Theory and evidence suggest the potential value of early prodromal intervention with infants at risk of developing autism. This presentation will report on the Intervention within the British Autism Study of Infant Siblings (iBASIS) study; a targeted parent-mediated infancy intervention of this kind. We outline the theory behind the intervention and some of the basic science evidence from the British Autism Study of Infant Siblings (BASIS) that is relevant to it. Results from an initial proof of concept case series of the intervention (n = 8) will be presented, followed by details of the ongoing RCT (target n = 50) including levels of measurement ranging from parent-infant social interaction and infant atypical behavior, to infant eye-tracking, attention and cognitive tasks. **Conclusion.**—Intervention targeted for infants at risk of autism at the end of the first year is both feasible and acceptable to families. Multiple levels of measurement reflect basic science evidence on early emergent features of autistic disorder.

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**Su-S-020**

**Intervention with infants 8–10 months who are at high risk of autism**

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Paediatric healthcare professionals are frequently exposed to distressing situations involving seriously ill children, heavy workloads, resource shortages, and high expectations of themselves to care every patient. Studies show high rates of depression, anxiety, and “burn-out” in health professionals, and a corresponding negative impact on the care provided to patients and on team function when staff decompensate. Despite this, there is little in the way of robust research in this field to guide prevention and intervention with staff. This paper will briefly review the literature on preventive interventions healthcare professionals, and then describe the strategies that the Paediatric Consult Liaison Service has used to support staff in a large tertiary children’s hospital in New Zealand. The results of a staff survey exploring staff attitudes to the use of personal and team supervision within the hospital will be presented, along with discussion of the findings.

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**Identity assessment**

**Su-S-025**

**The essentials of identity – differentiating normal from pathological**

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Identity is a fundamental organizing principal that allows one to function autonomously from others, contributes to self-esteem, provides the capacity to differentiate self and other, aids in social exchanges and provides insight into the effect one has on another, while providing predictability and continuity of functioning within a person, across situations, and across time. Disturbances in identity contribute to multiple problems in functioning, including problems in school, family, and interpersonal relationships with peers and adults, and increase the risk for developing severe personality disorders. The early identification of adolescents with this risk can facilitate early intervention, clearing blockages to normal development, and treatment. A model of assessment that articulates the components of identity and differentiates normal identity crisis from the more severe identity diffusion will be described.

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**Su-S-026**

**Assessment of identity development in adolescents**

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In the revision of DSM, “identity” is integrated as a central diagnostic criterion for personality disorders (self-related personality functioning). As identity is a highly complex construct, definition and assessment should be based on a broad theoretical background. We present a genotype-oriented conceptualisation of identity to overcome shortcomings of previous instruments, mostly phenotype-oriented and limited either on healthy or on stabilised identity development. We distinguished the two higher-order areas “Continuity” (subjective emotional self-sameness and stability over time) and “Coherence” (cognitive clarity of self-definition and consistency over situations), in line with the constructs’ dichotomy in social-cognitive psychology and in the psychopathology-oriented psychodynamic descriptions of identity integration vs. diffusion. Each area is composed of three distinct aspects, covering and reassembling known subconstructs of identity used in established models from e.g. Kernberg, Westen, Fonagy,