Mo-S-262
Organizing & coordinating resources & supports to promote resilience & reduce risk for children whose parents have mental illnesses
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Experiences in the development and dissemination of a family-based approach to the prevention of depression in families with parental depression will be discussed. Originally developed and then tested in a long-term randomized trial, the Family Talk Intervention has been adapted for a number of different groups and used in a number of countrywide programs. Lessons learned from these experiences will be presented and the most recent endeavor in which I have developed web-based training as a complement to live training will be discussed. This specific work will be placed in the larger context of work on the prevention of depression as presented in two recent Institute of Medicine reports and a consensus statement of experts.

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Mo-S-264
Trans-generational differed effects of historical traumas in Russian adolescents nowadays
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Understanding effects of collective traumata in the offspring of victims needs concept of internalized and perverse negativity (Green). Internalized one is in repetitive failures and self-punishments. Another perverse is in cynicism and hating acting. Incestuosity is a common final pathway of the familial secrecy closure. Secondary process suppressions makes cures starting with prohibitions on understanding of trans-somatic symptoms, as well as in the psychotherapy, performed by psychologists narcoleptics, which aims to reduce the anxiety, obsessive-compulsive and body dysmorphic symptoms, as well as the psychotherapy, performed by psychologists and whose importance increases in the later stages of treatment. This psychotherapeutic work is aims, in first, to discover neurotic conflict underlying anorexia, and make the patients aware about it; in second, the normalization of family relations, as well as establish and develop the process of separation and individuation, the restoration in the adolescent of a non-confrontational image of his body. An important part of this psychotherapy for adolescent intended to reduce the anxiety in link with the food in general, and with the weight-taking process during hospitalization. One of the most important factors, the keystone of psychotherapy, is the establishment of the positive therapeutic relationship with the anorexic patient. This method is used with patients who have all forms of anorexia nervosa, except the most serious cases, where the management in a pediatric ward is more appropriate, as well as cases where the symptoms of anorexia have an underlying psychotic disorder. The advantage of this method, which combines biological therapy, different degrees of isolation from family area, and the psychotherapy, is to be able, in a relatively short time of hospitalization.