Learning to be human

Mo-S-226
A cascading errors model of empathy and psychopathy
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I will present evidence that emotional reciprocation, largely through parent-child eye contact, underlies neural and psychological development that “cascades” into higher functions such as human empathy. Conversely, problems with eye contact characterise children with conduct problems and impairments in empathy, and might drive cascading errors in development that lead to adult psychopathy. Research will be presented that uses various strategies from computer face recognition to naturalistic family interactions to show that impairments in eye contact are characteristic of children with at risk for ongoing problems of antisocial/aggressive behaviour. It is argued that these impairments may in part underlie the failure to develop into a healthy empathic adult. Implications for innovative early interventions will be discussed.

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Mo-S-227
Empathy, attention, and the development of psychopathy
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I will present data to show that empathy deficits in children with antisocial/aggressive behaviour are related to the function of the serotonergic system. A combination of empirical and theoretical evidence demonstrates how this relationship is likely driven by serotonergic modulation of preconscious attentional systems. These systems are the start of a chain of processes that culminate in the recognition, and affective processing, of the emotional expressions of others.

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Transcultural psychiatry

Mo-S-228
Identity construction in the context of migration: The impact of family dynamics linked to experiences of trauma, loss and exile. A case study
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In our paper, we discuss how children and adolescents from families living in migration construct their identities while referring to multiple symbolic universes and languages. As we will show on the basis of a case-study, the process of passing on languages within a family are tightly linked to the family-dynamics, but also to the way in which different family members conceive the relation between “the past” and “the present”, different languages and different symbolic universes. The existence of different positions, adaptations and coping strategies within a family may help children to create a differentiated and flexible identity position. Still, these positions need to be in a certain harmony, coexisting as different, but acceptable ways of being in the world in order to be supportive for the children. Engaging the family into a dialogue and helping the parents to elaborate loss and bereavement linked to their migration can help their children to get into a creative process of bricolage. This opens the ways for them to create a unique, personalized identity while integrating elements of different cultural and linguistic universes.

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Mo-S-229
Parent infant psychotherapy in situations of exile and migration: How to build a therapeutic alliance
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The applied of transcultural approach to the construction of a therapeutic alliance will be discussed. This technique is formed by the association of psychoanalysis and anthropology to approach the understanding and treatment of situations in which a family or parent/child group have moved from one culture to another. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed. We will analyse in special the therapeutic consultations during the perinatal period in situations of migrations. This period is particularly vulnerable for children and families. During this time cultural and family myths acquire great importance; they could be denied or abandoned due to the requirements of the “new” culture, while being vividly present in the mind of the parents, even if unconsciously. The use of transcultural principles as complementarity (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of group consultation will be illustrated. The address to these consultations is numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies. The construction of a specific therapeutic alliance is the main parameter of the efficacy of this kind of clinical work. The first data of a research done in this setting about the representation that the patient has of this alliance will be given.

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Mo-S-231
The Dutch knowledge centre for child and adolescent psychiatry
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Scientific researchers, experts, professionals, parents and children all work together at the Dutch Knowledge Centre for Child and Adolescent Psychiatry. This network organisation strives to achieve a solid scientific foundation for daily work in the field of child and adolescent mental health. This scientific foundation provides a firm basis for the subtle work that mental health professionals perform each and every day to ensure that children and parents receive the very best care. Since its inception, the Knowledge Centre has published more then 16 scientifically underpinned protocols for diagnostics, psychofarmacology in children (including a formulary), and psychological treatment of mental health disorder. They are published on an open access website for professionals in the field of child and adolescent psychiatry. Due to the many international visitors of the website, the Knowledge Centre launched an English language website that works in sync with the Dutch online program. The Dutch Knowledge Centre for Child and Adolescent Psychiatry is exploring the possibilities with regard to expanding their knowledge network onto the international stage. We are therefore seeking contact with organisations, institutions, scientific institutes in order to further enrich the network.

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Mo-S-232
Experiences from the UK: NICE!
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