or conduct disorder did not differ significantly in identity development from the school sample.

Conclusion.– Discriminating the level of identity diffusion using the AIDA is useful in clinical adolescent samples.

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Troubles of interactions and development

Tu-S-293
Disturbances in mother–infant interaction in the wake of maternal traumatic stress
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Objectives.– To test the hypothesis that violence-exposed mothers with post-traumatic stress disorder (PTSD) will in comparison to non-PTSD controls show neurophysiologic response-patterns associated with hypervigilance to danger in reaction to separation from their toddler.

Methods.– Participants included mothers (n = 54) of toddlers ages 12 to 48 months recruited from community pediatric clinics. Dyads then participated in a videotaped protocol involving free- and structured-play, and separation-reunions, during which mothers were connected to a Holter-monitor. Eleven PTSD mothers and 9 non-PTSD mothers returned for fMRI scanning during which they watched videos of their children during separation and play.

Results.– PTSD mothers differed from non-PTSD mothers, showing lower heart-rates (HR), a ratio of high-frequency heart-rate variability change and HR suggestive of a delayed, co-activated state, and a lack of medial prefrontal cortical activation in response to separation-stimuli.

Conclusion.– PTSD-mothers showed distinct neurophysiologic activation patterns in response to an interpersonal stressor that suggest increased hypervigilance and consequent impairment of engagement in mutual emotion regulation.

Clinical implications will be discussed.

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Tu-S-294
Babies, mothers, cultures and migrations: A transcultural perspective
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Background.– What impact do multilingual environment, family culture and discriminations experienced by children living in their parents’ host countries have on child development in our multicultural societies?

Method.– Over the last years, these questions have given rise to innovative research which will be further looked into. We will look at the challenges we are facing to turn these risk factors into better access to health services and into a performant health system.

Results and conclusion.– There is a need to develop appropriate programs for clinicians involved in child mental health. These programs should be evaluated and incorporated into existing practices and guidelines in order to equip clinicians working with children and young people in multicultural communities and to enhance transcultural competences of every one.

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Tu-S-295
The practice of infant observation at the family’s home and of interventions with infants and their parents in very disturbed families

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Esther Bick’s method of Infant Observation is unique in training the mind of the clinician to contain psychic pain and primitive experiences. It fosters the capacity of understanding emotionally suffering babies, the assessment of disturbed interactions, and the necessary therapeutic stance that is pivotal in helping dyads at risk. Through the discipline of Infant Observation the clinicians develop the clinical sensitivity and mind-skills that are essential for understanding early development and the emotional psychic risks that result from early disturbances. The clinicians learn to contain intense worries and anxieties experienced in the observations, without premature actions and reactions, by developing the capacity to sustain free-floating attention and understanding without judgment. We will show how Infant Observation fosters the development of professional internal and external discipline that is essential to conduct psychotherapeutic work with babies and parents. We will provide clinical vignettes of home observations to exemplify our ideas.

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Professionals and Families collaboration

Tu-S-296
Bringing together brains and minds: The challenge of professional-child and family collaboration to promote optimal development in early childhood
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Professionals engage in a range of advocacy measures to promote the optimal development from infancy through to school age. All children have a right to life, survival and development under the United Nations Convention on the Rights of the Child. The realisation of this right is dependent upon the realisation of their other human rights to health, education, the provision of basic needs, participation, safety and access to services. Hence, advocacy for optimal holistic development entails representing these rights at many levels, with and to many stakeholders, especially including children and their families themselves. This paper explores the nature of such advocacy and collaboration at these different levels, from advocacy within a family system through to joining with parents in lobbying government. It does so with a focus upon the benefits and challenges of these varying kinds of collaboration – of bringing brains and minds together.

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Tu-S-297
Staying in tune: Developing and sustaining consumer and carer participation for advocacy and improvements for child and adolescent mental health services
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The value of consumer and carer participation in child and adolescent mental health has been highlighted in government policies around Australia. Individual services have become champions, with their own frameworks enabling consumers and carers to contribute to service improvements. In Queensland, Mater Child and Youth Mental Health Service has been involved in developing and sustaining consumer and carer participation for fifteen years, spearheading progress in this area. In this paper, key principles of this work are described, and examples presented which demonstrate a model of consumer participation, and the benefits that collaboration and advocacy can bring to families. The knowledge and experience gained may serve to inform others who recognise the need...