Findings are discussed in the context of developing appropriate and culturally acceptable CAMH services for youth in the developing world.

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Unaccompanied minors: challenges for professionals

Tu-S-320
Risk and protective factors associated with unaccompanied refugee minors’ well-being: What about the context?
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Unaccompanied refugee minors are generally seen as “vulnerable” children, as they might have experienced difficult life events and currently live in challenging living conditions, without parents. Moreover, research extensively documented a high prevalence of diverse psychological problems. On the contrary, the availability of psychological support for them remains relatively scarce. In this study, self-report questionnaires on life experiences and symptoms of anxiety, depression and posttraumatic stress were administered in classes for newly arrived migrant children (n = 2100). Moreover, the current care and reception system was examined, through semi-structured interviews and field research, to explore availability of specific support systems and methods for these youths. Overall, unaccompanied refugee adolescents show high levels of psychological problems, clearly much more than accompanied refugee youths. On the other hand, little specific care initiatives to supporting (unaccompanied) migrant and refugee youths could be identified. To conclude, we can state that, although the vulnerability of unaccompanied refugee youths in developing psychological problems is largely acknowledged, this seems no urge societies to implement specific care and support initiatives for them, largely questioning the current views in society onto this particular group.

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Transcultural competencies in the work with unaccompanied minors
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The work wit unaccompanied minors may be very challenging for professionals from the psychosocial and educational field. Dynamics linked to multiple separations, loss and bereavement, but also to traumatic experiences may have an impact on the relation professionals construct with these minors. In these specific situations, the capacity to understand and engage with the minors while respecting their experiences linked to trauma and loss is particularly important. This is why this work demands highly developed relational skills and transcultural competencies. In our presentation, we would like to discuss the possibilities to enhance these competencies in professionals, by training, supervision and interprofessional cooperation.

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From margins to marginality: Borderlines, bodies and subjectivity in the migration of Moroccan minors
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Many authors meet in considering lone migrating minors (i.e. children and adolescents “unaccompanied by an adult responsible by law of custom”) as “new migratory actors” in the Mediterranean scenery of migration. Although the concept of “minor” represents largely a bureaucratic notion—particularly strengthened through the contemporary procedures of classification of migrants—the phenomenon represents an important viewpoint on some of the main contemporary issues of global youth expectations and subjectivities. The present contribution aim at presenting a specific case of juvenile migration (the migration of separated Moroccan children) as an example of this global dynamic. Joining interdisciplinary insights from anthropology and psychology, the author will present his ten years fieldwork between North Africa and Europe in order to discuss some of the most prominent subjective challenges implied by the experience of “migrating alone”.

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Psychotherapy research: preliminary results in autism

Tu-S-324
Aggregating the pragmatic case studies of the PPBRN
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The methodology of the network (PPBRN, Thurin et al., 2007) deals with process-outcome intensive case studies, fitted in the innovative field of Mixed Methods, which combines quantitative and qualitative approaches. A Descriptive Analysis Plan (DAP), written with R in 22 steps sheds new light on the therapist’s work through four levels of analysis: intensive case, group, subgroups and inter-case levels, the programmer’s challenge being aggregating the pragmatic cases studies into coherent groups. The programmer uses mixed data, repeated measures of the BSE, Behavioral Summarized Scale (Barthelemy et al., 1997), APEC, Autism Psychodynamic Evaluation of Changes (Haag et al., 2010) and CPQ, Child Psychotherapy Process Q-sort (Schneider and Jones, 2007), as well as details from the demographic data and therapy context. What can be said about psychotherapy effectiveness and mechanisms changes from 41 child autistic disorders aggregated intensive case studies?

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Tu-S-325
Autism and psychotherapy: One among 41 single pragmatic case studies
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The studies of the RRFP answer the criteria of the methodology of the pragmatic cases studies. Three levels of analysis are carried out: that of each case, that of aggregated cases, and that of paired similar cases comparisons. This contribution presents the first level of analysis, that of single case. We will start from his inclusion (time 0) until the final formulation of case after one year of psychotherapy. Step by step, we will follow the psychotherapy change process, through the evolution of pathological behaviors, development of new aptitudes, and transformation of the relationship with oneself and the world. We will discuss the highlights of this case in terms of outcome, but also in reference to the internal process of psychotherapy (through the observation of patient, therapist and their interaction), and the assumptions that can be made about change factors.

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Tu-S-326
What have we learned from the comparison of change trajectories of cases initially “Similar”? J.-M. Thurin
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Unlike classic diseases whose courses meet general laws, pervasive developmental disorders are characterized by the great diversity of their trajectories of change. This diversity raises questions: is it the witness of unknown diagnosis subtypes, of dose of therapy, of effectiveness of a specific approach? Are they correlated with the influence of individual initial differences or of interacting
variables during the internal process of therapy (e.g., involvement of patient, therapist and their relationship). What is the role of mediators of change, specifically relative to a dysfunction (e.g., affect modulation) or a stage of therapy, or of contextual factors of psychotherapy (e.g., family alliance)? Finally, are some factors predictive of an evolution rather than another? The method is that of comparison of patients initially similar by diagnosis, age and initial severity of the disorder.

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Lisdexamfetamine Dimesylate for ADHD

Tu-S-327

The first European study of lisdexamfetamine dimesylate in children and adolescents with ADHD: Overview

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In this 7-week study, participants (6–17 years, n = 336) with attention-deficit/hyperactivity disorder (ADHD) were randomized to lisdexamfetamine dimesylate (LDX), placebo or osmotic-release oral-system methylphenidate (OROS-MPH; reference arm). The primary efficacy measure was the least squares (LS) mean change from baseline (95% confidence intervals) in ADHD-RS-IV total score (–0.3 (–0.4, –0.2; P < 0.001; effect size, 0.772). LDX was significantly more effective than placebo in improving functional impairments in children and adolescents receiving a single morning dose (07:00 hrs) of LDX, improvements in ADHD-related symptoms and behaviours were maintained until 18:00 hrs.

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Tu-S-329

Effect of lisdexamfetamine dimesylate on functional impairment in children and adolescents with ADHD

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In this 7-week study, participants (6–17 years, n = 336) with attention-deficit/hyperactivity disorder (ADHD) were randomized to lisdexamfetamine dimesylate (LDX), placebo or osmotic-release oral-system methylphenidate (OROS-MPH; reference arm). Functional impairment was assessed at baseline, day 28 and day 49 using the Weiss Functional Impairment Rating Scale-Patient (WFIRS-P). Mean ±(SD) WFIRS-P total scores at baseline were 1.01 ± 0.45 (LDX), 1.10 ± 0.46 (placebo) and 1.07 ± 0.44 (OROS-MPH). At endpoint, the difference between LDX and placebo in least squares (LS) mean change from baseline (95% confidence intervals) in WFIRS-P total score was –0.3 (–0.4, –0.2; P < 0.001; effect size, 0.924). The difference between OROS-MPH and placebo in LS mean change from baseline was –0.2 (–0.3, –0.1; P < 0.001; effect size, 0.772). LDX was significantly more effective than placebo in improving functional impairments in children and adolescents with ADHD. Supported by funding from Shire Development LLC.

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Tu-S-328

Duration of response of lisdexamfetamine dimesylate in children and adolescents with ADHD

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Participants (6–17 years) with attention-deficit/hyperactivity disorder (ADHD) were randomized to lisdexamfetamine dimesylate (LDX), placebo or osmotic-release oral-system methylphenidate (OROS-MPH; reference arm). ADHD-related symptoms and behaviours were assessed at 10:00 hrs, 14:00 hrs and 18:00 hrs after dosing (07:00 hrs) the weekend before baseline, day 28 and day 49 using Conners’ Parent Rating Scale–Revised (CPRS–R). At endpoint, differences (active–placebo) in least squares mean change from baseline (95% confidence intervals) in CPRS-R scores were significant (P < 0.001) for LDX (10:00 hrs, –21.5 [–25.8, –17.1], effect size [ES] 1.424; 14:00 hrs, –21.2 [–26.7, –16.7], ES 1.411; 18:00 hrs, –21.2 [–25.8, –16.5], ES 1.300) and OROS-MPH (10:00 hrs, –15.6 [–20.3, –11.2], ES 1.036; 14:00 hrs, –15.3 [–19.7, –10.9], ES 0.976; 18:00 hrs, –15.0 [–19.7, –10.3], ES 0.922). In children and adolescents receiving a single morning dose (07:00 hrs) of LDX, improvements in ADHD-related symptoms and behaviours were maintained until 18:00 hrs.

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