NICE have been developing guidelines in mental health for over a decade, including nine guidelines covering the whole age range from childhood through to older age (for example, bipolar disorder, eating disorders, obsessional compulsive disorder and generalised anxiety) and five specifically devoted to children, including Depression in Children, ADHD, Autism, Conduct Disorder and schizophrenia and psychosis in children and young people. For this talk, I will focus on the methodology underpinning NICE guideline development, problems of service user participation when developing guidelines for children and how we solved this for our work on ADHD; difficulties in obtaining unpublished trial data with examples from depression in children and the schizophrenia and psychosis in children and young people guidelines. Recently, we have undertaken an international collaboration with the Netherlands College of Psychiatry and the Trimbos Institute to develop guidelines in mental health; and I will explore the possibilities of extending this to include children’s mental health and other European countries.

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Mo-S-233
Guidelines for child and adolescent psychiatry in Germany
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Clinical Practice Guidelines have gained increasing importance in child and adolescent psychiatric health care. They can be important tools for improving knowledge, management, processes and outcomes. Ideally, guidelines provide a framework for best evidence-based assessment and management of child and adolescent psychiatric disorders and assist both the clinical and the patient decision-making process. In Germany, classification of the quality of guidelines is based upon whether a systematic and methodologically sound approach was undertaken in guideline development and whether consensus finding was achieved by a representative body. However, their effectiveness does not only relate to their methodological quality but also on their implementation in clinical practice. The presentation will give an overview on the German perspective and experiences on composing and implementing guidelines on child and adolescent psychiatric disorders focusing on the example of a new evidence-based and consensus-oriented guideline on diagnosis and treatment of ADHD.

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Mo-S-234
Implementing an evidence based method for treating traumatized youth (TF-CBT) in regular clinics – experiences from Norway
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Implementing evidence-supported interventions poses several challenges both at a professional and organizational level. Often mentioned obstacles are related to transferring models from a controlled environment (universities or specialized clinics) into ordinary clinics. Therapists in ordinary clinics are expected to be highly trained in several therapy models covering a range of clinical problems. Learning a new model while seeing other patients or having other demanding tasks may influence how therapists learn and deliver an intervention. This may in turn result in interventions that vary from the model the research results were based on. Data from an effectiveness study in Norway that is implementing TF-CBT in eight child guidance clinics will be presented. Focus will be on diverse challenges that were encountered at the professional level. Were therapists able to deliver TF-CBT with fidelity? How much training and supervision was needed to secure sufficient treatment fidelity? What professional barriers did the therapists face when learning to use an EBP such as TF-CBT? What did children and parents find beneficial? These challenges and solutions will be analysed in light of data from questionnaires and qualitative interviews from the children and parents and from the therapists as well.

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Mo-S-235
Implementation of the TFP-AIT model of treatment for personality disorders across sites
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Transference Focused Psychotherapy (TFP) is an empirically validated treatment for adults with severe personality disorders, including Borderline Personality Disorder (BPD) that has been modified to treat adolescents with identity diffusion (a characteristic of all personality disorders; and which has been retained as a core diagnostic criterion in the new DSM5). In an ongoing multi-site, international program, several clinics have assisted in developing the modifications to TFP which include: modifications to the treatment frame (the inclusion of the parents, as indicated, in the contracting), the addition of a psychoeducation component, attention to external reality (e.g. focus on school functioning, with contact and interventions as indicated), and modifications to the therapeutic technique (specifically increases in the frequency of Clarification, prior to Confrontation or Interpretation; increased exploration of the extra-Transferral relationship prior to interpreting in the transference; etc.). These modifications will be discussed in the context of cross-cultural implementation.

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Mo-S-236
Extension of the TFP-AIT model of treatment to an adolescent patient who committed infanticide
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In this presentation, the case of an 18-year-old adolescent with severe personality disorder who killed her child after a defended pregnancy and secret childbirth will be discussed. The adolescent showed severe identity diffusion and lack of continuity in self-representation. The personality pathology and the psychosocial background give hints for the understanding of this infanticide. The case vignette will clarify the high clinical relevance of identity diffusion in severely disturbed adolescent patients. The presentation will also focus on Adolescent Identity Treatment, a modification of Transference Focused Psychotherapy (TFP-A), which has been developed as a new treatment method for adolescents with severe identity problems.

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Mo-S-237
Extension of the TFP-AIT model of treatment to substance abuse
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Alcohol and identity a challenge to adolescent’s development. The Schilktent institute has been treating addictions for 35 years. There has always been the complication of co-morbid AXIS II (personality) pathology. To better address the specific needs of these patients, we have been implementing Transference Focused Psychotherapy-Adolescent since 2008, and developing specific modifications to assessment and treatment. We will illustrate the impact of early alcohol use on identity development, as well as on assessment and treatment through a clinical case of comorbid addiction and identity diffusion.

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Mo-S-238
Early stages of the implementation of the TFP-AIT model of treatment