From individual to community, dealing with reclusion: The experience of eric, a home treatment crisis team
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In Plaisir, France (Parian 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.

Transmission of traumatic experiences

Understanding transmission of traumatic experiences
M. Gannagé
Psychology, Saint-Joseph University, Beyrouth, Lebanon

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 necessary transmit their anxiety to them. Hence, the violence will be symbolized. Children will then present the risk of becoming adults with the risk of intergenerational transmission of trauma.

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