

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 Rel.	Home Factor	Church Rel.	Public spaces Factor	Rel.	Factor	Rel.	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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EPV0207

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

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Introduction: Autism can be described as a mental disorder that displays social interactions and communication impairments as well as a restricted range of activities or interests. Since autism is different for each individual, possible treatments are challenging and should consider individual characteristics at all times. Interactions with peers, family, and teachers are challenging for those with autism as they usually lack behaviors such as eye contact, playing, and talking with other people. It is common to observe sensorial issues as hypersensitivity in these individuals. Patients may have visual, auditive, or even tactile dysfunctions.

Dir/Floortime is a comprehensive model that gives theoretical support and methodological approach to lead to development focusing on the development of individual capacities for sensorial organization, motor planning, language, and many abilities that provide a development trail that will help individuals to achieve essential milestones to infants and adolescents. The DIR/Floortime is based on the development as a lifespan event, individual differences, and relationships established with peers and any other people in the child's context.

Objectives: The aim of this study was to demonstrate that the DIR/Floortime is a comprehensive method of study and intervention since it matches all necessary characteristics to produce development.

Methods: It was performed a theoretic approach of both DIR/Floortime and Biological Theory of Human Development in search of basis in a contextualist theory to explain a practical method of intervention.

Results: Psychological theories about human development are important tools for understanding the way individuals interact with their context and produce changes in biopsychosocial characteristics. The Bioecological theory of Human Development is a contextualist theory that considers the interactions established between individuals through a model called PPCT, with their characteristics with people, objects, and symbols through interactions known as proximal processes, considered to be meaningful interactions, occurring frequently, through a long time.

Conclusions: The TBDH through the PPCT model can show that the DIR/Floortime presented itself as an efficient method for the treatment of autism since it considers the personal characteristics of the patients, especially their sensory and motor characteristics (Personal Characteristics such as Resource, Demand, and Force). This method has in significant interaction the most efficient way to produce development (equivalent to proximal Proximal Processes), takes into account the contexts where the developing individual attends, especially home, school and therapy, and has time as an essential factor for development to occur.

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EPV0208

Does Vitamin D3 supplementation improve Depression scores among rural adolescent? A Cluster Randomized control trial

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Introduction: Contemporary evidence has established that stunted vitamin D levels are associated with depression, poor mood and other mental disorders. Vitamin D supplementation might play a significant role in depression.

Objectives: To assess the role of supplementation of Vitamin D on depression scores among rural adolescents

Methods: It is a Cluster Randomized Control Trial carried out for a period of two years. 10 Government rural schools were taken as clusters and sample size was calculated using previous literature. (Libuda et al: EJM. 2020; 27:1-0) 150 was the final sample size in each group. Adolescents aged 11-18 years were included and with any pre-existing mental health illness, renal abnormalities and confirmed neurological disorders (Epilepsy) were excluded. Intervention group received 2 months of 2000 IU per day for 9 weeks and Control arm received 500 mg of Calcium and low dose (250 IU) of Vitamin D. To assess socio-demographic status a pretested semi structured questionnaire was used. To assess depression, Beck's Depression Inventory (BDI-II) was used. Venous Blood was taken by experienced lab technician and analyzed in Central Diagnostic Laboratory Services, Biochemistry Department, SDUMC, SDUAHER, Kolar, Karnataka, India. Study was started after Central ethics Committee approval. This study is intramural funded project (Rs.6,12,000/). Clinical Trials Registry number: CTRI/2021/07/034654: REF/2021/03/042355. All the data collected entered in Microsoft excel and analysed using SPSS v 22 (IBM corp, USA). Pre-intervention and post intervention difference assessed with t-test summarized as Mean and Standard deviation (SD) with statistically significant difference defined with p value less than 0.05. Both Intention-To-Treat analysis and Per Protocol analysis done and reported separately.

Distribution of adolescent school children according to sociodemographic profile	Vitamin D supplementation arm (n=235)		Calcium supplementation Arm (n=216)	
	Frequency	Percent	Frequency	Percent
Age in years	14	8	3.4	42
	15	129	54.9	143
	16	86	36.6	31
	17	12	5.1	00
Gender	Boys	124	52.8	100
	Girls	111	47.2	116
Type of Family	Nuclear	187	79.6	136
	Joint	48	20.4	80

Results:

Comparing Beck's Depression scores before and after intervention, Vitamin D arm showed statistically significant reduction in Beck's Depression scores. Intention to treat analysis showed that Vitamin D arm had statistically significant reduction in Beck's Depression scores.

Conclusions: Vitamin D supplementation had reduced Depression scores among rural adolescents significantly. Vitamin D toxicity was not noted inspite of High dose of Vitamin D supplementation

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