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 perversive negativity (Green). Internalized one is in repetitive failures and self-punishments. Another perverse is in cynicism and hating actings. Incestuousity is a common final pathway of the familial secrecy closure. Secondary process suppressions makes cures starting with unclear demands. Analysis stumble with prohibitions on understanding of trans-generational transmissions. Resistance varies from false feebledmindedness to exquisite misunderstandings. Underway primary process works more towards brief persecutory delusion, dangerous actings out, and somatizations. Affects of shame for cowardice and meanness of the previous two generations are main obstacles to psychoanalysis, as threats to family members’ and patients’ narcissisms, and to familial incestuous foldings. Interpreting patients’ utterings more than formal sense of speech (Botella), resorting to constructions in analysis (Freud), Russian early 21st century adolescent analyst needs fine knowledge in history and technical ingenuity facing negativity of these young souls, ill of their ancestry traumata.

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Mo-S-265
Approche psychodynamique des désorganisations psychosomatiques à l’adolescence
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La présente étude menée sur 76 adolescents (13–17 ans) est consacrée à l’étude du rôle de différents facteurs du développement de la personnalité et des schémas psychiques de base dans la formation des troubles psychosomatiques à l’adolescence, afin de permettre le choix d’un accompagnement thérapeutique adéquat.

L’auteur examine la crise d’adolescence du point de vue psychanalytique, en tant que phase normale du développement psychosexuel de la personnalité, suite au fait que les processus survenant à la puberté sont liés à la séparation définitive avec les objets primaires, à la résolution de tous les conflits des phases précédentes de développement, à un renoncement à la bisexualité et à l’organisation des pulsions sous le primat de la génitalité, avec une identification définitive du genre et du rôle sexuel. Ils s’accompagnent d’un retour de l’intérêt sexuel et des fantasmes, de modifications hormonales et physiologiques, ainsi que de la découverte de nouvelles sensations de son propre corps, auparavant inconnues, de ses transformations intérieures et extérieures. Sous la pression de ces nouvelles sensations et pulsions corporelles, le psychisme de l’adolescent subit une surexcitation, il expérimente un choc et un ébranlement, percevant souvent aussi bien son propre corps que le monde environnant comme harcelants et persécuteurs. Les difficultés à surmonter, à «moléculiser» les processus en cours mènent à une décompensation psychosomatique.

L’étude que nous avons menée en recourant aux méthodes clinico-psychopathologique, psychologique et psychodynamique, a identifié les principaux phénomènes jouant un rôle structurant dans la formation des différentes voies de développement des troubles psychosomatiques durant l’adolescence. On a décelé trois principaux types de troubles psychosomatiques, et recommandé pour chacun d’eux une approche thérapeutique différenciée.

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Mo-S-266
Psychotherapy for anorectic adolescent girls
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The psychotherapeutic work with girls suffering from anorexia nervosa in adolescent psychiatric service. The eating disorders, especially anorexia nervosa, as a separate and independent disorder, often appear among young people in the period of transition that is adolescence. This disorder, which includes different etiological and pathological factors, differs from the classical neuroses by more intense anxious, obsessive and body dysmorphic symptoms, which are inherent, more often, to the psychotic disorders. Nonetheless, we also observed in patients with anorexia nervosa a neurotic conflict, associated with the particular and often pathological forms of domestic relations, the problem of infantile dependence, gender identity and disruption of relations to the body. Therefore, we can also include disorders, which these patients are suffering, in the field of special kinds of neurosis. Moreover, today we are dealing with a powerful socio-cultural pressure, which may cause in this category of vulnerable adolescents identification with inadequate and pathological behavior patterns. Given these factors, anorexia nervosa requires a comprehensive psychotherapeutic approach, which takes into account the complex etiological factors of pathogenesis of the disorder. In St. Petersburg, in the psycho-neurological Institute of Bechterew, in the psychiatric department of adolescents, with this type of patients we perform this type of a comprehensive approach that includes, especially in the former stages of treatment, isolation of adolescent from the family area, biological therapy by 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 establishing and developing 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 anorectic 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 hospitaliza-