulation, feeding, sleeping, volition and mood, may then emerge in the baby, especially if medical illness or disability are present. Direct psychotherapy with the baby, finding an understanding of the mind and body of the infant, can facilitate the parent’s own understanding of the baby’s experience. The psychotherapist approaches the infant’s world through voice, touch, gaze and holding, involving a playful and reflective state of mind in order to meet the mind of the baby. Such engagement in the presence of parents may enable profound transformation in the troubled relationship between parent and infant. This presentation illustrates some ways in which the psychotherapist can engage directly with a stressed infant.

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Mo-S-106

Psychoanalytic psychotherapy with adolescents: A mutual journey, enabling a grain of self to emerge and blossom into an integrated identity

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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.

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Mo-S-107

In the beginning and the pain of before

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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.

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Mo-S-108

Attachment and alliance in the therapeutic relationship: The potential strength in shared experience to face fear and find freedom

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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 shackle the child’s development, to find freedom to explore emerging self-regulation and self-identity.

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Mo-S-109

Using “advocacy” as a weapon to obtain inpatient child psychiatric services in Nigeria

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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. The definition of who will benefit from admission, and how, and why now, will be discussed. In the provision of inpatient mental health 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.

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Mo-S-111

The configuration of a successful unit – “which bed is comfortable and makes it so”

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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.