Mo-S-156

Working in a pediatrician’s group to detect mother-infant relationship problems

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When a mother is discharged from the hospital after the birth of her child, she often feels herself alone, her only point of reference, the assigned pediatrician. He begins a job that, in most cases, will accompany the growth of the baby and the family. Building a collaboration amongst pediatricians seemed to be, to the psychotherapists of the centro Benedetta D’Intino of Milan (Italy), an important way to find mothers in need of psychological help and of motivating them to seek an early psychotherapeutic consultation together with their children. During the past three years I have organized a work discussion group with a number of pediatricians. At first, they showed a strong resistance in considering the internal world. Pressed by a mountain of very concrete demand (or even impossible “magical” solutions to problems) together with their anguish at the diffusion of postpartum depression situations, the doctors became more and more appreciative of a space where they could stop to think and moved the focus of their observation towards Mother-Child relationships.

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A mother with a newborn often feels alone with her emotional problems, since they run counter to general expectations of “happy motherhood”. This may block her communicating with the Well Baby Clinic nurse. The suffering of parent and child may be urgent and early intervention is essential. The clinical problem is how to reach these parents and infants. We will describe three models. Dr Sara Micotti, psychotherapist at the Centro Benedetta d’Intino, Milano, has group seminars with pediatricians to detect and motivate mothers needing psychological help. The pediatricians’ attitudes have shifted from apprehension to curiosity about the internal world. For parents of infants at risk because of neglect and maltreatment, Dr Miri Keren, Geha Mental Health center, Tel Aviv Univ, medical school, provides parent-infant group therapy. Another part of her population has lesser problems. Well Baby nurses detect such cases with the BITSEA questionnaire. Dr Keren meets them in groups at the Well Baby clinic to lessen resistance to seek an early psychotherapeutic consultation together with their children. He begins a job that, in most cases, will accompany the growth of the baby and the family. Building a collaboration amongst pediatricians seemed to be, to the psychotherapists of the centro Benedetta D’Intino of Milan (Italy), an important way to find mothers in need of psychological help and of motivating them to seek an early psychotherapeutic consultation together with their children. During the past three years I have organized a work discussion group with a number of pediatricians. At first, they showed a strong resistance in considering the internal world. Pressed by a mountain of very concrete demand (or even impossible “magical” solutions to problems) together with their anguish at the diffusion of postpartum depression situations, the doctors became more and more appreciative of a space where they could stop to think and moved the focus of their observation towards Mother-Child relationships.

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Mo-S-158

OSE: Cultural and social context influence in the placement of children in five different countries

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L’œuvre de Secours aux Enfants (OSE) célèbre cette year its centennial. It was established in many countries throughout its history. This international organization has crossed the tragedies in the history of the twentieth century in accompanying, protecting, and often even saving the Jewish families of persecution of State Communism from 1912 to 1923, then Nazism from 1933 to 1945. The release of the death camps, OSE welcomes in 25 children’s homes more than 2000 orphans from the Holocaust, survivors of the extermination camps, and hidden children. Since the 1960s OSE continues its mission of child protection. International professional exchanges between institutions of child protection are supported by the OSE for 4 years. The objective is to share the experiences of placement of children in different countries and reflect on influences societal and cultural practices. The separation in war context like in Israel or children’s collectivities after communism like in Russia or Ukraine. Will be addressed the ethical issue raised by the separation, the supervision of the risks of burn out teams in the accompaniment of difficult children, and others questions linked to the subject.

Mo-S-162

Impact of family interventions on early psychosis outcome

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According to literature review from 2000 to 2011, family interventions in first episode of psychosis (FEP) reduce hospital admission rates (Bird and al., 2010) and relapse (Bird and al., 2010; Gleeson and al., 2009; Kuipers and Raun, 2000; Lenier and al., 2001; Patterson and al., 2002, 2005) and allow a greater family well-being (Mc Farlane and al., 2003).

This workshop is about family interventions as a significant component in the adaptation and recovery of the adolescent’s and family’s functionality after having experienced a FEP. First of all, we will present the evidence-based data in this field about family intervention and its impact on the well-being and adaptation capacity of the whole family (Addington and al., 2005; Barrowclough and al., 1999; Jones, 2009), to work on communication (Addington and al., 2003; Wright and al., 2004; Leff, 2000), expressed emotional intensity and problem solving capacity (Addington and al., 2003; IRIS, 2005; Kuipers and al., 2002) are keys factors in family intervention to realign the developmental trajectory. It helps to reduce stress, distress (Cujipers, 1999), family’s burden (Jeppesen and al., 2005; Cujipers, 1999; Sin and al., 2007), lost and isolation (McNab and Linszen, 2009; Patterson and al., 2000). It also contributes to work on grief, to improve attachment and reduces health care services utilization for family members (Law and Crane, 2000; Law and al., 2003). The most efficient interventions in helping these adolescents and their families will be explored in order to improve clinical practice. We will also propose some clinical examples supported by video material and medical records in order to identify the change factors and permit analysis of the treatment.

Finally, we will open on unresolved questions and some difficulties, which need to be clarified.

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Family intervention and early psychosis outcome