-- the audience will have an understanding of CFTSI as a clinical, early intervention for addressing the needs of traumatized children and families.

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Tu-S-569
From individual to community, dealing with reclusion: The experience of eric, a home treatment crisis team
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In Plaisir, (France (Parcysian suburb), the ERIC group is a mobile psychiatric emergency service. Our mobility – and the possibility of intervening at the patient's home - allows us to deal with various situations, and often be the first contact between patients and professionals from the field of mental health. We report the case of parents calling us for their son, a 24-years-old man that had shown a sudden, and since then complete, social withdrawal 3 months before our intervention.

We describe here the process of exploring the diagnosis hypotheses in this complex situation.

Relating the symptom of seeking isolation and confinement at home to a psychopathologic frame was crucial, and we had to consider the involvement of psychotic or depressive features, social phobic or post-traumatic components, as well as relational - hierarchical issues in the familial system and existential elements of the response of an individual to a competitive social environment. Also, in the context of home visits to a young man that did not seek for our intervention, it was essential to find out the tempo in which these dimensions could be explored.

Finally, this case illustrates how the temporality of dealing with complex cases can be considered as a balance between:
– the responsibility to ensure the patient’s and family’s protection;
– the ability of creating a context of alliance to the professionals and acceptance of care.

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Tu-S-570
Based on a 9-year experience of a mobile team for adolescents with difficulties
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Président of the Association for Mobile Teams in Psychiatry, Lille, France

Adolescents with difficulties (school difficulties and school failure, conduct disorders, depression and suicide attempts) lead to important problems of society and public health. These adolescents, for most of them, express no explicit demand, and we are not able to accede to this populations using our classical and regular care structures (private psychiatry, medico-psychology centers, etc.). Thus, it appears necessary to develop mobile teams in order to go towards these adolescents with difficulties and meet them. This is the first step to allow the adolescents with difficulties to acced to the care system. In this communication, the funcionning of a mobile team for French adolescents (mobile team integrared in a child and adolescent psychiatry public department) will be presented and discussed.

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Tu-S-571
From physical to psychic mobility
S. Tordjman
Université de Rennes 1 et Centre Hospitalier Guillaume Régnier, Rennes, France

Based on the experience of a mobile team for preadolescents and adolescents with difficulties but no demand, will be discussed the interest of the physical movement from caregivers to go towards these preadolescents and adolescents.

First, this movement can help them to break their isolation and social withdrawal. Second, physical motion can stimulate thought processes and overcome mental inertia. Furthermore, several studies underlined that the effect of movement on cognitive processes stems more from the purpose of that movement (e.g., approach or avoidance) rather than from the physical motion itself. It opens important therapeutic perspectives on the role of the movement to go towards patients given the reported effect of other people’s motion on mental activity. Finally, the importance and interest of changes in the physical environment (change of locations) and the relational environment (change of caregivers) during the encounters with the patient and his/her family, will be presented and discussed.

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Tu-S-333
Spasmodilia and psychopathology: Commorbidity or overlap? An exploratory study in childhood
M. Moro*, O. Bonnot*, M. Foschino*, M. Durieux*
*a France
b Italy
c Belgium

This symposium presents some topics of the 7th international congress of AEPEA (Association Européenne de Psychopathologie de l’Enfant et de l’Adolescent) that will be in Bruxelles the 8th, 9th and 10th of may 2014. The continuous dialogue between body and mind during development is explored:
– through the researches on personal and family cultural differences in immigrants’ children who present multiple vulnerability factors because of the new surroundings, in order to help them to participate in the receiving society (France);
– through the special needs due to physiology of preterms children in order to avoid later feeding problems (Belgium);
– through a complete literature review about pain and schizophrenia with some preliminary data on pain sensitivity, behavioural pain reactivity and electrophysiological assessments. (France);
– through the research of two groups of children and adolescents, one suffering of spasmophilia and the other of headache in order to understand the relationship of pain with attachment and psychopathology (Italy).

All these topics show the need to work and research in network with new services.


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Transmission of traumatic experiences

Tu-S-334
Understanding transmission of traumatic experiences
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After the shelling of Cana (South of Lebanon) in 1996, medical and psychological consultation centers for children victims of war and their families were created in the South of Lebanon. The presentation focuses on my experience as a clinician with children exposed to war and addresses several questions: Which parents have a greater tendency to transmit their distress to their offspring? What is transmitted from parents to child? How is the distress transmitted and through which mechanisms? And finally, which children are more vulnerable to the transmission of distress in the family? My research in the field of trauma shows that parents who cannot talk about traumatic events and share emotions with their children will necessarily transmit their anxiety to them. Hence, the violence will not be symbolized. Children will then present the risk of becoming adults with troubles. I will examine the question of resilience that may mitigate or prevent the risk of intergenerational transmission of trauma.

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