sise prevention, early intervention, de-escalating techniques and enhancement of patient autonomy and dignity. This presentation will reflect on the therapeutic processes inherent in a milieu-based behavioural and psychological management program designed to reduce the frequency of aggressive behaviour in a child and adolescent inpatient unit. Additional processes used include choice, individualized patient management plans, staff training, privilege level care and reinforcement of appropriate behaviours. Use of the least restrictive intervention is consistently upheld within the intervention framework. Outcomes include reduced verbal and physical aggression, physical intervention and staff injuries.

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Integrating family perspectives into clinical practices

Mo-S-186
Integrating family perspectives into clinical practice
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Clinicians and family members are committed to a common goal of improved wellbeing for children and youth yet how do we ensure that all parties understand each others’ perspective and interpretation of the presenting problems. This workshop provides you an insight into the mindset of parents and carers. How they perceive the role of clinical staff and treatments they are offering. What is the presenting problem? Do professionals and parents agree on this? Issues around confidentiality; how to create a safe environment for families; guaranteeing families feel listened to and believed: These are some of the topics this workshop will explore. Tools will be presented which encourage discussion of issues so that the point of view of families and clinicians are elicited and there is conversation about how each perspective is acknowledged and understood. There will be tools that staff can put into practice immediately allowing clinicians to engage with carers in a more meaningful depth manner.

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Mo-S-187
Integrating family perspectives into clinical practice
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Clinicians and family members are committed to a common goal of improved wellbeing for children and youth yet how do we ensure that all parties understand each others’ perspective and interpretation of the presenting problems. This workshop provides you an insight into the mindset of parents and carers. How they perceive the role of clinical staff and treatments they are offering. What is the presenting problem? Do professionals and parents agree on this? Issues around confidentiality; how to create a safe environment for families; guaranteeing families feel listened to and believed: These are some of the topics this workshop will explore. Tools will be presented which encourage discussion of issues so that the point of view of families and clinicians are elicited and there is conversation about how each perspective is acknowledged and understood. There will be tools that staff can put into practice immediately allowing clinicians to engage with carers in a more meaningful depth manner.

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Adolescence, brain maturation and anxio-depressive vulnerability: contribution of neuroimaging

Mo-S-188
Life events, anxio depressive vulnerability and emotional processing during adolescence
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Background.– Anxio depressive disorders often begin during adolescence and are a major problem of public health. Negative life events are an important factor of vulnerability for these disorders. Neuroimaging studies of anxio depressive patients show structural and functional abnormalities in regions implicated in emotional processing.

Very few papers study the influence of life events on brain function in healthy adults, none in adolescents. We hypothesised the existence of a relation between negative life events and emotional processing in adolescents.

Methods.– Eight hundred and forty one adolescents from the IMAGEN database were included. They completed a multidimensional life event questionnaire (LEQ). A face task with three conditions (angry or neutral face and a control condition) was administered during functional magnetic resonance. Data were analysed using SPM8. We searched for correlations between LEQ scores and cerebral activation while viewing angry faces.

Results.– We found a significant positive correlation between the “distress” score of the LEQ and brain activation in a bilateral network including the insula, the middle and inferior frontal gyrus and the middle temporal gyrus. These regions were deactivated during this contrast.

Conclusion.– Negative life events may modify emotional processing of anger during adolescence, responsible for cognitive and emotional bias.

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Mo-S-189
Subthreshold bipolarity and depression in adolescence. A brain imaging study
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Background and objectives.– A significant proportion of adolescents having subthreshold bipolar (SBP) or depressive symptoms convert to affective disorders. White matter (WM) and grey matter (GM) alterations have been reported both in adolescent-onset affective disorders and in youths at high familial risk. We sought to determine whether healthy adolescents with subthreshold symptoms would have similar early structural changes.

Methods.– The participants were extracted from the European Imagen database of community 14-year-old adolescents investigated using T1-MRI and Diffusion

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