

in compliance with the algorithm. Treatment was done in the open label but clinical evaluation was performed blind.

Consideration.—To our knowledge, there is no study that clarified the differences of pharmacological properties of SGA among these three groups. We clarify the pharmacological characteristics of UHR and suggest therapeutic window of SGA to UHR in this study.

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We-P-3139

Joint attention intervention for young children with autism and their parents: Combined discrete trial and milieu teaching approaches

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Objective.—The purpose of the study was to develop JA intervention program for children with autism and their parents in Taiwan.

Methods.—Participants were 15 children with autism (CA = 28–56 months, MA = 14–50 months) in intervention group and 15 CA, MA, gender and SES matched children with autism in control group. The child JA intervention program was used discrete trial training and milieu teaching approaches. The JA intervention program for the parents was based on the Parent JA Intervention Manual (PJAIM). The intervention consisted of 20 sessions, each session was 60 minutes for 10 weeks. The pre-, post- and 3 months follow-up tests were: ESCS (Mundy et al., 2003), and free play of parent-child interaction.

Results.—The initial results showed significant difference in joint engagement between intervention group and control group, with intervention group yielding more supported joint engagement in parent child interaction.

Conclusions.—The initial findings revealed that the JA intervention program for young children with autism and their parents seems positive. Further studies are needed to analyze the joint attention skills and the collateral abilities and follow the long-term effects.

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Caregiver mediated joint engagement intervention for young children with autism: A case study

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Objective.—The purpose of the study was to develop a caregiver mediated joint engagement (CMJE) intervention program with complementary body play for young children with autism in Taiwan.

Methods.—Two low-to-middle functioning children with autism and their mothers were recruited. Case A was a 33-month-old girl, whose mental age (MA) was 24 months. Case B was a 44-month-old boy, whose MA was 18 months. The CMJE intervention program was based on milieu teaching approach and authors' clinical experiences about the person-person body play based on dance-movement therapy. The CMJE consisted of 20 sessions for 10 weeks and each session was 60 minutes.

Results.—The results showed that there was greater improvement for case A and B on joint engagement. In addition, there was decreased for case A and B on their autistic symptoms from ADOS.

Conclusions.—Our initial CMJE intervention for two middle-to-low functioning children with autism seems promising. Further study is needed to design a case-control study to explore the efficacy of the program in children with autism.

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Family psycho-education in early onset psychosis: Effects on relapse and on the use of clinical services after the first psychotic episode (Results derived from the PIENSA program)

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Objectives.—To examine longitudinally the effects of a psycho-educational (PE) intervention as a part of the PIENSA program (Intervention Program for Adolescent Psychosis).

Methods.—A sample of 43 adolescents with a first-psychotic episode (16.93 years) were randomly assigned to PE ($n = 21$) or to a non-structured (NS) intervention ($n = 22$). Clinical assessments were performed using the PANSS, GAF, ECF and FES at baseline, 6-months and 1-year follow-up. Number of hospitalizations (NH), days hospitalized (DH), and visits to the emergency room (ER) were recorded.

Results.—Patients on the PE group had fewer visits to the ER than the NS group at 6-months ($P = 0.019$) and 1-year follow-up ($P = 0.029$). We found no differences on the NH and DH between the PE and NS. Patients who completed the group treatment, had fewer hospitalizations ($P = 0.001$) and DH ($P = 0.024$) at six-months follow-up.

Discussion.—A structured PE group intervention helps patients and their families to manage relapse. Completing a group intervention supports the participants' clinical stability.

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Vivaldi's open drop-in clinical program for infants (from birth to 3) and their parents: Evaluation and care treatment integrated in the child psychiatric consultation

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We would like to submit a poster about an open drop-in clinical Program at the Vivaldi Parent-Infant Unit, a from birth to 3 Infant psychiatric Unit at the Pitié-Salpêtrière Hospital (Paris), a place for developmental troubles early screening, for care and for preventive actions. This open drop-in clinical Program is a unique free place where parents and their infant can meet without an appointment an interdisciplinary team (a Psychologist, an Infant Educator and two pediatric nurses). During playing times or clinical consultations, parents get answers to their questions about their infant development and their interactions. Through his therapeutic Program, the professional team in connection with child Psychiatrists can define the level of development of the infant, test an assumption of a Pervasive Developmental Disorder and care developmental troubles and parents-infant interaction troubles. Therefore, this open drop-in Program prevents the infant from other troubles (ill-treatment, developmental backwardness, severe Pervasive Developmental Disorders).

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The efficacy of an integrated treatment in comparison with treatment as usual in a group of youths with first-episode psychosis