Methods.-- About 6031 parents and 7321 teachers were recruited randomly in a large school survey and results will allow us to examine children’s mental health problems and its impact on school learning difficulties and access to care.

Results.-- We note that 17% of the children have been judged as having difficulties for learning (from 14 to 23%); 9.5% of the children require some sort of care for psychological disorder (from 13.8 to 5.5%); These problems interfere with class learning for 7.5% of the children according to teachers and 6.3 according to parents.

Conclusions.-- Social determinants and learning difficulties are linked and there is the presence of country effect.

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Tu-S-409
Divergences and coherences between parents and teachers evaluation of impact on children’s mental health problems and school learning
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Introduction.-- To compare the evaluation of teachers and parents of impact on children’s mental health problems in daily and school life and to describe the discordances between the two observers.

Methods.-- Sample of primary schools children from seven European countries. The view of both parents and teachers was collected with the SDQ.

Results.-- Italy parents observed a much lower impact of mental health children than teachers and the impact observed by parents is, as in Romania, lower than other countries. In the description of the impact extent according to teachers, East Germany and Turkey are the country with the lowest impact. The agreement on the identification of children with impact is low.

Conclusion.-- The discrepancies in the perception of impact of mental health problems on daily life of children according to teachers and parents seem to be strongly associated with socio-cultural factors and seem to be more problematic in some European Countries.

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Psychoanalytic approaches in CAP department

Tu-S-410
Psychodynamically oriented approaches
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“Psychodynamically oriented approaches” does not refer only to individual psychoanalytic psychotherapy. In many institutions, the care of children with serious disorders such as psychotic disorders, developmental disorders, are based on psychoanalytic conceptions of mental functioning and psychological development. Educational activities are considered both as means for learning skills and, in the same time, as opportunities to analyze and improve emotional relationships. Children’s relationships with the professional team are considered with the concepts of transference and counter-transference.

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Tu-S-411
Integrative approach including psychodynamic dimension in a day intensive care unit for children
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In France, the public system of psychiatric care for children and adolescents was built in the 1970 with some generous goals, influenced by psychoanalysis: territorial coverage (“sectorization”), proximity, no financial barrier to access care, multidisciplinary teams, diversity of services with a gradation of intensity. We present a current particular modality of care: intensive day care unit for children as it has evolved until today at Toulouse University Hospital, taking into account, in a pragmatic way, recent guidelines and useful research advances. This intensive care service unit welcomes part-time (time is shared with outside school and leisure) children with ASD aged 8 to 12. It functions with several major principles, which we show practical applications: individual integrative coordinated program, including without dogmatism psychodynamic therapies, special education and teaching, speech therapy, psychomotricity, cognitive and behavioral therapies, social work, groups and individual interventions. This program promotes whenever possible inclusion in ordinary life and work with families and partners.

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Tu-S-412
Institutional work with borderline adolescents
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Dependence is one of the basic symptoms of adolescent with borderline characteristics of personality due to the vulnerability in the development of their narcissism. So, they are in continual risk of relational break and acting out. The passage of these young peoples in institutions of care allows them to meet an adults’ multidisciplinary team that can allow identification and support to the cure aspects, rather than the destructive aspects of their image. The relational continuity and a theoretical coherence of the teams are essential. In front of the destructive drives, the institution has to make a work of connection, reflection and representation to restore a psychic space but also a protective function to offer to their acting out, a work on limits within the framework, so that the adolescent. It’s a real transitional space created by the work of the team that can support their narcissism and prevent the appearance of the depressive fault.

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Tu-S-413
Psychoanalytically-oriented clinical work in multidisciplinary team taking care of medically ill children
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Objectives.-- To describe our model of using psychoanalytical theory and concepts in the everyday clinical work with medically ill patients and in the collaboration with our multidisciplinary colleagues within a pediatric hospital setting. To show how combined psychiatric and pediatric medical research can be informed by psychoanalytical and attachment theory and, as such, help develop further novel and more specific forms of clinical intervention.

Method.-- Clinical presentation.-- We will describe the case of a 10-year-old boy undergoing a liver transplant who suffered from premorbid psychological difficulties including social and emotional developmental delay, and disturbed intra-familial relationships within the context of his fragile physical health. The multidisciplinary work in this situation needed a combination of medical and psychiatric intensive care to succeed. Our intervention focused as well on the patient and his family as on the somatic team (providing psychiatric supervision to staff not used to deal with these issues). This clinical case will be viewed also through the lens of ongoing clinical research examining the parental reaction to diagnosis (via the Reaction to Diagnosis Interview or “RDI”), their level of traumatization (premorbidly and in response to their child’s present condition), and how these data might be associated with their child’s medical outcomes.

Results.-- While the clinical literature attests to the benefits of multidisciplinary work - including psychiatric follow up with severely medically-ill patients, there is much less known about how psychoanalytically- and relationally-informed intervention might influence the long-term medical, psychological, and developmental outcomes for a given child. Our program of research is beginning to
Face processing in ASD

Tu-S-415
Studying face processing in autism through the interplay between high and low level visual processes
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There is now converging evidence that dynamic interactions between low and high visual processes as well as functional coupling of neural discharges within distributed cortical networks can account for key properties of conscious visual experience. In the present presentation, we show that a defect in these neurofunctional processes may be central to understanding certain cognitive dysfunctions/atypicalities in autism (i.e. superior processing of low-level perceptual inputs, difficulty processing cognitively complex materials such as faces). We present behavioral and electrophysiological evidence from different paradigms that demonstrate that visual perception of facial stimuli in young adults with high functioning autism (HFA) is less biased by task instructions, is less finely tuned to relevant visual information, is not modulated by subjective perception in response to bistable images (i.e. can be perceived as either faces or objects), and results from locally integrated neural information as revealed by an EEG synchrony study.

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Tu-S-416
Processing emotion and gaze direction of fearful faces in children with autistic disorders
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Adults without Mental Disorders (Pourtois, 2004) and typically developed (TD) children (Hoehl, 2010) demonstrated attentional bias towards fearful faces. Threat-cued stimuli tend to capture attention more rapidly than neutral faces, thus eliciting an involuntary orienting of spatial attention towards the probe’s location. In addition to the facial cue’s emotional content recent studies (Akechi, 2010; Senju, 2008) have brought questions about the role of the gaze direction. Objectives– The present study investigated spatial orienting towards fearful faces in children with Autistic Disorder using reaction times (RTs) while controlling for gaze direction.

Methods– Following a feasibility study, eleven 6–11 year-old children with an Autistic Disorder ADOS and ADI-based diagnosis were recruited alongside with age-matched TD participants. The experiment, previously used with normal adults by Pourtois et al. (2004) and adults with High Functioning Autism (HFA) by Jemel et al. (Giraud, 2008), was adapted to include a baseline evaluation of visual attention capacities and the testing of both direct and averted gaze conditions. Each trial consisted of a 100 ms-presentation of a pair of faces (one fearful and one neutral) briefly followed by a Teddy bear unilaterally presented at the location of one of the faces. Participants were asked to press a response-key on the side of Teddy bear’s presentation. RESULTS In the Autistic Disorder group, longer RTs were significantly (P<.05) associated with the probe’s presentation at the location of the fearful face. With respect to the averted vs direct gaze issue is discussed and sometimes has also to prescribe psychotropic drugs when necessary.

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Child psychiatry in pediatric palliative care

Tu-S-414
La spécificité de la pédopsychiatrie de consultation-liaison en soins palliatifs
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Tu-S-414 bis
What is the specific child psychiatrist’s role in pediatric palliative care nowadays in France?
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The treatment of severe children’s disease has changed, cares are given faster and faster in hospitals and children who are included in palliative care programs are most of the time at home. Consequently, the role of a child psychiatrist in a palliative care team is quite different from what it was ten years ago, when the palliative pediatric team first started to work in Toulouse Children’s Hospital. He has to face “emergency situations” like unexpected death of babies and to be ready to visit the child and his family out of the hospital, at home or in a children’s hospice.

He must be able to meet the siblings before and after the bereavement. He is involved in support programs for home care teams and has to listen attentively to the other caregivers (nurses and paediatricians). However, he also has to meet young patients weekly or more during specific consultations, where the fatal issue is discussed and sometimes has also to prescribe psychotropic drugs when necessary.

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explore this territory. Qualitative, narrative data from parents and children on the liver-transplant service already supports the advantage of parents’ capacity to tolerate their own anxiety enough to be able to hold their child’s mind in their minds, including their child’s own fears of annihilation, regression, and body disintegration so as to optimize a good-enough alliance with the health-care team, improve medical compliance, a hopeful outlook, and thus more positive physical and mental health outcomes.

Discussion.– Indeed, the application of psychoanalytical principles and technique within the pediatric hospital setting is far from the practice of classical psychoanalysis on a couch in a comfortable furnished office. Nevertheless its theoretical foundation seems very helpful in dealing with complex clinical cases such as that which we have described above. It also informs and helps our reflection upon original research that delves deeper into the psychology of children and adolescents, some already at significant psychiatric risk even before their medical issues become apparent, who go on to suffer life-threatening chronic illness.

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Face processing in ASD