Integrated regional autism program: The IRAP multidisciplinary model

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Introduction   Receiving an autism spectrum disorder (ASD) diagnosis often is daunting for individuals and families because of the life-long difficulties with functioning, health and quality of life [1]. "Casa del Giardiniere" is the reference facility for ASD at the Local health authority. The multidisciplinary team is composed by child psychiatrist, psychiatrist, psychologist, behavior analyst, educator, speech therapists, neuropsychomotor therapist, and social worker. Following the international guidelines for the neurodevelopmental disorders, patients' age changed from 0–18-year-old to lifespan.
Objectives   This work aims to illustrate our model, resulting from the integration of family, social and health services, and school.
Methods   Data on demographic, family, and clinical factors were gathered among subjects admitted to our ASD unit along 2015. All participants underwent to the following process: diagnostic assessment, Functional assessment of speech, communication, cognitive and adjustment skills, treatment, and parent training.
Results   Data showed a general improvement of skills. The best results were achieved when a full sharing of methods and strategies in all areas of life were possible. Results will be discussed in details.
Conclusions   This model allows to realize efficient individualized treatment programs and to benefit of specific training both on intervention programs and approach with families. Furthermore, parents learn to "see" their child not only within its limits.
Disclosure of interest   The authors have not supplied their declaration of competing interest.
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Development and evaluation of a psychosocial model for children who experience trauma from low and middle-income countries

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Introduction   Despite fragmented evidence on individual interventions, good practice and child welfare programmes in low and middle-income countries (LMIC), there is no comprehensive model for early interventions, particularly for children who experience complex trauma.
Objective   The objective of the World Awareness for Children in Trauma (WACIT: www.wacit.org) is to develop an evidence-based psychosocial model for vulnerable children in low and middle-income countries with limited or no access to specialist resources.
Methods   The aim of the preliminary evaluation was to establish stakeholders' views on the extent of need, socio-cultural context, service gaps, and recommendations for improvement and creation of working partnerships. This consisted of four studies:

– 1. Participatory workshops in six countries (Turkey, Pakistan, Indonesia, Kenya, Rwanda, Brazil) with a total 250 strategic and operational stakeholders;
– 2. Quantitative evaluation in two of these countries (Turkey, 32 participants; and Brazil, 80 participants);
– 3. Interviews with 17 stakeholders from the six countries;
– 4. Focus groups with 7 children, 7 parents, 9 teachers and 11 other professionals in one country (Kenya).
Results   Findings indicated that lack of resources (funding, facilities, training and personnel), poor collaboration (between church, families, government, schools and community), impaired parenting, socio-economic challenges and limited knowledge on child mental health as key factors that impede interventions.
Conclusions   The findings have informed the next phase of the WACIT programme in developing sustainable networks, training, and culturally appropriate interventions in the participating LMIC.
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Startle habituation depends on selective attention in schizophrenia patients and cannabis users

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Introduction   Schizophrenia is associated with cannabis use and deficits in selective attention.
Objectives/aims   This study investigated these relationships using habituation of the startle reflex in schizophrenia patients relative to cannabis users during selective attentional tasks.
Methods   Participants included 12 healthy controls (CON), 16 healthy cannabis users in the last 12 months (THC), and eight schizophrenia patients (SCZ). Auditory startle reflex was recorded from orbicularis oculi muscle while participants were attending to (Attend Task) or ignoring (Ignore Task) 100 dB startling pulses. Startle habituation was measured as the absolute reduction in startle magnitude on block 2 (last nine trials) vs. block 1 (first nine trials) on each attentional task and in each group.
Results   All three groups were matched on demographics, alcohol, and caffeine consumption. ANCOVA with two within-subject factors (attention and habituation with 2 levels each), one between-subject factor (group with 3 levels), and one covariate (nicotine use which was higher in SCZ vs. CON or THC) showed a significant startle habituation with moderate to large effect sizes in all three groups on the Ignore Task (Cohen's $d = 0.67$ in CON, $d = 0.59$ in THC, $d = 0.90$ in SCZ) but not on the Attend Task. Attentional modulation of the startle reflex occurred only in CON ($d = 1.33$) and THC ($d = 1.17$), but not in SCZ.
Conclusion   Auditory startle habituation depends on selective attention but is not affected by schizophrenia or cannabis use. Deficient attentional modulation of the startle reflex suggests that a more severe deficit in selective attention occurs in schizophrenia relative to cannabis use.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

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