

Introduction: We often find it challenging to manage hyperactivity, low frustration tolerance and angry outbursts in patients with ASD and comorbid ADHD. Fewer drugs are approved for these disorders and these patients are more likely to develop adverse effects.

Objectives: The aim of this case is to show how the combination of lisdexamfetamine together with guanfacine has very positive effects on anger outbursts and boundary heteroaggressiveness in patients with ASD and ADHD.

Methods: Case report and literature review

Results: This is a 14-year-old minor admitted to the psychiatric unit after physical aggression against his family due to anger after removal of video games, requiring police intervention. He has been diagnosed since he was 11 years old with ADHD and Autism Spectrum Disorder. He was being treated with methylphenidate 54 mg and aripiprazole 10 mg. Since the beginning of the admission, the following pharmacological adjustment has been made: Methylphenidate is substituted by lisdexamfetamine up to 50 mg per day. Guanfacine has been started up to 4 mg per day and the dose of aripiprazole has been maintained. The patient had no adverse effects with adequate tolerance without sedation, hyporexia or hypotension. With this adjustment, improvement was found in the levels of restlessness and hyperactivity. The patient expressed a subjective improvement in the levels of restlessness and with a notable improvement in attention in the hospital classroom. An improvement in emotional regulation was also observed, with more tolerance to the imposition of limits, without an explosion of anger in the face of any rule during admission

Conclusions: The management of hyperactivity and episodes of low frustration tolerance in patients with ASD and ADHD is complex. Many studies point out the time-limited use of some antipsychotics such as risperidone or aripiprazole. This work aims to show guanfacine in combination with lisdexamfetamine as an excellent combination for the management of agitation and rage explosion in these patients. In addition, the profile of adverse effects at metabolic level is much better than that of atypical antipsychotics.

Reference:

- Extended-Release Guanfacine for Hyperactivity in Children With Autism Spectrum Disorder. Lawrence Scahill et al. *Am J Psychiatry*. 2015 Dec.

Disclosure of Interest: None Declared

EPV0204

Motivational Interviewing Technique As a Means of Decreasing Vaccine Hesitancy in Children and Adolescents During the COVID-19 Pandemic

P. A. Bidkhanian

Psychiatry, BronxCare Health System, Bronx, United States
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Introduction: Vaccine hesitancy is a known phenomenon predating the COVID-19 pandemic. Vaccine hesitancy is a significant factor effecting the control and spread of the COVID-19 Virus. Hesitancy of parents choosing not to vaccinate their children is studied here. Also studied is the effect of a brief motivational interviewing intervention on the parent's decision to vaccinate their

child, or not. What was found was a myriad of beliefs and values in the parents, and varied reactions and outcomes in response to the motivational interviewing.

Objectives: The aim of our study is to determine whether motivational interviewing techniques can be used as an effective tool to educate patients and their families about the benefits of vaccination against COVID-19 and increase vaccinations rates. In our urban community hospital-based child and adolescent psychiatry outpatient clinic, we found a high level of vaccine hesitancy among our patient population. As motivational interviewing is an evidence-based approach to addressing ambivalence and behavior change, we sought to engage parents with this approach.

Methods: This is a quality improvement project where chart review of all pediatric patients currently enrolled in our clinic was performed to determine which patients are unvaccinated for COVID-19. Telephone contact was made to reach parents to obtain verbal consent and to deliver the intervention consisting of standardized motivational interview techniques followed by brief educational points about the vaccines. Follow up calls were made one week later to determine whether there was any change in readiness to consider vaccination on a scale from 1-10. We reached a total of 29 parents on initial outreach, and 11 parents during the follow up phase. Many were lost to follow up due to unavailability or refusal to participate further.

Results: Parents ($N = 11$, 5- African American, 6- Hispanic) reported on their decision to have their child (mean age=12.2, 55% Female) receive the covid-19 vaccine. Preliminary findings show an increase in readiness on a scale from 1-10 to receive the vaccine following a one week interval post intervention ($t(10) = 2.096$, $p = .06$), with the most common barriers that subjects endorsed being fear of side effects, skepticism regarding the speed at which the vaccines were developed, and wanting to allow their children to decide for themselves.

Conclusions: We found that there was an overall improvement in vaccine hesitancy following our intervention, though it did not cross the threshold of statistical significance. We also identified common reasons given for hesitancy within our community. Motivational interviewing is a promising intervention to address vaccine hesitancy. Further study is warranted as expanding the reach of such interventions could lead to more robust data as well as broader vaccine acceptance.

Disclosure of Interest: None Declared

EPV0205

Social and affective support network for public school students experiencing learning problems

P. M. Pacheco^{1*}, D. R. Molini-Avejonas² and M. D. S. Pacheco³

¹Speech Language Pathology, University of São Paulo, Vila Velha;

²Speech Language Pathology, University of São Paulo, São Paulo and

³Morphology, Universidade Federal do Espírito Santo, Vila Velha, Brazil

*Corresponding author.

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Introduction: Adolescence presents itself as a phase of life marked by rapid changes produced by different social contexts and in many cases, it can be configured in a stressful situation. The development of a psychosocial support network is of fundamental importance for

adolescents to cope with the pressures of life in challenging situations. Many students, especially living in poor communities, face school problems especially because the curriculum fails to provide relevant knowledge to students in a way it can be meaningful and easier to be taught by teachers and learned by students. When students fail at school usually, they tend to blame themselves and as a result they may develop anxiety, social isolation and even depression.

Objectives: Through the Bioecological Theory of Human Development, we sought to understand the psychosocial support networks of adolescents, whether or not experiencing school problems, considering this to be a challenging event.

Methods: In this research it was used the Five Fields Map, an instrument that evaluated the psychosocial support network for adolescents. The students with and without school problems filled the map in the beginning of the year and then at the end of the same year while facing a school problem as repeating the whole year because of insufficient grades.

Results: The number of relationships between students facing and not facing school problems was not different, however, failing students had fewer relationships in the school-church Mesosystem, fewer relationships in the second and third levels in the first and second moments of data collection, and more relationships in level 5 in the second moment.

	School	Home	Church	Public				
	Rel.	Factor	Rel.	spaces	Rel.	Factor	Rel.	Factor
	Factor							
Control Beginning	56	5,2	36	4,97	33	6,3	26	6,77
Control End	42	5,26	33	4,94	38	6,6	20	6,7
Total	98	5,23	69	4,97	71	6,45	46	6,74
School problem Beginning	57	5,52	39	5,36	10	6,3	15	5,26
School Problem End	45	5,4	31	5,67	10	6,3	10	5,6
Total	102	5,47	70	5,51	20	6,3	25	5,53
TOTAL	200	5,3	139	5,23	91	6,37	71	6,06

Conclusions: Both group of students showed great strength of proximity in their psychosocial support networks, indicating that it provided sufficient support so that the outcome of the failure experience was positive.

Disclosure of Interest: None Declared

EPV0206

Analysis of the individual profile of children in Autism Spectrum Disorder (ASD) and therapeutic strategies in the DIR/Floortime model

P. M. Pacheco^{1*}, P. Piacentini², M. D. S. Pacheco³ and D. R. Molini-Avejonas¹

¹Speech Language Pathology, University of São Paulo, São Paulo; ²Special Education, CDI/ICDL, Recife and ³Morphology, UFES, Vitória, Brazil

*Corresponding author.

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Introduction: Children with Autism Spectrum Disorder (ASD) have a qualitative deficit in social interaction, engagement, and behavior. The DIR/Floortime model is one of the ways of intervention and is based on the child's Functional Development, Individual differences, and Relationships. It aims to build the foundation for the social, emotional, and intellectual skills of children, instead of having the focus only on isolated behaviors. The model was developed by Stanley Greenspan and Serena Wieder in the United States and is the result of many years of observations and studies on child development since the 1950s. In the 1980s, they unified knowledge from several related studies on child development and mental health and recognized the importance of relationships and affection for learning. One of the considerations of the DIR/Floortime model on children with autism is the individual profile, that is, their individual differences (the I of the DIR). Each child has a unique way of perceiving the world (sight, sounds, touch) and responding to it. They may have difficulties in processing or responding to sensory information. Their individual differences need to be well known so that we can draw up a therapeutic plan to obtain the best developmental evolution.

Objectives: Recognize and analyze the individual differences of each child, so that the appropriate therapeutic plan can be traced for the development of their potential.

Methods: Participated in the study 63 children with ASD, 12 girls (19%) and 51 boys (81%). Global Development Assessment questionnaires were used, based on the FEDC and the FEAS scale of the DIR/Floortime.

Results: All 63 children presented sensory alterations such as proprioceptive, visual, and vestibular search or hyper-reactivity, directly impacting abilities such as visuospatial processing and motor planning. In addition, 85% of children have low body tone. Regarding the sensory need for visual search, presented by 86% of the children, as well as the vestibular (90%), a recommended therapeutic strategy is mapping the place, with fewer objects. The therapist needs to be in a fixed position and maintain a pleasant, lower tone of voice. The routine framework for motor and action planning, anticipating, and giving the necessary waiting time for the child to get organized. Motor circuits can also help to work with the tone, as well as with praxis.

Conclusions: The DIR/Floortime model aims to make the child develop the ability to interact meaningfully and connect with the outside world. The individual differences of the child need to be known so that this work can take place effectively and so that the therapist can better organize the therapy, providing the best development for the child.

Disclosure of Interest: None Declared

EPV0207

Interfaces between Biological Theory of Human Development and DIR/Floortime in the understanding and treatment of autism

P. M. Pacheco^{1*}, M. D. S. Pacheco² and D. R. Molini-Avejonas³

¹Speech Language Pathology, University of São Paulo; ²Morphology, Federal University of Espírito Santo, Vila Velha and ³Speech Language Pathology, University of São Paulo, São Paulo, Brazil

*Corresponding author.

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