

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	Factor	Factor	Factor	Factor	Factor	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

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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.

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

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