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
J. Grimwade
The Cairnmillar Institute, Clinical Services, Mental Health for the Young and their Families, Victorian Group, Camberwell, Australia

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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Projects, Mental Health for the Young and their Families: Victorian Group, Malvern, Australia

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

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The goldilocks enigma for inpatient services

Mo-S-109
Using “advocacy” as a weapon to obtain inpatient child psychiatric services in Nigeria
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Virtually all regions of Nigeria have focused on the development of inpatient psychiatric 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 what 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 disenchantment and aroused jealousy in parents.