

Abstractbook



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Symposia

S-01

Advances and challenges of evidence-based child and adolescent mental health: Looking back, looking forward

S-01-001

Advances in diagnosis and treatment of bipolar disorder in children and adolescents: An international perspective

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Method: A selective overview of the most relevant and methodologically stringent papers will be provided. In addition, systematic-reviews and meta-analyses, when available, will be discussed.

Results: As for the diagnosis/phenomenology, there is a consensus that the accurate diagnosis of pediatric BPD can be made with implementation of unmodified DSM criteria. However, global consensus regarding the diagnosis of cyclothymia and other specified bipolar disorder (BPD Not Otherwise Specified) is still needed. In terms of treatment, meta-analytic evidence shows greater acute efficacy in the treatment of mania for several second-generation antipsychotics (SGAs) when compared with anticonvulsants and lithium. Additionally, it should be noted that psychosocial interventions are also recommended as adjunctive treatments for BPD in youth. There is also growing body of evidence regarding the pharmacotherapy of the depressed phase of bipolar illness as well as maintenance medication treatment of pediatric BPD.

Conclusion: Despite significant progress in the field of pediatric BPD over the past few years, more research is needed on the phenomenology, pathophysiology, course and treatment of this condition in youth.

Background: Over the past two decades, bipolar disorder in children/adolescent has been one of the most controversial topics in child and adolescent psychiatry. In this presentation, these controversies will be considered by reviewing the extant evidence base regarding the diagnosis, phenomenology and treatment of pediatric bipolar disorder (BPD).



S-01-002

Twenty years of research on ADHD: Achievements and future priorities

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Method: Given the large body of literature and space constraints, the review will be selective rather than systematic and comprehensive. I will rely mostly on meta-analyses, retrieved with a search in PubMed using the following syntax/terms (update: 8 August 2018): (ADHD OR Attention Deficit OR Hyperkinetic Disorder) AND (meta-analy* OR metaanaly).

Results: I will highlight:(1) the most recent changes to the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases; (2) meta-analytic evidence showing that, after accounting for diagnostic methods, the rates of ADHD are fairly consistent across Western countries; (3) the recent finding of the first genome-wide significant risk loci for ADHD; (4) the paradigm shift in the pathophysiological conceptualisation of ADHD from alterations in individual brain regions to a complex dysfunction in brain networks; (5) evidence supporting the short term efficacy of ADHD pharmacological treatments, with a different profile of efficacy and tolerability in children/adolescents versus adults; (6) a series of meta-analyses showing that, while non-pharmacological treatment may not be effective to target ADHD core symptoms, some of them effectively address ADHD-related impairments (such as oppositional behaviours for parent training and working memory deficits for cognitive training).

Conclusion: Overall, while many research questions have been answered, many others need to be addressed. Strengthening multidisciplinary collaborations, relying on large data sets in the spirit of Open Science and supporting research in less advantaged countries will be key to face the challenges ahead.

Background: I will summarise what in our view have been some the most important advances in the past two decades, in terms of diagnostic definition, epidemiology, genetics and environmental causes, neuroimaging/cognition and treatment of attention-deficit/hyperactivity disorder (ADHD)



S-01-003

Twenty years of progress in pediatric psychopharmacology: Accomplishments and unmet needs

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Objective: Pediatric psychopharmacology as a specific section of psychopharmacology is relatively recent. It was only in the late 1990s that the need for a systematic evaluation of the efficacy and safety of psychotropic medications in children emerged in the scientific community. Here, we reviewed the past two decades of research on pediatric psychopharmacology in children and adolescents and highlight future direction in the field.

Method: Randomised clinical trials that tested the treatment effects of psychotropic medication in children were searched in Pubmed. The search terms included: children and stimulants or antidepressants or antipsychotics or mood stabilizers or lithium, and meta-analysis or systematic review.

Results: A significant increase in the number and sized of controlled clinical trials occurred in the last twenty years. Available studies have been informative of the pediatric pharmacokinetics, efficacy and safety of the most commonly used psychotropics. Clinical guidelines have been published, informed in part by meta-analytic evidence. However, most clinical trials have been conducted in research settings, and this limits the generalizability of the results.

Conclusion: Although available evidence on pediatric psychopharmacology is informative on the efficacy and tolerability at the group level, additional pragmatic trials and analyses of large population trials are needed to inform daily clinical practice. Focusing on the neurobiological mechanisms of child psychopathology may lead to the identification of more precise pharmacological targets, within a developmental perspective.



S-02

The impact pragmatic randomised controlled trial of major depression in adolescents

S-02-001

Precision and prediction of outcomes following treatment for depressed adolescents

*I. Goodyer**

**Cambridge University, Psychiatry, United Kingdom*

Objective: To determine if specialist psychological treatments are more clinically effective in reducing depressive symptoms than a brief psychosocial intervention 12 months after the end of treatment in adolescents with major depression.

Method: Randomised controlled treatment trial of 465 major depression in adolescents attending adolescent mental health services.

Results: clinical effectiveness was equivalent between 3 psychological treatments of brief psychosocial intervention, cognitive behaviour therapy and short term psychoanalytic therapy. There were no predictors of treatment response or non response.

Conclusion: Better methods for revealing treatment response and non response need to be developed to aid clinical decision making. This requires a better method for determining the course of disorder following treatment and then examining for predictors, moderators and mediators on the revealed trajectories.



S-02-002

Brief psychosocial intervention for depressed adolescents (BPI)

*R. Kelvin**

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Objective: To describe and discuss the Characteristics of BPI. What is BPI and how can it help services? BPI is a synthesis of the components of good quality, personalised, collaborative routine care. It is a coherent, audit-able, manualised, structured clinical intervention. Such a formal structuring of good quality care has been lacking to date. In the IMPACT RCT it was refined to represent the reference good quality usual care condition.

Method: The RCT was a pragmatic superiority randomised controlled trial of 465 adolescents with major depression randomised to one of 3 psychological treatments: brief psychosocial intervention (BPI); cognitive behaviour therapy (CBT); short term psychoanalytic therapy (STPP). Patients were followed for one year post treatment.

Results: All three treatments were clinically and cost effectively equivalent end of treatment and end points of the study, at 36, 52 and 86 weeks.

Conclusion: BPI is a new and effective treatment to add to existing therapies for the treatment of major depression in adolescents. We suggest that BPI supports service quality improvement and safety assurance. It may also have applications beyond specialised depression care.



S-02-003

Suicide and self harm in depressed adolescents participating in a treatment trial

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Objective: Self-harm can be conceptualized as being suicidal or non-suicidal. In the ADAPT study, the strongest multivariate predictor of non-suicidal self-injury (NSSI) over 28 weeks was baseline NSSI. The main multivariate predictors of suicide attempts were baseline NSSI and poor family function. These findings were replicated in the TORDIA study. Both ADAPT and TORDIA found non-significant trends for high depression severity to predict self-harm. We aimed to investigate whether baseline self-harm and depression severity predicted self-harm in a larger sample of depressed adolescents.

Method: We tested for baseline predictors of suicidal and non-suicidal self-harm in 465 depressed adolescents over 86 weeks follow-up in the IMPACT study, using Cox regression and multiple imputation for missing data. The larger sample size and longer follow-up gave us greater statistical power than the ADAPT and TORDIA analyses.

Results: The main multivariate predictors for NSSI were baseline NSSI and high severity of depressive symptoms. The main multivariate predictor for suicide attempts was high severity of depressive symptoms.

Conclusion: Larger sample size and follow-up period are likely to make results more robust than for ADAPT. High severity of depression does predict both types of self-harm, indicating this is an important risk marker. NSSI is a strong predictor of future NSSI. However neither type of self-harm predicted suicide attempts, which was a surprising finding; that may reflect the fact that baseline measurement was lifetime, and it may be more proximal self-harm only which predicts suicide attempts.



S-02-004

The IMPACT Pragmatic Randomised Controlled Trial of major depression in adolescents: Implications for policy and practise

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Objective: There is a very large therapeutic and policy challenge ahead for adolescent mental health in the UK, as well as in other parts of the world. The potential value of a Brief Psychosocial Intervention (BPI) that may be deliverable in the community and in clinics by community and non specialist staff will be outlined and discussed.

Method: Data from UK recent sources will be presented regarding the recent surge in demand for adolescent mental health services. A 2018 UK epidemiological survey has confirmed an overall increase in prevalence of mental health disorders, and particularly high rates were found for older adolescent girls with emotional disorders. This demand for services has been accompanied by a shortfall in recruitment for psychiatrists as demonstrated by data from the Royal College of Psychiatrists (RCPsych), and other child and adolescent mental health professionals. Within this context, our earlier ADAPT trial reported that a BPI was as effective as a more specialised therapy when added to an antidepressant and this led to the development of the IMPACT BPI manual for adolescent depression.

Results: The IMPACT trial found that BPI was as clinically and cost effective as more specialised therapies and therefore has the potential to help meet the demand for first-line services. A number of government initiatives will be briefly described such as the Increasing Access to Psychological Treatment program, mental health teams for schools, and also a focus on early intervention and prevention through integrated systems (e.g. the i-Thrive model) and youth services. Various workforce initiatives have also been undertaken to meet the workforce challenge.

Conclusion: The size of the challenge requires that first-line cost-effective brief interventions such as BPI are readily available that can be delivered by non-specialist staff, reserving scarcer, more expensive resources for those adolescents where first-line treatments have failed.



S-03

Posttraumatic Stress Disorder (PTSD) and aggression: Basic research and clinical challenges

Chairpersons: J. Schwarzenberg, Austria; D. Koubek, Austria

J. Schwarzenberg*

*Medical University of Vienna, Austria

S-03-001

PTSD and Conduct Disorder (CD) from a clinical perspective

D. Koubek*

*Praxis Dr. Doris Koubek, Linz, Austria

Objective: Children and adolescents who have experienced trauma are at high risk of developing PTSD. In clinical care, this group of patients are often presented first with CD associated with severe depressive and dysphoric symptoms. It has been proven that the challenge in outpatient care is to give the right diagnosis and further to establish the appropriate treatment for this specific group of patients suffering from PTSD. This presentation will give an insight into the complex work with outpatients and their families.

Method: The current study applies an epidemiological design in a sample of 392 adolescents in outpatient care.

Results: Seventyfive percent of patients suffering from CD also displayed symptoms of traumatization or fulfilled criteria for PTSD. Diagnosing PTSD in the present sample required an extensive clinical assessment which will be described in detail.

Conclusion: Implications for clinical care are discussed and recommendations for diagnosing this vulnerable patient sample are exemplified.



S-03-002

Psychiatric profile of adolescents and young adults in prisons: Emphasis on traumatic events and substance use

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Objective: Adolescents and young adults in prisons suffer from a high risk of psychiatric disorders. In addition to the current imprisonment, many experienced traumatic events in the past and frequently engaged into substance use. Research in prisoners and in minors is restricted due to ethical reasons, resulting in a lack of valid data for this particular group, which would facilitate the implementation of therapy and treatment standards.

Method: Screening of Axis I psychiatric comorbidities, antisocial personality disorder and ADHD using standardized psychiatric interviews and questionnaires in adolescent (14–17 years) and young adult (18–26 years) inmates (Mini International Neuropsychiatric Interview, Adult ADHD self-report scale, Wender Utah Rating Scale). Forensic history and substance use was investigated using the European Addiction Severity Index including crime module and full records of prescribed medication were retrieved from inmates' files.

Results: Participants were 71 adolescents/young adults in custody (all male; age range 14.9–26.7 years; mean age 19.8 years) with a mean of 25.0 months spent in custody lifetime. Psychiatric comorbidities were highly prevalent and 25.4% of inmates suffered from current suicide risk. Abuse by a relative was experienced by 11.6% (mainly emotional and physical) and 50% experienced a traumatic event at some point in their life. Full criteria for current (last month) PTSD were met by 1.5%. For prescribed pharmacological medication, 32.5% received antipsychotics, 25.4% antidepressant and 19.7% benzodiazepines. The majority of participants reported lifetime abuse of cannabis (76.1%), followed by cocaine (39.4%) and amphetamines (28.2%), with 35.2% reported any drug use in the last 30 days.

Conclusion: Imprisoned adolescents and young adults are a highly vulnerable group with a history of traumatic experiences and substance use in many cases. Further studies are needed for the assessment of causal relationships between traumatic events, imprisonment and substance use. Moreover, the implementation of international treatment standards taking into account the specific needs of adolescents/young adult prisoners are required.



S-03-003

The impact of abuse on neural systems engaged in reactive aggression/retaliation

*J. Blair**

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Objective: Maltreatment generally and abuse in particular are linked to an increased risk for reactive aggression. Reactive aggression has been related to increased responsiveness of basic threat circuitry (amygdala-hypothalamus-periaqueductal gray), decreased frontal regulatory activity within ventromedial frontal cortex and potentially facilitatory activity within neural systems engaged in response control (dorsomedial and dorsolateral frontal and anterior insula cortices). However, previous work has not examined the extent to which maltreatment has an impact on these neural systems when they are engaged in retaliation/reactive aggression.

Method: 200 participants were recruited from the community and shortly after their arrival at a residential care facility to which they had been referred for severe behavioral and mental health problems. Participants were scanned while they performed a retaliation paradigm variant of the Ultimatum game. Participants were offered shares of money by “partners” that could be either fair (50:50 split) or various levels of unfair. Participants could choose to accept these offers or retaliate (spend their own money to take money from their partners).

Results: Increasing levels of abuse had an impact on several of the systems mediating reactive aggression/retaliation. These results will be discussed in terms of: (i) understanding why maltreatment increases the risk for aggression; and (ii) treatment targets for interventions designed to ameliorate the impact of maltreatment.



S-03-004

Defense mechanism is predicted by attachment and mediates the maladaptive influence of insecure attachment on adolescent mental health

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There is limited research exploring attachment style and defenses in adolescents. The purpose of the current research is to explore the relationship between adolescent attachment style and development of defense mechanisms, as well as attachment style and problem behaviors. A total of 1487 students from two California high-schools completed three self-report questionnaires to establish defense mechanisms, psychiatric symptoms, and attachment style. Attachment styles characterized by a positive self-image predict greater levels of mature defense mechanisms, and lower levels of immature defense mechanisms, both in the interpersonal and intrapsychic domains. Relationships between insecure attachment styles and psychopathology were mediated by greater levels of immature defense mechanisms. Disorganized attachment and trauma will be discussed in the light of defense mechanisms. The way in which one relates to others early in life may affect how one then self-regulates using defense mechanisms. These results provide initial compelling evidence that: a) attachment style is an important determinant of the type of defense mechanisms utilized by the individual to maintain psychological stability; and b) defense mechanisms serve to transmit the detrimental effects of insecure attachment style on psychological health.



S-03-005

Connectomics and cognition: Defining a subtype of PTSD

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Objective: To investigate whether leveraging individual differences in core information processing impairments associated with PTSD patients could reveal biophenotypes within the disorder that are clinically- and mechanistically-relevant.

Method: The current study applies a multimodal study design, encompassing concurrent focal non-invasive transcranial magnetic stimulation (TMS) and electroencephalography, neuropsychology, brain imaging, amongst others.

Results: We found that a subgroup of PTSD patients from two independent cohorts displayed both aberrant functional connectivity within the ventral attention network (VAN) and impaired verbal memory. This combined phenotype predicted resistance to psychotherapy, the best-validated treatment for PTSD. We then identified alterations in neural signal flow in the VAN evoked by direct stimulation of that network that were associated with these individual differences in within-VAN functional connectivity.

Conclusion: Our findings leverage objective neurobiological mechanisms to define an otherwise-latent but prognostically-relevant phenotype within the broader clinical syndrome of PTSD.



S-04

Internet and digital media in child and adolescent psychiatry: From problem to therapy

Chairpersons: M. Fuchs, Austria; O. Bilke-Hentsch, Switzerland

*M. Fuchs**

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S-04-001

Pathological internet use as an important comorbidity in child and adolescent psychiatry: Prevalence and correlation patterns in a naturalistic sample of adolescent inpatients

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Method: 111 child and adolescent psychiatry inpatients (CAP-IP, mean age years; female : male 72.4% : 27.6%) undergoing routine psychodiagnostics were screened for the presence of PIU. The widely used Compulsive Internet Use Scale (CIUS) was chosen for this purpose. Prevalence rates of PIU were then compared to matched nonreferred control subjects from a school sample. Additionally, comorbidities of inpatients with PIU were compared to inpatients without PIU.

Results: Our inpatient sample showed a much higher prevalence of PIU than that found in previous populational samples of young people. Compared with a matched school sample, addictive internet use was 7.8 times higher and problematic internet use 3.3 times higher among our adolescent sample. PIU was significantly associated with characteristic patterns of psychopathology, that is, suicidality, difficulties in establishing stable and consolidated identity, and peer victimization.

Conclusion: PIU among adolescents undergoing inpatient psychiatric treatment is much more frequent than among their peers in the general population and is associated with specific patterns of psychopathology.

Background: Few studies have examined the prevalence of problematic internet use (PIU) in young people undergoing inpatient treatment in child and adolescent psychiatry centers. The aims of our study were thus (a) to assess the frequency of comorbid PIU in a sample of adolescent psychiatric inpatients and compare it with a control group of nonreferred adolescents and (b) to gain insights into correlations between PIU and psychiatric comorbidities.



S-04-002

Problematic internet use in child- and adolescent psychiatric patients

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Objective: To investigate internet behavior in hospitalized juveniles and to outline possible links between personality traits, psychopathology and patterns of internet use and misuse.

Method: A cohort of juveniles admitted to an Austrian university inpatient clinic was tested for their internet behavior with AICA-S (Scale for the Assessment of Internet and Computer Game Addiction) and CIUS (Compulsive Internet Use Scale). Psychopathology was assessed using the Mini Kid (Mini International Neuropsychiatric Interview for children and adolescents) and the YSR (Youth Self Report). For the assessment of personality the JTCI (Junior Temperament and Character Inventory) was used.

Results: Preliminary data of a sample of 30 showed that a majority of the sample was female (73.3%). Psychopathology was highly prevalent. The most common diagnoses were lifetime major depressive disorder (70%), dysthymia (70%) and panic disorder (70%). Mean internet behavior variables ranged from 0.57 ± 1.073 to 2.77 ± 1.695 in the AICA and 1.70 ± 0.915 and 3.43 ± 1.165 in the CIUS.

Conclusion: Problematic internet behavior might be another expression of severe psychopathology or serves as a compensatory mechanism when other levels of functioning are severely affected. Preliminary results point in that direction. Further analyses are needed.



S-04-003

Online peer victimization: Results from a school and clinical survey

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Objective: The aim of the study is to demonstrate the prevalence of online peer victimisation in healthy children and adolescents (n=800) in comparison to psychiatric inpatients at the child and adolescent psychiatry. Furthermore we investigate relations between online peer victimisation, sociodemographic and psychopathological variables.

Method: The survey was conducted at five schools and at the child and adolescent psychiatry in the Tyrol. A total number of 800 pupils, and at that time, 40 inpatients completed the study. Online Peer victimisation was measured with the German version of the Multidimensional offline and online peer victimisation scale, psychopathological variables with the Strength and difficulties questionnaire.

Results: Our preliminary results show a high prevalence of peer victimisation in children and adolescent. Although cases of indirect online peer victimisation are least frequent, victims are most severely affected by decreased well-being.

Conclusion: A significant number of adolescent in our sample experienced peer victimisation and associated psychological strains. This should especially be considered in child and adolescent anamnesis.



S-04-004

Technology- and media based interventions in severe cases of adolescent IGD and MUD

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Method: Brand et al. (2016) recently proposed a model of pathological media and internet use, which will be very useful top plan interventions. A working group consisting of neuropsychologists, clinical psychologists, pedagogic experts, a professional game–tester, and developmental psychiatrists developed the SOMOSA MediaLabR concept. It includes in-depth neuropsychological testing, cognitive remediation, a real-life office simulation setting, a set of individually tailored computer games, creative software programs, a high-end music recording and producing facility, and the possibility to optimize and critically reflect the social media behavior of the patients.

Results: The first phase of the implementation of the SOMOSA MediaLabR program integrated patients with ASS, PTSD, and hyper-impulsivity due to ADHD or dissocial developments. The modular concept and the individualized set of methods of DITs provided a well-accepted and personalized approach. The adolescents were in very close cooperation with the professional team to ameliorate the concept. Motivational aspects played a key role in adherence to the tight schedule and multiple demands of the MediaLab-programme.

Conclusion: As adolescents with severe and comorbid mental disorders show specific problems in age- and content- adequate usage of electronic media, we advocate an intensified integration of DITs in inpatient therapeutic institutions for children and adolescents. The SOMOSA MediaLabR concept might constitute a promising first step towards the integration of DITs in multisystemic therapy in this age group.

Background: Since 1995 the impact of digital interactive technologies (DITs) on personal and professional life has increased exponentially. In the near future, body-attached devices will constantly provide the user with data of the world around and within him. Innovative DITs seem to offer endless possibilities. However, they also influence the manifestation and course of mental illnesses and cause specific disorders.



S-04-005

Virtual reality interventions in child and adolescent psychiatry: Recent developments and future challenges

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Method: Research regarding the importance of presence as important factor for VR treatment and problems of health professionals with VR health technology will be discussed. Furthermore, two game-based VR treatments for children and adolescents will be presented: (1) the concept and first results of a VR-based cognitive training for children and adolescents with ADHD as well as (2) the concept and first experiences concerning a VR-biofeedback for adolescents with stress-related disorders.

Results: Alongside the positive effects of VR, game-based VR-therapy in children and adolescents with ADHD show a significant reduction of symptom severity. But, there are still barriers (e.g. acceptance, usability, costs) to include VR therapy in clinical practice.

Conclusion: Indeed, research indicates VR will be an important approach in treating mental disorders of children and adolescents, but nevertheless there are still many challenges using VR in therapy regarding usability, developmental costs, as well as a rapidly growing field of Information and Communication technology.

Background: The last two decades showed a rapid increase of research regarding Virtual Reality (VR) in the assessment and treatment of mental health disorders. There is plenty of research providing evidence of VR as effective enhancement of traditional therapy (e.g. exposure therapy, pain therapy). VR provides authentic settings, with a higher degree of control. Moreover, newer developments allow including game-based narratives and moving VR treatments forward to a more complex and holistic method in therapy.



S-05

Neural correlates of cognitive control impairment in high-risk youth

Chairpersons: A. Belger, USA; C. Piguet, Switzerland

*A. Belger**

**University of North Carolina, Psychiatry, Chapel Hill, USA*

S-05-001

Gaze and working memory processing in offspring of bipolar and borderline parents revealed by electrical neuroimaging

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Method: In order to look at the different chronological steps of face processing, we used high density EEG, and a validated a delayed face matching task, where faces with direct and averted gaze were presented (Berchio et al., 2016). This paradigm has been used to collect data in three high-risk groups: offspring of bipolar (BD) (age range: 15-25), borderline personality disorder (BPD) (age range: 15-25), and ADHD (age range: 15-25) parents.

Results: To disambiguate between genetic risk factors, we compared BD, BPD, and ADHD offspring. The P200 component, which is implicated in eye-gaze cues decoding, differentiated high-risk groups from age-matched controls. Preliminary data indicated that risk for BD is associated with enhanced visual responses to faces, and overall risk for emotional dysregulation to P200 abnormalities. Interestingly, ADHD offspring showed reduced P200 amplitudes in response to averted gaze. Electrical neuro-imaging offered some insights into how the social brain's development is altered in at high-risk offspring relative to individuals who have no family history of emotional-related disorders.

Conclusion: This study sheds new light on the neurobiology of social cognition in affective disorders, and suggests the P200 component as a physiological vulnerability marker of emotional dysregulation.

Background: Despite increasing interest in how abnormalities of the social brain lead to the emergence of emotional dysregulation disorders, current studies have been limited in several aspects. Here, we seek to delineate brain network abnormalities in eye-gaze processing of youth who have a familial risk for psychopathology.



S-05-002

Children at risk for eating disorders: Understanding endophenotypes, a pilot study

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Method: We assessed a total of 17 girls between the ages of 8 and 15 whose mothers had and ED at some point in their life, and 29 age-matched girls of mothers who had never had a psychiatric illness. Girls performed a battery of neuropsychological tests from the CANTAB battery and underwent a brain MRI.

Results: Children at high risk for ED performed significantly worse on a spatial working memory and attention task compared to controls. Differences in Grey matter volumes were also identified across groups. Increased GM volume in the amygdala and caudate in children at high-risk for ED were identified compared to children of HC mothers.

Conclusion: Although preliminary, these findings have allowed us to start understanding possible brain and neuropsychological characteristics that might predispose young people to developing an ED. We are extending this pilot work in a larger study.

Background: Eating Disorders (ED) have the highest mortality rates of any other psychiatric disorder, however, unlike in other disorders, there has not been much research into specific vulnerabilities for their development. In the last decades, there have been advances in our understanding of the neuropsychological and brain characteristics present in ED. First-degree relatives have a higher risk of developing the disorder and might present similar neuropsychological and brain characteristics (possibly endophenotypes) as sufferers. One way of understanding these endophenotypes is to study children of parents with ED who do not have symptoms.



S-05-003

Psychosocial stress and emotion regulation in unaffected bipolar offspring

*C. Piguet**

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Method: Twenty-two remitted patients, 18 healthy offspring and their respective matched healthy controls underwent an adapted version of the MIST task while brain activity was registered in a functional MRI. The task consisted of mental calculations in a given time frame followed by a positive or negative social feedback and resting periods of 90sec in order to address recovery from stress. A PPI approach was used to explore connectivity patterns of frontal gyrus, cingulate cortex and amygdala across conditions.

Results: In healthy offspring, a pattern similar to the one encountered in patients was observed, with amygdala being more active after a negative (vs positive) feedback as compared to healthy controls and such activity strongly correlated with dmPFC during social feedback. However, during recovery from negative feedback and concomitantly with amygdala hyperactivity, offspring showed also higher middle cingulate activity. This activity was strongly connected with other regulatory areas such as anterior and posterior cingulate, and was found to correlate with adaptive regulation strategies in healthy bipolar offspring.

Conclusion: Altogether these results suggest heightened limbic sensitivity in response to a social stressor in both bipolar patients and healthy bipolar offspring. While in patients such activity was linked to dmPFC and anxiety levels, in offspring, parallel activity in cingulate cortices was related to adaptive regulation strategies, suggesting both vulnerability and resilience signs in healthy high-risk populations.

Background: Emotional dysregulation is a core feature of many psychiatric disorders, including bipolar disorder, and a prominent risk factor for mood disorders in bipolar offspring. We here investigated the dynamics of the cortico-limbic network underlying emotion regulation during and after a social stressor in both remitted bipolar patients and healthy bipolar offspring, in order to determine components of this network that underlie vulnerability or resilience in high risk populations.



S-05-004

Multimodal imaging of stress effects on working memory capacity in adolescents at risk

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Method: Sixty-five participants (aged 9-16) underwent functional imaging and EEG recordings during a working memory task (0-, 1-, and 2-back) before and after psychosocial stress test. FMRI data was analyzed using FSL. EEG data was recorded using Biosemi Active 2 64 channel and analyzed using EEGLAB and custom Matlab scripts

Results: Neuroimaging results revealed (1) A significant ($p < .01$ corrected) reduction in prefrontal activation during working memory following stress exposure, coupled with a significant ($p < .01$) increase in posterior occipital activation. (2) Reduced prefrontal activation in the 2-back relative to 1-back condition following stress. (3) Children at high-risk for psychosis (ADHD/ANXIETY/or familial-high risk) showed increased sensitivity to this stress effect ($p < .01$). EEG results indicated that (1) stress interacts with WM load and influences differ in those at HR: Neural oscillatory signals at Θ activity, bands were disrupted by stress ($p < .01$), (2) Increases frontal Θ post-stress in 2-back WM load, decreased frontal Θ post-stress in 1-back.; controls showed increased activity in Θ and α with increased load, while HR showed decreased theta activity with increased load. Combined FIT analyses indicated that when controlling for the impact of cognitive disorganization, anxiety was significantly related to the neural circuitry stress-related changes ($\beta = -0.30$, $p = 0.04$).

Conclusion: Stress exacerbated imaging and EEG measures of WM, highlighting its influential role in at-risk group and in this age window. Thus, aberrant stress response and recovery may procure unique vulnerabilities for the development of psychotic disorders in adolescents.

Background: Psychosocial stress is a key trigger for neuropsychiatric disorders in adolescence. Prefrontal neural networks that regulate the stress response are unique targets for stress-induced modulation of adolescent brain and cognition. We examined the impact of acute stress on neural networks responsible for working memory in adolescents at risk for complex psychosis (HR).



S-05-005

Cognitive control, motor development and neuroimaging in children with parents with schizophrenia and bipolar disorder

*K. J. von Plessen**

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Method: In this presentation we will start out by presenting the literature examining young (<23 years) first-degree relatives (FDR) of individuals with schizophrenia and individuals with bipolar disorder with respect to motor and cognitive development, using EEG and functional MRI. The existing studies can be classified with respect to their tasks during the functional MRI, spanning from simple tasks requiring cognitive control, working memory, verbal decision task to tasks requiring higher order functions, such as emotional perception, motivation and social cognition.

Results: First, we will review the existing literature, while focusing on tasks involving cognitive control and self-regulation in those young individuals at risk by discussing the overall findings for these studies that largely identify consistent findings between individuals with the manifest disorder and individuals at risk. Secondly, we will make the point to include measures of cognitive control to map activation during self-regulation, more specific the process of error-monitoring and subsequent behavioural adaptation in this population. Furthermore, the use of Diffusion Tensor Imaging (DTI), as well as functional MRI at resting state and EEG will allow for studying connectivity in the brain across multiple modalities.

Conclusion: Neurobiological outcomes may be analysed together with protective and with risk factors, such as environmental exposures through pregnancy, perinatal period and childhood, familial risk status and severity of parental mental disorders, as well as polygenic risk scores for schizophrenia and bipolar disorder.

Background: The overall objective of the presentation is to discuss approaches to study underlying neurobiology within the concept of endophenotypes in young individuals at high genetic risk for developing severe mental disorders. Using a strategy of “enriched recruitment” in several large studies will further shed light on the specific behavioural and neurobiological profile, focusing on the tight interrelatedness of motor-and cognitive development within a context of self-regulation and resilience.



S-06

Technology for youth mental health: Involving users, opportunities and ethical implications

Chairpersons: T. Akkaya-Kalayci, Austria; G. Fitzpatrick, Austria

*T. Akkaya-Kalayci**

**Medical University of Vienna, Child and Adolescent, Psychiatry, Austria*

S-06-001

A Survey of Online Help-seeking in Young People

*C. Pretorius**

**University College Dublin, School of Information and, Communication Studies, Ireland*

Method: This study made use of an anonymous online survey. Young people aged 18–25 (N= 1308) living in Ireland participated in the online survey and were recruited through the use of social media ads on Twitter and Facebook.

Results: The largely undergraduate sample (60.5%) identified a number of concerns for which they had sought help and information for online. Areas that caused great personal or emotional concern include school or college, exams and body image. Young people were also using the internet to help to find help for these concerns. Young people indicated that they were most likely to use their mobile phones to look for help and information online for personal and emotional concerns. Many had looked online for more information about their own concerns, however many of them had also used the internet to look for help for a family member or friend. Young people deemed online resources to be credible if they were endorsed by the health service and/or their college.

Conclusion: The present research suggests that there is a need for online resources to cater for mobile users; providing information that is age-appropriate and relevant to the challenges young people face in their current life stage. Online resources need to consider how they can better facilitate the help-seeking of young people on behalf of their loved ones.

Background: Young people frequently make use of the Internet as part of their day-to-day activities and this has extended to their help-seeking behaviour. Online help-seeking may offer an additional domain where young people can seek help for mental health difficulties. The use of technology can play a major role in the provision of information, support and services for young people experiencing personal and emotional concerns. This was an exploratory study which aimed to investigate the online help-seeking behaviours and preferences of young people.



S-06-002

Applying qualitative synthesis methodology to understand the experiences of children using technology-assisted mental health interventions

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Method: This study applied systematic reviewing method of qualitative synthesis – devised by Thomas & Harden (2008).

Results: Overall, 14 diverse studies were included. There were 5 key emerging themes: the helpfulness of cCBT for children, the therapeutic process within cCBT for children, the transferability of cCBT, the cCBT gameplay experience, and the limitations of cCBT for children. Significantly, children reported that cCBT was helpful for their mental or physical difficulties and the supporting quotation was illustrative of notable therapeutic and gameplay experiences.

Conclusion: These findings underscore the utility of cCBT interventions for a range of mental and physical difficulties for children. Importantly, all data were directly from the experiences reported by children. Additionally, there were interesting considerations indicated by children with respect to the gameplay experience and transferability of cCBT that can help this multidisciplinary field consider future iterations of cCBT. (Note: At the time of writing, this research is being prepared for submission to the Journal of Medical Internet Research (JMIR)).

Background: Qualitative methodologies are an integral part of digital child mental health research, where service user perspectives are increasingly influencing both research and policy. The 'voice' of the child user is required when designing, implementing, and evaluating digital interventions. Accordingly, this study describes the use of qualitative synthesis to describe the experiences of children using computerised cognitive behavioural therapy (cCBT) for any mental or physical issue.



S-06-003

Digital support for young people who engage in self-harm: The users' perspective

*A. Cus**

**Medical University of Vienna, Department of Child and Adolescent Psychiatry, Austria*

Method: This on-going qualitative study employs semi-structured interviews with patients presenting to mental health services due to self-harm. Eligible are patients aged 12-18 years who reported more than five episodes of self-harm in the past year. The data is analysed using the thematic analysis approach.

Results: Nine interviews have been conducted thus far. Preliminary results show that some young people have had experiences with seeking help online and found it partially helpful. This study shows that the available tools could be improved by considering the individuality of patients' needs and expectations. Further, while many patients expressed interest in using mobile applications to manage self-harm, the most common motivation to use online support is the perception of digital resources as being effective and experiencing mood improvements after using them.

Conclusion: The study shows that future intervention developments should include target users' perspective in the development of mental health interventions to better respond to their needs and preferences, and to ensure user engagement with developed interventions.

Background: Self-harm is an important adolescent mental health problem. Lately, there has been an increase in promising online mental health interventions; however, few studies have included the perspectives of people intending to use them. On the other hand, patient participation has been recognized as an important factor for increasing engagement with digital tools. Therefore, further research about patients' perspectives is a crucial gap that needs attention. Accordingly, this study aims to identify (1) whether young people use technology-enabled support to reduce their self-harming behaviour and (2) what technology-enabled solutions they wish to have available when they feel the urge to self-harm.



S-06-004

EDA, a mobile intervention to improve emotion regulation in children and adolescence – outcomes of a feasibility trial

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Objective: Most mental health disorders, including depression, substance abuse, eating disorders and anxiety have their onset during adolescence. It has been argued that this peak in psychopathological symptoms is a result of developmental changes, which hamper emotion regulation (ER). The transition from late childhood to early adolescence is a critical period to target ER and prevent the development of more severe mental disorders. The present study evaluates the feasibility and effectiveness of a digital, classroom-based ER intervention developed for and by young people.

Method: Intervention components derived from co-design workshops and various evidence-based methods from existing therapies, including cognitive-behavioural therapy and dialectic-behavioural therapy. In total 4 primary schools in the London area participate in the trial (n=320). All children between the ages of 10-12 are eligible to take part. The intervention, is used for 3 months on tablets located in the classroom. Outcomes are measured via self-report questionnaires and short interviews.

Results: Children could identify with the content of the psychoeducational animations and found the exercises on the app engaging. Further insights regarding the development of digital interventions are presented, as well as outcomes from the trial regarding user acceptability barriers and facilitators of digital interventions in the classroom setting (child and teacher perspectives).

Conclusion: This study provides important information about the feasibility and effectiveness of a digital mental health intervention for young people and informs a future RCT.



S-06-005

Using computer games to support adolescent mental health interventions: Lessons from a deployment study

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**University College Dublin, School of Information and, Communication Studies, Ireland*

Method: Pesky gNATs has been made available to therapists through a not-for-profit organisation. After one year, we collected data from therapists who have used the game, using an online survey and follow-up semi-structured interviews. The data collection addressed the expectations and experiences of both therapists and young people and also sought opinions on key themes including the flexibility of the technology and attitudes towards user-generated versus automated adaptations in future versions. We used thematic analysis to identify key themes in the data.

Results: 21 therapists completed the online survey and five therapists participated in the follow-up interview. Confirming previous assessments, data suggests that the game can be helpful in delivering therapy and that the young people generally liked the approach. However, therapists shared diverse opinions regarding the young people for whom they deem the game appropriate. Three themes were identified: 1) stages of use; 2) impact on the delivery of therapy; 3) further developments. We discuss therapists' reflections on the game regarding their work practices and consider the question of customisation, including the delicate balance of adaptable interaction versus the need for fidelity to a therapeutic model.

Conclusion: This research provides further evidence that therapeutic games can be helpful in the delivery of therapy. However, therapists' autonomy and decisions on when, with who and how to use technology varies strongly. This needs to be considered when designing technologies. This work has been submitted to JMIR Mental Health

Background: Research has highlighted the natural uptake as a barrier that limits the impact of technology that supports mental health interventions. Despite increasing evidence regarding the efficacy of computerised interventions, there is also increasing evidence that technologies are not succeeding as expected when deployed in real-world settings. We describe the results of a naturalistic deployment of Pesky gNATs, a computer game designed to support Cognitive Behavioural Therapy (CBT) interventions for young people experiencing anxiety or low mood.



S-06-006

Exploring the use of technology for supporting resilience in unaccompanied migrant youth

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Method: We interviewed experts, young people and informal caregivers and combined the results of our thematic analysis with the findings of a review of current evidence-based approaches for promoting resilience in unaccompanied migrant youth.

Results: The results indicated the importance of the relationship between the young person and informal caregivers, and the need of supporting these informal caregivers (who are non-mental health professionals) to help them promote resilience skills in their mentee. We identified mental health interventions that were offered by experts, but also by the informal caregivers.

Conclusion: Technology could assist informal caregivers with the facilitation of mental health interventions for unaccompanied migrant youth. For example, teaching informal caregivers to understand the behavior of the young person and providing informal caregivers with the tools to help the young person to improve their daily routines (for example, sleep hygiene). Therefore, resilience-promoting mental health interventions could be embedded into the everyday life of unaccompanied migrant youth.

Background: In our study, we investigated the potential role for technology in promoting resilience in unaccompanied migrant youth – a uniquely challenging and under-researched population. In order to design effective technology that provides appropriate support, we need to further understand how the current support structure functions, how resilience manifests, and what the current challenges are.



S-06-007

Indicators for strategies and challenges of youth mental health support interpreted as mental health technology design challenges

T. Michel

Technical University, of Vienna, Austria

Method: Semi-structured interviews with mental health practitioners in Austria and the United Kingdom were conducted with the goal of identifying shared strategies and challenges when promoting youth mental health. The interviews were evaluated using Thematic Analysis, and subsequently juxtaposed with relevant literature.

Results: We found indicators for consistent strategies and challenges relating to mental health promotion in young people across Austria and the UK, different mental health professions, different paradigms of care, for different ages, and for different types of young people, which could be linked back to relevant literature.

Conclusion: It may be possible to support a wide range of mental health promotion efforts by focusing on mental health technology to address these consistently applied strategies and challenges.

Background: Young people suffer the highest risk of mental health problems, while also being least likely to receive mental health support. Modern technologies may be used to more effectively deliver preventive youth mental health interventions, specifically to improve wellbeing and enable flourishing. However, facilitating this is predicated on understanding current best-practice activities – both theoretical and embedded in practice - through the lens of human-computer interaction research.



S-06-008

Using mobile sensing to collect and classify cognitive and behavioral data in bipolar and depressed patients

*P. Hafiz**

Technical University of, Denmark (DTU), Copenhagen, Denmark

Method: We conducted a literature review to identify existing platforms and are in the process of developing mobile sensing platforms for the assessment of cognitive impairment on younger patients.

Results: We identified that working memory, verbal memory, psychomotor speed, executive function, and attention are key cognitive functions. We also identified that it is possible to measure them using the platform we are developing. To date, some applications have been deployed, but there are still gaps to be explored, such as the application of gold-standard neurocognitive tests and passive-sensing to identify potential mental health issues.

Conclusion: Digital technologies can add great value to the diagnosis and treatment of mental disorders, as they are easy to access by younger users and the extraction for cognitive and behaviour features is technically feasible.

Background: The collection of behavioural and cognitive data using mobile sensing allows the pervasive monitoring of patients and paves the way for the early detection of their mental disorder by psychologists and psychiatrists. This is especially relevant in the case of children and adolescents, who are enthusiastic users of mobile devices. Our goal is to investigate how tests and ubiquitous passively-sensed data could be used for the assessment of behavioural and cognitive features in young users.



S-06-009

Power up for parents: Developing a digital intervention to promote shared decision making in child and adolescent mental health services

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¹University College London, United Kingdom

Method: In collaboration with parents, clinicians and an app development company, we designed an innovative mobile application called Power Up for Parents to encourage and support parents to be more involved in their child's care and treatment decisions. The development process involved reviewing the literature, patient and public involvement sessions with parents, interviews with clinicians, and followed the guidelines for developing and evaluating patient decision aids.

Results: This talk will present 1) findings from the literature reviews, 2) the development and design process, including key learnings and challenges, 3) key features of the app including a demonstration, and 4) evaluation and dissemination plans with preliminary findings.

Conclusion: The findings from using this approach to designing and developing an evidence-based mobile application, for use by parents, to promote shared decision-making in CAMHS can have implications for practitioners, policy-makers and researchers. Preliminary user feedback and the involvement of parents throughout the process can also provide some valuable insight.

Background: Parents and primary caregivers involvement in CAMHS is crucial given that parents often serve as gatekeepers to their children's mental health care and treatment. Research highlights that caregivers' involvement in services has been linked to improvements in child health outcomes. However, mental health care and treatment decisions for children and young people (YP) can be challenging. Although shared decision-making is viewed as a best practice, more work needs to be done to facilitate this process.



S-07

Adolescents' experiences: Mixing qualitative and quantitative design to encompass the complexity of care and suffering (AEPEA Symposium)

Chairpersons: B. Golse, France; P. Fourneret, France

B. Golse*

**Université Paris Descartes, Sorbonne Paris Cité, France*

S-07-001

The lived experience of first episode psychosis among patients and their families: A metasynthesis

J. Sibeoni*

**Psychiatrie de l'adolescent, Argenteuil Hospital Center, ECSTRRA Team, UMR 1153, France*

Method: This metasynthesis follows thematic synthesis procedures. Four databases were systematically searched for qualitative studies reporting first episode psychosis from the patient or family's perspective. Article quality was assessed with the Critical Appraisal Skills Program. Thematic analysis was used to identify key themes and synthesize them.

Results: 39 articles were included, covering data from 505 participants (337 patients and 168 relatives). Four themes emerged from the analysis: (1) lived experience of psychotic symptoms: a curious absence, (2) A confusing experience: between continuity and rupture, (3) a contrasted experience and (4) to give a meaning to this experience.

Conclusion: Our results found important discrepancies between patient's and family's experience, especially regarding positive aspects. In light of the confusing experience found in our results, we will also discuss the rightness of the term First episode psychosis.

Background: For the past twenty years, the prodromal and early stages of schizophrenia have been of increasing interest. Specific interventions and programs have been developed around the first episode psychosis (FEP). There is also an increasing literature on the latter, reporting both quantitative and qualitative studies. Qualitative studies appear to us particularly relevant in this context, focusing as they do on the views of the patients and their families of how they experienced this first episode psychosis. The aim of our study was to explore the lived experience of FEP from the point of view of patients and families, by applying a metasynthesis approach, including a systematic literature review and analysis of the qualitative studies.



S-07-002

School refusal: Burn out of presenting oneself in everyday life

*L. Benoit**

**Maison de Solenn, APHP, CESP INSERM 1178, Université Paris Descartes, France*

Method: More than 50 in-depth interviews with teenagers and their parents were recorded and transcribed. The qualitative analysis was carried by two researchers, using the Grounded Theory methodology.

Results: If school refusal appears as an immediate shift, it answers to a process of long duration. For some students, struggling to attend school from day to day required a consuming work: the presentation of self in public, self-awareness and emotional work towards peers. Meanwhile these feelings failed to be embodied and their belonging to the school social network appeared artificial to these teenagers. After refusing school, the participants described their relief. They started a pathway in deconstructing and reconstructing their socialization and self, from “as-if” relationships to more authentic ones.

Conclusion: Medical diagnoses that had been made for these teenagers (depression, autism spectrum disorder, suicidal risk, high IQ) and several therapeutic options (CBT, group therapy) are discussed and enlighten by this sociology of identity.

Background: School refusal is an increasingly common motive for consultation in child psychiatry. According to the psychiatrists, situations leading to school refusal are extremely diverse, from anxiety feelings in the classroom to severe psychiatric disorders, and may lead children to miss school occasionally or to give up their studies. This sociological study describes the career of teenagers who receive psychiatric care because they refuse to go to school.



S-07-003

**How child & adolescent mental health professionals investigate child sexual abuse:
A systematic review of the qualitative literature**

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Objective: The immediate and long-term consequences of children's exposure to complex trauma such as sexual abuse are well-known. Sexual abuse would impact the development of the child with a higher risk for additional trauma exposure and cumulative impairment, especially psychiatric and addictive disorders. To identify and to disclose such abuse is therefore a major challenge for healthcare providers in general, child & adolescents mental health professionals in particular. Qualitative studies are relevant in this context, focusing as they do on the views of the stakeholders –children, relatives, professionals- of how they experienced such investigation and disclosure. The aim of the study we will present is to address the question of how child and adolescents mental health professionals investigate child sexual abuse by exploring the views of all stakeholders through a systematic review of the qualitative literature

Method: Four databases will be systematically searched for qualitative studies concerning sexual abuse and mental health.

Results: The analysis of the articles included in this review will directly address the lived experience, facilitators and obstacles concerning the professionals' investigation of a child sexual abuse among patients.

Conclusion: The results of this review will give us a better understanding of what is at stakes around investigation and disclosure of child sexual abuse in the field of child and adolescent psychiatry.



S-07-004

Narratives of unaccompanied minors and improvement in their social care

*S. Minassian**

**Maison de Solenn, APHP, CESP INSERM 1178, Paris, France*

Method: The presentation will focus on follow-up research conducted by the action-research group NAMIE (Nouvel Accueil Mineurs Isolés Étrangers), at the Cochin Hospital from 2012 to 2016. The presentation will focus on the UAMs' perspective of time and on a narrative analysis of qualitative interviews conducted with them at the beginning and the end of the process. A transversal secondary study to underline the differences among the UAMs' population will also be detailed: the various levels of psychological distress and different sociological profiles and experiences).

Results: Unaccompanied minors who reported high levels of psychological distress presented fragmented narratives (structure) and a temporal discontinuity with a dominance of temporal elements from an untold past. Those who reported low levels of psychological distress also had fragmented narratives at the beginning of the therapeutic process, but progressively reintegrated those fragments in a temporal continuity (the dominant elements of the past are recaptured and reconnected with the present and the future).

Conclusion: In the NAMIE clinical setting, we allow patients to talk about traditional cultural meanings and their experiences of rupture and identity construction in a context of war or conflict. The minor's resources and coping strategies are considered. Finally, we assist them in their ability to produce an inclusive narrative of a culturally mixed adolescence. This transcultural approach appears to be a relevant framework to re-activate identity construction processes.

Background: In France, the number of unaccompanied minors (UAM) has significantly increased recently leading to challenges for child protection social services to provide them with adequate care (10% of children supported by these services are UAM). Child protection social workers document the difficulties they face in trying to meet targeted needs such as proper healthcare for somatic diseases or injuries and mental health and psychiatric care. Our objective was to better understand the difficulties encountered in taking care of UAM in the context of child protection social services.



S-07-005

EDPT Ados: A qualitative and quantitative assessment of transcultural psychotherapy in migrant adolescents treated for a depressive disorder

*J. Lachal**

**Maison de Solenn, APHP, CESP INSERM 1178, Université Paris Descartes, France*

Method: We will present the protocol of a mixed study designed to assess the efficacy and acceptability of transcultural psychotherapy for the treatment of depression in first or second generation of migration children and adolescents.

Results: The quantitative component will be an open randomized control trial assessing the percentage of patients in remission at 28 weeks after the start of transcultural psychotherapy versus usual care. The qualitative component will lay on phenomenological analysis to explore the perceived efficacy and acceptability of transcultural care, as well as therapeutic processes that enabled the improvement of patients. Families, as well as therapists will be interviewed.

Conclusion: We will insist on how quantitative and qualitative components are combining to improve the quality and complexity of the results.

Background: The symptomatic and clinical expression of psychiatric disorders in children and adolescents is strongly influenced by the cultural setting they are growing up in. These cultural variations complicate psychiatric care, especially for the children with a migrant background, for whom appropriate care must be designed. Transcultural psychotherapy is an original psychotherapeutic technique developed to meet these specific requirements in France and in different European and American countries. Transcultural psychotherapy proved its clinical relevance many times but neither its efficacy nor its acceptability have been studied until now.



S-08

WAIMH Invited Symposium:

Premature babies at the NICU: The interface between pediatrics and infant psychiatry

Chairpersons: M. Keren, Israel; K. Puura, Finland

M. Keren*

**World Association for Infant Mental Health, Tampere, Israel*

S-08-001

Co-creation of family centered care for neonatal intensive care unit of Tampere University Hospital

K. Puura*

**Tampere University Hospital, Finland*

Objective: In neonatal intensive care units (NICU) parents are encouraged to spend as much time as they can with their infant. For the staff this means being in interaction with the parents throughout most of the work shift, which can be stressful at times. The aim of this project was to co-create a model for family centered care that would help both families and staff.

Method: Child psychiatrist specialized in infant mental health had two discussions with the head nurse and a nurse from the NICU. In the discussions a half day workshop was developed to help the staff with three questions: 1) how parents of premature babies react and behave in their distress, 2) how to cope with parental distress in a helpful way, and 3) how to recognize families who will need intensive support after the NICU treatment. Each of the questions was addressed in a socratic seminar. The workshop was repeated six times to include the multiprofessional staff of neonatologists, psychologist, social worker and nurses.

Results: The participants identified different types of parental distress reactions ranging from withdrawal to hostility. Becoming aware of the distress reactions helped them come up with ways of dealing with the parents. Working together as a group and sharing their joint knowledge empowered the staff and made them feel that their needs and difficulties became heard.

Conclusion: Involving the NICU staff in the creation of family centered treatment model increased their understanding of the parents' behaviour and their commitment to their "own model". The project will continue with planning on further training needed in promoting good parent-infant interaction.



S-08-002

Detecting at risk mother-infants dyads at the NICU

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**World Association for Infant Mental Health, Tampere, Israel*

Method: The link between 47 mothers' narrative regarding stay at the NICU and the quality of their interaction with their very low birth weight (<1650 gr) premature singletons was assessed prior to discharge. Maternal representations were assessed with the CLinical Interview for high-risk Parents of premature babies (CLIP), a semi-structured interview that explores mothers' experiences of the pregnancy, delivery, hospitalization period, thoughts and feelings about the infant. Ten minutes of mother-infant interaction was videotaped, and global and micro-analytic codes were used to define three interactive variables: maternal adaptation, maternal touch, and infant withdrawal.

Results: Mothers with positive representations had more optimal interactions with their preemie than mothers with negative representations. Maternal adaptation to the infant's signal and maternal positive touch were each uniquely predicted by the mother's readiness for the maternal role, and were each negatively related to maternal depression. The infant's interactive withdrawal was independently predicted by maternal rejection

Conclusion: The present results point to the relations between the indicators of the mother's working through of the experience of premature birth, the mother's psychological factors and the mother-child interactive patterns when the infant reaches term age and approaches discharge. The CLIP interview may be a useful wrapping-up tool of traumatic experiences related to prematurity, to detect those mothers in need of further intervention towards discharge.

Background: Maternal engagement with her premature baby prior to discharge from the NICU predicts the mother's engagement with her child at three months. Although most parents overcome the state of shock, bewilderment, panic, and sadness that are characteristic of the first weeks at the NICU, and go through the bonding process, some don't and need to be detected before discharge.



S-08-003

Screening for maternal mental health in an outpatient interdisciplinary NICU (Newborn Intensive Care Unit) Follow-Up Clinic

*K. Gomez**

**UMass Medical School, Pediatrics, Worcester, USA*

Objective: Research shows high emotional distress in parents during their newborn's NICU (Newborn Intensive Care Unit) stay, resulting in 20-30% diagnosable mental health disorders in the first year. Parents experience grief, anxiety, fear and guilt. Early detection and intervention improves mental health, parent-infant attachment, and can significantly reduce adverse childhood experiences. We report on an interdisciplinary outpatient NICU follow up clinic model we developed at the UMass Medical School in Worcester, MA, to screen for maternal depression while providing medical and developmental evaluations of their infants.

Method: This weekly clinic includes a child psychologist, a neurodevelopmental pediatrician and a physical therapist. Infants are evaluated using the Mullen Scales of Early Learning, or the Newborn Behavior Observation, and physical therapy evaluation. Infants receive a developmental and neurologic examination. Mothers are asked about post-partum stressors, depression and/or anxiety.

Results: Over the course of 10 months, we evaluated 80 infants and their mothers. Majority of infants were in early intervention (80%). Mothers reported feeling overwhelmed while their infant was in the NICU. About half of them reported receiving support from a family member, or from a community organization. Some are following with their own therapist. All reported coming to clinic because this was a service for their child. However, when they were offered individual therapy, most declined.

Conclusion: Current interdisciplinary NICU model highlights the need for an integrative approach to mental health screening starting earlier with mothers of high risk infants, such as in the NICU. This would decrease stigma and resistance to treatment.



S-08-004

It is never too early to talk with premature babies and their parents

*S. Fiala-Preinsperger**

**Mödling, Austria*

Premature born babies have to bear many medical manipulations. They are very aware, if someone talks to them. The human voice is very interesting for them, especially the parent's voice, but also a human meaningful and emotional voice. For the process of bonding it is very important to talk to premature babies in the presence of their parents. Especially the parent's first visit on the neonatology department is very exciting for them, and it is necessary to accompany them and to tell them, how the baby and the machinery look like. It is also necessary to help the parents looking at their baby and to tell the baby how exciting for mum and dad this moment is. Each step should become a little story by its own. You can tell the baby its own story, about the wish of the parents to have a baby and their longing to hold the baby into their arms. It is very helpful for mother and father to tell the baby everything that happens during the day and to mentalize the baby's feelings.



S-09

The use of K-SADS in child and adolescent psychiatry

Chairpersons: M. B. Lauritsen, Denmark; J. Kaufman, USA

*M. B. Lauritsen**

**Aalborg University Hospital, Res. Unit for, Child & Adolescence Psychiatry, Denmark*

S-09-001

Barriers and advantages of the clinical use of K-SADS (the paper and pencil version) in Danish child and adolescent psychiatry

*C. M. Jensen**

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Method: In this study, we conduct a survey concerning the use and perceived barriers and advantages of using the Kids- Schedule for Affective Disorders and Schizophrenia (K-SADS) amongst psychologists and medical doctors working in CAP in Denmark. The survey seeks to identify the extent to which the K-SADS is used as part of psychiatric assessments, and to identify what clinicians perceive to be barriers and advantages of using K-SADS in routine clinical assessments. Data will be analyzed descriptively and with inferential tests.

Results: The study is currently under design, and data have not been collected yet. At the symposia the results will be presented.

Conclusion: This study will contribute with knowledge about the current use K-SADS in Danish CAP. Furthermore, the study will highlight what clinicians perceive as barriers to implementing standardized interviews in routine clinical care. The study may identify areas that can be targeted to improve acceptability of K-SADS for clinicians.

Background: The use of standardized diagnostic interviews is often recommended in guidelines for the assessment of several child and adolescent psychiatric disorders to ensure a valid and reliable assessment. The objective of this study is to identify how often standardized diagnostic interviews are used in child and adolescent psychiatry (CAP) in Denmark, and to identify potential barriers for the systematic use of these instruments among clinicians working in Danish CAP.



S-09-002

Psychopathology in offspring of parents with depression and bipolar disorder – overview of studies and directions for future research

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Method: The current review includes 12 longitudinal offspring studies. We conducted a meta-analysis on the prevalence and relative risk for psychopathology in offspring of parents with mood disorders and controls. We moreover summarize advantages and shortcoming as well as the instruments used for assessing psychopathology.

Results: The prevalence for psychopathology in children of parents with mood disorders are around 30% for depression and 10% for bipolar (versus 13% and 2% for the control group). The relative risk for psychopathology is around 3 times higher for children of parents with mood disorders. Analysis of those offspring studies showed that few offspring studies have a sufficient sample size, assess co-parent psychopathology, take a cross-diagnostic approach and often have no or a small control group. The most frequent used instrument for assessing psychopathology was the K-SADS. We end with introducing a new offspring project – the MARIO project, which aims at studying the intergenerational transmission, early signaling and prevention of mood disorders in children of parents with mood disorders.

Conclusion: Children of parents with mood disorders are at increased risk of developing psychopathology themselves. We however still do not understand the mechanisms of the intergenerational transmission of mood disorders.

Background: To give an overview of current longitudinal offspring studies of children of parents with depression and bipolar disorder. To discuss instruments to measure psychopathology in offspring. To introduce a new offspring project – the Mood and Resilience in Offspring (MARIO) project.



S-09-003

Lifetime psychopathology in offspring of parents with schizophrenia or bipolar disorder. A two-year follow-up study

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Method: The study included 41 SZoff, 90 BDoff, and 107 CCoff aged to 17 years. The psychiatric diagnosis was tested using the structured interview SCID-I for parents and KSADS-PL or SCID-I for offspring depending on their age. Prodromal symptoms and global functioning were assessed with the Semi-structured Interview for Prodromal Syndromes (SIPS) and the Children's Global Assessment Scale (CGAS), respectively.

Results: The prevalence of psychopathology and comorbidity was higher in SZoff and BDoff than CCoff at baseline and at 2-year follow-up. Interestingly, mood disorders were more prevalent in BDoff and disruptive disorders were more prevalent in SZoff. Prodromal symptoms were higher in SZoff compared to CCoff, while the BPoff group showed an intermediate pattern. Finally, global functioning was lower in the SZoff group compared to BDoff and CCoff.

Conclusion: Screening patients' children is clinically relevant since, as a group, they have an elevated risk of developing a psychiatric disorder and of experiencing their first symptoms during childhood and adolescence.

Background: Having one parent diagnosed with a severe mental disorder is considered one of the main risk factors for developing that disorder in adulthood and it also increases the risk of a wide range of mental disorders in the offspring from early childhood and adolescence. The aim of this study is to analyze the prevalence of several psychopathological diagnoses, the presence of prodromal symptoms and global functioning in schizophrenia offspring (SZoff) or bipolar offspring (BDoff) compared to community control offspring (CCoff) at baseline and 2-year follow-up.



S-09-004

Development of three web-based administered computerized version of the Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS-COMP) child psychiatric diagnostic interview: Initial reliability and validity data

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Method: Data on the initial validity of the clinician administered KSADS-COMP was derived from 64 youth ages 8-18 who completed the assessments as part of Child Mind Institute Healthy Brain Network (HBN). Analyses are currently ongoing with data from 515 additional HBN participants, and will be presented at the meeting. Validity data on the self-administered versions of the KSADS-COMP were derived from a sample of 158 11–17 year olds and their parents.

Results: Diagnoses generated with both the clinician- and self-administered versions of the KSADS-COMP demonstrated good convergent validity against established clinical rating scales. KSADS-COMP dimensional rating scales also correlated significantly with the widely used established symptom measures.

Conclusion: The KSADS-COMP instruments demonstrate promising psychometric properties while offering efficiency in administration and scoring. The clinician KSADS-COMP shows promise not only for research, but also for implementation in clinical practice, with choose-as-you-go module administration options and automated scoring to shorten administration time. The self-administered KSADS-COMP has numerous research and clinical applications, including use in large-scale epidemiological studies, and in telehealth to address the critical shortage of child mental health specialists in many areas.

Background: This presentation describes the reliability and validity of three newly developed web-based computerized versions of the KSADS-COMP: 1) A clinician-administered version that integrates data from youth and parents to derive consensus diagnoses; 2) A self-administered version for youth that includes video clips to facilitate administration; and 3) A self-administered version for parents to rate child psychopathology.



S-10

NCCR Synapsy Psychosis Symposium: Neurodevelopmental and cognitive endo-phenotypes of vulnerability to psychosis in 22q11.2 deletion syndrome

Chairpersons: C. Sandini, Switzerland; M. Armando, Switzerland

*C. Sandini**

**Université de Genève, Department of Psychiatry, Switzerland*

S-10-001

Large-scale brain network dynamics provide a measure of psychosis and anxiety in 22q11.2 deletion syndrome

*D. Zöllner**

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Method: We used innovation-driven co-activation patterns (iCAPs) to probe into dynamic properties of large-scale functional brain networks. The sample included resting-state fMRI scans from 78 patients with 22q11DS and 85 healthy controls. Dynamic properties of brain network activation were first compared between groups. Then, patterns of aberrant brain function related to prodromal psychotic symptoms and anxiety were retrieved using multivariate partial least squares correlation.

Results: We found shorter activation of cognitive brain networks, longer activation in emotion processing networks and globally higher segregation between networks in patients with 22q11DS. Prodromal psychotic symptoms were associated with a pattern of aberrant activation and coupling of the cingulo-prefrontal salience network. Higher anxiety was associated with aberrant amygdala activation and coupling, suggesting opposing roles of dorsal and ventral sub-divisions of the anterior cingulate (ACC) and medial prefrontal cortices (mPFC). Coupling of amygdala with dorsal ACC and mPFC was promoting anxiety, whereas coupling with ventral ACC and mPFC had a protective function.

Conclusion: Using iCAPs for dynamic brain network analysis, we uncovered patterns of aberrant brain network activation and interaction with relevance for clinical risk factors for psychosis in 22q11DS. Our results demonstrate that the consideration of the brain's dynamic nature is essential for the development of clinically relevant imaging markers for psychosis vulnerability.

Background: In 22q11.2 deletion syndrome (22q11DS), prodromal positive psychotic symptoms and anxiety are strong risk factors for the development of schizophrenia. Dynamic features of large-scale brain network activity are promising for the investigation of schizophrenia's pathophysiology and may provide potentially more reliable biomarkers for psychosis vulnerability.



S-10-002

Learning and memory in 22q11.2 deletion syndrome: Identifying subgroups

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Objective: 22q11.2 deletion syndrome (22q11.2DS) is a genetic disorder associated with a specific cognitive profile and high risk for schizophrenia. Additionally to a borderline intellectual functioning, learning disability is very common in 22q11.2DS. Developmental and educational concerns arise early and remain a central issue for caregivers. Despite a common genetic cause, the phenotype is highly variable. Indeed, identifying subgroups of patients with different developmental trajectories will help develop tailored early intervention to reduce future disability. Our objectives are two-fold: (1) investigate learning skills and their relationship to educational trajectory. (2) Study patterns of verbal memory consolidation through time.

Method: 127 participants (74 with 22q11.2DS) aged between 8 and 25 completed a modified version of Rey's 15 words/15 signs. Learning curves and patterns of errors were analysed. As the 22q11.2DS group showed significant impairment in the signs task we investigated memory consolidation only in the word task. Free recall performance from 4 different delays in time (thirty minutes, one day, one week and one month) was available for 84 participants (45 with 22q11.2DS).

Results: When compared to controls, patients with 22q11.2DS exhibited a significant deficit in learning signs (compared to words). Long-term verbal memory consolidation was atypical with a significant drop in recall visible after one day. Subgroups with different patterns of forgetting were identified in the 22q11.2DS group.

Conclusion: We confirmed alterations in visual learning abilities specific to 22q11.2DS. We found atypical patterns of memory consolidation of verbal information, consistent with an accelerated long-term forgetting phenomenon in this syndrome.



S-10-003

Divergent default mode network connectivity during social perception in 22q11.2 deletion syndrome

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Objective: The 22q11.2 deletion (22q11DS) syndrome is a neurogenetic condition marked by social dysfunction. A major network involved in social cognition is the default mode network (DMN). To date, no study has investigated DMN functional connectivity during socio-cognitive paradigms in 22q11DS.

Method: We used the psychophysiological analysis (PPI) to investigate functional connectivity of the DMN during social perception in 22 participants with 22q11DS and 22 healthy controls. Association between DMN connectivity and prodromal symptoms was also examined.

Results: 22q11DS patients exhibited stronger connectivity between the inferior parietal lobule (IPL) and the posterior cingulate cortex (PCC)/precuneus as well as lower connectivity between the precuneus and middle/superior frontal regions compared to controls. Association between IPL-PCC/precuneus connectivity and negative symptoms was also found in individuals with 22q11DS.

Conclusion: Our results point to (1) divergent DMN connectivity in patients with 22q11DS compared to controls; (2) association between DMN connectivity and negative symptom severity in patients. Results support the role of the DMN in social deficits of the 22q11DS population.



S-10-004

Divergent developmental trajectories of hippocampal volume starting from late adolescence in patients with 22q11DS and positive symptoms

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Method: We acquired repeated cerebral MRIs from 140 patients with 22q11DS (53 experiencing moderate-to-severe psychotic symptoms) and 135 healthy controls, with up to 5 time- points per participants. The age of participants ranged from 6 to 35 years. Hippocampal subfield analysis was conducted with FreeSurfer v.6 and FIRST-FSL. Then, whole hippocampal and subfields volume were compared across groups.

Results: Respect to controls, patients with 22q11DS showed pronounced volume reduction in all the subfields except for CA2/3. No divergent trajectories in hippocampal development were found. On the other hand, comparing patients with 22q11DS exhibiting psychotic symptoms to those without psychosis, we detected a volume decrease during late adolescence, starting from CA1 and spreading to other subfields.

Conclusion: Our findings suggest that hippocampal volume is consistently decreased in patients with 22q11DS. Moreover, we demonstrated that patients with 22q11DS and psychotic symptoms underwent a further volume decline during adolescence, a vulnerable period for the emergence of psychosis. Interestingly, CA2/3, despite affected in patients with psychotic symptoms, was the only area not reduced in patients with 22q11DS respect to controls, suggesting that its atrophy correlates exclusively with the onset of positive symptoms.

Background: Hippocampal volume decrease is a robust finding in schizophrenia and in the whole psychosis spectrum. Yet, there is a lack of studies investigating hippocampal longitudinal development and its relationship with psychotic symptoms. 22q11.2 deletion syndrome (22q11DS) was proved to be a remarkable model to prospectively study individuals at high risk for schizophrenia, in order to unravel the pathophysiological processes preceding the onset of psychosis.



S-10-005

White matter development in 22q11.2 Deletion Syndrome and association with risk factors of psychosis

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Objective: 22q11.2 Deletion Syndrome (22q11.2DS) is characterized by an increased vulnerability for schizophrenia. Although widespread white matter anomalies have been reported in the syndrome, white matter maturation and its involvement in preclinical stages of psychosis remains largely unknown. The objectives of this study were firstly to characterize the developmental trajectory of white matter tracts in 22q11.2DS, and secondly to assess the relationship between white matter maturation and the presence of known risk factors for conversion to psychosis, namely cognitive decline, anxiety disorder at baseline and the ultra-high risk (UHR) status.

Method: White matter tracts were reconstructed in 201 subjects (101 22q11.2DS; 100 controls) aged 5-35 years. Mixed models regression analyses were used to characterize the developmental trajectories of fractional anisotropy (FA), axial (AD), radial (RD) and mean diffusivity (MD) in 18 white matter tracts. Developmental trajectories were first compared between 22q11.2DS and controls. Subsequently, we analyzed the association of diffusion metrics and risk factors of psychosis in patients with 22q11.2DS.

Results: Compared to controls, patients with 22q11.2DS showed alterations following a pattern of increased FA and reduced AD, RD and MD in most white matter tracts. Moreover, in 22q11.2DS, the presence of risk factors of psychosis was associated with deviant developmental trajectories in multiple white matter tracts.

Conclusion: 22q11.2DS is characterized by widespread anomalies of white matter development, indicating extensive disruptions of long-range communication. Moreover, preclinical high risk stages of psychosis are associated with concomitant deviant white matter development, confirming the involvement of white matter pathology in preclinical stages of the disease.



S-10-006

Effects of HPA-axis dysregulation indicated by pituitary development, on psychopathology and brain maturation in 22q11.2 deletion syndrome

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Method: We investigated HPA-axis dysregulation through pituitary volume obtained T1-weighted MRI images in a large longitudinal cohort of youth with 22q11DS (115 subjects, 260 scans) and healthy controls (151 subjects, 280 scans). We explored associations with psychopathology and with hippocampal and cortical brain maturation that we correlated with the expression pattern of glucocorticoid receptor gene NR3C1 measured in the Allen-Human-Brain-Atlas.

Results: We observed aberrant pituitary developmental trajectories in 22q11DS with volumetric reductions emerging by young-adulthood. Longitudinal pituitary decline but not overall pituitary volume contributed to aberrant stress reactivity, higher psychopathology across multiple dimensions and increased risk of psychiatric comorbidity. Finally, pituitary decline contributed to blunted growth of the right hippocampus and to accelerated cortical thinning of mostly temporal and orbitofrontal regions that correlated with NR3C1 expression pattern.

Conclusion: Atypical pituitary development could reflect progressive extinction of HPA-axis due to chronic hyper-activation, in agreement with existing biochemical evidence in 22q11DS. HPA-axis dysregulation could represent an endophenotype that confers pleiotropic vulnerability to psychopathology and atypical neurodevelopment in 22q11DS.

Background: Stress represents a strong and pleiotropic vulnerability factor for psychopathology. Still, a marked inter-individual variability exists in vulnerability to stress, that relates to functional variability of the Hypothalamus-Pituitary-Adrenal Axis (HPAA). Variability in stress reactivity is furthermore partially genetically determined. HPA-axis dysregulation could therefore represent an endophenotype that mediates vulnerability to psychopathology through gene-environment interactions. 22q11.2 Deletion Syndrome (22q11DS) represents increased genetic risk for multiple psychiatric disorders and could constitute a unique model to explore the effects of HPA-axis dysregulation on psychopathology and brain maturation.



S-11

Attention-Deficit/Hyperactivity Disorder: Comorbid disorders and longitudinal course

Chairpersons: C. M. Freitag, Germany; J. Buitelaar, The Netherlands

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S-11-001

Risk and resilience in the Mannheim study of children at risk: Implications for ADHD and comorbid disorders

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No abstract submitted in time



S-11-002

Aberrant emotion regulation and depression in adolescents and young adults with ADHD

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Method: The interpretation of information was assessed implicitly by using a task in which participants are presented with an ambiguous visual stimulus and bias towards negative and positive interpretations are explored. Participants also filled out the Cognitive Emotion Regulation Questionnaire to explicitly assess emotion regulation strategies.

Results: 30 patients with ADHD aged 14 – 45 years old and 30 demographically-matched healthy controls participated. Patients reported more frequent use of maladaptive and less frequent use of adaptive emotion regulation strategies than controls. The severity of depressive symptoms correlated with the more frequent usage of maladaptive and the less frequent usage of adaptive emotion regulation strategies. The bias displayed in response to ambiguous cues was slightly positive both in controls and patients and was not associated with depressive symptomatology.

Conclusion: These findings suggest that difficulties in emotion regulation in ADHD are characterized by deficits in the usage of emotion regulation strategies rather than alterations in the interpretation of information. Correlational findings suggest that aberrant emotion regulation strategies might contribute to co-morbid depression in adolescents and young adults with ADHD.

Background: Depression - characterized as a disorder of emotion dysregulation - is highly prevalent in adolescents and adults with attention-deficit/hyperactivity disorder (ADHD). The underlying common cognitive mechanisms are largely unknown, despite their relevance for early detection and prevention. In ADHD impaired emotion regulation may be found, but has rarely been studied by differential neuropsychological designs. This study aimed at assessing the cognitive processes underlying emotion dysregulation in ADHD and to determine their association with depression.



S-11-003

Cross-disorder genetic analyses implicate dopaminergic signaling as a biological link between ADHD and obesity measures

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Method: Using the largest GWAS summary statistics currently available for ADHD (N=53,293), BMI (N=681,275), and obesity (N=98,697), we first tested the association of dopaminergic and circadian rhythm gene-sets with each phenotype. We then took a data-driven approach by conducting genome-wide ADHD-BMI and ADHD-obesity gene-based meta-analyses, followed by pathway enrichment analyses.

Results: Our hypothesis-driven approach showed that the dopaminergic gene-set was associated with both ADHD ($P=5.81 \times 10^{-3}$) and BMI ($P=1.63 \times 10^{-5}$), while the circadian rhythm gene-set was associated with BMI only ($P=1.28 \times 10^{-3}$). Our data-driven approach further supported the implication of dopaminergic signaling in the link between ADHD and obesity measures as the Dopamine-DARPP32 Feedback in cAMP Signaling pathway was significantly enriched in both the ADHD-BMI and ADHD-obesity gene-based meta-analysis results.

Conclusion: Our findings suggest that dopaminergic neurotransmission, partially through DARPP-32 signaling mechanisms, is a key-player underlying the genetic overlap between ADHD and obesity measures. Uncovering the shared etiological factors underlying the frequently observed ADHD-obesity comorbidity may have important implications in terms of preventive interventions and/or efficient treatment of these conditions.

Background: Attention-Deficit/Hyperactivity Disorder (ADHD) is frequently comorbid with other psychiatric disorders and also with somatic conditions, such as obesity. In addition to the clinical overlap, significant genetic correlations have been found between ADHD and obesity as well as body mass index (BMI). The biological mechanisms driving this association are largely unknown, but some candidate systems, like dopaminergic neurotransmission and circadian rhythm, have been suggested. Our aim was to identify the biological mechanisms underpinning the link between ADHD and obesity measures.



S-11-004

Preventing comorbid obesity and depression: The multi-center randomized controlled trial PROUD

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Method: This is a prospective, randomized-controlled, single-blind, multicenter pilot trial (Phase IIa) comprising two treatment groups and a treatment-as-usual group. Recruitment in four study centres aims at 219 patients aged 14-29 years. The primary outcome parameter is the change in the inventory of depressive symptomatology total score from baseline to after the 10-week intervention as well as after another 12 weeks. Additionally, short- and long-term effects of BLT and exercise treatment on ADHD symptoms, obesity and physical fitness, general health improvement, neuro-cognitive functions and chronotype are investigated.

Results: Current recruitment numbers in this trial will be presented.

Conclusion: Compliance rates with BLT and exercise treatment will indicate feasibility of these treatment options.

Background: Most adults with attention deficit/hyperactivity disorder (ADHD) suffer from one or several psychiatric comorbidities, while adolescent ADHD patients face an increased risk of developing psychiatric comorbidities in adulthood. Among these are depression and obesity, both of which can cause significant psychosocial strain in affected patients and can be accompanied by secondary somatic complications. Therefore, development and evaluation of non-pharmacological programmes aimed at treating and preventing these psychiatric comorbidities are essential. Bright light therapy (BLT) improves circadian rhythm and is already used in depression treatment. Exercise is used to prevent and reduce obesity and depressive symptoms. Mobile health systems can support patients in adhering to these programmes. The objective of this clinical trial is to examine feasibility and efficacy of a 10-week programme involving BLT and exercise for patients with ADHD. Treatment adherence is supported by a smartphone app.



S-11-005

The heterogeneous course of ADHD: Joint developmental trajectories of inattention and hyperactivity-impulsivity from childhood to young adulthood

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Method: Data came from 485 individuals with ADHD, their 665 siblings, and 399 typically developing controls, from the NeuroIMAGE cohort. Trajectories were based on scores of the Conners Parent Rating Scale Revised and estimated in seven homogeneous age bins (from 5 to 28 years) using parallel process latent class growth analysis on data collected across 2-4 time points. Multinomial logistic regression was used to identify correlates of the derived classes.

Results: A seven class solution revealed “severe combined stable” (4.8%), “severe combined decreasing” (13%), “severe inattentive stable” (4.8%), “moderate combined increasing” (7.5%), “moderate combined decreasing” (12.7%), “stable mild” (12.9%), and “stable low” (44.3%) classes. A lower IQ, higher comorbid symptom levels (foremost oppositional behaviour), and higher functional impairment levels differentiated between classes with similar ADHD symptom levels in childhood but a diverging course thereafter.

Conclusion: The course of ADHD is highly heterogeneous, with persisting, remitting, and deteriorating courses present. Severe symptom levels in childhood are associated with elevated-to-severe symptom levels in young adulthood, despite substantial symptom reductions (but no normalization). The presence of subthreshold symptoms should be monitored, as part of the individuals that experienced subthreshold symptoms showed a progressive symptom trajectory that resulted in adolescent-onset ADHD diagnoses. Comorbid symptoms and functional impairment improved for most individuals.

Background: To advance understanding of the heterogeneity in the course of ADHD, joint symptom trajectories of inattention and hyperactivity-impulsivity from childhood to young adulthood were modelled and their patterns of association with comorbid symptoms and functional impairment were studied.



S-12

New therapeutic approaches for child and adolescent feeding and eating disorders

Chairpersons: N. Micali, Switzerland; M. Simic, United Kingdom

N. Micali*

**SPEA direction, Geneva, Switzerland*

S-12-001

Home treatment: A new method of relapse prevention in adolescent anorexia nervosa (AN)

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Method: Adolescent patients fulfilling DSM-5 criteria for AN admitted consecutively to hospital were included into the study after successful initial short IP treatment. HoT commenced with a frequency of 3 times/week for the 1st and 2nd month after discharge and then declined in frequency. The visits were performed by a multiprofessional team (clinical therapist, nurse, nutritional therapist, etc.) experienced in treatment of AN. One of the weekly visits included a conjoint session with the patient and her family. A senior child and adolescent psychiatrist regularly supervised treatment and safety conditions. Outcome was assessed by change in BMI und eating disorder psychopathology (EDI-II) as well as by carers' caregiver's skills (CASK) and burden (EDSIS).

Results: The outcome of AN of the first 20 patients including impact of this new treatment strategy on carers will be reported. First results are very promising with a low rate of relapses and no drop-outs.

Conclusion: We hypothesise that HoT facilitates the transition from hospital to home and leads to a significant reduction of readmissions in adolescent patients with AN.

Background: Less than 50% of patients with AN fully recover. In our previous clinical trial inpatient treatment (IP) was compared to day-patient treatment (DP) However, readmission rates in DP were still high (approx. 30%). We will now aim to evaluate home treatment (HoT) as a promising new tool: 1) HoT involves caregivers more strongly than any other setting. 2) HoT might help patients early in the course of AN to overcome eating disorder habits practised in familiar environment.



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S-12-002

Does Radical Openness DBT (RO DBT) improve outcomes of adolescent anorexia nervosa

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No abstract submitted in time



S-12-003

A closer look at recommendations regarding nutritional counselling and physical activity for patients with anorexia nervosa

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Method: A systematic search was conducted in the electronic databases PubMed, ScienceDirect and International Guideline Library to identify guidelines for the treatment of patients with eating disorders,

Results: Seven eating disorder guidelines of the countries Australia / New Zealand, Denmark, England, France, Germany, the USA and Spain were identified. Recommendations with respect to nutritional counselling and management of physical activity were highly heterogeneous.

Conclusion: More specific and consistent, evidence based recommendations for dietary counselling and management of PA are required.

Background: Nutrition counselling is often delivered to patients with anorexia nervosa as part of multimodal treatment, and more recently, interventions specifically targeting increased physical activity have been developed. This study aimed to review international guidelines on recommendations about nutritional/dietary counselling as well as about the management of physical activity.



S-12-004

Parent-facilitated behavioral treatment for ARFID (P-FBT)

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Method: We present a two-factor theory of avoidance learning within a biopsychosocial model to explain behavior in ARFID and utilize counter-conditioning as a core intervention to reverse paired, classically conditioned association between food and aversive state, i.e. disgust and/or anxiety. A step-by-step comprehensive treatment approach for ARFID is described using a case study to illustrate application of the model.

Results: As shown in the case description, the P-FBT model achieved full remission of symptoms and the patient no longer met criteria for ARFID at the end of treatment. He was able to tolerate eating a wide variety of foods flexibly across settings and was making independent choices to tolerate non-preferred foods. At two-year follow-up, the patient retained eating flexibility achieved in treatment.

Conclusion: This pilot case provides preliminary evidence that the P-FBT model that utilizes counter-conditioning is a promising treatment for youth with ARFID. More case and pilot studies are needed to formally demonstrate its efficacy in a randomized controlled trial.

Background: Much is unknown regarding risk factors, prevalence, and efficacious treatment models for avoidant/restrictive food intake disorder (ARFID), an eating disorder introduced in DSM-5 that may be one of the most functionally impairing. With no empirically supported treatment for ARFID, it is important to investigate the clinical utility of innovative therapeutic approaches. We propose a novel parent-facilitated behavioral treatment (P-FBT) model for youth with ARFID. This model is grounded in learning theory and components of empirically supported family-based treatment for eating disorders.



S-13

New findings in childhood Obsessive-Compulsive Disorders from a European perspective: From research to evidence and consensus based guidelines

Chairpersons: S. Walitza, Switzerland; T. Ivarsson, Norway

S. Walitza*

**University Zürich, KJPP/Prof. S. Walitza, Switzerland*

S-13-001

Towards a computational psychiatry of juvenile Obsessive-Compulsive Disorder

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Method: I will present a series of studies that used computational modelling of behaviour (Reinforcement Learning) and advanced neuroimaging techniques that allow understanding how symptoms of juvenile OCD arise during development.

Results: Using markers for brain-myelination, I show in a large longitudinal study that compulsivity is linked to decreased myelination in fronto-striatal networks during adolescence. We will then show how such impairment can give rise to a pervasive indecisiveness seen in juvenile OCD and which is driven by a delayed decision-urgency signal.

Conclusion: Using computational modelling and advanced neuroimaging, we are able to bridge the gaps between aberrant brain development and the emergence of OCD symptoms, and thus allow us to understand the neurobiological mechanisms underlying juvenile OCD.

Background: The neurobiological mechanisms underlying juvenile Obsessive-compulsive Disorder (OCD) are enigmatic. It is known that aberrant fronto-striatal network function contribute to OCD, but how impaired function can give rise to OCD symptoms during development is completely unknown.



S-13-002

The NordLOTS trial of pediatric OCD: Summing up the outcomes across three years

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Pediatric obsessive compulsive disorder (OCD) is a severe disorder with marked impairment, and, according to previous long-term outcome studies leading to chronic or episodes of illness in a majority of cases. The Nordic Long-term OCD Treatment Study (NordLOTS) was designed as a stepwise escalated treatment study to examine the best treatment for those who do not respond to cognitive behaviour therapy (CBT), continued (although individually revised CBT) or sertraline (a serotonin re-uptake inhibiting drug (SSRI)) treatment. Furthermore, it was designed with a fixed window follow-up scheme following step 1 CBT at 6, 12, 24 and 36 months using Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) plus several other patient-, parent- and clinician rated scales. Altogether 269 patients with OCD were included (mean CY-BOCS score at baseline was 24.7) and treated with CBT, rendering a solid response rate (72% has CY-BOCS scores of 15 or below), and out of the 28% non-responders, another 50% responded in the second step CBT and about 45 % in the sertraline group, with no significant group differences. Following these two acute treatment steps, altogether 81.1% had responded to treatment and 55.0% were in remission in our study defined as a CY-BOCS score of 10 or below. During the follow-up of step 1 CBT responders, we found both stability and further improvement at the one year follow-up, with 91.6% still classified as treatment responders, and 78.1% in remission. However, about 1 out of 5 (19.7%) had had a relapse either at the 6 month or 12 month follow-up, though half of them improved again both through CBT boosters or spontaneously. Thus, the mean score for the step 1 CBT responders had been reduced to a mean of 5.89. Further improvement occurred during the 2 and 3 year follow-up, so that at the three year follow of the entire sample (i.e., both step 1 CBT responders and non-responders), we found that nine out of ten subjects (90%) of the ITT sample (n=269) were treatment responders and almost three out of four (73%) were in remission. The mean CY-BOCS scores had reduced from 24.7 at baseline to 10.9 post step 1 CBT treatment, and further to a mean score of 5 at the 3 year follow-up. Thus, slightly more than 1 out of four (27%) had not remitted, 17% still had mild OCD and 10% moderate to severe (one subject) OCD. Our study shows how important it is to give good quality CBT that is behaviourally oriented with exposures and response prevention to all patients with pediatric OCD, that even when CBT response is weak initially, continued and revised CBT is as viable as a switch to a SSRI so that patient and parental preference may be given room. Furthermore, the NordLOTS shows that the long-term outcome of pediatric OCD may be better than has been believed to be the case. However, due to a lack of no-treatment controls across the 3 year follow-up period, we cannot know that the treatments are the cause of the favourable outcome, although it seems probable that treatments had been of benefit.



S-13-003

The association between duration of untreated illness and the outcome of early onset OCD highlight the importance of early detection and intervention

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**University Zürich, KJPP/Prof. S. Walitza, Switzerland*

Despite its high sociopolitical relevance, the impact of duration of untreated early onset OCD is currently under-researched. The results of two follow-up studies of children and adolescents with early onset OCD and treatment outcomes will be presented. The first investigation was a prospective follow-up study describing the short- ($N > 80$) and the long-term outcomes ($N = 48$) of children and adolescents with early onset OCD. A cohort of over 80 former patients who had been treated for OCD according to DSM-IV at the Department of Child and Adolescent Psychiatry of the University Wuerzburg, Germany were assessed using standardized measures (standardized interviews, CY-BOCS) at the beginning and end of treatment, and after a follow-up period of six years. The persistence rates were similar to that in the meta-analysis of Stewart et al., 2004, with mean persistence rates of 41% for full OCD and 60% for full or subthreshold OCD. Comorbidity and psychosocial functioning were important predictors for the long-term outcome. At both follow-up time points (end of initial treatment and follow up) longer duration of untreated illness was associated with higher persistence and higher outcome CY-BOCS summary scores (Pearson correlation 2-tailed $p = 0.033$ and $p = 0.013$ respectively). In a second study, which is currently ongoing at the Department for Child and Adolescent Psychiatry of the University of Zurich, Switzerland, a short-term follow up assessment will be conducted. Currently, the study includes up to 60 children and adolescents with early onset OCD. Findings regarding the duration of untreated illness will be discussed. In addition to this, the new DSM-5 symptoms domains of insight and comorbid tic-disorder, which have to be evaluated in more detail in these clinical assessments will also be discussed. The results will be summarized in the context of an expert consensus of the International College of Obsessive-Compulsive Spectrum Disorders. Recommendations from the current guidelines will also be discussed, including the importance of using easy screening procedures to aid with the early detection of OCD and offering intervention early and rapidly.



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S-13-004

New possibilities and challenges for the treatment of OCD: Evidence for novel technical and internet based CBT

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** Tübingen, Germany*

No abstract submitted in time



S-14

Family systemic therapy in internationally adopted children

Chairpersons: M. R. Moro, France; J. P. Raynaud, France

M. R. Moro*

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S-14-001

Parental representations of their adopted child's cultural belonging

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Objective: Within the family systemic therapy department at the “Maison de Solenn” – Cochin Hospital in Paris, the team specialized in International Adoption consultations conducts evidence-based researches in order to continuously adapt the care to the families. The study submitted within the symposia “Family Systemic Therapy In Internationally Adopted Children” explores the parental representations of their child's cultural belonging and their positions concerning connections with the child's country of birth and its culture

Method: 51 French parents who adopted one or more children internationally participated in a semi-structured interview, focused on the adoption procedure and their current associations with the child's birth country. The interviews were analyzed according to a qualitative phenomenological method, Interpretative Phenomenological Analysis

Results: The principal themes that emerged from our analysis of the interviews made it possible to classify the parents into three different groups. The first group maintained no association with the child's country of birth and refused any multiplicity of cultural identities. The second group actively maintained regular associations with the child's country of birth and culture and affirmed that their family was multicultural. Finally, the third group adapted their associations with the child's birth country and its culture according to the child's questions and interests.

Conclusion: Results highlighted in our study complexifies the standard theoretical stances in regard to adopting parents. Systemic family therapy addressed to adopting families can enhance its efficiency by exploring the parents' and children's representations of the country and culture of origin. These representations seemed to be essential in the construction and then the homeostasis of the adopting family. The adopted child's identity evolves partly around these cultural representations of his/her origins and the adopting family's position in regard to it.



S-14-002

Narratives of internationally adopted children about their cultural belonging

S. Skandrani

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Objective: “Within the family systemic therapy department at the “Maison de Solenn” – Cochin Hospital in Paris, the team specialized in International Adoption consultations conducts evidence-based researches in order to continuously adapt the care to the families. The study submitted within the symposia “Family Systemic Therapy In Internationally Adopted Children” explores the children’s cultural belonging. Objective of this study is to explore the children’s point of view of their cultural belonging.

Method: Semi- structured interviews were conducted with 19 adoptees aged 8–18 years old and focused on their attitudes towards the culture of their birth country. Transcripts of recorded interviews were analyzed according to Interpretative Phenomenological Analysis, a qualitative phenomenological method.

Results: While the analysis showed a striking consistency of interest in birth countries, adoptees’ expression of curiosity varied across time. Children described distinctive goals: knowing more about their history, finding relatives, becoming a multicultural citizen, or simply helping people. Their parents’ involvement is thus seen as helpful, but adoptees stress the need to feel ready and may prefer independent ways of learning about their birth country. Adoptee’s multiple feelings of belonging derive not only from multicultural training but from lifelong construction of self.

Conclusion: Results highlighted in our study underline the importance of the children’s own position concerning their cultural belonging, different from their parent’s positioning and the recommendations of adoption specialists. Systemic family therapy addressed to adopting families can enhance its efficiency by exploring the children’s representations of the country and culture of origin and their feelings of cultural belonging. These representations are at work in the construction and then the homeostasis of the adopting family, in childhood and furthermore adolescence.



S-14-003

Presentation of a systemic family therapy addressed to adopting families

*S. Grandclerc**

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Method: Exploring the child's pre-adoptive life course and first parent-child meetings and their impact on parental representations, child development and family-interactions, through several case studies of a systemic family therapy addressed to adopting families.

Results: This clinical report highlights the intrusive impact of trauma in the child's pre-adoptive life course on the parental representations of his current difficulties and the disorganizing impact on parent-child interactions.

Conclusion: When the distressful events are taken care of early in the first parent-child meetings, their traumatic potential is reduced and the parental reflective functioning is enhanced.

Background: Children and adolescents adopted internationally experience not only a passage from one kinship relation to another, but also from one country and one culture to another. To make sense of what is in play in the here-and-now of family interaction, we must view it from multiple angles, relying on a transcultural approach to treat the issue of the child's otherness in all its complexity.



S-14-004

Anonymous birth: Mental health outcome of adopted children

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**Medical University of Vienna, Pediatric Psychosomatics, Austria*

Objective: For the first time, the current nationwide study assesses adoptive parental reports on mental health in a non-clinical Austrian sample of anonymously born and adopted children between 4 and 15 years.

Method: The current study is ongoing (2018-2019). Thus far, a sample of 48 adoptive parents have reported on their adopted children (4–15 years), they were recruited from 8 child custody services and one private adoption institute. The Child Behavior Checklist (CBCL) for child mental health was used. The CBCL raw scores were transformed into T-scores according to existing German normative data. Independent t-tests were applied.

Results: Preliminary data analyses revealed that 33% of the reported scores lay in the clinically relevant range of the CBCL total score, whereby this prevalence was 29% in the externalizing and 26% in the internalizing subdomain. Furthermore, 20% of these children present signs of aggression and 9% tend to either have dissociative or anxiety behavior pattern problems. However, regarding the CBCL total global mental health ($t(47) = 1.880$; $p = 0.066$) and internalizing behavior score ($t(47) = 1.714$; $p = 0.093$), the mean T-score did not significantly differ from the norm population. For the externalizing behavior subscale, the mean T-score was higher in the observed sample than in the norm population ($t(47) = 2.799$; $p = 0.007$).

Conclusion: These preliminary findings show that anonymously born and adopted children do not significantly differ in their global mental health status from the norm population. These results are similar, besides the externalizing behavior patterns, to those of other types of adopted children (Pace, C & Muzi, S, 2017).



S-14-005

Trauma and first parent-child meetings in international adoptions: A qualitative study

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Objective: Within the family systemic therapy department at the “Maison de Solenn” – Cochin Hospital in Paris, the team specialized in International Adoption consultations conducts evidence-based researches in order to continuously adapt the care to the families. The study submitted within the symposia “Family Systemic Therapy In Internationally Adopted Children” analyzes the adoptive parents’ account of their first meetings with their child

Method: The study includes 46 parents who adopted one or more children internationally. Each parent participated in a semi-structured interview, focused on these first parent-child meetings. The interviews were analyzed according to a qualitative phenomenological method, Interpretative Phenomenological Analysis.

Results: The principal themes that emerged from the analysis of the interviews were: the scene when the child is entrusted to the parents, the discovery of the child’s body, and the first parent-child interaction. Within these three principal themes, several subthemes dealt with difficult experiences: moments of solitude and anxiety, shocking images of the children’s living conditions, lack of preparation and of information about the child, poor health, parental reactions of rejection, worry about the child’s body, aggressive reactions by the child, worry about the child’s reactions, and contrast with the expected interaction.

Conclusion: These results raise questions about the consequences of difficult, possibly traumatic experiences, at the moment of meeting the child, and they underline the need for work on preparation and prevention before the parents leave on their journey.



S-15

Schema therapy for children and adolescents: Five case studies of inpatient and outpatient treatments

Chairpersons: C. Loose, Germany; L. Wöckel, Switzerland

C. Loose*

**Praxis for Psychotherapy, Düsseldorf, Germany*

S-15-001

Schema therapy inpatient treatment in a 6-year-old girl with OCD, comorbid encopresis and depressive symptoms – focusing on the work with the parents

S. Heitzer*, C. Hungerbühler, D. Zanchelli, L. Wöckel

**Clenia Littenheid AG, Clinic Psychiatry -, Psychotherapy, Switzerland*

Method: After an unsuccessful inpatient treatment with CBT we installed a schema therapeutic setting. We investigated the parents' schema landscape in the present, defined which modes exist and how the parents are triggered through the child's behavior. Schema therapeutic cards were used for visualizing the schemas. We sketched a "schema genogram" over 3 generations with both parents and outlined what kind of schemas and modes the family had accumulated over generations. We identified mode clashes between the child and the parents as also between mother and father and created alternative strategies for situations in which the parents felt triggered.

Results: By using schema therapeutic methods with the girl and especially with the parents, a deeper understanding of functioning of the girl's symptoms was achieved. The parents could create a more stable attachment to each other by reducing the dysfunctional, maladaptive emotional and behavioral patterns. Symptomatology of OCD and depression in the patient was significantly reduced.

Conclusion: This case report illustrates that a schema therapeutic approach is a good treatment alternative compared with CBT. It also demonstrates how important and essential schema coaching for parents can be if you want to understand the functioning of the child's symptoms.

Background: Case study of a 6-year-old girl with OCD, comorbid encopresis and depressive symptoms, treated as an inpatient. Even after months of outpatient psychiatric treatment, the patient was most limited in her social and public relations. The case presented focuses on the relevance of including the parents through schema therapeutic work with them.



S-15-002

Schema therapeutic inpatient treatment of a 14-year-old girl with depression: A way to feel better

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**Clenia Littenheid AG, Clinic Psychiatry - , Psychotherapy, Switzerland*

Method: In an inpatient psychotherapy treatment, we had to build a stable relationship by exploring resources, strengths and positive schemas. Afterwards we outlined a psychoeducational model, followed by creating a mode sketch and finally using schematherapy cards for visualisation. Therefore we investigated wishes, needs, emotions and functionality of each mode and supported training in daily life.

Results: By using schematherapy methods and integrating the parents, the inpatient was supported in building up a stronger feeling of self-efficacy, what caused a reduction of depressive symptoms significantly. Additionally, the possibility was given after treatment's completion to go to school regularly, to cultivate better social relationships and to find a way to deal with emotions.

Conclusion: The combination of schema therapeutic, mode- and need-guided treatment and work with parents yielded lasting effects on that girls depressive symptoms.

Background: Single case study of a 14-year-old girl, that showed symptoms of depression for over a year (e.g. sadness, emptiness, hopelessness, guilt, worthlessness, irritability, low energy, indecisiveness). The symptoms prevented her from functioning in her everyday life (occurring home and school). She wasn't able to go to school, was snapping at her parents or getting into arguments without good reason, stopped spending time with friends and family and lost interest in other things she used to enjoy. More often she identified suicidal thoughts, so that especially her parents were looking for help.



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S-15-003

**Inpatient schema-/modebased therapy in a 16-year-old adolescent with school
absenteeism – an example**

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**Essen, Germany*

No abstract submitted in time



S-15-004

Schema therapeutic outpatient treatment after one year DBT-A in a 17-year-old girl with NSSI, PTSD, atypical anorexia nervosa and social phobia

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Method: A 14 months DBT-A-treatment with weekly sessions didn't achieve a substantial symptom reduction. The following schematherapeutic treatment enabled the young patient to develop a deeper understanding of unmet emotional needs, their active patterns, and ultimately the functionality of their behaviors. Based on a deeper understanding of coherences between the biography and the functionality of presented symptoms a case conceptualization had been established. At this time being a couple of schematherapeutic techniques (e.g. mode interviews, chair dialogues, imagery rescripting) are particularly being used in our weekly sessions.

Results: The results achieved so far appear in a stronger commitment (compared to the DBT-A-approach) in terms of a greater readiness to deal with the various symptoms, in a more functional way to focus emotional needs and to handle interpersonal conflicts, in a weight gain (BMI 17.4 to 19.3) und reduced self-harming behavior (1-2 NSSI per week before, now 1 NSSI every 2–3 weeks).

Conclusion: Scientific studies have repeatedly demonstrated the efficacy of DBT-A-treatment in patients with severe NSSI. This case study illustrates that in patients who were not motivated and/or able to make favorable behavioral changes in the context of DBT-A-treatment – even when applied for a longer time – a schematherapeutic approach may be an efficient method, to develop a deeper awareness of the functionality of one's own behavior and thus contribute to the desired symptom reduction.

Background: Therapeutic outcome in a 17-year-old female teenager with multiple psychiatric diagnoses resp. symptoms (severe NSSI, atypical anorexia nervosa, social phobia, depression and suicidality).



S-15-005

Schema therapeutic outpatient treatment of a 15-year-old boy with hypochondria against the background of a car accident caused paraplegia early in childhood

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Method: In weekly outpatient psychotherapy sessions, we first started to build up a viable relationship by exploring resources, strengths, and positive schemas. Then we outlined a psychoeducational model, followed by creating a so-called mode sketch, and finally brought them into playful material, here: smurfs. Afterwards, we investigated each smurfs wishes, innate needs, emotions and „function (including the pros and cons). By implementing further imagination exercises, and integrating the parents, the patient was additionally supported in building up a stronger feeling of self-efficacy.

Results: Sum scores of problematic behaviour in questionnaires like SDQ (Goodman, 1997) and depression inventory were assessed in a pre-post-12-monthsFU-design (24+6 sessions, 50 min each) and yielded substantial improvement during the therapy and sustaining positive effects in the follow-up measurements. Additionally, the frequency of interruptions in the classroom 12-month after treatment's completion could be reduced significantly, and social integration improved substantially as well.

Conclusion: The combination of schema therapeutic, mode- and need-guided treatment on one hand, and CBT-procedures yielded lasting effects on a teenager's hypochondria symptoms with a relatively small number of sessions.

Background: Single case study of teenager with fear of dying, fatigue, and depression symptoms (e.g. social and emotional retreat); dizziness or an extra systole could be the first signs of „life-threatening diseases“ (e.g. brain tumor or heart disease). Numerous medical examinations revealed no medical diagnosis. Symptoms occurred at home, and in school. Further problems: significant social integration and achievement problems arose (e.g. 1–2 times daily the patient had to leave the classroom, complaining about symptoms).



S-16

Current situation and challenges, and future direction in the disaster areas after Great East Japan Earthquake (GEJE) – multiple outcomes from a longitudinal study targeting children and families

Chairpersons: N. Matsuura, Japan; J. Yagi, Japan

*N. Matsuura**

**Mie University, Faculty of Education, Tsu, Japan*

S-16-001

Impact of the Great East Japan Earthquake on child mental health and neurodevelopment – multi-dimensional supports for children, parents, and teachers

*N. Matsuura**

**Mie University, Faculty of Education, Tsu, Japan*

Method: Participants were 230 children who were born within one year after the GEJE in the affected area and their mothers. In the fall and winter in 2017 (around 6 years after the earthquake, aged 6 years old), children were assessed using by full scale WISC-4 and child's behavioral problems were assessed using Child Behavior Checklist (CBCL). The association between mother's mental health (Mini International Neuropsychiatric Interview, Impact of Event Scale – Revised etc.) and child neurodevelopmental risk was investigated.

Results: As for the children's cognitive development, we found stable improvement using WISC4. However, there are many vulnerable children who need medical care and psychosocial intervention. Most of them are likely to have some kinds of developmental disorders and traumatic symptoms, suggesting that we need to cooperate parents, school teachers, and community supporters.

Conclusion: We confirm we need to provide sufficient and timely supports and intervention for children and families, especially for those who are at risks.

Background: Even six years have passed since the Great East Japan Earthquake(GEJE), many people are exposed to serious stress in disaster areas. In particular, vulnerable families are more likely to be influenced by negative effects of multiple damage financially and emotionally. However, few investigations have been implemented their precise distresses. Therefore, we have conducted the multiple survey after five years since the Great East Japan Earthquake. The aims of current study are to 1): to evaluate children's cognitive development using WISC-4, 2): to confirm developmental progress among children compared to the first assessment (approximately one year before), and 3): to clarify the extent to which their mothers have mental illness or psychological disturbances.



S-16-002

Mental health of mothers who have children born after the 2011 disaster

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Method: We conducted MINI (The Mini-International Neuropsychiatric Interview) with the mothers in 2016. We used K6 (Kessler Psychological Distress Scale), BDI-II (Beck Depression Inventory-II) and IES-R (Impact of Event Scale-Revised) as a self-reporting questionnaire on psychological distress in order to assess the mothers' psychological status in 2016 and 2017.

Results: By using MINI, seventy nine mothers (34.6%) were diagnosed as having psychological symptoms in 2016. Regarding K6, we could not find significant statistical differences between two years. Regarding BDI-II, there is a possibility that the depressive symptoms of mothers have improved between two years (Paired t-test: $t = 2.19$, $p < .01$, McNemar test: n.s). Regarding IES-R which allows us to focus on traumatic symptoms, we could find significant statistical improvement in two years (Paired t-test: $t = 2.44$, $p < .01$, McNemar test: $p < .05$).

Conclusion: There is a possibility that mothers who have children born after the disaster have had heavy psychological burdens. Their psychological symptoms, especially traumatic symptoms, have improved over time depending on the recovery of their communities.

Background: On March 11, 2011, Japan was struck by the Great East Japan Earthquake and tsunami. Family members who have children born after the disaster have also are still expressing psychological burdens in disaster affected areas that are still undergoing reconstruction. A longitudinal study of support for children born after the disaster and their families (MiCCa JEGE Study) started in 2016 in order to examine the development of these children and the psychological burdens of their family members.



S-16-003

The evidence from a longitudinal study: MiCCaGEJE-study focusing on cognitive development, behavior, emotions among children

*J. Masuya**

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Method: During the period from October 2015 to March 2018, we assessed based on several standardized scales the 223 children (born within 1 year from the earthquake) and their parents and supporters in the damaged regions in Iwate, Miyagi and Fukushima Prefecture regarding the problems relating to the children's cognitive developments, behaviors, emotions and family situations as well as the mental health of their parents and supporters, etc.

Results: The baseline survey suggested a possibility of the partial delay in the cognitive function developments of the children in the damaged regions and a correlation between their mother's mental health and their cognitive function developments, and accordingly we made a proposal on the necessity of long-term assistances to the children and their mothers in the seriously damaged regions. In comparing the outcome of such efforts of ours for the second year to that for the first year, all the indexes for their recognitions, behaviors and emotions had been substantially improved.

Conclusion: Although it is impossible to make a clear line between intervention effects and natural development effects, it is a fact that the implementation of intervention assistances along with the surveys has caused a favorable tendency in the children, and therefore our continuing to do verification activities is thought to be important.

Background: Almost no long-term interventional studies have been ever conducted on the children and their families in the regions hit by the Great East Japan Earthquake. In 2015, five years after the occurrence of the earthquake, we launched a study titled "Longitudinal Assistance Study on Children Born after Great East Japan Earthquake and Their Family Members" in the seriously damaged regions of the three prefectures such as Iwate, Miyagi and Fukushima. This presentation is going to make a report from the perspectives of the recognitions, behaviors and emotions of such children until the second year of this study.



S-16-004

Impact of the 2011 Great East Japan Earthquake on child mental health and neurodevelopment: Multi-dimensional support for children born after the disaster and their families

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**Dept. of NeuroPsychiatry, School of Medicine, Iwate Medical University, Japan*

Method: Participants were 223 children who were born within one year after the GEJE in the severely affected area and their mothers. In the baseline survey in October 2015 to March 2017, child's behavioral problem and neurodevelopment were investigated using Child Behavior Checklist and several subtests of WPPSI, K-ABC, and Picture Vocabulary Test-Revised. The association between mother's mental health (Mini International Neuropsychiatric Interview) related to the disaster experiences and child neurodevelopmental risk was assessed. In the follow up survey, WISC-IV was implemented for the children to investigate full scale IQ and development in further detail.

Results: The mean standardized scores in several subtests of WPPSI, K-ABC, and PVT-R were showed a delay of about 1 SD on average. Vocabulary development delay was over 6 months averagely. In CBCL total behavior problem, 16.6% of children showed clinical range. Over 30 % of mothers showed some kinds of mental health problems. We confirmed that the association of CBCL score with maternal depression tendency was significant and maternal psychiatric disorder was related to significantly low score of PVT-R in children.

Conclusion: The GEJE might impact on children's neurodevelopmental and behavioral disturbances in spite of 7 years after the disaster.

Background: Almost 8 years have passed since the Great East Japan Earthquake (GEJE) in March 2011. In the affected areas, many people are still forced to endure the stressful life. Though there is growing evidence that Childhood Trauma result in numerous neurobiological alterations in children, no report exists about the influence of the aftermath on children who were not exposed to the disaster directly. The purpose of this study is to assess the long-term neurodevelopmental effects of GEJE on children born after the disaster.



S-17

ISAPP symposium: Challenges and opportunities in adolescent mental health

Chairpersons: F. Cuhadaroglu, Turkey; L. Flaherty, USA

*F. Cuhadaroglu**

**Hacettepe University, Medical School, Dept. of CAP, Ankara, Turkey*

S-17-001

Expanding the workforce for adolescent mental health

*L. Flaherty**

**Harvard School of Medicine, ISAPP, Boston, USA*

Objective: There has been an increasing awareness of the importance of adolescent mental health issues in global health and well being. Adolescent mental health affects not only adolescents but the adults they become, and future generations. The numbers of mental health professionals serving adolescents remain seriously inadequate. As a result of this presentation, attendees will be able to describe the global issues in adolescent mental health and the efforts to address these needs.

Method: This presentation will outline essential elements of training in adolescent mental health and will review initiatives to train adolescent mental health providers. A model curriculum will be presented and the American Society for Adolescent Psychiatry's efforts to provide education and training for general psychiatrists and other mental health professionals will be reviewed.

Results: Training involves some kind of formal curriculum, a method of certifying competence, and ongoing education and/or supervision. It involves four basic components: knowledge, a body of information germane to a specific field or subject; understanding: the ability to apply knowledge in useful ways; skills: behaviors that are demonstrated as a result of acquisition of knowledge and understanding; and attitudes: propensities toward certain behaviors. The development of a specific curriculum in adolescent psychiatry can be conceptualized in terms of these components.

Conclusion: Essential knowledge and skills include (1) an understanding of adolescent development; and the ability (2) to do diagnostic assessments of adolescents; (3) formulate treatment plans for adolescents; and (4) refer adolescent patients for appropriate services. A capacity to establish sufficient rapport with adolescent patients to gather necessary information from them and sensitivity to the adolescent's need for confidentiality is essential. Familiarity with the role of individual, family, and group psychotherapies in the treatment of adolescents, as well as special considerations that apply to hospitalization of adolescent patients and use of psychopharmacologic agents in this age group.



S-17-002

Why adolescent mental health?

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**Hacettepe University, Medical School, Dept. of CAP, Ankara, Turkey*

Method: A literature review regarding the adolescent mental health issues will be presented with regards to the specific characteristics of adolescence and its challenges and the follow-up of the Youth Centers in Turkey will be presented

Results: Adolescence , as a developmental stage, has its own characteristics as well as specific needs, risks and problems which make it distinct among the other developmental stages in human life. In this presentation specific characteristics of adolescence ,risks they create for mental health and challenges for mental health workers and suggestions for future will be discussed along with the applications in Turkey_

Conclusion: Adolescence with its specific developmental characteristics and mental health needs is required to be considered separately from other developmental stages

Background: Objective: To emphasize the specific mental health needs of adolescents and increase the awareness of the importance of considering this developmental stage separately from other stages



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S-17-003

Complex ADHD as a precursor of personality disorder

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No abstract submitted in time



S-17-004

Reclaiming the developmental lens for adolescent formulation and diagnosis: The usefulness of the new psychodiagnostic manual (PDM-2)

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Objective: Because of the formidable changes that adolescent people experience in their physical bodies, cognitive abilities, and social, emotional, and relational worlds, psychodynamic diagnosis is arguably more complex in adolescence than adulthood. The nature of these normative aspects of adolescent development requires a unique lens for professionals diagnosing and treating adolescents.

Method: To illustrate a more developmentally attuned approach to clinical formulation, we will present the adolescent section of the Psychodynamic Diagnostic Manual, 2nd edition (PDM-2, Lingiardi & McWilliams, 2017) which provides a tool for creating clear clinical descriptions that are formulated with an appreciation of the complexities of the developmental period.

Results: Unlike many available diagnostic tools, the adolescent section of the PDM both enables and requires clinicians to think developmentally about their adolescent client's presentation in terms of mental functioning (MA Axis), emerging personality patterns (PA Axis), and subjective experience of symptom patterns (SA Axis). The manual uses a prototype matching approach in which clinicians rate the extent to which a patient's presentation "matches" or shows similarities to a clinical description. The prototype method is thought to be more consistent with the cognitive process that clinicians use for diagnosis than a polythetic system approach, in which diagnoses are based on symptom lists. Unlike other diagnostic manuals, the PDM emphasizes not only observable behavioral outcomes but also the person's internal experience. This approach draws on the clinician's expertise, rooted in clinical theory, research, and experience, in formulating the complexity of both conscious and unconscious experience.

Conclusion: We emphasize the value of a developmental framework for adolescent diagnosis and clinical formulation and the usefulness of the new Psychodynamic Diagnostic Manual. The PDM-2 is a promising tool to develop a person-centred approach that emphasizes the importance of assessing the subjective experience of psychopathology that can deepen our understanding of psychiatric disturbances as categorized by current classifications.



S-18

Screening for personality disorders in adolescence by assessing impairments in identity development, personality functioning or personality Structure: Reliability, clinical validity and cultural comparability

Chairpersons: K. Goth, Switzerland; K. Schmeck, Switzerland

*K. Goth**

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S-18-001

Detecting (B)PD in adolescence using the AIDA and the LoPF-Q 12-18: Cut-offs from Swiss-German clinic and school populations and empirical congruence between the new dimensional approach and the traditional categorical (ICD-10) diagnostics of PD

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**Psychiatric University Clinics, Department of Child & Adolescence, Basel, Switzerland*

Objective: The ICD-11 and the DSM-5 AMPD introduced a new hybrid model: a dimensional assessment of core impairments in basic personality functioning is supposed to build the basis of a) a detailed profile informing therapy planning and b) a categorical decision whether a PD-diagnose is appropriate at all (Criterion A). A phase of thorough investigation and communication is needed to build bridges between the old categorical and the new dimensional approach.

Method: The self-report questionnaires LoPF-Q 12-18 and AIDA are both designed for assessing personality functioning especially in adolescents. Data was used from 839 students and 583 psychiatric patients who completed the AIDA and 96 PD patients and 319 No-PD patients who completed the LoPF-Q 12-18. Categorical PD diagnoses were obtained by SCID-2 or similar. We a) investigated empirical cut-offs for defining clinically relevant thresholds for using AIDA as a BPD screening and b) analyzed the empirical congruence between diagnostic decisions based on „impairments in LoPF-Q 12-18 dimensions” vs „SCID-2 based PD classification”.

Results: The AIDA total score Identity Diffusion differed significant and relevant (effect size $\eta^2 = .322$) between healthy controls and BPD patients, ROC analysis yielded an AUC value of 0.93 and an optimal cut-off score ≥ 104 (sensitivity 0.86, specificity 0.85). Given two or more severely impaired dimensions of personality functioning according to LoPF-Q 12-18 (T -scores > 70), a 71% total congruence with ICD-10 categorical PD diagnoses were obtained.

Conclusion: The new dimensional model of diagnosing PD seems to ensure a high stability of diagnostic standards while providing a huge benefit with detailed dimensional profiles of impairment.



S-18-003

AIDA in a Lithuanian sample of adolescents: Levels of identity pathology and borderline personality symptoms

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Method: To test psychometric properties as well as the criterion validity adolescents aged 12–18 (N = 880; 42.8% males) from school-based and clinical samples filled in AIDA questionnaires (Study 1). Furthermore, in the Study 2 adolescents (N = 453; 41.9% males) filled in Youth Self Report (YSR11/18) and Borderline Personality Questionnaire (BPQ).

Results: The Lithuanian version of the AIDA showed excellent scale reliabilities with Cronbach's for the total scale Identity-Diffusion with .94. Series of the criterion validity analyses revealed that the AIDA total score differed highly significant ($p < .000$) between the clinically referred and non-referred adolescents. Further analyses showed that identity diffusion differentiated between the subgroups with different levels of borderline personality symptoms (BPs), internalizing and externalizing problems. The subgroup of adolescents with highest scores in BPs and internalizing problems also showed the most severe problems in identity.

Conclusion: The Lithuanian version of the AIDA is equivalent to its original version, with excellent psychometric properties and support for the criterion validity. The most severe identity disturbance is related to problems in the borderline personality domain thus indicating difficulties in identity as a potential target for intervention among adolescents with early borderline personality symptoms.

Background: Identity disturbance is one of the major criteria for diagnosing personality disorders within alternative model in DSM-5 and ICD-11. The goal was to provide validation data for the Lithuanian version of the AIDA and assess differences in identity development in relation to borderline personality symptoms (BPs) among clinically referred and non-referred adolescents.



S-18-004

Validation of the Italian version of AIDA (Assessment of Identity Development in Adolescence)

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Objective: The necessity to assess identity in adolescence refers to identity diffusion (sensu Kernberg) as a core criterion for personality disorders (PD), especially for borderline PD (e.g., DSM-V). Early signs of pathological personality can be detected before the age of 18 (Sharp and Romero, 2007; Miller et al., 2008) and an instrument to assess identity in adolescence is useful for intervention planning. The aim of this work is to investigate the psychometric properties of the Italian adaptation of the self-report questionnaire AIDA.

Method: The questionnaire was translated by experts in cooperation with the authors. The inventory was administered to 164 students from 12 to 20 years-old (mean = 15.4 and SD = 1.6 years; 68.3% females). The total scale and subscales reliability was calculated by Cronbach's Alpha and the criterion validity was assessed by comparing scholars (N = 143) with PD patients (N = 21; N = 9 BPD patients).

Results: A sufficient to excellent Alpha was reached by all scales (total .93, primary scales .88 and .89, subscales from .72 to .78). Moreover, the total scale (Identity Diffusion) significantly differentiated scholars from BPD patients with a effect size $d = 1.21$ standard deviations.

Conclusion: The Italian AIDA is a reliable instrument for the assessment of identity in healthy and impaired adolescents with promising diagnostic potential. However, more data from BPD patients is needed for investigating diagnostic validity.



S-18-005

Psychometric properties of a cultural adapted version of the Assessment of Identity Development in Adolescence (AIDA) in Panama

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Method: AIDA was adapted to Spanish considering cultural aspects. Two pilot tests were performed prior to main test. Psychometric properties were assessed in a mixed adolescent sample of students and patients (N = 315). Participants also completed the “Strength and Difficulties Questionnaire – Self Report” and “Defense Style Questionnaire – 40”. AIDA was retested in a sub sample from school population (n = 98). The Structured Clinical Interview for Axis II Disorders was used for diagnosis of personality disorders in patient sample.

Results: AIDA Panama showed excellent reliability for Diffusion scale with Cronbach’s α : .94 and in retest scale reliability for Diffusion scale was good with Cronbach’s α : .84. In line with theory, Diffusion scale showed a high positive correlation ($r = .67$) with Total Difficulties scale and high positive correlation ($r = .71$) with Immature Defense scale. The AIDA total score differed highly significant ($p = .000$) between the patient sample and the students with a large effect size ($d = 1.02$)

Conclusion: The adaptation and validation of AIDA for Panamanian adolescent population was successful with good psychometric properties and significant correlations with psychopathological constructs. AIDA showed different scores between groups for criterion validity. Further analysis with larger clinical samples will be assessed.

Background: The Assessment of Identity Development in Adolescence (AIDA) is a self report instrument to detect pathological development of Identity. In Panamá, psychometric instruments for assessment of psychopathology in adolescence are lacking. Our aim was to develop a valid and reliable version of the AIDA Inventory for Panamanian Population.



S-18-006

The self-rating questionnaire OPD-CA2-SQ to assess personality structure in a child and adolescent psychiatric sample

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Method: The OPD-CA2-SQ was used as a part of the clinical routine in a clinical practise in one of Vienna's densely populated outer districts and in a joint study of six clinics from Germany, Austria and Switzerland. This led to a total clinical sample of N= 366. The results of the diagnosed PD patients were compared to a general school sample from Switzerland.

Results: All scales discriminated highly significant and with large effect sizes (d) of 1.4 to 1.6 between the students and the PD patients.

Conclusion: The OPD-CA2-SQ can be seen as a reliable and valid tool for detecting structural impairments in adolescence. Results with an enlarged patient sample and for additional comparisons to patients with other psychiatric diagnoses (No-PD group) and between patients with different PD types will be presented and possible implications for treatment planning will be discussed.

Background: With the upcoming ICD-11, the diagnostic of Personality Disorders (PD) is changing. Similar to the Alternative Model for PD (AMPD) proposed in the DMS-5, basic dimensions of personality functioning will be used to evaluate the presence and severity of a PD already in adolescence. The OPD-CA-2 axis structure provides a similar model to assess the severity of a patients' structural impairment, using the four dimensions: Control, Identity, Interpersonality, and Attachment. These dimensions can be reliably assessed with the self-report questionnaire OPD-CA2-SQ (Operationalized Psychodynamic Diagnostics in Children and Adolescents- Structure Questionnaire) in adolescents. In our study, aspects of clinical validity are investigated.



S-18-007

Assessment of identity development in Tunisian adolescents

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Method: Arabic version of AIDA was developed using standardized procedures of culture-adapted translation. Participants were 213 adolescents, consisting of 166 students and 47 adolescent patients. Patient group was subdivided into two subgroups: patients with borderline personality disorder BPD and patients with other mental disorders.

Results: Arabic version of AIDA proved satisfactory scale reliabilities with Cronbach's α for the total scale Identity-Diffusion $\alpha = .92$, for the two primary scales Discontinuity and Incoherence with .81 and .88 respectively, and for the subscales ranging from .62 to .78 in the mixed sample of students and patients. Neither for differentiated age groups, nor for the full factor age we found significant differences in the AIDA total and scale scores. Total score differed highly significant ($p = .000$) between the BPD-group and the students with a large effect size of $d = 1.9$. BPD patients showed the highest scores in all scales, students showed the lowest scores.

Conclusion: Our results highlight the good psychometric properties of AIDA Tunisia, equivalent to the original version and others translated versions. Clinical validity point to the high relevance of "identity diffusion" for describing impairments assigned to personality disorders.

Background: The construct of "identity" has been integrated as a core diagnostic criterion for personality disorders. In this context, early diagnosis and treatment of identity diffusion would prevent many mental disorders. Assessment of Identity Development in Adolescence (AIDA) is a self-report questionnaire designed to assess identity development during adolescence. The aim of this study was to validate a culture-specific Arabic translation of AIDA in a Tunisian sample.



S-18-008

First results of the study “personality functioning and structure in adolescence” using the questionnaires AIDA, LoPF-Q 12-18 and OPD-CA2-SQ in a Slovenian school and clinic sample

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Objective: Early detection and intervention has proven to be the most important topic in developmental psychopathology. To enable the use of modern dimensional models to evaluate the severity of impairments in personality functioning and the risk of a current personality disorder, reliable and valid assessment tools are needed. In cooperation with the original authors, our Slovenian group is developing culture-adapted versions of the three self-report questionnaires: AIDA (Assessment of Identity Development in Adolescence), LoPF-Q 12-18 (Levels of Personality Functioning Questionnaire), and OPD-CA2-SQ (Operationalised Psychodynamic Diagnostics for Children and Adolescents – Structure Questionnaire).

Method: Thorough elaboration of the theoretical descriptions of all subconstructs modeled in the questionnaires and careful considerations about possible culture-dependency concerning the phenotype (i.e. specific socially accepted ways to display different levels of personality functioning) led to first versions of the Slovenian questionnaires. Adequate formulations and idioms for Slovenian adolescents that are easy to understand and free of systematic bias concerning gender and age were chosen. Beta and pilot tests were performed, all test samples were balanced concerning gender, age and mental health in order to cover all target probands.

Results: The beta-test showed no systematic problems with comprehensibility of the items. The pilot test showed adequate internal consistency levels ($\alpha = .66 - .97$) with potential for improvement.

Conclusion: The pilot versions already showed a promising psychometric quality. Main test versions are developed based on the empirical results and will be tested in a school and clinical sample. Results will be presented and discussed.



S-19

Therapeutic strategies for youths with disruptive mood dysregulation disorder: New pharmacological and non-pharmacological interventions

Chairpersons: X. Benarous, France, J. M. Guilé, France

X. Benarous*

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S-19-001

A double-blind randomized placebo-controlled trial of citalopram adjunctive to stimulant medication in youth with chronic severe irritability

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Method: After a lead-in phase of open treatment with stimulant, 53 youth meeting criteria for SMD were randomly assigned to receive CTP or placebo (PBO) for 8 weeks. Forty-nine participants – 48 of them (98%) meeting DMDD criteria – were included in the intent-to-treat analysis. The primary outcome measure was the proportion of response based on improvements of irritability at the 8th week of the trial.

Results: At the end of the trial, a significantly higher proportion of response was seen in those participants randomly assigned to CTP+MPH compared to PBO+MPH (35% CTP+MPH vs. 6% PBO+MPH; OR=11.70, 95%CI 2.00-68.16, p=0.006). However, there were no differences in functional impairment between groups. No differences were found in any adverse effect between treatment groups, and no trial participant exhibited hypomanic or manic symptoms.

Conclusion: Adjunctive CTP might be efficacious in the treatment of chronic severe irritability in youth resistant to stimulant treatment alone. This trial was registered on ClinicalTrials.gov (Identifier: NCT00794040).

Background: Despite the clinical importance of chronic and severe irritability, so far there has been only one pharmacological randomized controlled trial (RCT) that showed that lithium was ineffective for the treatment of severe irritability in children and adolescents with severe mood dysregulation (SMD), a predecessor of disruptive mood dysregulation disorder (DMDD). Evidence from open trials suggests that stimulant and serotonin reuptake inhibitors (SRIs) might reduce irritability in youth. Using a double-blind RCT design, we examine the effects of adding citalopram (CTP) to methylphenidate (MPH) in the treatment of chronic severe irritability in youth with SMD.



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S-19-002

**Using Atomoxetine for youths with severe Disruptive Mood Dysregulation Disorder:
Pharmacodynamics and clinical proof of evidence**

*V. Ferrafiat**

**Rouen, France*

No abstract submitted in time



S-19-003

Disruptive mood dysregulation disorder, depression, hopelessness, suicidality and borderline traits in clinical sample of adolescent: Convergence analyses and consensus panel

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Objective: Disruptive mood dysregulation disorder (DMDD) is a new diagnosis included in the DSM-5. It is characterized by a persistently irritable mood with frequent temper outbursts in children and adolescents. Objectives. The aim of this research is twofold: first, it continues the validation of the Breton, Labelle and Bergeron (2011) DMDD scale by analyzing the points of convergence between DMDD and other mental health problems such as depression, hopelessness, suicidality and borderline traits. The second aim is to examine which, between the CBT strategies for Depression Disorder (DD) and DBT for Borderline Disorder (BD), would be the most useful for treating DMDD.

Method: The first analysis includes a clinical sample of 192 adolescents aged 12–15 years who were recruited from five institutions providing youth services. Pearson correlation coefficients evaluate associations between dimensional measurements of the DMDD scale and other dimensional measurements (DIA-R, KIDDIE SADS, Ab-DIB, BHS). These analyses are performed considering the subgroup of age (12–13 years, 14–15 years) and gender. The Chi-Square tests analyze the convergence between the categorical data from the DMDD scale and from the other measures (DIA-R, KIDDIE SADS, Ab-DIB, BHS). The second analysis includes a consensus panel mobilizing various researchers and clinicians who review the results of the first analysis in light of the two evidence-based treatments available for youth with DMDD.

Results: This research points to the relevance and clinical utility of the new DMDD diagnosis in adolescence and proposes intervention strategies focused on CBT for DD, on DBT for BD, or both.

Conclusion: Therefore, we need to expand our efforts to better understand the complex construct of this DMDD in order to improve the diagnosis and treatment of this condition.



S-19-004

Therapeutic drug monitoring of Atomoxetine in children and adolescents

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Objective: Atomoxetine (Strattera®) is the second choice drug in ADHD. CYP polymorphisms as well as parameters such as age, gender, compliance, drug interactions, comorbidities and nicotine abuse may influence pharmacokinetic processes and thus lead to different levels of atomoxetine serum levels at different doses. The aim of this study is to analyze pharmacokinetics, to interpret deviations and to elucidate the efficacy and side effects of atomoxetine by analyzing the serum levels of children and adolescents. The purpose of this analysis is to provide recommendations for performing TDM in this age group.

Method: A total of 94 serum levels of atomoxetine in children and adolescents aged 6 to 21 years were determined. The exclusion of serum levels with no indication of the time interval between intake of atomoxetine and blood sampling results in a patient population of 33 children and adolescents aged 8 to 21 years. The analytical method was HPLC with UV detection.

Results: Correlations between dose and serum levels already reported by Witcher et al. (2003) are confirmed under naturalistic conditions. The correlation between weight-dependent dose and serum levels with the time intervals 1 to 4h results in exclusion of potential confounding variables and “outliers” correlation coefficients of up to $r = 0.807$. Unique correlations between the levels and the corresponding time intervals are not noted in this time window.

Conclusion: An age-appropriate adaptation of the TDM consensus guidelines, which have so far only been described for adult patients, should be carried out for children and adolescents. The TDM of Atomoxetine may be performed in a time window of at least 1-4 hours after taking Atomoxetine.



S-20

22q11.2 deletion syndrome as a model for understanding the development of psychosis

Chairpersons: M. Schneider, Switzerland; M. Armando, Switzerland

*M. Schneider**

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S-20-001

Psychiatric disorders across the lifespan

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Objective: Although 22q11.2 deletion syndrome (22q11DS) is commonly associated with a high rate of schizophrenia, 22q11DS is also frequently associated with other psychiatric conditions. The purpose of the presentation will be to show the frequency, by age and gender, of these psychiatric problems, as well as the diagnostic and therapeutic concerns from childhood to adulthood.

Method: Results from both, the international consortium cohort – with more than 1400 participants with 22q11DS – and the Swiss cohort – with nearly 200 participants aged 6 to 25, followed longitudinally – will be presented.

Results: Attention deficit and hyperactivity disorder is one of the most common diagnoses. Anxiety disorders and mood disorders have a high prevalence at all ages. While anxiety disorders dominate in childhood and adolescence, the expression of mood disorder is more pronounced during the transition to adulthood, especially in women. Co-morbidities are particularly frequent. To be noted that anxiety disorders, as well as psychotic symptoms, increase the risk of psychosis in adolescents and young adults

Conclusion: 22q11DS is a complex neurodevelopmental disorder, which very frequently associates mental disorders with developmental and learning difficulties.



S-20-002

Inter-rater reliability and guidelines for assessing subthreshold psychotic symptoms in individuals with 22q11.2 deletion syndrome

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Objective: Pathways leading to psychosis in 22q11.2 deletion syndrome (22q11DS) have been the focus of intensive research during the last two decades. One of the common clinical risk factors for the evolution of psychosis in 22q11DS is the presence of positive and negative subthreshold psychotic symptoms. The gold standard for measuring subthreshold symptoms is the Structural Interview for Prodromal Syndromes (SIPS). Although the scale has been used by many centers studying 22q11DS prodrome, the inter-site reliability of the scale has never been established.

Method: experienced clinical assessors, from three large international centers studying 22q11DS, independently rated video recordings of 14 adolescents and young adults with 22q11.2DS. Following the interviews discussions have been held among the raters to reach consensus scores which serve/will serve as gold standard scores for each of the 14 interviews.

Results: The intraclass correlations coefficients (ICCs) among three raters for the SIPS total scores as well as for the positive, negative and disorganization subscale scores were excellent (ICCs \geq 0.76). The raters were also able to reliably determine the subjects' subthreshold syndrome status. The variability in individual items' reliability will also be presented.

Conclusion: Our results show that trained clinicians can reliably screen for subthreshold psychotic symptoms in individuals with 22q11DS. Based on the study results and our experience in interviewing 22q11DS individuals we will suggest how to elaborate and refine SIPS qualifiers, to achieve more standardized assessments in individuals with 22q11.2DS.



S-20-003

Negative symptoms along the psychosis continuum

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Method: A total of 111 participants aged between 8 and 33 years were assessed with the Structured Interview for Psychosis-Risk Syndromes (SIPS). A follow-up assessment was available for 89 individuals. All the participants were also assessed with the Global Assessment of Functioning (GAF) scale.

Results: Core NS of at least moderate severity were present in 50.5% of the sample and were more severe in individuals meeting UHR criteria. They predominantly remained stable over time and their emergence between baseline and follow-up assessment was associated with significant functional decline. Some NS were significant predictors of conversion to psychosis and the emergence/persistence of psychosis risk.

Conclusion: Altogether, these findings highlight that NS are core manifestations of psychosis in individuals with 22q11DS that strongly impact global functioning. The presence of NS should be a primary target of early therapeutic intervention in this population.

Background: Negative symptoms (NS) have been shown to be a hallmark of the clinical phenotype of individuals with 22q11.2 deletion syndrome (22q11DS). The present study examined in detail the presence and course of NS in 22q11DS, their association with the presence of ultra high-risk criteria (UHR) as well as their value in predicting transition to psychosis.



S-20-004

Impact of stress on psychosis

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Method: We included 27 adults with 22q11DS (age: 34.4 years, 66.7% female) and 24 healthy controls (HC) (age: 36.5 years, 68.6% female). The experience sampling method (ESM) was used and at every assessment a saliva cortisol sample was taken. Cortisol samples were averaged and compared between groups using an independent t-test and a multilevel regression model was used to analyse the ESM data.

Results: Cortisol was significantly lower in the 22q11DS group ($p < .001$) compared to healthy controls. Adults with 22q11DS display an overall higher negative affect throughout the day compared to HCs ($F = 6.31$, $p = 0.02$). There were no significant differences in daily mean positive affect scores between HCs and 22q11DS. Minor stressors were significantly associated with decreased positive affect and increased negative affect in the control group and 22q11DS group. 22q11DS adults had a significantly different ($B = 0.11$, $p = 0.011$) positive affect reactivity to minor activity related stress compared to HC. A blunted decrease of positive affect in relation to minor activity related stress is found in 22q11DS compared to HC. Post-hoc exploratory analysis revealed that these results were independent from 22q11DS psychiatric diagnosis or psychoactive medication use.

Conclusion: These preliminary results indicate that people with 22q11DS may experience higher self-reported negative affect to small stressors in daily life, whilst showing lower mean cortisol levels than HC, possibly resulting from an over sensitization of the HPA-axis. This could imply a permanent long-term effect of stress and possibly be present in adults with 22q11DS too.

Background: 22q11 deletion syndrome (22q11DS) is a genetic disorder associated with anxiety and mood disorders, and increased risk for psychosis. Cortisol levels and stress reactivity reflect hypothalamic-pituitary-adrenal (HPA)-axis activity and are believed to be altered in subjects that often experience daily life stress, depression and psychotic symptoms. However, it is unknown whether patients with 22q11DS have an altered stress reactivity.



S-20-005

Recommendation for the clinical management of the psychosis spectrum

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Method: We have conducted an extensive review on the efficacy of different interventions aimed at reducing transition to psychosis and burden of disease in 22q11DS

Results: We will provide evidence-based recommendation concerning treatment strategies aimed at reducing/delaying the rate of transition to psychosis in this specific population.

Conclusion: In general treatment strategies to prevent transition to psychosis are similar to those in the general population. Nevertheless, there is some evidence that therapeutic interventions should be also addressed to more specific target such as social impairment, cognitive decline and copying strategies.

Background: The 22q11.2 deletion syndrome (22q11DS) is one of the highest known risk factors for schizophrenia. Indeed, 23 to 45% of adolescents report transient psychotic experiences, up to 40% of affected adults are diagnosed with a psychotic disorder. Moreover, 22q11DS was found in 0.3 to 2.0% of patients with schizophrenia, with rates of up to 5.7% in patients with childhood-onset schizophrenia.



S-21

Conduct disorder in female adolescents: New results of the FemNAT-CD project

Chairpersons: C. M. Freitag, Germany; A. Fernández Rivas, Spain

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S-21-001

Borderline Personality disorder symptoms in female adolescents with conduct disorder

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Method: As part of the European FemNAT-CD study, the subsample of female adolescents CD (aged 14-18 years) were included and divided into two groups according to the presence or absence of comorbidity with BPD based on DIPD-IV. Variables as SES; severity, age of onset of CD and comorbidity (K-SADS, MAYSI-II), characteristics of aggressive behaviour (RPQ, RAQ) and experiences of maltreatment (CECA-Q) were assessed and compared between groups.

Results: As main results, the subsample of female adolescents CD with BPD showed greater severity of CD ($p=0,0293$), more comorbid Depressive disorder ($p=0,0006$) ADHD ($p=0,0251$) and PTSD ($p= 0,0076$), more proactive and reactive aggression ($p= 0,0036$, $p< 0,0001$ respectively) and more experiences of sexual abuse ($p< 0,0001$). The clinical and treatment implications of these results will be discussed.

Conclusion: Conduct Disorder female adolescents with BPD seem to be a severe subgroup of CD in female adolescents.

Background: This study aims to investigate the correlations between Conduct Disorder (CD) in female adolescents with comorbid Borderline Personality Disorder (BPD) symptoms, hypothesizing that CD female adolescents with BPD could represent both a subtype of CD and also the externalizing pathway to the development of BPD.



S-21-002

Phenotypically characterized subtypes of female adolescent conduct disorder

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Method: In a large sample of > 1800 adolescents with CD and controls from 12 European sites, structured interview and questionnaire data on conduct, oppositional defiant, and ADHD problems, aggression, empathy, and callous-unemotional traits were collected. Factor analysis across items based on polychoric correlations was done as data reduction method. Based on factor scores, cluster analyses separately in females and males with CD and female and male controls were done to explore possible sex specific subtypes. Subtypes were compared with regard to early and chronic psychosocial risk factors as well as psychiatric comorbidity.

Results: The results will be presented at the conference.

Conclusion: Female as well as male CD is not a homogeneous disorder. The study of sex specific homogeneous subtypes will allow describing specific risk factors associated with these subtypes. In addition, the longitudinal course of the respective subtypes should be studied.

Background: Conduct disorder is characterized by aggressive and non-aggressive, antisocial behavior. In addition, limited prosocial emotions can be specified according to DSM-5. Despite phenotypic heterogeneity of these symptoms, subtyping of CD according to behavioral and affective symptom clusters has rarely been done, and sex specific subtypes have not yet been studied. The aim of the current study was, first, to explore and validate sex specific subtypes of CD, and, second, to describe associated psychosocial risk factors and comorbid psychiatric diagnoses.



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S-21-003

Longitudinal course of female adolescent conduct disorder

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No abstract submitted in time



S-21-004

Sex differences in the relationship between Conduct Disorder and white-matter microstructure assessed using spherical deconvolution methods

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Method: We acquired diffusion-weighted MRI data from 101 adolescents with CD (52 females) and 99 typically-developing controls (50 females). Data were processed for deterministic spherical deconvolution tractography. Virtual dissections of the UF, the three subdivisions of the cingulum (retrosplenial, parahippocampal and subgenual cingulum), and the fornix, were performed and measures of fractional anisotropy (FA) and hindrance-modulated orientational anisotropy (HMOA) were analysed.

Results: The CD group had lower FA and HMOA in the right retrosplenial cingulum tract relative to typically-developing controls. Importantly, these effects were moderated by sex - males with CD had significantly lower FA and HMOA compared to male controls, whereas females with CD and control females did not differ.

Conclusion: Our results highlight the importance of considering sex when investigating the neurobiological basis of CD. More specifically, they raise the possibility that sex differences in retrosplenial cingulum tract connectivity may contribute to sex differences in the clinical presentation of CD.

Background: Previous studies of Conduct Disorder (CD) have reported structural and functional alterations in the limbic system. However, the white-matter tracts that connect limbic regions together have not been comprehensively studied. The uncinate fasciculus (UF), a tract connecting limbic and prefrontal regions, has been implicated in CD. However, CD-related alterations in other additional limbic white-matter tracts, such as the cingulum and the fornix, have not been investigated. Furthermore, few studies have examined the influence of sex and none have been adequately powered to test whether the relationship between CD and structural connectivity differs by sex. We examined whether adolescent males and females with CD exhibit differences in structural connectivity compared to typically-developing controls.



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S-21-005

Neural correlates of face processing in female youth adolescent with CD: Influence of sex and callous-unemotional traits

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No abstract submitted in time



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S-21-006

First results of the randomised controlled trial START-NOW

*C. Stadler**

**Basel, Switzerland*

No abstract submitted in time



S-22

Early detection and long-term outcome in adolescent non-suicidal self-injury and Borderline Personality Disorder

Chairpersons: M. Kaess, Switzerland; K. Schmeck, Switzerland

*M. Kaess**

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S-22-001

Longitudinal data on the course of non-suicidal self-injury and borderline personality disorder in adolescence – findings from a German cohort study

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Method: Data on 420 patients who meet NSSI-disorder criteria at baseline (82.53 % female, mean age 14.98 years, SD=1.42) were collected from a help-seeking outpatient population. The sample was investigated by using semi-structured interviews at baseline and after 12 (FU 1) and 24 months (FU 2). Full data set on all three time points was obtained for N=107. NSSI remission was defined by zero acts of NSSI in the past 6 months at 1-year follow-up.

Results: Based on preliminary analyses, 23.32 % of the adolescents showed a remission of NSSI at FU 1, 30.14 % at FU 2. Only 6.54 % showed a relapse at FU 2. NSSI relapse was higher in those with BPD diagnosis at baseline (6:1) (1-sided Fisher's exact, $p=.080$). Concerning BPD, analyses showed higher remission rates (42.71 % at FU 1, 64.20 % at FU2) with 4.94 % relapse at FU 2. The group of 16-19 year-olds showed a higher reduction of BPD criteria ($z=-2.52$, $p=.012$) within the first year compared to the mid-adolescence group (14-15 years).

Conclusion: Higher initial BPD pathology in older adolescence predicts a better symptom reduction which amongst others, might be due to higher motivational aspects of those individuals with higher burden. However, NSSI relapse at FU 2 is higher in those adolescents with BPD symptomatology. These findings argue in favor of an integrated early intervention approach for all BPD symptoms since BPD remission in adolescence seems feasible and relapse rate after two years is low.

Background: NSSI is a diagnostic core feature of adolescent BPD. Even if the association between NSSI and BPD has been well described, research lacks in longitudinal data. Aim of the talk is to examine the longitudinal development of NSSI and BPD in adolescence in terms of remission and relapse associated with baseline predictors.



S-22-002

Long term effects of a brief cognitive behavioral intervention for the treatment of non-suicidal self-injury in adolescents

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Method: In this randomized controlled trial (RCT), 74 adolescents, who either received CDP or a high-quality treatment as usual (TAU) were examined before treatment (baseline), directly after treatment (postline), six months after treatment (follow-up 1) and on average 37.8 (SD=9.8) months after baseline evaluation (follow-up 2) to assess effects of intervention on NSSI and comorbid symptoms. Primary outcome criterion was a significant reduction in the frequency of NSSI.

Results: Both groups reached a significant reduction in the frequency of NSSI within the last six months between follow-up 1 (M=27.03, SD=39.86) and follow-up 2 (M=9.1, SD=24.39; $t(1)=30.11$; $p<.001$). 58.6% (CDP: 39.0%, TAU: 61.0%) of participants were even able to stop NSSI completely at follow-up 2. Participants with adverse childhood experiences (ACEs) reached a faster reduction in the frequency of NSSI within the last six months than patients without ACEs ($t(3)=8.47$; $p=.037$).

Conclusion: The CDP was found to be as effective as a high-quality TAU in promoting recovery from NSSI. Results in the CDP group suggest that treatment effects might endure, even from a brief psychotherapeutic intervention.

Background: Although nonsuicidal self-injury (NSSI) constitutes a discrete DSM-5 disorder by now, there is still a lack of evidence-based, specific and economic treatment approaches. According to this, there are no information on long-term effects and sustainability of such treatment programs. This study aimed to investigate long-run effects of a recently evaluated cognitive-behavioral treatment manual for adolescent NSSI – the “Cutting-Down-Programme” (CDP).



S-22-003

Early detection of Borderline Personality Disorder

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Objective: Early detection of Borderline Personality Disorder (BPD) in adolescents requires reliable and valid assessment instruments that are developed or adapted for this age group. In this presentation an overview is given on assessment instruments that can be used to detect BPD before the age of 18.

Method: The psychometric properties and the clinical usefulness of four newly developed self-rating questionnaires will be presented: AIDA (Assessment of Identity Development in Adolescence; Goth & Schmeck, 2018), LoPF-Q 12-18 (Level of Personality Functioning; Goth, Birkhölzer & Schmeck, 2018), OPD-CA-2-SQ (Operationalized Psychodynamic Diagnosis Axis Structure; Goth, Schrobildgen & Schmeck, 2018) and BPFSC-11 (Borderline Personality Features Scale for Children; Sharp et al., 2014). All instruments have been tested in large clinical and non-clinical samples in Switzerland, Germany and Mexico.

Results: All four instruments show excellent reliability scores ranging from .87-.94 (AIDA, LoPF-QA, OPD-CA-2-SQ) to .84 (BPFSC-11). At the same time all instruments are able to differentiate between adolescents with Borderline PD and adolescents from the normal population with effect sizes ranging from 1.4 (BPFSC-11) to 2.2 (AIDA).

Conclusion: Early starting BPD as well as disturbed personality functioning in general can be detected in young people with the use of instruments that have been developed in the last years.



S-22-004

An analysis of child and adolescent psychiatry consultations for non-suicidal self-injury and suicidality

*P. Plener**

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Method: Retrospective chart review of 564 emergency presentations at a German child and adolescent psychiatric department during a six year time span. The Columbia Classification Algorithm of Suicide Assessment (C-CASA) was used to group the presentations due SITBs.

Results: Out of 347 presentations due to SITBs, 36.6% were caused by NSSI, 34.6% presented with suicidal ideation, 14.1% presented after a suicide attempt and 13% reported preparatory acts. Suicide attempts were most often seen on Mondays and in the month of October.

Conclusion: SITBs are of crucial clinical relevance in emergency child and adolescent psychiatry. Standardized methods such as Therapeutic Assessment have the potential to support help-seeking behavior in adolescents with SITB and can be helpful to the clinician. However, the evidence on effective interventions in emergency child and adolescent psychiatric care for SITB is limited.

Background: Self Injurious Thoughts and Behaviors (SITB), including Nonsuicidal Self-Injury (NSSI) and suicidal behaviors, often result in emergency presentations at departments of child and adolescent psychiatry. To plan for the clinical need, we analyzed the utilization of a child and adolescent psychiatric department.



S-22-005

Non-suicidal self-injury and suicidality from the perspective of adolescents hospitalized

N. Ljubomirovic, A. Stojkovic, O. A. Hill*

**Institute of Mental Health, Child Psychiatry Department, Belgrade, Serbia*

Objective: Non-suicidal self-injury (NSSI) is defined as behavior that is self-directed and deliberate, resulting in injury or potential injury to oneself, without suicidal intent. Research showed it consistently correlates with suicidality. In recent years, the number of studies investigating NSSI is constantly growing, especially since the NSSI was included in the Diagnostic and Statistical Manual of Mental Disorders. Studies showed that NSSI serves multiple functions, there are long-term negative consequences. It often co-occurs with some mental illnesses, most frequently with depression and anxiety. Aim of this research was to identify reasons for NSSI and suicide attempts in adolescents and find out more about their feelings during and after self-injury.

Method: Sample consisted of 50 adolescents aged 13-18 years, who were hospitalized at the Clinic for child and adolescent psychiatry in Institute of Mental Health in Belgrade, interviewed by semi structured questionnaire.

Results: Results showed that dominant reasons for thinking about NSSI and suicidal attempts are related to conflicts with family members or peers. Common reasons also include intense negative emotions and negative self-image. Majority of participants seek different information about NSSI on internet.

Conclusion: Findings about risk factors and protective factors for NSSI and suicide attempts can contribute to more effective treatment and prevention of these mental health problems.



S-23

Impairments in the levels of personality functioning and identity development and their relevance for psychiatric disorders in adolescence

Chairpersons: K. Sevecke, Austria; K. Goth, Switzerland

K. Sevecke*

*Medical University Innsbruck, Tirol Kliniken, Child & Adolescent Psychiatry, Hall In Tirol, Austria

S-23-001

The concept of identity and impaired identity functioning in different age groups

K. Sevecke*

*Medical University Innsbruck, Tirol Kliniken, Child & Adolescent Psychiatry, Hall In Tirol, Austria

Method: In a cross-sectional study, we examined psychiatric (n=209, 72.6% female) and non-psychiatric (n=87, 51.7% female) adolescents aged 13 to 18 using the questionnaire AIDA (Assessment of Identity Development in Adolescence).

Results: As expected, adolescents in the clinical sample were overrepresented for diffusion (39.2%), and school students mostly showed normal or healthy identity development (82.8%). Impairment of identity development differed between the diagnostic groups F3 and F5 as well. No age differences were identified.

Conclusion: The results in regard to gender distribution were inconsistent and need further investigation.

Background: Identity development is a core task during adolescence and beyond; moreover, identity diffusion is an important aspect of mental disorders. The purpose of this talk is to present a study recently completed by the Department of Child and Adolescent Psychiatry of the University of Innsbruck, Austria. The aim of the study was to analyze whether identity development varies across adolescents with different psychiatric diagnoses (F3, F4, F5, F9) compared to a school sample. Furthermore, the impact of age and gender differences in pathology-related identity was explored.



S-23-002

Identity diffusion and NSSV (non-suicidal self-injury): Results from a clinical study

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Method: The study included around 300 adolescents undergoing inpatient treatment at a specialized facility. The factors assessed were the presence of NSSI according to the proposed DSM-5 criteria, clinical psychiatric diagnosis, the presence of suicidality and the presence of personality disorder. Identity development was evaluated with the AIDA (Assessment of Identity Development in Adolescence)-questionnaire.

Results: A large percentage of the sample fulfilled DSM-5 criteria for NSSI. Patients with NSSI clustered in a spectrum of diagnostic entities including not only borderline personality disorders but also substance use disorders and affective disorders. A strong association was found between NSSI and impaired identity development.

Conclusion: NSSI is a very frequent phenomenon among adolescent psychiatric inpatients and is associated with a characteristic spectrum of psychopathology as well as with impaired identity development.

Background: In youth, nonsuicidal self-injury (NSSI) is an important and frequent health-related risk factor with prevalence rates around 50% in psychiatric clinical settings. NSSI was found to be associated with a broad spectrum of comorbid psychopathology, and is a core symptom of borderline personality disorder (BPD). In 2013, NSSI was proposed in section 3 of the DSM-5 as a new diagnostic entity warranting further study. Additionally, impaired identity development was defined as a core feature of personality disorders in the alternative hybrid model for personality disorders in DSM-5. Our study was thus conducted to evaluate associations between nonsuicidal self-injury, impaired identity development and other psychopathology in a large sample of adolescent psychiatric inpatients.



S-23-003

Unresolved attachment mediates the relationship between childhood trauma and impaired personality functioning in adolescence

M. Gander, K. Goth*

**Medical University of Innsbruck, Austria*

Objective: Childhood trauma is considered as a nonspecific risk factor for impaired personality functioning. However, the role of adolescent attachment has largely been neglected in the literature. The present study evaluated the hypothesis that unresolved attachment characteristics mediate the relationship between childhood maltreatment and personality functioning in adolescence

Method: Our sample consists of 112 in-patients (girls/boys: 86/26, age: $M = 15.1$, $SD = 1.44$) and 87 adolescents from the community (girls/boys: 45/42, age: $M = 16.0$, $SD = 1.15$). Attachment representations and unresolved-specific characteristics were assessed using the Adult Attachment Projective Picture System (AAP). We used the Childhood Trauma Questionnaire (CTQ) for evaluating childhood maltreatment and the Levels of Personality Functioning Questionnaire (LoPF-Q 12-18) to measure the severity of impairments in personality functioning.

Results: Regression analysis demonstrates that childhood maltreatment had a direct effect on the levels of personality functioning. The amount of unresolved attachment characteristics mediated the relationship between childhood maltreatment and levels of personality functioning. In particular, the associations between emotional abuse and neglect and the domains of identity, empathy and intimacy were mediated by the amount of unresolved markers. Yet interestingly, our results were not significant for the domain of self-direction.

Conclusion: The severity of traumatic attachment-related material that is characterized by attachment dysregulation due to fear or threat might explain why adolescent personality pathology could be a consequence to experiences of childhood maltreatment in adolescence. Integrating traumatic attachment issues might represent an inventive approach in the treatment of adolescents with personality pathology.



S-23-004

Identity and personality in adolescents with conduct disorder, ADHD, and depression with and without anxiety

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Clenia Littenheid AG, Child & Adolescent Psychiatry, Switzerland*

Objective: The development of personality and identity is one of the major tasks during adolescence. Different concepts of identity were established. Goth et al. presented an integrative understanding of healthy and disturbed identity and developed the self-report instrument AIDA (Assessment of Identity Development in Adolescence) to assess pathology-related identity development in adolescence. In previous studies it could be shown that patients with personality disorders had highest scores in all AIDA scales, patients with externalizing disorders had lowest scores while patients with internalizing disorders scored in between (Jung et al., 2013). Aim of this study is to compare features of temperament and character with identity diffusion in patients with internalizing and externalizing psychiatric disorders.

Method: Inpatient Adolescents aged 12 to 18 years participated in this study. Adolescents with combination of conduct disorders and emotional disorders (CDE) (n=13), ADHD (n=14), depressive disorders (DD) (n=30) and the combination of depressive and anxiety disorders (DAD) were included. Testpsychology was performed i.a. with AIDA, CBCL, YSR und SKID-II.

Results: Adolescents with internalizing disorders showed similar scores in identity diffusion compared with adolescents with CDE. In contrast patients with ADHD exhibit significantly lower scores in identity diffusion. Furthermore patients with ADHD had significant lower scores in harm avoidance and higher expression of self-directedness. There was a high correlation between diffusion and self-directedness ($r=-0,764$, $p<0,001$).

Conclusion: Today personality and identity in adolescents are better to evaluate due to appropriate testpsychological assessment. Especially in internalizing disorders or in combination with internalizing disorders we suppose a more meaningful information about development of identity.



S-23-005

Response to a multimodal treatment approach including DBT-A

*A. Dixius**

**SHG-Kliniken Sonnenberg, Saarbrücken, Germany*

Method: Study sample are 138 adolescents who absolved the DBT-A therapy program in an in-patient setting. The treatment is meant for female and male adolescents at the age of 14-18 years and takes 12 weeks. Before and after the therapy the adolescents were examined with the instruments of general psychopathology, emotion regulation and identity development using AIDA (Assessment of Identity Development in Adolescence).

Results: The study presents the inuence of DBT-A treatment on the identity development of adolescent patients. The following shall be considered: The correlation of the characteristic of identity disorders and psychopathology interference of adolescents with borderline disorders, eating disorders and emotion regulation disorders.

Conclusion: The results of the study show signicant changes regarding the characteristical degree of severity of the identity diffusion. The results are clinically relevant for the development of treatment methods dealing with identity disorders.

Background: Identity formation is a basic development task in adolescence. Adolescents with abeginning borderline psychopathology show salience in identity development. Identitydiffusion is often linked to a beginning borderline identity disorder and describes distinctinterferences regarding the stability of self-view and the feeling about yourself. The dialectical behavioral therapy for adolescents (DBT-A) is a treatment program for adolescents with emotion regulation disorders and borderline specic symptoms. The study wants to examine the inuence of a standardized and certied DBT-A therapy program on the identity development of adolescent patients.



S-24

Assessing social processes: Critical evaluations and novel methods

Chairpersons: O. Kirtley, Belgium; I. Germeys, Belgium

*O. Kirtley**

**KU Leuven, Contextual Psychiatry, Belgium*

S-24-001

Improving ecological validity in research on social cognition in psychosis

*M. Schneider**

**University of Geneva, Department of Psychiatry, Switzerland*

Method: Analyzed data are part of the Genetic Risk and Outcome of Psychosis (GROUP) study and involved participants with a psychotic disorder and healthy volunteers. ToM was measured using the Hinting Task or the Picture Completion Task. Two different measures of social functioning were also used: the Social Functioning Scale (SFS) and real-life measures collected with Experience Sampling Methodology (ESM). ESM is a structured diary technique that allows participants to report their current mood, thoughts, and experiences on a mobile application several times per day in the flow of daily-life.

Results: Results were highly consistent across studies and showed no significant association between ToM and (daily-life) social functioning.

Conclusion: These results suggest that performance on classical ToM tests is not associated with (daily-life) social functioning. An alternative framework to study the mechanisms contributing to social impairments in psychosis will be discussed.

Background: Within psychosis, impairments in social cognition have been hypothesized to be a driving force behind daily-life social impairments. However, several studies have shown that performance on traditional measures of social cognition are poorly related to social functioning. In this presentation, we will illustrate the limitations of the traditional concept of social cognition. In particular, we will present the results of a series of studies investigating the association between classical tests of Theory of Mind (ToM) and social functioning.



S-24-002

Measuring socio-communicative sensitivity in autism spectrum disorder using Fast Periodic Visual Stimulation EEG

S. Van Der Donck, B. Boets*

**KU Leuven, Neurosciences, Belgium*

Method: Here, we propose a new neuroimaging approach to quantify the individual sensitivity for subtle and implicit socio-communicative cues by means of fast periodic visual stimulation EEG. We will present data on 25 school-aged boys with ASD, as compared to 25 well-matched typically developing boys, on a series of FPVS EEG experiments assessing neural indices of social preference, facial identity processing and facial expression processing.

Results: Results indicate that this extremely versatile EEG technique reliably differentiates between children of both groups.

Conclusion: In the presentation, we will discuss the basic principles of this innovative approach, as well as the potential clinical applications for early assessment and detection of socio-communicative impairments. (co-authors: Sofie Vettori, Stephanie Van der Donck, Milena Dzhelyova, Bruno Rossion, Jean Steyaert)

Background: Humans are social beings par excellence. Efficient face processing, such as recognizing face identity and interpreting facial expression, plays a major role in social communication. Individuals with autism spectrum disorder (ASD) are characterized by impairments in social communication and interaction, including difficulties in face processing. Yet, it remains challenging to assess these daily life difficulties in an experimental lab environment.



S-24-003

How parenting and psychopathology relate to daily-life social experiences

R. Achterhof

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Method: Two studies are presented that investigate the associations of daily-life social processes with parenting, and with psychopathology. N = 628 twins and their siblings (aged 14-21) completed baseline self-report measures of perceived parenting quality and psychopathology, followed by an experience sampling protocol in which participants completed brief questionnaires ten times per day for six days.

Results: Maladaptive parenting (defined as low care and high overcontrol) and higher psychopathology levels were both found to relate to more negative social experiences in daily life (e.g., finding company less pleasant, preferring to be alone when in company). Parenting was unrelated to more objective, traditional social functioning measures (e.g., being alone more, being with familiar people more), whereas general psychopathology related to being with familiar people less than with unfamiliar people.

Conclusion: These results highlight that parental socialization processes may have more of an effect upon subjective quality of social interactions than the actual quantity of social behavior. Similarly, psychopathology is likely more related to subjective social experience than the actual amount of social interactions.

Background: Maladaptive parenting has been consistently demonstrated to be related to the development of psychopathology. The mechanism behind this relationship is likely social in nature, as successful parenting is critical for socializing offspring and as disturbed social processes play a large role in most psychiatric diagnoses. In order to more comprehensively capture one's full social experience, it is key to assess social behavior in the context of daily life.



S-24-004

Grasping real-time social interaction in adolescents experimentally: Evaluation of the Perceptual Crossing Experiment

*K. Hermans**

**KU Leuven, Contextual Psychiatry, Belgium*

Method: Data from 148 adolescents aged between 12 and 16 were collected in a minimal virtual environment in which we measured real-time social interaction between dyads. Assessment of social contingency detection was based on how much time participants spent together and how accurate they were in detecting responsiveness. Associations between the experimental data and ratings of social awareness (both quantitative and qualitative) were studied.

Results: Preliminary results will be interpreted in light of the embodied perspective on social interaction. The PCE has shown to provide promising data in an adolescent population. Social contingency detection was successful and changed throughout the experiment.

Conclusion: Future studies with this paradigm will be discussed, specifically in relation to studying correlates with social interaction in real life and how experimental findings might be associated with psychopathology.

Background: In traditional social cognition research, laboratory tasks taking first or third person perspectives have been used to draw conclusions about social interaction and behavior. The embodied perspective focuses on the second person perspective in which real-time interaction itself is assessed in the environment in which it occurs, using the body as a whole instead of the brain only. The objective of this experimental study is to evaluate an adapted and shortened version of the Perceptual Crossing Experiment (PCE), a novel paradigm based on the embodied approach, in an adolescent population. We aimed to assess whether this experiment is measuring social contingency detection and gradual acquisition of this outcome during the experiment.



S-25

Psychiatric problems of migrant and refugee children and adolescents

Chairpersons: T. Akkaya-Kalayci, Austria; Z. Özlü-Erkilic, Austria

T. Akkaya-Kalayci

Medical University of Vienna, Child and Adolescent, Psychiatry, Austria

S-25-001

Mental health problems among native and Turkish-speaking children and adolescents living in Vienna, Austria

M. T. Gutmann, Z. Özlü-Erkilic, T. Akkaya-Kalayci*

**Landeskrankenhaus Baden-Mödling, Department of Child and Adolescent Psychiatry, Hinterbrühl, Austria*

Objective: Migrant children and adolescents are more affected by mental health problems compared to their indigenous peers; therefore, they are a population at risk. The aim of our study was to compare the mental health problems of native children and adolescents with their Turkish-speaking peers.

Method: We investigated externalising and internalising problems of totally 302 children and adolescents aged between 7-18 years using YSR/11-18 (Yough Self Report for minors aged between 11 –18 years), CBCL/4-18 (Child Behavior Checklist for minors aged between 4 –18 years), DIKJ (Inventory for Depression of children and adolescents) and STAI-K (Inventory for anxiety of children and adolescents). In the clinical group, 100 Austrian and 100 Turkish-speaking patients were involved, whereas in the control group 52 Austrian and 50 Turkish-speaking minors were included.

Results: In the control group, Turkish-speaking minors had higher levels of internalizing, depressive, and anxiety symptoms compared to their indigenous peers. F9 diagnoses (behavioural and emotional disorders) were more frequently observed in Austrian patients (42.1%) than in the Turkish-speaking sample (28%). However, F8 diagnoses (disorders of psychological development) were observed only among Turkish-speaking patients.

Conclusion: The results of the present study show transcultural differences in mental health problems among children and adolescents with migration background. These differences could be caused by migration induced stress. Turkish-speaking minors in the control group had higher scores than their peers in the control group in mental health problems. Still migrant children and adolescents use mental health services less frequently than their indigenous peers, as culture and language sensitive offers are not established enough in Austria.



S-25-002

Transcultural differences of psychiatric emergencies of minors living in Austria

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**Medical University of Vienna, Department of Child and Adolescent Psychiatry, Austria*

Objective: Little is known about the conditions of migrant children and adolescents receiving emergency psychiatric care in Europe. Previous studies report that migrants usually attend psychiatric care rarely than the natives. The aim of this study was to focus on differences of psychiatric emergencies of minors with and without migration background.

Method: We retrospectively studied the records of 1,093 minors aged between 4-18 years, who were treated at the psychiatric emergency outpatient clinic of the Department of Child and Adolescent Psychiatry at the Medical University of Vienna, during a period of three years.

Results: More migrant minors than natives were treated at the emergency clinic. Among Austrian and Serbian/ Croatian/Bosnian patients the most frequent reason for referral was acute stress disorder. Turkish speaking children and adolescents were mostly treated after a suicide attempt. However, certain psychiatric diagnoses like personality and eating disorders were frequently diagnosed in indigenous minors.

Conclusion: Migration induced burdens may lead to increased intercultural and intrafamilial conflicts among migrant children. The deficiency of adequate culture and language sensitive mental health care offers, which meet the needs of children and adolescents with migration background, may be the reasons for the differences among migrant and native minors. Further studies are needed to determine the influence of migration background on the mental health of migrant youths in order to optimize culture and language sensitive mental health care offers.



S-25-003

Psychiatric morbidity among Yazidi refugee children and adolescents immediately after resettlement

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University of Marmara, Department of Child and, Adolescent Psychiatry, Istanbul, Turkey

Objective: Turkey is the leading refugee hosting country. The aim of the present study was to evaluate psychiatric problems and disorders among Yazidi refugee children and adolescents, who were assessed immediately after their forced migration.

Method: The records consisted of 42 Yazidi refugee children, 24 girls, and 18 boys, aged between 2-18 years (mean 12.1 ± 4.5 (SD)).

Results: All children and adolescents exhibited psychiatric problems and disorders, 50% had one, and 50% had more than one. The most relevant problems were disturbed sleeping (71% of children), followed by depression (36.8%), conversion (28.9%), adjustment (21.8%), acute (18.4%) and posttraumatic stress (PTSD, 10.5%) disorders, and non-organic enuresis (18.4%).

Conclusion: The results pointed out that refugee children and adolescents do not just suffer from PTSD but from various other problems immediately after forced migration. The psychosocial Children and adolescents living in refugee camps need psychosocial support.



S-25-004

Refugee minors face toxic levels of peer bullying which is associated with increased rates of emotional and behavioral problems

A. Rodopman Arman, O. T. Poyraz Findik, V. Ceri*

**University of Marmara, Department of Child and, Adolescent Psychiatry, Istanbul, Turkey*

Objective: Since 2011, Turkey has admitted an average of 3,5 million refugees, about half of whom are under 18 years of age. Refugee children are faced traumatic events, loss, and intense feeling of uncertainty about their future. Additionally, they face many adverse events such as stigmatization, improper housing, and hardships in reaching education and health facilities. Furthermore they are commonly face victimization and bullying encountered in schools or other social areas.. In this study, we aimed to evaluate impact of peer bullying on psychosocial wellbeing of refugee children.

Method: Data were gathered from temporary educating centers and public schools in Istanbul. The Victimization Scale (VS), Children's Revised Impact of Event Scale (CRIES-8), the self-report version of the Strengths and Difficulties Questionnaire (SDQ), the War Trauma Questionnaire (WTQ) were administered.

Results: The study sample consisting of 154 children (78 girls and 76 boys, mean age 12.98 ± 1.39 years). Of these children, 6.5% ($n=10$) had a score that above the cut-off point of SDQ and 52.6% had posttraumatic stress disorder symptoms according to CRIES-8 cut-off scores. Significant correlation were found among SDQ score and VS ($p=0.001$, $r=.294$), CRIES-8 ($p=0.05$, $r=.256$), WTQ ($p<0.001$, $r=.351$) scores.

Conclusion: For refugee children, peer bullying and victimization may be considered as a substantial risk factor on psychopathology in post migration process, as important as that previous trauma exposure.



S-25-006

Psychosocial wellbeing and mental health of unaccompanied minors in Greece

I. Giannopoulou, L. Mourloukou*

**EGSS, Athens, Greece*

Objective: The present study seeks to examine the psychosocial well-being and mental health of unaccompanied minors (UAMs) in Greece through using different sources of information and data collection.

Method: Synthesis of the results from (a) the review of the legal and policy framework for UAMs, (b) the rapid assessment of mental health, psychosocial needs and services (MHPSS) for UAMs in Greece conducted by the Institute of Child Health, which was based on information provided by the staff of shelters (c) study of psychological distress among 90 UAMs using self-report measures and behaviour ratings completed by the key workers, (d) semi-structured interviews with NHS mental health providers in Athens with regards to mental health of UAMs providers.

Results: Gaps identified between legal/policy framework and its implementation in the case UAMs provide an explanatory framework of the main results from the study conducted with UAMs, which point to significantly higher levels of PTSD and depression symptoms, and conduct problems, irrespectively of levels of pre-flight trauma exposure, among those who are living in “legal limbo” as compared to those who hold a refugee status. The data from the semi-structured interviews are still in progress, but preliminary results explain the finding from the MHPSS study showing that self-harming behaviours and violence often lead to prosecutor’s order for a psychiatric assessment/admission.

Conclusion: The replacement of “top down” planning of services with ad hoc nature of interventions does not ensure sustainability in terms of addressing UAMs psychological well-being and mental health needs neither the continuity of care.



S-26

Mindfulness-based interventions (MBI) for carers

Chairpersons: F. McNicholas, Ireland; C. Lynch, Ireland

S-26-001

Overview of general mindfulness-based interventions (MBI) in mental health (MH)

*E. Hedderman**

**Lucena Clinic CAMHS, Mudita Mindfulness Courses, Dublin, Ireland*

Objective: (i) to provide a review of the evidence for MBI (ii) to enable participants to gain some experience of MBI practices

Method: Via literature review, present an overview of the evidence for the effectiveness of MBI eight week programmes in Mental health. Short MBI practices will be guided to provide an experiential component.

Results: Initial effectiveness studies on Jon Kabat Zinn's 8 week MBI (developed in 1979) provided encouraging results for patient's health-related quality of life and MH. A meta-analysis provided evidence that a particular MBI (MBSR) improved MH in 11 studies compared to wait list control or treatment as usual (TAU) and was as efficacious as an active control group. Another MBI (MBCT) was shown to reduce the risk of depressive relapse compared to either TAU or an active control group. Overall, studies showed medium effect sizes. A further MBI (MSC), developed by Neff and Germer in 2010) has demonstrated effectiveness in adults and adolescents by reducing symptoms of anxiety, depression, stress, rumination, perfectionism, body shame and fear of failure. It is also strongly linked to an increase in life satisfaction, happiness, self-confidence and optimism.

Conclusion: MBI have strong and growing evidence in the treatment of MH disorders. Cutting edge areas such as the use of MSC as an adjunctive treatment for adolescent MH disorders and for parents of children with MH disorders are welcome and worthy of further study.



S-26-002

Practical demonstration & exploration of MBI for carers to reduce stress

*C. Lynch**

**University College Dublin, MINDCUL, Ireland*

Objective: Research has shown that there are high levels of stress and burnout among both professional and volunteer carers of people with intellectual disability and mental health difficulties, in part due to lack of support for them. Higher stress levels may negatively impact the level of care received by their clients. The objective of this symposium is to examine the different aspects of a mindfulness-based stress reduction (MBSR) course and how it may reduce stress among carers

Method: Some of the practices and exercises undertaken during a typical 8 week course will be examined on an experiential basis by symposium participants. Small and large group discussions will take place around these practices – highlighting what was noticed when undertaking them, and what impact these practices may have for carers.

Results: It is expected that participants will experience a heightened sense of awareness of what is occurring in the present moment. A discussion about this awareness, and the techniques employed in achieving it will give participants some insight into how mindfulness can be used by carers to focus on the here and now, something they have influence over rather than reacting to things they can not change.

Conclusion: As clinicians also experience many of the same stress-related issues in their professional work, these personal insights may provide experiential evidence as to the applicability of bringing mindfulness more fully into support services for carers.



S-26-003

Transition of care and carer

*L. Kerin**

**University College Dublin, Tusla Child and Family Agency, Love Knowledge Consultancy, Ireland*

Objective: Carer burden is a real and important consequence of being involved in the care and treatment of family members or significant others. Lack of recognition of the need to target and minimize carer burden, and prevent compassion fatigue, has huge consequences for the individual being cared for, and the health and social care services. Carer fatigue may mean that carers have to hand over care to others. Similarly as carers' age, transition of care becomes a necessity. Properly planning for transition of care is vital, and should occur early and with both carers and those cared for. The aim of this symposium is to raise the awareness of attendees to situations in which transition of care occurs, and to consider strategies to facilitate optimum transitions.

Method: Through video material, action research using innovative KETSO methodology, attendees will immerse themselves in the discussion about concerns, anxieties and realities regarding transition of care.

Results: Carers and youth being cared for reported significant anxiety at time of transition of care, but often did not openly discuss or plan for these. Similar concerns were raised by professionals as they transferred care to other services.

Conclusion: Increased awareness and some transition planning strategies would be beneficial to carers and those being cared for to avoid any additional stress caused by uncertainty and change.



18th INTERNATIONAL CONGRESS OF ESCAP

VIENNA 2019

30 June – 2 July 2019 | Hofburg
Vienna, Austria

S-26-004

Carer burden and caring support for nurses

*V. O'Doherty**

**Dublin, Ireland*

No abstract submitted in time



S-26-005

Specific reference to application of MBA for parents of youth with ADHD

F. McNicholas, A. Ni Bheara*

**University College Dublin, Child & Adolescent Psychiatry, Ireland*

Method: The findings of a 2018 systematic review of the impact of mindfulness on children and adolescents with ADHD will be presented, followed by presentation of the protocol for an updated 2019 systematic review. The results of a pilot study which evaluated the feasibility and effectiveness of a mindfulness-based stress reduction (MBSR) course for parents with children attending CAMHS with ADHD will be discussed. The protocol for a randomized control trial (RCT) examining the effectiveness of MBSR with parents of children with ADHD will be presented.

Results: The 2018 systematic review identified a small number of studies (N=15), with small sample sizes. Results suggested that mindfulness-based interventions appear to have had a positive and significant impact on children's inattention and hyperactivity. Parents reported a reduction in their stress and over-reactivity levels. Results of the pilot MBSR study were significantly limited as only eight parents of the twenty-nine who participated completed pre and post-test measures. Qualitative feedback however suggested positive effects on parent-child relationship stress levels.

Conclusion: Few studies have systematically measured home mindfulness practice during MBSR course participation. Given the salience of this in MBI, careful measurements of this should be incorporated in future research studies, allowing for an examination of a correlation between practice duration, frequency, and outcome. It is intended that this will be measured within the proposed 2019 RCT.

Background: The aim of this presentation is to provide attendees with an overview of mindfulness-based interventions (MBI) in attention deficit hyperactivity disorder (ADHD).



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S-26-006

Mindfulness-based interventions (MBI) for carers

*F. McNicholas**

**Dublin, Ireland*

No abstract submitted in time



S-27

Analyzing behavioral symptoms in individuals with autism spectrum disorder part I: An overview of various approaches

Chairpersons: M. Franchini, Switzerland; L. Poustka, Germany

M. Franchini

Fondation Pôle Autisme, Geneva, Switzerland

S-27-001

Identifying predictors of treatment outcome in preschoolers with autism spectrum disorder

*F. Robain**

University of Geneva, Switzerland

Method: To do so, we used a sample of 50 children (aged 3.01 ± 0.91) with ASD, choosed four predictors and investigated behavioral changes in autistic symptoms and cognitive development after one year of intervention. We also compared two age-matched groups of 15 ESDM versus 15 CT participants.

Results: To do so, we used a sample of 50 children (aged 3.01 ± 0.91) with ASD, choosed four predictors and investigated behavioral changes in autistic symptoms and cognitive development after one year of intervention. We also compared two age-matched groups of 15 ESDM versus 15 CT participants.

Conclusion: Our results strongly advocate for prompt intervention as it appears to be the most relevant predictor of outcome. Finnaly, it appears that the combination of behavioral and research assessments could help better understand ASD phenotype and quantify the intervention outcome.

Background: An increasing number of studies have focused on the importance of early diagnosis and immediate intervention for children affected with autism spectrum disorder (ASD), with the aim of benefiting from sensitive developmental windows and improving intervention outcome. Moreover, individual predictors such as cognitive level or social orienting, seem to contribute to a better prognosis. This study focuses on the identification of behavioral predictors of outcome in preschoolers with ASD, comparing two types of interventions : an intervention based on the Early Start Denver Model, versus available community treatment (CT). We also aimed to examine the efficiency of early intervention in a European context.



S-27-002

The disengagement of visual attention in preschoolers with autism spectrum disorder during play

*S. Jouabli**

**University of Geneva, Switzerland*

Method: A frame-by-frame video coding of the visual disengagement behavior is performed in Observer XT software to obtain the exact time that a child needs before shifting gaze from the toy upon touching it. Performances of preschoolers with ASD are compared to those of age and gender-matched typically developing preschoolers (TD).

Results: In this talk, we will present how an abnormal visual disengagement relates to the severity of ASD symptoms and overall cognitive functioning.

Conclusion: A better understanding of the dynamic of the visual attention in a more naturalistic context is important for the development and adaptation of specific clinical interventions and teaching strategies.

Background: Visual attention concerns a complex interplay of three networks (alerting, orienting and executive control), and refers to the ability to direct and sustain the visual focus on a specific element of the environment. Impairment in the orienting network, translated as an abnormal disengagement of visual attention as measured by the eye-tracking, has been largely reported in autism spectrum disorders (ASD). Slower disengagement of visual attention, as measured in a laboratory context, was found to be present from an early age in children who are to develop ASD. Less is known about the dynamics of visual disengagement in ASD in a more naturalistic situation. Inspired by the work of Sacrey and al., 2013, this study investigates the disengagement of visual attention during two playful routines stemming from the semi-structured filmed assessment “Autism Diagnostic Observation Schedule” (ADOS).



S-27-003

The emergence of early signs for autism spectrum disorder in babies at risk and its relationship with later trajectories of symptom severity

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Method: The sample was composed of 499 high-risk siblings (128 diagnosed with ASD at 36 months). We used group-based trajectory models to derive trajectories of early signs for ASD from 6 to 18 months of age, and further symptom severity trajectory groups from 18 to 60–84 months. We examined the conditional probability of switching from an early signs for ASD trajectory to a later symptom severity trajectory.

Results: Analysis revealed three distinctive trajectory groups for early signs and three distinctive trajectories for symptom severity (Low, Intermediate and Increasing). Children with an ASD diagnosis were more likely to be in the Increasing trajectory groups. Infants from a specific trajectory group of early signs for ASD had a higher chance to transitionate to a similar trajectory for symptom severity later in life.

Conclusion: The way early signs for ASD emerge in infancy is highly predictive of the later patterns of symptomatology. These results have strong clinical implications, supporting the need to assess infants at high-risk for ASD repeatedly and to monitor closely how early ASD-associated behaviors appear.

Background: How early signs for autism spectrum disorder (ASD) emerge is currently unknown. In this study, we longitudinally assessed early signs for ASD in infant siblings from 6 to 18 months of age and we followed up the expression of their symptomology from 18 months to 5–7 years. The primary goal of the current research was to define the relationship between how early signs for ASD emerge, and the expression of symptom severity later in life.



S-27-004

Unknown identity: The prodrome of late detected developmental disorders

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Objective: Substantial research exists focusing on the various aspects and domains of early human development. However, there is a clear blind spot in early postnatal development when dealing with developmental disorders, especially those that manifest themselves clinically only in late infancy or even in childhood (e.g., autism spectrum disorder; ASD). This early developmental period may represent an important timeframe to study these disorders but has historically received far less research attention.

Method: We propose a dynamic framework for characterising neurofunctional biomarkers associated with specific disorders in the development of infants and children (signal analytical paradigm). We have named this automated detection 'Fingerprint Model', suggesting one possible approach to accurately and early identify neurodevelopmental disorders. We will present a combination of findings from retrospective data on infants later diagnosed with fragile X syndrome, (FXS, $n = 18$), Rett syndrome (RTT, $n = 42$), and autism spectrum disorder (ASD, $n = 28$) and introduce a novel methodology examining a typically developing cohort ($n = 52$; cf. Marschik et al., 2017).

Results: Our assessments of the motor, speech-language, and communicative domains revealed evidence for behavioural differences and specific developmental traits of children with fragile X syndrome, Rett syndrome, and autism spectrum disorder beginning in the first months of life. The presented model will be discussed in terms of predictive validity and its potential to accurately identify infants with late detected developmental disorders.

Conclusion: We believe that only a comprehensive interdisciplinary approach will enable us to detect and delineate specific parameters for specific neurodevelopmental disorders at a very early age to improve early detection/diagnosis, enable prospective studies and eventually facilitate randomised trials of early intervention.



S-27-005

Oculomotor behaviour as biomarker in autism spectrum disorder – results of the EU-AIMS study

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Objective: A meta-analysis on oculomotor behavior for restricted viewing revealed aberrant saccade behavior specific to autism spectrum disorder (ASD). However, eye-tracking research in ASD is predominantly done for free viewing, which revealed ASD-specific gaze behavior like attenuated social attention and atypical salience. Little is known about oculomotor behavior during free viewing, which underlies ASD-specific gaze behavior and can be related to specific functional networks.

Method: Eye-Tracking was conducted in 279 ASD participants and 156 neurotypical controls for 9 naturalistic videos (5 with humans, 4 without humans). Groups were matched within age groups (children: 6-11, adolescents: 12-17, adults: 18-30) concerning IQ, age, sex, and data quality. We extracted 10 established oculomotor metrics (e.g.: saccade duration, pupil dilation) that were compared between groups in mixed models with interaction of IQ subgroups (low: <85, normal: 85-115, high: >115) as well as controlling for age, gender, data quality, and study site.

Results: ASD participants across videos and IQ subgroups showed higher variance in peak saccade velocity (SMD=0.27, SE=0.10, p=008). In comparison to respective neurotypical controls, ASD participants with higher IQ had shorter fixation duration (SMD=-0.39, SE=0.19, p=.035), with normal IQ had attenuated pupil dilation variance (SMD=-0.23, SE=0.09, p=.003), and with lower IQ had smaller saccade amplitudes (SMD=-0.61, SE=0.22, p=.006).

Conclusion: We replicated and extend ASD-specific aberrant saccade behavior during free viewing of naturalistic scenes, which might indicate attenuated modulation by a ponto-cerebellar network. ASD oculomotor behavior specific to IQ subgroups indicated further functional networks: Shorter fixation duration indicated attenuated activation of the dorsal frontoparietal attention network, attenuated pupil dilation variance indicated attenuated phasic activity of the locus coeruleus – norepinephrine network, and smaller saccade amplitude indicated attenuated activity of the ventral frontoparietal attention network. Our findings suggest aberrant visual information processing in ASD related to deviating attentional networks and cerebellar modulation.



18th INTERNATIONAL CONGRESS OF ESCAP

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S-28

Reducing incidents of violence in a children's inpatient open ward (a practicum)

Chairpersons: S. Sankar, United Kingdom; A. Madasamy, United Kingdom

S. Sankar^{*}

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S-29

Genetic breakthroughs in complex psychiatric disorders

Chairpersons: A. Hinney, Germany; B. St Pourcain, The Netherlands

*A. Hinney**

**University Hospital Essen, Child and Adolescent Psychiatr, Germany*

S-29-001

Advantages of large international consortia on child development: The Early Genetics and Lifecourse Epidemiology (EAGLE) consortium

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Method: To achieve the sample sizes required for genetic research, the EARly Genetics and Lifecourse Epidemiology (EAGLE) consortia was established. The majority of the participating cohorts are longitudinal population-based samples with a broad focus and data collection. EAGLE was established to investigate the genetic basis of a wide range of phenotypes from fetal life into adolescence, such as those relevant childhood psychopathology, cognition and neurodevelopment.

Results: Polygenic analyses, investigating the joint effect of genetic variants genome-wide, have shown that childhood cognitive and psychiatric traits are influenced by many genetic variants, each with a very small effect, just like adult psychiatric disorders. This provided further insight into phenotypes such early vocabulary, conduct problems, ADHD symptoms or internalising symptoms. EAGLE also successfully contributed to the discovery of single risk variants for childhood developmental disorder, such as ADHD, in collaboration with other consortia.

Conclusion: Findings of the EAGLE consortium show that large sample sizes in combination with the development of innovative statistical methods can provide detailed insight into the mechanisms underlying the transition from childhood to adulthood and related developmental disorders.

Background: Insight into the genetic aetiology of childhood and adolescent traits and disorders can provide new perspectives, not only on how to improve wellbeing during childhood, but also how to prevent later adverse life outcomes. Individual differences in developmental phenotypes, such as behavioural problems or language skills, and their stability across ages are partly influenced by genetic factors. However, power to investigate the underlying common genetic architectures using single cohorts is often low.



S-29-002

Lessons to learn from cross disorder analyses

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Method: Narrative review of recent GWAMA for psychiatric disorders and cross-disorder, cross-trait analyses. Example: A cross-trait analysis of the 1000 single nucleotide polymorphisms (SNPs) with the lowest p-values in a GWAS for AN with a GWAS for BMI, including sex-stratified analyses, was performed.

Results: Associations (p-values < 5x10⁻⁰⁵) for 9 SNP AN alleles at 3 independent BMI loci (chr. 2, 10 and 19) were detected. Interestingly, all AN susceptibility alleles were consistently associated with decreased BMI. None of the genes nearest to these SNPs had previously been associated with AN or obesity. Sex-stratified analyses revealed that the strongest BMI signal originated predominantly from females. The hypothalamic expression of two of these genes was reduced by fasting and increased by diet induced obesity.

Conclusion: A cross-trait analysis of AN and BMI loci revealed variants at three chromosomal loci with potential impact on both traits. Similar analyses for other psychiatric disorders and related phenotypes have the potential to unravel additional overlapping pathways that explain part of the biological mechanisms underlying both analyzed traits.

Background: Genome wide association studies meta-analyses (GWAS) revealed a number of genetic loci for psychiatric disorders. These genetic loci will help to unravel the underlying biological mechanisms. As for instance body mass index (BMI in kg/m²) is altered in a number of these disorders, the analysis of genetic variants for body weight variance in GWAS for psychiatric disorders might lead to unexpected findings.



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S-29-003

Genetics and metabolism: Relevance for psychiatric disorders?

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No abstract submitted in time



S-29-004

Genetics of Autism Spectrum Disorder: What pathways are involved?

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Method: Two ASD samples were included in the analysis. The Autism Genome Project sample contained 1895 ASD individuals with phenotypic data derived from the algorithm items of the Autism Diagnostic Interview (ADI-R). Factor analysis results of the AGP sample were replicated in the Frankfurt ASD sample (n = 614; DE). Gene based genome-wide SNV association with the dimensional factors adjusted for population stratification, site and sex was done in the AGP sample. In DE replicated genes were then subjected to pathway analysis (GO-term enrichment), and tested for enrichment among brain-development associated transcriptome networks.

Results: Six ADI-R algorithm-based factors were replicated in both samples. Gene-based association indicated several differential genes related to each factor. Pathway analysis indicated differentially expressed pathways during neural development underlying phenotypic variation. At the brain level we identified distinct spatio-temporal expression patterns to be associated with development of brain structures previously associated with ASD and with pathways underlying sensory perception, peptide hormone processing or neurotransmission.

Conclusion: ASD is shaped by genetic variants, which affect the phenotypic expression highly variably throughout brain development. Results need to be replicated in larger datasets, and the underlying biological mechanisms leading to the respective phenotypes need to be studied in detail.

Background: Autism Spectrum Disorders (ASD) are characterized by impaired social communication and stereotyped, repetitive behaviors and interests. ASD are strongly heritable, and different genetic variants are involved in its etiology, such as copy number variation (CNV) and/or single nucleotide variants (SNVs). SNVs commonly detected in the general population (SNPs) explain the largest proportion of genetic liability to ASD. The current talk aims, first, on differentiating homogeneous phenotypic factors underlying ASD, and, second, analyzing the association of common variants with these factors. The third aim is to explore underlying functional pathways indicated by the associated genetic risk factors, and to describe neurodevelopmentally associated defined brain regions.



S-30

Eating disorders from adolescence to young adulthood: Diagnostic and therapeutic implications

Chairpersons: G. Wagner, Austria; A. Karwautz, Austria

G. Wagner*

**Medical University, Child and adolescence, Psychiatry, Vienna, Austria*

S-30-001

How young people with anorexia nervosa respond to cognitive and emotional remediation therapy

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Objective: Cognitive Remediation Therapy (CRT) targets specific thinking styles that are thought to play a role in the development and maintenance of anorexia nervosa (AN). Cognitive Remediation and Emotion Skills Therapy (CREST) is addressing emotion labelling, regulation and developing positive communication skills. Both CRT and CREST are tested in several studies for adult aging group.

Method: We will present current update and results of preliminary studies from published and unpublished data in young people with Anorexia Nervosa.

Results: The findings from uncontrolled case series with young people getting CRT in individual and group format as well as CREST suggests that an RCT examining encouraging findings will be desirable in the future.

Conclusion: The implications for the role of these types of interventions in potentially improving treatment response will be considered.



S-30-002

Interpersonal problems in a clinical sample of 805 female adolescents with eating disorders

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Method: A total of 805 adolescent female patients (13 to 18 years) with eating disorders, who underwent in-patient treatment, were included. Eating disorders severity was assessed with the Eating Disorders Inventory (EDI-2), psychiatric comorbidity with the Symptomchecklist (SCL-90-R) and interpersonal problems with the Inventory of Interpersonal Problems (IIP-C).

Results: 1. All types of eating disorders besides BED-AD showed significantly more overall interpersonal problems compared to the German normative sample, especially in the subscales “socially avoidant”, “non-assertive”, “exploitable” and “overly nurturant”. 2. IIP total score was significantly associated with the SCL-90 global score but was not significantly correlated with body-mass index or binge-purge frequency, except binge eating in EDNOS. 3. For patients with AN-R less vindictiveness promises a greater weight gain. In BED-AD-patients less exploitability promises a greater weight reduction.

Conclusion: Adolescent patients with eating disorders show increased levels of interpersonal distress which might complicate therapy. These interpersonal problems are more related to psychiatric comorbidity than to specific characteristics of eating disorders. IIP-C doesn't fit well as a predictor of clinical outcome.

Background: Difficulties in interpersonal relationships are common in patients with eating disorders but little is known about the role of interpersonal problems in eating disordered adolescents. We hypothesized that 1. Interpersonal problems in adolescents with eating disorders and their subgroups, restrictive and binge-purge anorexia nervosa (AN-BP, AN-R), bulimia nervosa (BN), binge eating disorder with associated adipositas (BED-AD), eating disorders not otherwise specified (EDNOS), report more interpersonal problems compared to the German normative sample. 2. Interpersonal problems at admission are correlated with illness severity and psychiatric comorbidity. 3. The level of reported interpersonal problems at admission can be used as a predictor for clinical outcome.



S-30-003

SUCCEAT – Supporting Carers of Children and Adolescents with eating disorders in Austria. First results of a RCT

G. Wagner, J. Philipp, S. Truttmann, E. Merl, G. Schöpfbeck, C. Laszkovics, C. Franta, K. Waldherr, M. Zeiler, A. Karwautz*

**Medical University, Child and adolescence, Psychiatry, Vienna, Austria*

Method: Parents of adolescents with anorexia nervosa are randomly assigned to a workshop group or online intervention group of SUCCEAT. Eight therapeutic modules addressing dysfunctional communication styles, high expressed emotions, coping and problem solving as well as psychoeducation about etiology, effects and maintaining factors of eating disorders are addressed using techniques of cognitive behavioral therapy and motivational interviewing over a time period of 3 months. Evaluations are performed pre and post intervention and at 1 year follow-up.

Results: A total of 120 parents have been recruited at the University Clinic for Child and Adolescent Psychiatry, Medical University of Vienna, n=98 fulfilled inclusion criteria, n=48 parents have been assigned to the workshop group, n=50 to the online group. Reductions in burden of illness, anxiety and depression and high expressed emotions have been obtained in both interventions. Workshop and online formats don't differ with respect to their effectiveness.

Conclusion: Face-to-face and online formats of support programs for parents of adolescents with anorexia nervosa are equally effective and can be offered for parents in cross regional settings.

Background: Reduce burden of illness and mental health problems in parents of adolescents with anorexia nervosa following the parental program SUCCEAT (Supporting Carers of Children and Adolescents with Eating Disorders in Austria)



S-30-004

**First Episode and Rapid Early Intervention service for Eating Disorders (FREED):
Novel intervention model and clinical outcome**

U. Schmidt

King's College London, Psychological Medicine, Institute of Psychiatry, United Kingdom

Method: 278 young people (aged 16 to 25) with a first episode of an ED and an illness duration of less than 3 years were recruited into the study over a 2-year period. Process outcomes (waiting times, DUED) were assessed at baseline. Clinical outcomes (body mass index, ED symptoms, mood, quality of life) were assessed at baseline, 3 months, 6 months and 12 months.

Results: 49% had a DSM-5 diagnosis of anorexia nervosa, 34% had bulimia nervosa or binge eating disorder, the remainder had otherwise specified ED. Six percent were male. Process outcomes and preliminary clinical outcomes will be presented.

Conclusion: These findings support introduction of early intervention services for EDs across the age range.

Background: Five years ago we set up a novel early intervention service for emerging adults with eating disorders (EDs), called FREED (first episode rapid early intervention for EDs). FREED is patient-centred and focuses on the developmental and illness stage of patients. Pilot data showed that introduction of FREED shortened the duration of untreated ED (DUED) in our service from 19 to 13 months. FREED also dramatically improved outcomes in patients with anorexia nervosa (AN), with 60% of FREED AN patients returning to normal weight at 12 months compared to only 16% of similar patients seen in our service before introduction of FREED. The present study aimed to scale up FREED to three other large ED services in the UK.



S-30-005

An examination of circuits supporting cognitive flexibility in adolescent anorexia nervosa. A cross-sectional and follow-up resting-state fMRI study

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Objective: Low cognitive flexibility (CF) is considered a putative trait marker of anorexia nervosa (AN), although literature in adolescent samples is conflicting. CF has been linked to the fronto-striatal circuit and the default mode network (DMN). Objectives: To study differences in the resting-state fronto-striatal and DMN connectivity in a group of adolescents with AN during the acute phase and after six months of protocolized treatment.

Method: 37 female adolescents with AN and 20 healthy control (HC) females were scanned twice during the resting-state in a 3T scanner. Between sessions, the AN group received a 6-month multidisciplinary outpatient treatment. Baseline and baseline-to-follow-up between-group differences in the fronto-striatal system connectivity (caudate and putamen regions as seed regions in a seed-based analysis) and in the DMN connectivity (ICA analysis) were evaluated by two T-test and two ANOVA analyses. Cluster-level P_{FWE} < .05 threshold.

Results: Adolescents with AN showed significantly improved in BMI and in eating disorder scales (EAT, BABS), with no differences in neuropsychological assessment of CF. There was a significant increase in the connectivity between the left dorsal putamen and the precuneus ($x, y, z = 18, -64, 64; \eta^2 = .30$) in the AN group compared to the HC group at baseline. There was a time by group interaction in the connectivity between the right dorsal caudate and the right anterior insular cortex ($x, y, z = 36, 12, 6; \eta^2 = .44$), driven by a baseline decreased connectivity of this system in AN compared to HC, which was recovered at follow-up.

Conclusion: Alterations in the connectivity between striatal regions and relevant areas to the disorder such as the precuneus (self-body consciousness) and the mid-anterior insula (link between interoception and emotions) seem to be associated with the acute state in AN but tend to improve with weight and symptom recovery. These alterations are not associated with low CF in adolescent AN.



S-31

Identification of early bio-psycho-social risks and resilience factors and mindfulness-based pathways to early addictive behavior and their translation into intervention strategies

Chairperson: N. Arnaud, Germany

*F. Nees**

**CIMH, Child / Adolescent Psychiatry, Mannheim, Germany*

S-31-001

Improving mental health and reducing addiction in childhood and adolescence through mindfulness: An overview on IMAC-Mind

N. Arnaud, T. Banaschewski, H. Flor, F. Nees, J. Kornhuber, M. Klein, O. Reis, T. Legenbauer, M. Holtmann, A. Zapf, R. Thomasius*

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Method: The IMAC-Mind research initiative combines projects to a) investigate neurobiological and behavioral mechanisms of SUD development by synthesizing multiple existing longitudinal datasets spanning from the prenatal period to late adolescence and b) test the effectiveness of mindfulness in novel and existing but refined clinical and preventive interventions in different populations across developmental stages in randomized-controlled studies: pregnant mothers, (universal) adolescents and their families, the at-risk group of children with a substance-abusing parent, adolescents with Intellectual Disabilities, and adolescent addiction inpatients.

Results: We present an overview of the IMAC-Mind research initiative and the aims, study designs and intervention models and ongoing activities of the subprojects with a focus on the clinical trials.

Conclusion: We aim to improve individual and public health outcomes, advance current knowledge on the mechanisms relevant to substance abuse and explore the clinical utility of mindfulness for prevention and treatment of SUD.

Background: Substance use disorders (SUD) are a major contributor to morbidity and mortality, with fatal implications for healthy development. Despite substantial scientific advances, there remains a need to prioritize research directed at reducing risks for SUD in vulnerable periods and populations from a developmental perspective. Recent research suggests that malleable (neuro)-behavioral factors such as reward, impulsivity, deficient self-regulation, and stress reactivity play an important role in the initiation and maintenance of SUD and that mindfulness-based interventions could improve clinical outcomes.



S-31-002

From birth to adulthood – life-long prediction of substance use in the Rostock longitudinal study

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Method: The ROLS started in 1970 with the birth of $n = 296$ children in Rostock, North Germany. From the beginning, the study examined the interplay of biological birth risks and social risks over the life course. Prospective multi-informant-multi-method data were gathered at the ages of 2, 6, 10, 14, 20, 25 and 38 years ($n = 209$).

Results: An early cumulation of social risks explains about 14% of the variance in individual risks for alcohol abuse, such as low behavior control, distractive coping behavior, or feelings of inferiority. A major part of this impact, however, gets mediated by paternal alcoholism (20% of variance). Developmental risks for later abuse, such as the age of onset, were associated with risky individual habits, such as the search for self-affirmation.

Conclusion: Precursors of alcohol-associated risks are located within the individual and the social domain. Within this network of risks paternal alcoholism explains most of the developmental variance.

Background: One aim of the IMAC-consortium is to identify long- and short-term predictors of adolescent and adult substance use. To do that, data from several German longitudinal studies were fed to multivariate (pattern) analyses, machine learning and cross-lagged structural equation modelling. This enables a combination of hypothesis-based and hypothesis-generating approaches to analyze the predictive value of socio-behavioral profiles and experiences for addiction and addictive problems. First results from the Rostock Longitudinal Study (ROLS) are presented here.



S-31-004

Mind it! A mindfulness based group intervention for adolescent inpatients with substance use disorders.

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Method: In total, N = 340 participants that are admitted to inpatient or day treatment due to SUD will be included. After detoxification, participants are randomized to either Mind it! or TAU. The Mind it! program consists of a 4 weeks core phase with mindfulness-based interventions in a group setting twice a week and a further 4 week stabilization phase with weekly mindfulness-based therapy sessions. Prior to, after four weeks, at 8 weeks and after 6 months SUD relevant outcomes are assessed. The primary outcome is substance use in the past 30 days at 6-months follow-up based on the Timeline Followback self-report. Secondary outcomes include craving, severity of dependence, and abstinence motivation. Mindfulness, impulsivity, and emotion regulation will be analyzed as possible mediators of treatment effects.

Results: Currently, n = 24 patients participated.

Background: Up to now, current treatments for youth with substance use disorder (SUD) treatment success is limited. To enhance treatment, self-regulatory processes and impulsivity have been focused as these pose risk factors for the development and the maintenance SUD. In this regard, mindfulness has gained attention, because it addresses self-regulatory processes. However, the evidence in youth, in particular those with SUD is scarce. The aim of the present multi-center randomized-control trial is to evaluate the added treatment effect of a mindfulness-based group psychotherapy ("Mind it!") for adolescents with SUD in comparison to the current standard treatment (TAU). Moreover, we seek to explore the feasibility of the intervention and possible mediators of treatment effects.

In the talk, the Mind it! program as well as feasibility of it will be presented and future directions for mindfulness-based intervention in youth with SUD will be discussed.



S-32

Child and adolescent suicidality – findings from the multi-centre EU FP7 funded suicidality: Treatment Occurring in Paediatrics (STOP) Study

Chairpersons: P. Santosh, United Kingdom; F. Fiori, United Kingdom

P. Santosh*

**King's College London, Child & Adolescent Psychiatry, United Kingdom*

S-32-001

Description of the Suicidality: Treatment Occurring in Paediatrics (STOP) Study – Developing and validating the 'STOP Suicidality Suite of Measures' in 8-18-year olds

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No abstract submitted in time



S-32-002

The STOP Suicidality Assessment Scale – comparison to existing measures of suicidality

*I. Flamarique Valencia**

**Quorum Travel Agencia De Viajes SL, Madrid, Spain*

Method: A total of 666 adolescents patients from seven different cohorts, their parents/carers and related clinicians from the different centres in Europe participating in the STOP study were recruited and suicidality was assessed using the STOP-SAS. The STOP-SAS was compared with the clinician rated C-SSRS.

Results: A total of 506 adolescents, 502 parents and 642 clinicians' completions of the STOP-SAS and the 624 C-SSRS were collected at the baseline. Exploratory Factor Analyses were performed in three samples. Analyses showed that a three factors model gives the best explanation of the scale factor structure. Internal consistency of the sub-scales was assessed with Cronbach's alpha. The results showed that the alpha value was above the acceptance threshold for the subscales in all the versions of the STOP-SAS. Very strong correlations were found between the STOP-SAS sub-scales scores and the clinician-rated C-SSRS. Receiver operating characteristic (ROC) curves analyses showed satisfactory sensitivity and specificity for all the versions of the STOP-SAS compared with the C-SSRS.

Conclusion: The STOP-SAS sub-scales model is clinically meaningful; and the sub-scales showed a strong correlation with the clinician-rated C-SRSS. The reliability of the sub-scales is excellent. Moreover, results from the ROC analyses suggest that it is a valid instrument for assessing suicidality in adolescents, using self-reports or proxy reports by parents and clinicians.

Background: Suicidality is a pressing public health concern. There is a scarcity in the literature regarding measures of suicidality in young people and comparing it with standard assessment tools such as the Columbia Suicide Severity Rating Scale (C-SSRS). The STOP-SAS questionnaire is a comprehensive web-based measure of suicidality developed as part of the STOP study. This presentation will discuss the STOP-Suicidality Assessment Scale (STOP-SAS) and its factors, and explore its relationship to clinician-rated C-SSRS.



S-32-003

Findings from web-based assessments of suicidality in 1002 children and adolescents as part of seven observational cohorts

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Method: The HealthTracker™ based assessment was completed in 7 cohorts of subjects (n=1002) aged 8-18 years, using patient, parent, and clinician reports, in a longitudinal observational study.

Results: The results show that suicidality, as measured by Suicidality-Assessment-Scale (SAS), is improved across time in all cohorts. The risk factors identified were anxiety and depression, substance misuse, interpersonal factors, chronic factors and adverse life events. The resilience factors identified were cognitive and interpersonal factors. The percentages of completed scales and items across time show that the HealthTracker™ platform was easy to use and successfully managed to collect sensitive data such as suicidality over a 52-week-period. Parents specifically stated that doing the questionnaires assisted them in understanding what suicidality involved and more than 2/3rds of subjects stated that they would be interested in participating in future studies if web-based systems such as the one used here were to be used.

Conclusion: The STOP project provided the instruments that are capable of addressing the measurement of suicidality and its bio-psychosocial mediators in children and adolescents with physical illness, mental illness and from across the general population. The outcomes of this study prove that the HealthTracker™ web-based platform is able to monitor suicidal subjects across time in a complex study across several EU countries.

Background: The goal of the 'Suicidality: Treatment Occurring in Paediatrics' (STOP) project was to develop a comprehensive set of instruments for the assessment and monitoring of suicidality and its mediators and to explore whether children and adolescents are capable of answering them digitally, using the HealthTracker™ platform.



S-32-004

Suicidal behavioural risk prediction using data mining and machine learning approaches in the STOP study

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Method: Machine learning is a computer science field that applies algorithms which can learn from and make decisions on existing data. Also, the overarching objective of the data mining process is to extract information from a data set and transform it into an understandable knowledge for further use. We applied both these techniques using the large STOP database.

Results: The application of data mining techniques revealed useful information about the factors that can play an important role in the occurrence of suicidal behaviour or ideation. The machine learning algorithms were able to correctly predict the risk of suicidality with a high degree of accuracy in the participants of the STOP study.

Conclusion: This is the first time that data mining and machine learning techniques are being used in the STOP dataset, with very interesting outcomes. This is a very important approach because at present, there are no clinical datasets in children and adolescents to explore and capture the key signatures and patterns of suicide ideation and/or behaviour.

Background: The overall long term goal of the 'Suicidality: Treatment Occurring in Paediatrics' STOP project was to assess and monitor suicidality and its mediators in children and adolescents using a comprehensive web based tool (HealthTrackerTM). The participants were subjects with: depression; psychiatric problems other than depression; a medical condition (asthma and respiratory allergies) or subjects from general population in a multi-centre European Union (EU) funded study. Apart from the children and the adolescents, feedback was also taken from their parents and clinicians that participated in the study.



S-32-005

Implications and implementation science of the findings of the STOP study – where do we go from here?

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Method: The STOP study web site (<http://www.stop-study.com>) was launched in May 2011. The purpose of the website to disseminate information about suicidality, the aims and objectives of the STOP studies and about participating sites and contact persons. The STOP website also contained a public portal for parents and adolescents that informed about suicide prevention and provided access to national help-lines and other resources.

Results: Once the validation of the instruments from the STOP Suite of Suicidality Measures has been published, a workshop and symposia will be used to disseminate the key findings to parents, clinicians and others.

Conclusion: Data from the STOP Suite of Suicidality Measures will be used to identify those at high risk as it can allow for predictive modelling to be performed. This can inform dissemination activities as specific items that can predict suicidal behaviour has been developed into a single scale. This scale can be used in pharmacovigilance whenever a new drug is introduced in children and adolescents (or for that matter in adults) so that medication related suicidality can be prospectively monitored. The implementation plan will include testing the scale in those that are at high suicide risk.

Background: A key objective of the 'Suicidality: Treatment Occurring in Paediatrics' (STOP) project was to develop a comprehensive web-based 'Suite of Suicidality Measures' that can provide a detailed assessment of suicidality monitoring in children and adolescents aged between 8-18 years. This suite was developed on a multimodal web-based platform: HealthTracker™. The STOP Suite consisted of validated instruments: STOP-Suicidality Assessment Scale (STOP-SAS), STOP Suicidality Risk Factors Scale (STOP-SRFS), STOP-Suicidality Resilience Scale (STOP-SRS), and the STOP-Medication Suicidality Side-effects Scale (STOP-MS3).



S-32-006

Building of expert algorithm with artificial intelligence (bayesian network) to mimic post suicide attempts care

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Objective: Within a year of the Suicide Attempt, the repetition rate in adolescent and young adult populations ranges from 15% to 28%. There is, to date, no suicide prevention program better than other and all of them required healthcare professional active actions (training, calls, interviews...). Given the very common use of smartphone application (SApp) by youth, we aim to build a SApp including Ecological Momentary Assessment (train of simple questions regarding their emotional and clinical status) and Ecological Momentary Intervention (highly personalized advices). This SApp will be auxiliary for the patients during first year after suicide attempt in complement of care as usual.

Method: We need Artificial Intelligence to produce accurate and personalized answer and we decide to us expert system, i.e. Bayesian network (BN). After building a complete and exhaustive mind map that include all necessary questions, we use specific BN method to estimate weight of each answer of patients in the severity of common clinical category such as sleep disorders, anxiety, sadness, suicide risk, appetite or other depressive symptoms. Then we produce expert estimations of accuracy our advices and therapeutic option (mindfulness, coping ...) for each clinical category. Then Bayesian network calculation (i.e. probabilistic) generate a bench of match between the patients profile of answers and our pre-established advices. Then we test our algorithm on virtual patients and a real panel of patients.

Results: Accuracy of our algorithm is close to 100% when compared to expert's choice.

Conclusion: Bayesian Network using expert system might be a very accurate choice in psychiatry for building algorithm when big data are not accurate (or not enough complete or detailed). This work is first step for a feasibility study of the use of our smartphone application that aim to prevent suicide attempt relapse in youth (Grant of French Ministry of Health, PHRC 2017).



S-33

ESCAP Policy Division and EFPT Symposium

Chairpersons: F. Cuhadaroglu, Turkey; A. Prata, Portugal

S-33-001

Multisectoral child and adolescent mental health policy

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Objective: Mental health problems make a significant contribution to morbidity and mortality in children and adolescents worldwide. To address mental health in children and adolescents policy response should intertwine the life course approach and the ecological model that positions children and adolescents in the context of multifactorial influences. Such complexity means that measures to promote and protect mental health of children and adolescents are beyond the health sector alone.

Method: Mental health policy was initially conceived as being part of the health care system. It is traditionally considered as the laws and regulations by which government both supports and oversees the mental health system. However, contemporary mental health policy combines health, social and equity goals with economic development. All these aspects of policy are interrelated and interdependent with the boundaries between not clear-cut or firmly defined and no priority for one aspect of policy over another. Broad and comprehensive multisectoral mental health policy is advocated by health action plans on the global and European level (WHO and EU Joint Action on Mental Health & Well-being).

Results: In some countries, child and adolescent mental health issues and actions are incorporated within the general health, disability or other relevant policies and plans, while in others a dedicated multisectoral child and adolescent mental health policy and plan has been developed.

Conclusion: Therefore, political will and commitment from all levels of government and all sectors is required to allow a shared policy framework for children and adolescents with concrete actions and policies to be established and applied.



S-33-002

The state of CAP services and new developments in Slovenia

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Method: Recent publications in the scientific and professional literature describe these changes as compared to other European countries, however the changes are ever faster than the publications can follow.

Results: Slovenia accepted its own mental health policy considering adult as well as child and adolescent mental health in the past year, planning an opening of 26 new complete outpatient CAMHS which are to be locally accessible, specialized tertiary outpatient CAMH and a first secure child and adolescent unit in the country.

Conclusion: The realization and the obstacles on the way will be presented.

Background: Slovenia is a two million ex-communist European country, independent since 1991. Within these years there have been vast political and economical changes resulting in a change in the mental health care for children and adults.



S-33-003

The European federation of all psychiatric trainees: A journey of trainees creating together

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Method: Revision of the history, structure and current activities of the EFPT.

Results: EFPT operates through an executive Board and Working Groups (WG) where trainees gather to collaborate on desired topics. Researches, webinars, workshops, symposia and many more are prepared and promoted by trainees under the EFPT umbrella every year. Child and Adolescent Psychiatry Working Group (CAP WG) is one of the most active WGs, and CAP trainees are the only group to have a specific Secretary who is also a Board member.

Conclusion: This presentation aims to inform the audience of EFPT's existence, how it works, how people can get involved as well as the opportunities it offers. We would like to hold this symposium because the awareness of NTAs or the EFPT is not high in the CAP community. Also, as ESCAP is a very important European association for CAP, building strong relations with it is also very desirable for the European CAP trainees. We believe that this symposium will provide both EFPT and ESCAP a platform where each can be promoted and start a fruitful discussion for further collaborations.

Background: The European Federation of Psychiatric Trainees (EFPT) is an independent, nonprofit, umbrella organization for European national psychiatric trainees' associations (NTAs). The organization currently represents psychiatric trainees from thirty European countries (World Health Organization definition of Europe). EFPT collaborates with NTAs and prominent psychiatric associations such as EPA, ECNP, UEMS and many more with aims to include more partners from all aspects of psychiatry in this network.



S-33-004

Should future child and adolescent psychiatrist be trained to get involved in health policy? A trainee perspective

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Referral rates to child and adolescent psychiatric services has been steadily increasing in the past decades, which by the media and politicians in some countries have been linked with poor mental health among children and adolescents. However, epidemiological studies have not shown a significant increase in psychiatric disorders among children and adolescents, so the rise in referrals, could also be an indication that more children and adolescents with psychiatric disorders are now accessing relevant services. Psychiatric disorders are among the leading causes of loss of Disability Adjusted Life Years (DALYs) in children, but despite this knowledge, investments in child psychiatry are still insufficient. There is a need for future child and adolescent psychiatrist to get involved in health policy work, to ensure that health policies within child and adolescent mental health are evidence based and to ensure that children with psychiatric disorders have access to relevant services. The current training programs teaches trainees how to be good child and adolescent psychiatrics, but offers limited training on how to influence policy makers on how we can provide the necessary services for our patients. The aim of this presentation is to present some of the challenges facing future child and adolescent psychiatrists in the field of child and adolescent health policies. It will also give an overview of the current training of child and adolescent psychiatric trainees across Europe on how to work with health policies.



S-34

Diagnostic and interventions in the context of migration and trauma

Chairpersons: L. Wöckel, Switzerland; A. Dixius, Germany

L. Wöckel*

**Clienia Littenheid AG, Child & Adolescent Psychiatry, Switzerland*

S-34-001

Stress factors in daily life of young refugees in self- and caregiver-assessment

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Method: The goals of PORTA are an uncomplicated and fast recording of stress factors and support in intervention planning. In the context of the screening, a stress assessment is carried out on the basis of individual factors. Sukale et al. (2016) adopted a concept of the NCTSN (“core stressors overview” of the National Child Traumatic Stress Network), supplemented it in various places and adapted it to the conditions in Germany. In addition, disorder-specific questionnaires are offered in nine different languages to support diagnostic assessment. (CATS (Trauma Screening), Refugee health screener, Patient Health Questionnaire, Strengths and Difficulties Questionnaire, self-injurious thoughts and behaviors interview.

Results: In the session the tool and results will be presented. There are increased values especially in the field of internalizing disorders, especially depressive and trauma-related symptoms. In addition, numbers of stress levels of caregivers of accompanied minors refugees are presented.

Conclusion: Participants showed elevated scores of internalizing problems, especially depressive and trauma-related symptoms. PORTA offers a low-barrier approach that can be used in different settings and can be easily distributed online.

Background: Minor refugees show increased vulnerability to emotional, psychological, traumatic and stress-related symptoms and disorders. This can lead to various problems in everyday life. It is important to make a timely, valid and good assessment of these stresses in order to be able to make interventions available in good time. The online screening tool “PORTA (Providing Online Resource and Trauma Assessment for Refugees)”, funded by the BMG (Federal Ministry of Health), offers the opportunity to assess the current symptoms and stress in order to determine the individual need for help of a young refugee. Both the young person himself and medical and socio-educational specialists can use the tool and automatically receive feedback on their findings. In addition, it is possible to record the stress Level of the caregivers.



S-34-002

A culture integrative first stabilization program for intensely stressed adolescents with emotional dysregulation and trauma burdens: START – Stress-Trauma symptoms-Arousal-Regulation-Treatment

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Method: The START modules teach adolescents and especially minor refugees with severe psychic stress, emotion dysregulation, self injuring behavior and trauma sequelae symptoms skills for stress and emotion regulation. The study collects first data for, trauma sequelae symptoms and records the efficacy of START in a pre-post-design with screening procedures for stress management, emotion regulation, self-control, perceived stress and In the present study, 60 adolescents at the age of 13 – 18 years absolve the START program for 5 weeks in culture integrated multinational group settings. There are two appointments per week

Results: A positive effect of START on reduction of impulsive dysfunctional behaviour strategies and improvement of stress and emotion regulation and self-control, can be found. Also, adaptive emotional regulation strategies were able to improve. The results are clinical relevant. In addition, those results validate the special needs of children and adolescents in a culture integrative context.

Conclusion: The results are promising first data supporting the applicability and helpfulness of START in young refugee minors and other highly stressed adolescents underlining intercultural use with an additional advantage of integration and strengthening of resilience in several at risk populations.

Background: During or after periods of intense stress, such as traumatic migration or other experiences children and adolescents are in danger of developing psychiatric or physical symptoms. In these cases frequent barriers to treatment have recently been described for refugee minors, including language or cultural impediment. Therefore a short, structured, very low threshold program for stress and emotion regulation and a first help to manage crises and also acute burdens was developed, called START.



S-34-003

Impact of the ‘Stress-Traumasymptoms-Arousal-Regulation Treatment’ on parameters of stress in adolescents

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Method: Adolescents in acute crisis at the age of 13 – 18 years participated in the START program for 5 weeks in multinational group settings, with two sessions per week. Components of START are derived from elements of dialectic behavioral therapy and trauma-focused cognitive behavioral therapy for children. After informed consent adolescents completing the program were assessed for cardiac physiology by pulse oximetry, immediately before and after treatment.

Results: The results are promising first data supporting the applicability and helpfulness of START in emotionally unstable adolescents as well as young refugee minors and other highly stressed adolescents underlining intercultural use with an additional advantage of integration and strengthening of resilience in several at risk populations

Conclusion: START may be helpful in reducing stress as well as stress related symptoms in children and adolescents, thereby improving emotion regulation. As a short term and low threshold program it can be applied in clinical and non-clinical settings and patients with unstable Motivation.

Background: Some adolescents with symptoms of emotional instability tend to drop out of DBT-A programs due to impediments in cognitive abilities, language or concentration. Therefore a short, very low threshold, playful program for emotion regulation and self soothing was developed, requiring only minimal language or cognitive capacities: the Stress-Traumasymptoms-Arousal-Regulation-Treatment, START.



S-34-004

Post-migration stress induces psychiatric symptoms in unaccompanied Eritrean refugees in Switzerland

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Objective: Eritreans belong to one of the largest group of refugees in Switzerland coming from countries outside of Europe. Despite of life threatening circumstances and negative experiences during their flight Eritreans often show good factors of resilience. Being confronted with even more post-migration challenges in the communities of their reception, they are often unable to activate their resources.

Method: Currently, there are data of 65 outpatient Eritreans available, all between the age of 14 and 18 years (YSR, DISYPS, UCLA). The data were collected during the transcultural interviews. The refugees concerned are unaccompanied youths.

Results: So far clinical evaluation of the situation of Eritrean refugees is missing. Only few patients show criteria of PTSD, though we find high levels of post-migration stress correlating with the gravity of PTSD criteria and other symptoms like depression and anxiety.

Conclusion: An insecure social environment is accompanied by psychopathological behavioral problems and it leads to the reactivation of earlier traumatic experiences.



S-34-005

The state of the art of toxic stress and resilience research: Implications for best practices with vulnerable populations

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Objective: Child abuse and other adverse childhood experiences are associated with increased risk for a broad range of psychiatric, substance abuse, and medical health problems across the lifecycle. The goal of this presentation is to review emerging preclinical and clinical research documenting a role for epigenetic mechanisms in conferring risk for problems associated with child maltreatment and other early life adversities, and to discuss interventions and protective factors shown to ameliorate the effects of toxic stress.

Method: This presentation will synthesize extant research findings to provide: 1) an overview of the range of health problems associated with adverse childhood experiences, and 2) an introduction to the area of epigenetics, including a summary of seminal preclinical studies. The translational implications of this work and recent studies in mouse models of early life stress will also be discussed, together with original findings from our research with maltreated children, including research examining epigenetic predictors of depression, neuroimaging assessments, and obesity in youth.

Results: Child abuse is associated with methylation and other epigenetic changes in genes involved in stress reactivity and brain development, and a broad range of genes implicated in health problems associated with adverse childhood experiences. However, while epigenetic modifications are frequently long-lasting, they are not necessarily permanent. There are a range of attachment and enrichment focused practices, and child and parent interventions that have been shown to promote resilience and recovery in traumatized youth.

Conclusion: A history of early adversity need not lead to bad outcomes. There are many factors that can tip the scale in favor of positive outcomes for traumatized children.



S-35

New psychotherapeutic treatments with high accessibility for children and adolescents

Chairpersons: V. Ribes, Spain; T. Ribalta, Spain

S-35-001

Conduct disorder program at public school

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Method: The conduct disorder program consists of therapeutical interventions at the school - which is a school for students and their family members from kindergarten to tenth grade. Therapeutical work is being done on three levels: in a group, within a family or individually. Coordination sessions between professionals working in the school and mental health professionals (teams specialized in infant and youth care, psychopedagogue teams, social workers, pediatricians, psychiatrists) are being held regularly.

Results: As a result of the application of this program, there is a general increase of 20% in school attendance in the participants, as well as fewer disruptive episodes in the classroom, improved peer relationships, and better adherence to mental health services are observed.

Conclusion: The program turns out to be a good way to approach mental health to schools located in neighborhoods with complex socio-cultural problems, as it allows to open certain mentalizing aspects to both children and adolescents and their parents.

Background: The Orienta Foundation has been performing a conduct disorder program as specific support within a center for preferred educational attention in L'Hospitalet de Llobregat (Barcelona) for the past 6 years. The school in which it's performed, L'Institut Escola Gornal, is located in a neighborhood that shows less favorable social and economical conditions with critical social problems. The usage of mental health specialists is very minimal in the neighborhood and is combined with a high rate of no- shows. Some students between ages of 3 and 16 show signs of emotional disorders which are usually portrayed by disruptive behaviors in the classroom that majorly disturb the coexistence and learning.



S-35-002

**PENSA (Prevenió en Psicosi Adolescent, Psychosis Prevention in Adolescents):
Implementation of a psychosis prevention program in outpatient adolescents with
ultra high risk (UHR) and first episodes psychosis (FEP) in Barcelona**

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Objective: In recent years there is a growing interest in developing early psychosis intervention and has been a priority in Catalonia's budget in health matters 2018's.

Method: The aim is to describe the implementation of a prevention and treatment program for psychosis in adolescents and their families (PENSA), based on previous Spanish experiences and McFarlane's Multiple Family Therapy, but adapted for UHR (Ultra High Risk) and FEP (First Episodes Psychosis). It is addressed to outpatients in a public center integrated in Barcelona's Mental Health network through coordinated interventions that take into account social, health and family factors.

Results: The program covers three different levels which depend on the complexity and state of the illness: early detection at primary care centers, primary prevention of FEP in UHR at outpatient mental health centers and tertiary prevention in day hospitals for FEP, plus coordination with inpatient hospital centers.

Conclusion: Training in early detection of UHR/FEP in physicians belonging to the primary care network is already a goal, as well as having created specialized and multidisciplinary teams (psychological, psychiatric, nursing and social worker care) in 4 outpatient mental health centers and 2 day hospitals, together with 6 simultaneous multifamily psycho-educative groups for adolescents and their families, and frequent coordination with inpatient services.



S-35-003

Intensive Approach Program for Adolescents (AIRE): A new group therapy

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Method: AIRE is an intensive approach program for adolescents who present with high vulnerability situations concerning to mental health. We include different diagnosis (affective, anxiety disorders, feeding behavior disorders, personality disorder, psychotic disorders or autism spectrum disorders). Adolescents who join the program come twice per week to group sessions. They work together on social skills, cognitive flexibility, empathy, creativity, body expression or anxiety management, through different kinds of workshops. Besides, there is a group for parents, with a supporting purpose.

Results: From January '16 to June '17 we assisted 40 adolescents, 20% of them presenting borderline personality disorder, 50% presenting with affective or anxiety disorders, 7% with Conduct disorders and 23% Autism Spectrum Disorders or Psychotic Disorders. 7 of them recovered ad integrum and left our service. Other 18 could restore their previous functioning, with ambulatory assessment. 5 of them were sent to day-hospital and one was sent to in-hospital unit. We are now including new, recent results.

Conclusion: After a 3 year experience we feel optimistic about this new concept of primary, intensive assistance. It makes possible to improve accessibility to families, and strengthens treatment adherence, becoming an effective tool to reduce the need of hospitalization in most cases.

Background: The need and demand for mental health care has been increasing during the last decade, asking us, in our frame (Mental Health Primary Care), to give patients a closer assistance so as to avoid relapses and guarantee their psychopathological stability for longer periods of time. Attending to the WHO Mental Health Action Plan 2013-2020, which recommends to focus in prevention, we have developed some therapeutic programs, and "AIRE" ("Abordaje Intensivo y Recuperación") is one of them.



S-35-004

GIIB (Grups d'Intervenció Inicial Breu; Initial Short Intervention Groups): Brief group therapy for initial intervention in outpatients with mild-moderate mental disorders in Barcelona

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Objective: There is an increase in the demand for care derived from psycho-evolutionary conflicts or mild-moderate adjustment disorders in children and adolescents attended in mental health centers (CSMIJ). The Short Initial Intervention Groups (GIIB) are interventions designed to address these issues, providing effective treatment to these patients and their families through a short group intervention.

Method: Methods used are training in mentalization abilities, clinical observation, confrontation, clarification, transference and group dynamics. There are 3 parallel groups (parents and children) of 5 to 8 members each. Assignment to each group depends on stage of psychological development (4-7 years, 8-11 years and 12-15 years). An evaluation is carried out before inclusion in the group, followed by 6 weekly group sessions and a final individual feedback session.

Results: A total of 94 children were included in the study. After the GIIB, 60 families (63.8%) were given clinical discharge, 9 (9.6%) left the follow-up and 25 (26.6%) remain active in the CSMIJ. 68.1% of the patients received a diagnosis of conduct disorder, 11.7% link disorder, 6.38% anxiety disorder and 6.38% adaptive disorder. No statistically significant differences were found between the socio-demographic variables, main diagnosis and length of stay in the CSMIJ between the different diagnoses. Likewise, the percentage of disconnected patients was also below the average (14%) of the rest of the care processes.

Conclusion: Having a majority of diagnoses of behavioral disorders, the GIIB allow the determination of the clinical discharge or a focused therapeutic plan after the treatment, as well as to promote the family demand and the connection to the service.



S-35-005

PAS a PAS (Step by Step): Transition and intensive treatment program in outpatient children with Autism Spectrum Disorder in a Barcelona's mental health care network

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Method: The objective is to present a model of intensive outpatient care in a mental Health network with ASD and their families in Barcelona; based on specialized intensive interventions, coordinated and transversally integrated between healthcare teams belonging to different networks.

Results: The program includes: coordination with early childhood referrals, direct intervention in schools and specific psychoeducational devices, together with specialized and multidisciplinary specialized team (psychiatrist, psychologist, nursing and social worker) with individual, family and group treatment; adapted to evolutive development and psychopathological severity levels.

Conclusion: Therapeutically, in severe patients work on self-awareness: body image identification or recognition and communicative intentionality first signs through psychomotor treatment. In moderate: symbolic construction through draws and games allowing the emotions projection. In mild: focuses on social skills based on playful activities. Each objectives is worked on in the format that yields the best performance, usually groupally, but also individually or family level. Once the two years of treatment have been completed, the transition to the usual outpatients model continues in the same mental Health center.

Background: There is a growing demand for care for children with autism spectrum disorder (ASD). Multidisciplinary intervention models are needed that considers the child's globality and own particularities, their areas of relationship (family and school) and community.



S-35-006

A child and adolescent psychiatric mobile team: A response to individual emergencies and collective crisis in the public schools

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Objective: We aim to present the concept of a child and adolescent psychiatric mobile team within the jurisdiction of the Ministry of Education in Geneva, Switzerland (96,376 pupils). Our team is composed by three child and adolescent psychiatrists/psychologists and responds to calls from all the public schools of the Geneva Canton. Our interventions concern minors or adult personnel and target critical incidents perturbing the school community and/or psychiatric emergencies. It combines crisis management with evaluation of collective repercussions in potential traumatic situations (group interventions) and on-scene medical consultations in case of psychiatric emergencies (individual interventions).

Method: Descriptive analysis on each intervention were collected during 10 years (reason for calling, age of concerned child/adolescent, type and duration of intervention) and juxtaposed to the official database on public education. Socio-demographic and clinical variables on each intervention were collected specifically in 2017-2018 (demographics, diagnosis, suicidal risk assessment, follow-up, hospitalizations).

Results: Our team receives on average 130-180 calls per year and has been solicited by 60% of primary and 95% of secondary schools during the last 3 years. It provides an immediate assessment of critical situations either by phone (64%) or on-scene (36%). Compared to what the school would have done without our intervention, referrals to hospital emergencies were decreased by 75% of cases calling for individual and urgent evaluation. Among the situations with indication of a referral to a Child and Adolescent Mental Health Service (CAMHS), 68% have consulted.

Conclusion: Our intervention seems to decrease the referrals to hospital emergencies and to promote the access to outpatients CAMHS. We expect that this model offers an alternative to classic medical response. However, an intervention model like the one presented in this study should be further developed, regarding current public school needs, in collaboration with school general practitioners, collaboration with inpatients and outpatients child and adolescent psychiatric services.



S-36

Psychological and social manifestations of violence against Brazilian children and adolescents

Chairpersons: L. Tardivo, Brazil; M. C. de Vilhena Moraes, Brazil

*L. Tardivo**

**University of São Paulo, Clinical Psychology, Brazil*

S-36-001

The HTP test in children and adolescents victims of domestic violence

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Objective: Domestic violence against children and adolescents, in their different forms and modalities, has been the object of interest and concern of researchers and professionals in several areas of knowledge. The alarming incidence of such phenomena around the world, and the consequences and sequels that it entails, makes domestic violence against youngsters a major public health problem that requires committed actions for an effective fight and prevention. This study aimed to reach a deeper understanding of the impact of domestic violence on children and adolescents, using the House-Tree-Person Test.

Method: A total of 125 children and adolescents aged 6 to 17 years, both genders, victims of domestic violence, and an equivalent control group of 380 youngsters, took the HTP. The analysis of the results was based on the categorization of each drawing, according to their adaptive, expressive, and projective features

Results: Signs of difficulties among the victims are clear. The victim's group presented a higher frequency of bizarre and deteriorated productions, particularly in the drawing of the human figure, with more incomplete and poorly organized productions. The group also revealed problems associated to ego strength in the drawing of the house, lower gratification expectations in the drawing of the tree, and body schema problems in the drawing of a person. Possible sexual conflicts were also observed in this group, with higher frequency of genitals represented in the drawing of a person

Conclusion: The study reveals the impact of domestic violence on the victims' personality and suggests possible measures to mitigate its consequences.



S-36-002

**The personality of adolescent transgressors assessed by expressive techniques
intrafamilial child abuse and depression indicators in brazil**

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Method: The sample was comprised of 1,253 participants, aged 6 to 16 years, 55.2% of which females and 44.8% males in two groups, clinical group comprised of physical, sexual and physical and sexual abuse victims; and the control group comprised of participants with no history of victimization. The Child Depression Inventory (CDI) was used for data collection, it was originally created by Kovacs, in the USA, and validated for the Brazilian population by Gouveia et al. This inventory assesses depressive symptoms in children and youths, through a self-administered questionnaire. Data analysis was carried out by comparing the CDI results of the two groups, by using Pearson's Chi-Square Test, Student's t test, and Multiple Logistic Analysis, by Odds Ratios calculation.

Results: Data analysis was carried out by comparing the CDI results of the two groups, by using Pearson's Chi-Square Test, Student's t test, and Multiple Logistic Analysis, by Odds Ratios calculation.

Conclusion: Furthermore, among the ICSA modalities, physical maltreatment was found to be the most predisposing element for the development of a depressive condition as compared to sexual abuse.

Background: Intrafamilial child and adolescent abuse is considered a severe public health problem, and a major cause of morbidity and mortality in that age range. This study presents and discusses the results of an investigation into the depression indicators in Brazilian children and youths, victims of physical violence and/or intrafamilial sexual abuse.



S-36-003

Study on the personality of adolescent transgressors with Eysenck Personality Questionnaire (EPQ-J)

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Method: A total of 150 youths aged between 12 and 17 years participated in the study, 50 of which committed a juvenile offense (JO). The remaining 100 adolescents, from public schools, made up the control group. A version of Hans Eysenck's Personality Questionnaire for Children and Adolescents (EPQ-J), translated and adapted for Brazil, was used, comprising three major factors - Psychoticism, Neuroticism, and Extroversion.

Results: The results, after statistical treatment (ANOVA), revealed: the JO group shows less Ego strength, while the Control Group shows greater Ego strength. There were significant differences in the three dimensions assessed. The JO group showed higher scores in Psychoticism, which can be related to coldness, mismatch, impulse and aggressiveness. When compared to the JO group, the control group achieved the highest score in Extroversion. The JO group can be described as non-sociable, reserved, pessimistic, and controlled. This interpretation is consistent with personality traits derived from traumatic experiences, on the one hand, and with conduct features of juvenile offenders (violation of social rules), on the other hand. No significant differences were found in the Sincerity dimension.

Conclusion: It can be concluded that the juvenile offenders' difficulties are consistent with previous experiences of maltreatment, violence and neglect against youngsters by parental figures.

Background: Violence inflicted by juvenile offenders is a growing phenomenon, particularly in large urban centers. Data from the National Secretariat for Human Rights indicate 60,000 adolescents serving educational measures in Brazil, 14,000 of which under the institutionalized closed regime (23.3%), while the remaining serve under the open regime. This study presents data on the personality of those Brazilian youngsters.



S-36-004

Life representations of juvenile offenders: A study using expressive techniques

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Method: The research used a mixed method, with contributions of quantitative and qualitative analysis. A group of 20 adolescents aged from 15 to 17 years, serving at a government agency for juvenile offenders participated. After an initial interview, the House-Tree-Person Test (HTP) and the Thematic Drawings Procedure (DP-T) were administered individually.

Results: The HTP showed instances of deteriorated production, particularly in the drawing of a person, including transparency and regressed representations, along with bizarre elements and omission of basic features of the human figure. The Thematic Drawings showed aspects of the life history of those adolescents, such as gender violence, abandonment by parental figures, especially the father, house runaways, lack of identification figures and the offense as a life alternative.

Conclusion: Both HTP and especially DE-T reveal the drama experienced by those adolescents in their lives. Preventive and intervention measures were discussed.

Background: This study aimed to understand aspects of the life of juvenile offenders deprived of liberty, based on how they represent their lives in the city where they live.



S-37

Current situation in the psychopharmacology of children and adolescents in Europe

Chairpersons: M. Gerlach, Germany; T. Egberts, The Netherlands

M. Gerlach*

**University Hospital Würzburg, Child & Adolescent Psychiatry, Germany*

S-37-001

Safety of psychotropic medications in children and adolescents: Current situation in the psychopharmacology of child and adolescents in Europe

T. Egberts*

**University of Utrecht, Clinical Pharmacy, The Netherlands*

Objective: At the moment of regulatory approval of a new drug, there still exists substantial residual uncertainty about the benefit/risk balance and especially the safety aspects on a population level as well as for the individual patient. This is inherent in the limitations of clinical studies conducted before approval, such as the limited representiveness of the studied population for the target population, the short duration of clinical studies and the limited sample size. This applies even more for children and adolescents because they are -for ethical reasons- more frequently excluded from clinical studies. Evidence and experience have shown that data obtained about the positive and negative effects of medicines in adults can often not be extrapolated to children and adolescents. It is therefore crucial in clinical studies as well as in clinical practice to gain evidence about the benefits and the risks of drug therapy in this population. This holds especially for psychotropic drugs given their multitarget pharmacological profile, the largely unknown mechanisms of disease, and the susceptibility of the developing brain and body. Apart from initiatives to gain more information about the formulation, dosing and effects in children and adolescents in the development of new drugs, it is of utmost importance to closely observe, measure and document children and adolescents treated with psychotropic drugs in clinical patient care, i.e. Pharmacovigilance. In this lecture the necessity of pharmacovigilance in general, and specifically in child and adolescent psychiatry, will be addressed as well as the available methods and systems thereof.



S-37-002

Evaluation of drug-related risks of psychostimulants

*P. Plener**

**Medical University Vienna, Child & Adolescent Psychiatry, Wien, Austria*

Method: We built a database, collecting data from 509 patients in 11 clinical centers in Germany and Austria. Patients were assessed using the Pediatric Adverse Events Scale (PAERS) at Baseline and steady state as well as at another follow-up visit. Severe Adverse Events (SAEs) were recorded.

Results: Patients (mean age: 10.34, range: 4-18) were predominantly male (76.4% vs. 23.6%) with 41.7% fulfilling an ICD-10 diagnosis of ADHD (F90.0), 21.8% a diagnosis of ADHD and conduct disorder (F90.1). The three substances most often used were methylphenidate (77.3%), lisdexamfetamine (7.9%) and atomoxetine (5.9%). Clinicians identified target symptoms as: attention or concentration deficits (48.6%), impulsivity (20.2%) and hyperactivity (12.8%). Among the five most often cited PAERS items at steady state were: attention problems, restlessness, impulsivity, reduced appetite and emotional lability/ mood swings. Five SAEs were recorded in five patients.

Conclusion: We attempted to collect patterns of prescription and adverse events in a multi-center study of child and adolescent patients receiving stimulants. Prescription patterns showed a dominant use of methylphenidate, with adverse events restricted to known side effects of stimulant medication. SAEs were reported from 1% of the sample. We showed the feasibility of a structured reporting systems for stimulant medication. The recorded adverse events were in line with known side effects of stimulant drugs.

Background: Psychostimulants are among the most prescribed psychopharmacological agents in child and adolescent psychiatry. Despite broad research and large prescription numbers, studies prospectively assessing adverse events are still rare.



S-37-003

Results of the multicenter TDM-VIGIL pharmacovigilance project: Clinical trial about on the (off-label) use of antidepressants and antipsychotics in children and adolescents

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Objective: To expand the data about safety and effectiveness of psychotropic drugs used in children and adolescents in daily clinical practice, the multicenter pharmacovigilance project 'TDM-VIGIL' was funded by the German Federal Institute of Drugs and Medical Devices (BfArM). The project runs an internet-based patient registry, which was established in cooperation with the competence network on Therapeutic Drug Monitoring in child and adolescent psychiatry and consists of two trials, an observational study on ADHD medication and a clinical trial. Aim of the clinical trial (EudraCT No.: 2013-004881-33) was to investigate the prescription patterns as well as the benefit-risk ratios of the (off-label) use of different antidepressants and antipsychotics in various child and adolescent psychiatric disorders.

Method: Between October 2014 and November 2018, the treatment data of 750 children and adolescents aged 6 to 18 years were prospectively collected and systematically documented at 18 child and adolescent psychiatric centers and specialist medical practices in Germany, Austria and Switzerland. In addition to the assessment of characteristics of the patients and the kind and dosages of psychotropic substances administered, the clinical positive and negative effects were determined with standardized psychometric instruments and measured parallel to blood concentrations of the drugs (Therapeutic Drug Monitoring).

Results: Particular attention was paid to the recording of (serious) adverse drug reactions as the study's primary outcome variable. In the presentation, the results of the most commonly reported antidepressants (fluoxetine, sertraline, mirtazapine, escitalopram) and antipsychotics (aripiprazole, olanzapine, quetiapine, risperidone) will be shown.



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S-37-004

Designing clinical trials and programs in paediatric psychopharmacology: An industry perspective

*P. Auby**

**Paris, France*

No abstract submitted in time



S-38

Child protection in the medical field – needs and practical implementation

Chairpersons: J. Fegert, Germany; V. Clemens, Germany

*J. Fegert**

**Universitätsklinikum Ulm, Germany*

S-38-001

Child protection in the medical field – problems and necessities

*J. Fegert**

**Universitätsklinikum Ulm, Germany*

Method: To fill this gap, an online course specifically for healthcare professionals is being developed and evaluated. Additionally, the project “Medical Child Protection Hotline” aims at meeting the specific counselling needs of health professionals in child protection cases by offering a 24/7 telephone counselling service. The callers are advised by specifically trained physicians. Cases that have been advised are prepared for the online course. In its “European status report on preventing child maltreatment”, the WHO has highlighted the feedback loop between these two projects as a particularly successful practical example.

Results: The evaluation of the projects shows that health professionals acquire knowledge and skills and uncertainties in case management are reduced. The feedback loop enables to process current needs and questions and to retransfer this information into the practical field.

Conclusion: Counselling service and professional training are important measures to support health professionals in dealing with cases of child abuse and to increase awareness.

Background: Within the health system, cases of child abuse and neglect are often not recognized correctly because awareness for such cases is low. Also, many are unsecure about concrete procedures in such cases. Politicians have attempted to encounter this with a statutory right to counselling by specialists placed in youth welfare services. However, an evaluation of this law has shown that there is on different reasons hardly any use of it and many health professionals are unaware of their right. In this context professional training also plays an important role. However, training about child protection issues are hardly present.



S-38-002

Disseminating knowledge of child protection: Helping to help with a nationwide hotline for health professionals

*V. Clemens**

**University of Ulm, Child and Adolescent, Psychiatry, Germany*

Method: A national, round-the-clock helpline for all medicals professionals was implemented to offer peer counsel in cases of suspected maltreatment. Professionals calling for advice are asked to anonymously present their case to a medical doctor in the helpline. The requests to the helpline are analysed and add to the generation of tailored content for education of doctors, psychotherapists, nurses and other health care professionals.

Results: The helpline is frequently used, not only by paediatricians and child and adolescent psychiatrists, but also by physicians who treat adults. Most request are how a suspicion of abuse can be confirmed and how a child at risk can be protected effectively. Furthermore questions medical regarding medical handling of the case, like diagnostic tests such as skeletal surveys, but also correct documentation and legal bases.

Conclusion: The requests show a number of insecurities of medical professionals in the field of child protection. An integrated concept consisting of expert advice via the helpline but furthermore tailored education based on frequent requests can improve the prevention of maltreatment and help the health care by fulfilling its task of protecting children affected by maltreatment.

Background: According to the European report on the prevention of maltreatment, WHO assumes that 90% of all cases of abuse are missed the health care institutions. Insufficient knowledge and insecurities towards professional confidentiality and how to approach child protection services may be reasons for the failure to protect children efficiently.



S-38-003

Transfer of expertise on child protection in medicine by the use of a basic e-learning training for health professionals

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**Universitätsklinikum Ulm, Klinik für Kinder- und Jugendpsychiatrie, Germany*

Objective: The high prevalence of child abuse in Germany represents an individual and societal challenge. Numerous new measures and legislative changes within the context of child protection are still not well known among health professionals, who are important actors in child protection, and lead to uncertainties. In order to create the possibility of an effective further training the online course “Child protection in medicine - a basic course for all health professions” is currently being developed. The course contains an overview of epidemiology and diagnostics, guidelines, legal basics and describes the procedure in the case of a (suspected) child maltreatment. One of the objectives of the accompanying research is to analyse the increase in knowledge and competences through the processing of the course.

Method: From June 2016 to January 2018, two test cohorts passed the course. In addition to an assessment of the course contents and the transfer of the contents into professional practice, the increase of knowledge and competencies in the field of child protection were analysed.

Results: 701 (68%) of the 1036 participants successfully completed the course. The graduates were very satisfied with the course and its contents. There was an increase in knowledge (Cohen's $d = 1.38$; $p < 0.001$) and competence to act (Cohen's $d = 1.25$; $p < 0.001$) by working on the course. 98% of the graduates would recommend the course to their colleagues.

Conclusion: The online course is a high-quality and scientifically evaluated offer for health professionals in Germany to acquire knowledge and skills in child protection. Interested persons can register themselves at <https://grundkurs.elearning-kinderschutz.de/>.



S-38-004

Concepts for safety and security of children in institutions

*U. Hoffmann**

**University of Ulm, Dept. Child and Adolescent, Psychiatry/ Psychotherapy, Germany*

Method: These concepts are defined by a politically appointed Round Table committee as a set of specific measures designed to ensure the protection of children and young people from violence in institutions. They include various areas such as personnel management and guidelines for the procedure in the case of an assault. This presentation gives an overview of the conceptualization and implementation of these concepts. Special focus lies on relevant aspects for institutions of the health system, f.ex. complaint procedures and dealing with specific risk factors.

Results: Since the debate at that time, many institutions have implemented protection concepts or components thereof. In health care institutions, however, the results of implementation studies show that many institutions see themselves very strongly as a place where children affected by child abuse can find help and support, but have less in mind that they can also be crime scenes. This aspect must be focused more strongly in the future. Studies show that the implementation of such concepts increases awareness for the protection of children and adolescents and can contribute to a more secure handling of concrete cases.

Conclusion: Concepts for safety and security of children in institutions are an important component for the protection of children and adolescents from violence in institutions and increase the employees' security of action.

Background: In the course of the so-called "abuse scandal" of cases of sexual abuse in institutions in 2010, political actors and experts demanded that structural measures must be implemented in institutions to protect children and young people from (sexual) violence. In Germany, these measures are summarized by the term "Schutzkonzepte", in English "Concepts for safety and security of children in institutions".



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S-39

Suicide prevention

Chairperson: K. Purtscher-Penz, Austria



S-40

Attachment and psychopathology in adolescents

Chairpersons: M.-J. van Hoof, The Netherlands; M. Riem, The Netherlands

M.-J. van Hoof

iMindU Curium-LUMC, Child & adolescent psychiatry, Leiden, The Netherlands

S-40-001

Attachment and emotional face processing in adolescents

M.-J. van Hoof

iMindU Curium-LUMC, Child & adolescent psychiatry, Leiden, The Netherlands

Method: In adolescents with Childhood Sexual Abuse (CSA) (N = 21), clinical depression (N = 28) and non-clinical controls (N = 28) attachment representation using the Adult Attachment Interview was measured. In two less from each group fMRI using an emotional face processing task measured reaction times, subjective ratings of emotional faces, and brain activation patterns for whole brain and for regions of interest

Results: Coherence of mind, unresolved loss or trauma, and disorganized attachment classification differentiated the CSA group from both other groups, over and above age, IQ, and psychiatric symptomatology. CSA-related PTSD adolescents showed significantly slower reaction times and the highest subjective rating of emotional faces. On whole brain and ROI level, no significant group differences were found. Self-reported depressive, posttraumatic or dissociative symptoms were not associated with differences in task-related brain activity.

Conclusion: If attachment is a general risk or vulnerability factor underlying specific psychopathology, this may guide diagnostic assessment and treatment. fMRI results support increased negative attention bias for fearful and neutral faces specifically in CSA-related PTSD. The absence of neural differences might indicate that behavioral and brain findings do not always match in small samples or emotion processing tasks.

Background: Attachment representation is disturbed in traumatized adolescents, but we do not know whether this is trauma-specific. Childhood Sexual Abuse related posttraumatic stress disorder (CSA-related PTSD), and anxiety and depressive disorders (clinical depression) we hypothesized to have differential impact on emotion regulation: increased negative attention bias for emotional faces and altered brain functioning in CSA-related PTSD.



S-40-002

Unresolved-disorganized attachment associated with altered amygdala resting-state functional connectivity across psychopathologies

M. Riem^{}, M.-J. Van Hoof, A. Garrett, N. van der Wee, M. Van IJzendoorn, R. Vermeiren
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Method: Resting state functional connectivity (RSFC) data were collected from a mixed group of adolescents (N =74) with and without psychiatric disorder, part of the [blinded for review]study. Ud was measured using the Adult Attachment Interview (AAI). Associations between Ud, GPF, and RSFC of the amygdala and anterior cingulate cortex (dACC) and with amygdala- medial frontal connectivity were examined.

Results: Ud was positively associated with greater functional connectivity between the left amygdala and the left lateral occipital cortex, precuneus, and superior parietal lobule. Furthermore, Ud was negatively associated with left amygdala-medial frontal cortex connectivity. GPF was not significantly associated with dACC or amygdala connectivity.

Conclusion: Atypical amygdala connectivity may reflect a vulnerability factor rather than a biomarker of psychopathology. The unique association of Ud and amygdala RSFC connectivity, adjusted for a GPF, across participants with and without various classifications of psychopathology illustrates that dimensional approaches based on the AAI may complement psychiatric classifications in clinical research and practice

Background: Recent research has identified a general psychopathology factor (GPF), which explains overlap in presentation of psychopathological symptoms. Unresolved-disorganized attachment (Ud) is another transdiagnostic risk factor that may be relevant to explain differences in patient characteristics within diagnostic classifications. In the current study, we examined unique relations of resting state functional connectivity with Ud and GPF.



S-40-003

Neuroimaging in children, adolescents and young adults with psychological trauma

*M. Rinne-Albers**

**Curium-LUMC, Child & Adolescent Psychiatry, Leiden, The Netherlands*

Objective: Introduction: Childhood psychological trauma is a strong predictor of psychopathology. Preclinical research points to the influence of this type of trauma on brain development. However, the effects of psychological trauma on the developing human brain are less known and a challenging question is whether the effects can be reversed or even prevented. Objectives: The aim of this presentation is to give an overview of neuroimaging studies in traumatized juveniles and young adults.

Method: Literature review

Handout: Abstract Title: Neuroimaging in children, adolescents and young adults with psychological trauma Mirjam A. W. Rinne-Albers Curium-LUMC Academic Center for Child and Adolescent Psychiatry Leiden University Medical Center Oegstgeest, the Netherlands Title of the Symposium: Attachment and psychopathology in adolescents Introduction: Childhood psychological trauma is a strong predictor of psychopathology. Preclinical research points to the influence of this type of trauma on brain development. However, the effects of psychological trauma on the developing human brain are less known and a challenging question is whether the effects can be reversed or even prevented. Objectives: The aim of this presentation is to give an overview of neuroimaging studies in traumatized juveniles and young adults. Methods: Literature review Conclusion: Neuroimaging studies in children and adolescents with traumatic experiences were found to be scarce. Most studies were performed by a small number of research groups in the United States and examined structural abnormalities. The reduction in hippocampal volume reported in adults with PTSD could not be confirmed in juveniles. The most consistent finding in children and adolescents, who experienced psychological trauma are structural abnormalities of the corpus callosum. Structural neuroimaging data of adolescents with childhood sexual abuse (CSA)-related PTSD compared to a healthy non-traumatized control group from our own research will also be presented.

Results: Neuroimaging studies in children and adolescents with traumatic experiences were found to be scarce. Most studies were performed by a small number of research groups in the United States and examined structural abnormalities. The reduction in hippocampal volume reported in adults with PTSD could not be confirmed in juveniles. The most consistent finding in children and adolescents, who experienced psychological trauma are structural abnormalities of the corpus callosum.

Conclusion: More research in the field of neuroimaging in traumatized minors is warranted, specially longitudinal and treatment effect studies.



S-40-004

Attachment and psychopathology in adolescents with eating disorders before psychotherapy to 12 months follow-up

*G. Kuipers**

**GGZ Breburg, Eating disorders unit, Tilburg, The Netherlands*

Method: We compared 51 eating disorder patients (mean age 23 years) at the start of treatment and 20 healthy controls on attachment, mentalization, eating disorder symptoms, depression, anxiety, personality disorders, psycho-neuroticism, autonomy problems, and self-injurious behavior (SIB), using the Adult Attachment Interview (AAI), the SCID-I and II, and several questionnaires. Patients were followed up to 12 months.

Results: Compared with the controls, the eating disorder patients scored lower on attachment security, and more often received disorganized attachment classifications. In both groups mentalization was positively related to attachment security. In the patient group, borderline personality disorder was associated with lower mentalization, and SIB with disorganized attachment and lower mentalization. In the control group, no relationships were found between attachment, mentalization, and psychopathologic variables. At 12 months follow-up 38 patients again participated in the study. Attachment security improved due to a decrease in disorganized attachment classifications but this improvement was unrelated to symptom reduction. Eating disorder symptoms as well as depression, anxiety, personality disorders, and psycho-neuroticism improved; mentalization, autonomy and SIB did not change. Persistent SIB was associated with low mentalization.

Conclusion: Attachment security was lower in eating disorder patients than in controls, but improved in one year of psychotherapeutic treatment due to a significant decrease in disorganized attachment classifications. Symptom reduction was not related to the changes in attachment.

Background: Attachment insecurity is common in eating disorder patients but relations to core and comorbid symptoms are unclear. Objective: To investigate the relationships of attachment security and mentalization with symptoms in eating disorder patients.



S-41

Educating child psychiatrists in a changing world of child mental health

Chairpersons: B. Jacobs, United Kingdom; P. Deschamps, The Netherlands

*B. Jacobs**

**UEMS-CAP, London, United Kingdom*

S-41-001

Educating child psychiatrists: A UEMS-CAP perspective

B. Jacobs, P. Deschamps*

**UEMS-CAP, London, United Kingdom*

Objective: The Section of Child and Adolescent Psychiatry of the Union Européen des Médecins Spécialistes (UEMS-CAP) recognises that the context in which we work as Child and Adolescent Psychiatrists is changing. This is happening both because of the changing size and patterns of child mental health difficulties and because of the changing patterns of service provision.

Method: To encourage discussion and exchange of knowledge on current and future training in CAP in the changing context of the CAP profession, the UEMS-CAP Board of Education has taken the initiative to organise a Symposium around training in CAP.

Results: As an introduction to this Symposium on CAP training, a brief overview will be provided on behalf of the UEMS-CAP Board of Education of UEMS-CAP summarising its aims, goals, current activities and future plans. UEMS-CAP provides an organisation for fertile international European collaboration about training of child and adolescent psychiatrists and related issues. This session will allow attendees to take an international perspective and bring them in contact with an international network around CAP training in the EU.

Conclusion: As a profession, we face new challenges in order to keep on providing the best mental health care for children and their families. Among many other creative ways forward, taking an international perspective is likely to help us to provide training that best fits the CAPs of the future.



S-41-002

Germany - training of child and adolescent psychiatrists: The situation and challenges for the future

*J. Hebebrand**

**LVR-Klinikum, University Duisburg-Essen, Germany*

Background: Approximately 2,200 child and “adolescent psychiatrists and psychotherapists” (this is the official term for child and adolescent psychiatrists to underscore the additional training in psychotherapy) actively work as CAPs, of whom roughly one half work in private practices (total population of Germany: 82 million). Five years of training are required to apply for the board examination as a CAP. Four years are mandatory within CAP; an additional year needs to be completed in either general psychiatry, psychosomatics or pediatrics. As such, there is no common trunk within the field of psychiatry. Approximately 140 CAP hospitals in Germany are able to provide training to the respective physicians. Current challenges are as follows:

1. An increasing number of psychologists are becoming certified psychotherapists for children and adolescents, entailing that competition is increasing.
2. We estimate that females account for over 80 % of the trainees, entailing a high number of part-time positions and accordingly extended training periods.
3. As in other countries, it is difficult to ascertain trainees for research projects. As such, the number of individuals pursuing an academic career within CAP is low.
4. There is little awareness of the field of child and adolescent psychiatry in other countries or at the European level. European Child & Adolescent Psychiatry has devoted a special section to the training in CAP across Europe and beyond, which will briefly be summarized in addition to the provision of an overview with respect to the situation in Germany.



S-41-003

Hungary - Education of child and adolescent psychiatrists: The situation and challenges for the future

K. Kapornai

University of Szeged, Child & Adolescent Psychiatry, Hungary

Method: The situation regarding CAP trainings and problems about CAMHS will be presented. The aspirations to improve human resources in the CAMHS system, which is related to an ongoing EU founded CAP infrastructure development, will be also presented.

Results: Currently around 90 CAPs are working in Hungary with a mean age of 55 years. Some of them are working part-time or working as pensioners. There are several counties where CAP service or even child and adolescent mental health service (CAMHS) is not available at all. Communication network within CAMHS providers is poorly developed. In order to provide the necessary and timely treatment of mental disorders the increment of the number of well-trained CAP specialists is indispensable. Regarding the quality of the training, we are facing the same problem: the low number of experienced CAP trainers and training centers. Adjusting the curriculum and the local training programs to the changing patterns of mental health problems is also a challenge. There is no comprehensive and sustainable national child mental health program either.

Conclusion: To improve the quality of CAMHS throughout the country much more human resource support is needed. In addition to infrastructure development, we need outstanding support of training in CAP (CAP trainee scholarships, dedicated/full time trainers, appropriate curriculums).

Background: To address childhood onset mental health problems appropriately we need properly trained child and adolescent psychiatry (CAP) specialists, psychotherapists and also paramedical professionals, and effective communication among them.



S-41-004

France – education of child and adolescent psychiatrists: The situation and challenges for the future

*C. Schroder**

**UEMS-CAP, Strasbourg University, France*

Method: We will describe both novel CAMHS organization and processes in France, as well as ongoing CAP training programme modifications, in order to reveal the challenges faced by France for future CAP training.

Results: As UEMS-CAP works to achieve provision of high quality training of Child and Adolescent Psychiatrists (CAPs) throughout the European Union, we will reflect on the current status quo in France in order to discuss how CAP training may have to change in order to prepare CAP residents for their future roles as CAP specialist, all the while homogenizing CAP training practices throughout Europe and maintaining a high standard of education.

Conclusion: The French Child and Adolescent Psychiatry faces a double challenge: to design novel CAP training programs geared to prepare future CAPs to provide optimal mental health care for children, adolescents and their families, but also to expand training to suit the novel roles of CAP within a changing CAMHS.

Background: In France, similar to other European countries represented in UEMS-Child and Adolescent Psychiatry (CAP), an increasing demand in child mental health services encounters an ever changing organization of service provision. Within this context, recruitment of young residents into child and adolescent psychiatry can be challenging, and recent modification of CAP training in France within a general psychiatry residency programme may add to this challenge.



S-41-005

Plenary discussion

*B. Jacobs**

**UEMS-CAP, London, United Kingdom*

Method: This discussion will take the comments of symposium participants as the basis of a conversation between presenters and the audience.

Results: To be discovered during the discussion

Background: Presentations given in the symposium



S-41-006

Educating child psychiatrists in a changing world of child mental health: A UK perspective

*B. Dubicka**

**Royal College of Psychiatrists, Chair of CAP Faculty, London, United Kingdom*

Objective: The Section of Child and Adolescent Psychiatry of the Union Européen des Médecins Spécialistes (UEMS-CAP) recognises that the context in which we work as Child and Adolescent Psychiatrists (CAP) is changing. This talk will present a UK perspective on training and workforce challenges and solutions in the face of increasing demand for services and a shrinking workforce.

Method: Evidence will be presented regarding the increased demand for mental health services, including from the 2018 UK prevalence survey. Data regarding retention and recruitment challenges will be discussed from the Royal College of Psychiatrists (RCPsych), as well as the broader workforce.

Results: Recent government policy initiatives will be presented regarding increasing access to services and training of the broader workforce, including medical specialities such as paediatrics and general practice. The recent RCPsych recruitment campaign has demonstrated early success, and is now focusing on retention. The role of the CAP within a multi-disciplinary team and complex systems will be discussed, as well as training needs, particularly in relation to service developments such 0-25 services.

Conclusion: Child and adolescent psychiatrists in the UK face new challenges in the face of increasing demand and workforce pressures. Recruitment, retention, and training of the whole workforce is vital for improving services and meeting this demand, as well as service re-organisation. The role of the CAP needs to be clearly defined within a complex system and enabled to work to the maximum of their capability with a well-supported workforce.



S-42

Social interactions: Clinical applications for research and practice

Chairpersons: C. Reck, Germany; A.-L. Zietlow, Germany

C. Reck*

**University of Munich (LMU), Department of Psychology, Germany*

S-42-001

The influence of mother-infant interaction on the intergenerational transmission of maternal anxiety disorders

V. L. Labonte*

**University of Munich, Department of Psychology, Germany*

Objective: The main topic concerns the meaning of the interaction between mother and infant and the effects of maternal anxiety disorders. Moreover, the study focuses on the the intergenerational transmission of this disorder and the related possible emotional and/or behavioral impairment of the child.

Method: To examine the potential specificity of the interaction, the study compared a clinical group of mothers with diagnosed anxiety disorders (N=19) to a control group without a mental disorder (N=34) and their children. The interactive behavior is examined by the face-to-face-still-face-paradigm (FFSF) and by a free play during preschool age. The analyses included a mediation model, the infant and caregiver engagement phases (ICEP) and the coding interactive behavior (CIB).

Results: The interactions of mothers with anxiety disorder are per se not more negative than those of healthy mothers. The interactive behavior is not an exclusive mediator in the transmission of the maternal disorder. However, the stability and the severity of the disorder during the first five years influences the interaction, which can result in emotional abnormalities and behavioral problems.

Conclusion: Maternal anxiety disorders can affect the development of children. However, due to inconsistencies in the results, one may not draw general conclusions. Further research is needed to investigate whether there is a transmission concerning a specific anxiety disorder.



S-42-002

Early mother-infant interaction and social interaction in parents in the course peripartum distress # presentation of the COMPARE and the NEMO-study

*N. Nonnenmacher**

**Heidelberg University Hospital, General Psychiatry, Germany*

Method: Two recent research projects will be presented. The first study (COMPARE: Children of Mentally Ill Parents at Risk Evaluation) focuses on the impact of depression and/or anxiety disorders for parent-child-interaction and child development over the first two years. Furthermore, the role of parent couple interaction will be examined. The second study (NEMO: Neurofeedback in Mother-Infant-Bonding) investigates a new and innovative method - neurofeedback via real-time fMRI– for mothers with bonding impairments. The mothers learn to upregulate the ventral striatum, part of the reward system of the brain, while seeing pictures of their infant.

Results: The results of both studies will provide new insights into specific effects of maternal mental disorders on child development, as well as on the interaction mechanisms contributing to this process and furthermore into a first evaluation of a fMRI neurofeedback training intervention in the treatment of maternal bonding disorders.

Conclusion: The presented studies contribute to the understanding of the importance of early social interactions and to the treatment of postpartum psychopathology as well as bonding disorders.

Background: The building of a supportive parent-infant relationship is of special importance in the postpartum period, as it lays the foundation for social interactions in the offspring. Suboptimal social interactions may manifest in developmental difficulties. The ability to build a functional relationship to the child can be hindered by peripartum depression, anxiety disorders or bonding difficulties. Due to the high prevalence of these disorders as well as the increased risk for child development, further research in this field is urgently needed.



S-42-003

Application of socially assistive robots for emotional expressive therapeutic interventions

*T. Kretz-Bünese**

**University of Munich, Department Psychology, Germany*

Method: The long-term goal is to develop an intervention with a socially assistive robot for children of depressed caregivers, as children of depressive mothers show reduced social interaction and emotion regulation competence. Further areas of application in the spectrum of child internalizing disorders, such as depression and anxiety disorders, as well as externalizing disorders are planned.

Results: The aim of the pilot study is to investigate the short-term effects of Reeti © interaction on children's interaction quality and regulatory capacity as part of psychotherapy. For this purpose, it will be investigated whether Reeti © can be used to induce positive social interaction in 4-6 year old children. The videotaped interaction sequences are encoded for this purpose. Respiratory sinus arrhythmia should also serve as a cardiovascular measure of the child's regulatory capacity in the interaction with Reeti©.

Conclusion: No conclusions at the moment, work is in progress.

Background: Socially Assistive Robots are toy-like stimuli that can serve as a powerful catalyst for social interaction in children. Reeti©, a cartoon-like socially assistive robot that expresses various emotional expressions by means of differentiated motor, visual and auditory effects, will therefore be used in this pilot study.



S-42-004

Attachment insecurity and emotional difficulties in adolescents

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Method: 832 students (50.8% female) between 11 - 16 years ($M = 12.39$, $SD = 1.20$) completed the following questionnaires: VASQ for attachment insecurity (Bifulco et al., 2003), PANAS for positive/negative affect (Krohne et al., 1996), NEO-FFI for neuroticism (Danner et al., 2016), and AEQ for discrete emotions in class (Pekrun et al., 2011).

Results: Reliability scores and descriptive statistics were calculated for the VASQ subscales (insecurity of style, $\alpha = .791$, $M = 2.32$, $SD = 0.61$; proximity-seeking, $\alpha = .597$, $M = 2.99$, $SD = 0.53$). On a general level, significant correlations were found between attachment insecurity and positive affect ($r = -.214$), negative affect ($r = .375$), and neuroticism ($r = .432$). In the context of their classes in school, significant correlations were found between attachment insecurity and self-reported anger ($r = .254$), anxiety ($r = .309$), and shame ($r = .347$).

Conclusion: Our results indicate (1) that the VASQ is a reliable self-report measure to assess the attachment insecurity of adolescents. Furthermore (2) associations between the attachment insecurity of adolescents and emotional difficulties in general and in school were shown.

Background: Attachment insecurity has been shown to be related to the experience of emotional difficulties in children and adults. However, there is still a lack of studies focusing on adolescents. Therefore, the present study aims at (1) testing the applicability of the Vulnerable Attachment Style Questionnaire (VASQ) in a sample of adolescents and (2) at examining the relationship between their attachment insecurity and emotional difficulties in general and in school.



S-43

Analyzing behavioral symptoms in individuals with autism spectrum disorder part II: From refined methods to interventional approaches

Chairpersons: L. Poustka, Germany; I. Kamp-Becker, Germany

L. Poustka*

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S-43-001

Are approaches of machine learning and support vector machines suitable to improve the ASD diagnostic process in children and adolescents?

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Method: These innovative approaches were applied to the data of 2,413 children, adolescents and adults to identify those items of the applied diagnostic tools which show the best discriminatory quality. All patients underwent the gold standard diagnostic procedures, ASD diagnosis was confirmed in 1,238 individuals. In almost the same amount of patients (N= 1,175) ASD was excluded and a differential diagnosis was found. The outlined machine learning methods Decision Tree (DT, N=1,536) as well as Support Vector Machine (SVM, N= 2,413) were used to develop algorithms that differentiate ASD from other disorders.

Results: A reduced number of differentiating items that exhibited good diagnostic accuracy was identified. The DT analyses leads to a combination of 4 up to 11 ADOS and ADI-R items with an AUC of 77 – 85%. SVM analyses for the four ADOS-modules lead to a combination of 5 items with sensitivity ranging from 78 – 92%, specificity was between 78 – 86%. For young children accuracy was higher than for older.

Conclusion: Social orientation and reciprocity in interaction behaviour seems to be a core and specific symptom of ASD differentiating ASD from other disorders with multitude symptom overlap.

Background: Existing diagnostic instruments do, in fact, identify individuals with ASD accurately, but sometimes fail to differentiate individuals with ASD from those with other psychiatric disorders (such as ADHD, emotional-, personality-disorders and others). For these reasons, the identification of features which discriminate between different but overlapping phenotypes is of great importance. Recently, pattern classification methods based on machine learning algorithms have been used to predict or classify individuals of different phenotypes.



S-43-002

Characterizing daily-life functioning in adolescents with Autism Spectrum Disorder using the Experience Sampling Method

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Method: ESM is a structured diary technique that allows participants to report their current mood, thoughts, and experiences on a mobile application several times per day in the flow of daily-life. In the context of an ongoing study focusing on social withdrawal in neurodevelopmental disorders, we are currently collecting information about daily-life social functioning in a sample of participants with ASD aged between 12 and 25 years. Data collected in daily-life will be compared to traditional measures of social functioning (i.e. questionnaires or clinical interviews).

Results: During this presentation, we will focus on the methodology of ESM data collection in adolescents with ASD and compare data collected with ESM and traditional approaches.

Conclusion: ESM is a methodology that has rarely been used in the field of neurodevelopmental disorders and that can increase the ecological validity of existing research findings.

Background: Social withdrawal is a hallmark of several neurodevelopmental disorders, including Autism Spectrum Disorder (ASD). Despite being a central aspect of this condition, little is known about the phenomenology of social interactions in daily-life in adolescents with ASD. In particular, there is a debate in the literature whether reduced social interactions result from a diminished interest to be with others, decreased social skills that are necessary to build relationships, or increased anxiety to approach others. The use of the Experience Sampling Method (ESM) appears particularly well suited to bring new knowledge on this important topic.



S-43-003

Use of special support in children and adolescents with Autism Spectrum Disorder in Germany

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Method: A mail survey was distributed to parents or legal guardians of 637 children with ASD from three child and adolescent psychiatric ASD outpatient clinics in Germany.

Results: Of 211 respondents, 82.5% reported that their child had a special educational needs statement. In contrast, only 63.9% of the sample received special educational support. In those children receiving special educational support, the most frequent type of support was a classroom assistant (69.0%), followed by smaller learning group (31.7%). In children with a diagnosis of Asperger syndrome, the prevalence of special educational support was lower than in children with childhood autism or atypical autism (36.0%, 76.1%, and 63.4%, respectively). In a logistic regression, receipt of special support was significantly associated with younger age (Odds Ratio (OR) 2.87, 95% confidence interval (CI) 1.11-7.38) and lower IQ (<85) (OR 8.72, 95% CI 3.41-22.32), but not with the degree of ASD symptomatology.

Conclusion: In this study, which is the first of its kind in Germany, the majority of children with ASD received special educational support. This indicates good accessibility of special educational services for this population. Future studies should evaluate both long-term effectiveness and parental/child satisfaction with special needs education in ASD.

Background: Autism Spectrum Disorders (ASD) place a heavy burden on affected individuals and their families. Early diagnosis and special educational support can help to mitigate symptoms, and improve psycho-social functioning of affected children. The aim of this study was to evaluate the use of special educational support in children with ASD in Germany.



S-43-004

Oxytocin's effect on empathy in autism – neural activation as a function of the oxytocin receptor gene variation

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Objective: Research has shown that intranasally administered oxytocin is associated with an increase of social behavior and empathy. Individuals with Autism Spectrum Disorders (ASD) show a lack of empathy, the capacity to intuitively represent their own and others' mental states. Although ASD is considered a neurobiological disorder, there is no effective medical treatment. Primary treatments consist of costly and time intensive psychological and educational interventions addressing the core deficits related to the disorder. Previous research proposed positive effects of Oxytocin on empathy but results are mixed with growing evidence that allelic variation within the Oxytocin-receptor-gene (OXTR) may be associated with the empathic concern for others. Objective of the present study was to investigate the effect of oxytocin on neural pathways of empathy in individuals with ASD.

Method: In a placebo-controlled, double blind, randomized fMRI study with crossover-design, 27 young men with ASD were examined. 15 participants had a validated variation in the OXTR and 10 participants were without the risk allele. In two fMRI sessions participants engaged in three tasks including 1) empathy for physical pain, 2) empathy for basic emotions and 3) empathy for social pain.

Results: All experiments elicited the expected affective reactions with associated brain activations. On the behavioral level an effect of oxytocin on physical pain ratings along with an activation increase of right amygdala compared to placebo was observed. We did not find any other Oxytocin related effects on behavior or brain activation. Absence of an oxytocin related effect could not be explained by variations in the oxytocin-receptor genotype.

Conclusion: Although there have been positive findings suggesting a therapeutic effect of Oxytocin on empathic capabilities in ASD, the present study could not find beneficial effects of Oxytocin on the processing of complex social information in a group of young male ASD patients.



S-43-005

Pathways to a diagnosis of ASD: A German multi-center survey

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Method: The sample was recruited from specialised ASD outpatient clinics at German academic psychiatric departments, all of which are members of the German ASDnet research collaboration. The sample consisted of parents/legal guardians of 207 children and adolescents with ASD (83.6% male, mean age: 12.9 years), who filled in a questionnaire regarding the diagnostic process.

Results: Diagnoses were childhood autism (55.6%), Asperger syndrome (24.2%), or atypical autism (20.3%). On average, parents had first concerns when their child was 23.4 months old, and an ASD diagnosis was established at a mean age of 78.5 months. Children with atypical autism or Asperger syndrome were diagnosed significantly later (83.9 and 98.1 months, respectively) than children with childhood autism (68.1 months). Children with an IQ<85 were diagnosed much earlier than those with an IQ≥85. On average, parents visited 3.4 different health professionals (SD=2.4, range 1-20) until their child received a definite ASD diagnosis. Overall, 38.5% of carers were satisfied with the diagnostic process.

Conclusion: In this sample of children with ASD in Germany, the time to diagnosis was higher than in the majority of comparable studies. These results flag the need for improved forms of service provision and delivery for suspected cases of ASD in Germany.

Background: Regarding the diagnostic process towards a definite ASD diagnosis, comprehensive data for Germany is lacking. This study aimed to evaluate the time from first concerns to a definite ASD diagnosis, the number of health professionals consulted en route to diagnosis, and parental satisfaction with the diagnostic process.



S-44

Management of children and adolescents with psychotic disorders in the Alpe-Adria region

Chairpersons: M. Drobnic Radobuljac, Slovenia; A. Prata, Portugal

*M. Drobnic Radobuljac**

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S-44-002

The family conflict as catalyst of a first-episode psychosis and the role of family intervention

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Method: A systematic literature search was carried out in MEDLINE/PubMed database, about articles published in the last five years, using the following terms: “youngpeople”; “adolescents”; “childhoodadversities”; “childhoodtraumas”; “developmental psychopathology”; “first-episodepsychosis”; “psychosis”; “familyintervention”; “familytherapy”; “riskfactor”. This review was made because of a clinical case of a 16-year-old girl hospitalized with a FEP, whose parents were divorced and in conflict.

Results: Through the analysis of this clinical case, we conclude that the conflicting relationship between the parents after the divorce may have been a crucial factor in this the FEP. In addition to psychopharmacology, treatment efforts were directed toward decreasing environmental stress and increasing resilience in the adolescent, through family intervention.

Conclusion: Although adversities and traumatic events are not sufficient or necessary to cause or explain a psychosis event, in some cases they can act as a trigger. However, the mechanism that may explain this type of clinical situation is still unknown, and further research is needed.

Background: Negative childhood life events are risk factors for psychosis as well as other severe mental disorders. Cognitive theories suggest that exposure to social adversities, like family separation or conflicts, may lead an individual towards the development of cognitive schemas that view the world as threatening, and to attributing negative experiences to external factors. A meta-analysis focusing on psychotic disorders found exposure to childhood adversities to be 2.7 times more common in psychosis patients than in healthy control subjects, adversities increasing the risk of psychosis at a 2.8 odds ratio. To explore the impact of childhood adversities, in this case the divorce and the family conflict, as risk factors for a psychosis and the importance of family intervention in treatment of the First-Episode Psychosis (FEP).



S-44-004

The role of long-acting injectable antipsychotics in child and adolescent psychiatry

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Method: Systematic literature search in the database MEDLINE via the PubMed interface. We looked for the research of sLAI use in children, adolescents and young adults.

Results: Research in the population of young adults with schizophrenia who received treatment with sLAI, shows significantly increased rate of adherence, reduced risk of relapse and rehospitalization and improved quality of life in comparison with recipients of oral antipsychotic treatment. Research in children and adolescents is limited to small groups of very ill patients, whose schizophrenia or bipolar disorder caused a serious danger to their safety or the safety of the others.

Conclusion: There is an important evidence of both benefits and safety of sLAI use early in the course of schizophrenia for young adult patients. The evidence for non-adult patients is very limited, therefore we need more research in this age group.

Background: Long-acting injectable antipsychotics (LAI) used to be reserved for older, chronically ill patients with schizophrenia, after many relapses and a recurrent non-adherence to oral antipsychotic treatment. The second-generation antipsychotics in LAI form (sLAI) brought us broader therapeutical options for the patients with schizophrenia and bipolar disorder. There is a lot of research about the role of sLAI early in the course of schizophrenia, because the first 2 to 5 years are crucial for the patient's long-term prognosis. The early stage of the disease often coincides with adolescence, and so do the measures to improve the patient's long-term prognosis. One of them seem to be use of sLAI early in the course of schizophrenia.



S-44-005

Antipsychotic-induced hyperprolactinemia and management in adolescents treated in a psychiatric department in Slovenia

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Method: All the adolescents admitted to the Department for Adolescent Psychiatry of the University Psychiatric Clinic Ljubljana from January 2018 to January 2019 will be assessed for the type of mental disorder, medication received, side effects and further management. All hospitalized patients' prolactin levels have been monitored at time of admission and at different checkpoints to evaluate this important adverse effect.

Results: We expect to find elevated levels of prolactin at patients receiving risperidone and paliperidone, at which point the antipsychotic treatment was substituted with different antipsychotic.

Conclusion: As there are currently no unanimous guidelines available, different approaches/guidelines have been applied in managing antipsychotic induced hyperprolactinemia. The various forms of hyperprolactinemia management will be presented.

Background: Hyperprolactinemia is an important adverse effect of many antipsychotic drugs registered for the pediatric and adolescent population. Amenorrhea, oligomenorrhea, galactorrhea, gynecomastia, infertility, sexual dysfunction and other symptoms may all be consequences of hyperprolactinemia and as such, highly bothersome to adolescent patients, often leading to low treatment adherence. The contribution aims to assess a one-year prevalence of hyperprolactinemia in adolescents admitted for the treatment of mental disorders in Slovenia and the subsequent management.



S-44-006

The services for the care of the young patients with psychotic disorders

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No abstract submitted in time



S-44-007

Antipsychotic use in child and adolescent psychiatry departments in Bosnia and Herzegovina

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Method: The aim of this study was to get insight in antipsychotic prescription in four CAP BH Clinical Centers: Sarajevo, Banja Luka, Mostar and Tuzla for one year period, from November 1st, 2017. to November 1st, 2018. in inpatient and outpatient settings.

Results: For two outpatient units in Tuzla and Mostar there were 1352 psychiatric checkups of youngsters for the observed period and antipsychotics were prescribed 343 times (25.3%), mostly second generation antipsychotics (SGA): risperidon (36-60%), olanzapin (about 20%) and aripiprazol (about 10%). There were still some prescriptions of first generation antipsychotics (FGA): promazine and haloperidol in 6-10%. Antipsychotics were prescribed mostly for acute and other psychotic disorders (18-30%), intellectual disabilities (about 30%) and autistic spectrum disorders with co-morbidity (about 15%), conduct and affect disorders (less than 10%) and obsessive compulsive disorder (about 4%) In Banja Luka and Sarajevo inpatient units there were hospitalized 278 patients (130 Banja Luka and 148 Sarajevo) in one year period and 104 (37.3%) used antipsychotics. Their dosage varied: risperidon (1–3mg), olanzapin (2,5–10mg), aripiprazol (2,5–15mg), haloperidol (0,5–4mg), promazine (12,5-100mg), flufenazin (0,5–2 mg), clozapin (12,5–50 mg), prescribed mostly for acute and other psychotic disturbances.

Conclusion: The prescription of antipsychotics for youngsters in CAP BH were present in 20-30% outpatient and about 40% inpatient treated. It was mostly used for acute and other psychotic disorders, intellectual disabilities and autistic spectrum disorder with co-morbidity. Mostly prescribed were SGA risperidon and olanzapin, occasionally some FGA.

Background: The use of antipsychotic medication in children and adolescents has increased immensely for a wide range of psychiatric disorders which occur in that age. A child and adolescent psychiatry in Bosnia and Herzegovina (CAP BH) is a branch of psychiatry in expansion, but medication prescription is limited with legislative restrictions for prescription of psycho stimulants.



S-45

Cognitive, emotional and psycho-social avatar reinforcement program: CESAR as co-therapist in neurodevelopmental disorders, emotional dysregulation and transculturally in children & adolescents

Chairpersons: A. Vargas Castro, France; A. Marquez Cepeda

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S-45-001

Psychotherapeutical pilot experience of Strategic Interventions in group for children with Autism Spectrum Disorder-ASD, focused on social and learning skills, Family Psychoeducation and CESAR program.

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Method: It is an observational pilot study of therapy based on the project of the individual care of six children between 5-6 years old. They have an Autism Spectrum Disorder (ASD) diagnosed by ADI-R, ADOS & CARST, without a moderate -to-greater deficit in cognitive ability. They participated in 12 sessions for 3 months (sometimes with their siblings and their two parents) of training programs with two therapists. Interventions were based on the positive reinforcement thanks to caricature characters representing each child and his family, emotional expressing, social skills and adapted behaviors. The avatar-caricature accompanies the child in the acquisition of skills at home, at school and at the sport center, among others. Social Skills Rating necessary for Interpersonal relations (EHSRI) was used to evaluate generalization with parents and Quantitative evaluation was carried out before the training program and in the last session.

Results: Our findings highlighted an increase in the total score of social and emotional skills following the training sessions. ADOS and CARST give better results in the objectivation of symptoms. Children were more interactive between them, identifying each one with his avatar and more spontaneous with his partners.

Conclusion:

- CESAR program is an excellent intervention in transdisciplinary teamwork with children an Autism Spectrum Disorder, specifically in stimulating social communicative development.
- CESAR program is an excellent co-therapist with different approaches and the positive results for the patients, their families and psychoeducation process.
- The results would have more scientific validity with an enlargement of the sample.

Background: Demonstrate the good results of the psychotherapeutic approach for children with neurodevelopmental disorders through the prepositioning of general functioning levels, the adjustment of group therapy and the graphic support of stories-AVATAR-.



S-45-002

Attachment disorders, irritability and emotional dysregulation in our children: Is there a risk of depression?

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Introduction: The World Health Organization (WHO) has defined: Depressive disorder will be the main cause of incapacity for industrialized societies in the year 2020 (WHO,2001). In the same way, the WHO draws attention when describing that between 15% and 20% of Adolescents would have this kind of pathology in the course of their life (Labelle et Bedwani, 2011). In recent years an “irritable” dimension of Oppositional Defiant Disorder (ODD) has been identified (Stringaris A., Goodman R., 2009), overall related with attachment disorders and family dysfunction. Emotional dysregulation can be observed within the normal process of biopsychosocial neurodevelopment during childhood (Mc.Elroy,2015). However, emotional dysfunctional dysregulation is a characteristic of many child and adolescent mental disorders. In fact, the emotional dysfunctional dysregulation could be found in depressive disorders, where the family dysfunction plays an important role (Bienvenu et Davydow,2011). The binominal psychotherapy of children with behavioral disorders, emotional dysregulation and attachment difficulties could be an excellent option. This kind of therapy shares different strategies as the dialectical behavior therapy adapted for pre-schools, psychodrama with a psychoanalytic approach and avatar graphic reinforcement in caricature of CESAR program (Cognitive Emotional psychoSocial Avatar Reinforcement).

Objectives: 1. Describe the clinical experience on binominal psychotherapy in children with behavioral disorders, attachment difficulties and the use of elements of CESAR program. **METHODS** Our clinical research is a transversal study on two boys of 5 and 6 years old with symptoms of oppositional defiant disorder, irritability, emotional dysregulation and a good level of cognitive capacities. We planned 24 sessions (one session every week) based on the management of the regulation in behavioral, interpersonal cognitive and emotional difficulties, as well as self-regulation. We also used technics in psychodrama approach, mindfulness, relaxation and a behavioral empowerment through the caricature of the child and his adventures as a superhero. At the same time, the parents received psychotherapeutic and graphic support with an avatar for each of them. Children were evaluated with an adapted version in French of CBCL-DPa Child Behavior Checklist-Dysregulation, Conners 48/28 , ADHD-RS , ARI Affective Reactivity Index (Irritability) in the first and last sessions. Same with the instruments to evaluate the quality of life (Kidscreen, PedsQoI,YQOL-S).

Results & Conclusions: The main outcomes are the excellent prognosis and the improvement in self-control-regulation, decrease in anger crisis and better scores in quality of life of the both children. The binominal therapy focusing on emotional dysregulation, psychodrama and caricature reinforcement was a great success. We need to expand the sample to demonstrate greater objective validity.



S-45-003

CESAR Cognitive, emotional, and psycho-social avatar reinforcement program: The advertising and graphic influence in mental health

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Introduction: The power of advertising is undeniable. The influence of images, icons, models, patrons are each day stronger. The idea of using this factors in a positive point of view in children with Autism Spectrum Disorder (ASD) lead to CESAR: Cognitive, Emotional, and psychoSocial Avatar Reinforcement program. The particularity of this program is its customization, with the use of avatar designed specifically for each child. A customized program makes children see themselves developing social skills in a fun environment and allows the use of advertising tools like color, messages and insights, creatively used with technologies with positive results.

Objectives:

1. Demonstrate the positive results of the psychotherapeutic approach for children with neurodevelopmental disorders through advertising and graphic techniques with video and customized images.
2. Make children with neurodevelopmental disorders feel deeply identified with customized pictographs improving their physical, cognitive, communication, social-emotional, adaptive and social interactions.

Methods: Developing custom avatars of children between 5-6 years old, adding to videos and images that makes them identify with home situations inspirationally. Discovering with doctors and families, insights that permit take strong icons that can influence the children behavior based on behavioral, interpersonal cognitive and emotional difficulties

Results & Conclusions: Stimulation and motivation to acting in the same way as pictographs shows that children are able to improve their Cognitive, Emotional, and psychoSocial Avatar Reinforcement with the (CESAR) program Advertising and graphic techniques are perfectly useful on a creative way mixing disciplines apparently separate as Advertising and Psychiatry.



S-45-004

Promotion of resilience factors in children & adolescents during immigration process through CESAR program: “La Familia Diaz”

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Introduction: Canada is a good example of a country that receives immigrant families from the entire world. They face multiple obstacles in the process of adaptation to a new lifestyle, especially families in vulnerable situations. Immigration may lead to anxiety and depression symptoms in families and may therefore affect the mental health in children & adolescents. Resilience is the human capacity to face, overcome, and make oneself stronger after experiences of adversity. “The Diaz Family” aims at fostering this capacity by giving psychoeducation and psychosocial support in the process of immigration to Canada.

Objectives: 1. Support families in vulnerable situational immigration with effective communication using creativity and fun characters. 2. Reduce the time of adaptation and settling of immigrants in a foreign country. 3. Use an universal language in order to make the project adaptable to any country around the world.

Methods: Production of whiteboard videos with small stories told in a friendly way, with information helpful for mental well being, promoting resilience factors (I have, I am, I feel, I can). Using social media to communicate to Canada foreigners minorities on methods that help in vulnerability situations.

Results & Conclusions: “The Diaz Family” is a helpful and effective media to transmit assertive communication in the immigration process. This chapter of CESAR program can be a prevention tool in mental adaptation disorders of children & Adolescents and their families.



S-46

The importance of understanding developmental trajectories and the link between body and mind in 22q11 DS

Chairpersons: A. Swillen, Belgium; M. van Den Bree, United Kingdom

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S-46-001

Understanding cognitive abilities and social responsiveness skills in children with 22q11.2 deletion syndrome (22q11DS) compared to children with idiopathic intellectual disability (IID).

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Method: In this prospective longitudinal study, we compared five broad cognitive abilities (BCAs) in primary school-aged children with 22q11DS (age 6-13, n = 21) and IQ-matched peers with IID (n= 21). All children were re-evaluated after 19 to 30 months. The social responsiveness skills of children with 22q11DS -assessed by the Social responsiveness Scale (SRS)- was compared with IQ-matched peers with IID, and followed-up after 24 months.

Results: Different cognitive trajectories were demonstrated in both the 22q11DS group and the IID comparison group. Most children showed combined types of trajectories across BCAs resulting in a complex changing cognitive profile. However, in the 22q11DS group, social responsiveness problems increased over time whereas no significant change was observed in the IID group.

Conclusion: Findings reflect quite similar cognitive and social responsiveness profiles and trajectories across groups (22q11 DS group and IID group), but children with 22q11DS seem to be more at risk for growing into a social deficit over time. We recommend repeated monitoring of social skills development to adapt the environmental (social) demands to the child's social capacities. Appropriate social-emotional support and follow-up is critical to children affected with this condition.

Background: The 22q11.2 deletion syndrome is the most common known contiguous gene deletion syndrome, associated with neurodevelopmental problems and diverse neuropsychiatric disorders across the life span. There is a wide variability in cognitive abilities and profile in children and adolescents with 22q11.2 DS ranging from borderline intelligence to mild-moderate ID. This profile is often colored by a complex associated medical phenotype which frequently results in multiple hospitalizations beginning at an early age. Development of cognitive skills and social responsiveness are areas of concern in children with 22q11DS. It remains unclear if the cognitive and social profiles and trajectories are syndrome-specific or similar to those of children with idiopathic intellectual disabilities (IID) with or without comorbid autism spectrum disorder (ASD).



S-46-002

MRI brain scanning in infants and young children with 22q11.2 deletion syndrome (22q11.2DS): Protocol development and preliminary data

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Objective: Individuals with 22q11.2DS have significant risk (30–50%) of neurodevelopmental disorders and mental-health problems (autism spectrum disorder: ASD, ADHD early-onset psychosis). However, 22q11.2DS' impact on brain is poorly understood, including why the same deletion has different individual outcomes, or if early-developing brain mechanisms contribute/protect from vulnerability to specific disorders with maturation. We plan the first early-childhood 22q11.2DS MRI (structural/functional/connectivity) brain investigation, alongside comprehensive (EEG/behavioural/genetic) assessments. Crucially, this links to parallel investigations of brain mechanisms increasing/decreasing risk of neurodevelopmental disorders/mental-health problems in young children with idiopathic/genetic/neurodevelopmental/psychiatric disorders(eg ASD/Phelan-McDermid Syndrome:PMS).

Method: We link to The European Autism Interventions Multicentre Study Developing New Medications(EU-AIMS) longitudinal brain/behavioural study of infants/ young children at risk of/ diagnosed with ASD. EU-AIMS includes our MRI brain investigations, assessments, with parent-child interactions/neurocognition/eye-and tracking/EEG, and spans infancy to adulthood/IQ>70-severe LD. Our shared protocols are adapted to enable MRI-scanning in 2–5 year olds(eg infant-friendly scan environment/puppet-videos explaining brain-scans to children/parents/training infants/young children to lie still/"silent" MRI's).

Results: Pilot protocols are completed;15 ASD/PMS children,10 typically-developing 3– 5 year olds. Once scan-protocols are finalised, N = 35 2–5 year olds with 22q11.2DS will be recruited.

Conclusion: Protocols have enabled successful brain-scans in 2–5 year olds with neurodevelopmental disorders. This project will allow comparison of 2–5 year olds with a known genetic risk (22q11.2DS) to large age-matched groups(infants/children with idiopathic/syndromic ASD/ADHD, other syndromal neurodevelopmental disorders, 300 typically-developing) and investigation of brain differences/similarities. Future plans include even younger at-risk populations. Better understanding causal/protective mechanisms may aid future development of individually-tailored, disorder-specific treatments for 22q11.2DS.



S-46-003

Cognitive functioning over the lifespan in individuals with 22q11.2 deletion syndrome

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Method: In this talk, we will review the main conclusions regarding cognition over the lifespan in individuals with 22q11DS, mostly based on findings from the International Brain and Behavior Consortium on 22q11DS.

Results: We will discuss the cognitive profile in 22q11DS, both at the interindividual level (e.g. the on average borderline level of intellectual functioning ($IQ \approx 70$), but with considerable variability ($SD \approx 15$)), and the intra-individual level (e.g. the frequently observed discrepancy between Verbal and Performance IQ). Moreover, we will show that, whereas in the general population cognitive functioning (IQ) remains rather stable over the lifespan, individuals with 22q11DS show a deviant trajectory. A modest decline in IQ over the years is observed in this population. Furthermore, we will demonstrate that deviations from the expected trajectory even within the 22q11DS population may be indicative of increased psychiatric risk. Specifically, a decline in Verbal IQ in childhood steeper than what is expected even within 22q11DS is associated with a further increased risk for developing schizophrenia.

Conclusion: We will discuss clinical and scientific implications and elucidate the need for thorough and repeated monitoring of the cognitive profile in individuals with 22q11DS. We will reveal the benefits thereof, including tailoring environmental demands to an individual's capabilities, as well as early identification of increased psychiatric risk. Moreover, we will clarify the generalisability of these findings to other schizophrenia high-risk populations and the scientific utility of 22q11DS as a genetic model to study early developmental trajectories of schizophrenia.

Background: International collaborative longitudinal efforts over the last two decades have allowed increasing insight into the developmental trajectories of individuals with 22q11DS. An important component of lifespan development is cognition: (1) it has strong impact on daily life functioning, and (2) within 22q11DS, it is one of the main potential phenotypic markers for subsequent psychiatric illness such as schizophrenia.



S-46-004

Neurocognitive profile and onset of psychotic symptoms in children and adolescents with 22q11 DS: Longitudinal data

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Objective: The neurobehavioral phenotype of 22q11 deletion syndrome (22q11DS) includes cognitive dysfunction and high rates of psychotic symptoms and schizophrenia. Existing research has mainly considered changes in IQ, especially its decline, as a psychosis predictor. The aim of this study was to investigate, in a longitudinal perspective, the relationship between neuropsychological abilities (not only IQ but also executive functioning, language and visual-motor integration abilities) and onset of psychotic symptoms in a sample of children, adolescents and young adults with 22q11DS. In addition, the role of comorbid psychiatric disorders at baseline was taken into account.

Method: 75 participants with 22q11DS, aged between 6 and 27 years at baseline, were included. Eighteen of the 75 participants had developed psychosis at one-year follow-up (onset psychosis-OP) and constituted the first group; 57 participants who had not developed a psychosis at the one-year follow-up (without onset psychosis-WOP) constituted the second group.

Results: At baseline, group OP showed lower IQ (both full scale and verbal and performance scale) and more perseverative errors as well as a reduced number of correct categories on the Wisconsin Card Sorting Test (WCST) compared to group WOP. In addition, at baseline, group OP showed a higher frequency of depressive disorders than group WOP.

Conclusion: These findings suggest that neuropsychological deficits and depressive symptoms could be considered as early markers of psychosis onset in children, adolescents and young adults with 22q11DS. Both these aspects should be examined in the clinical assessment and management of this syndrome.



S-46-005

Psychopathology and neurocognitive function in childhood and the development of subthreshold psychotic phenomena in 22q11.2DS

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Objective: Individuals with 22q11.2 Deletion Syndrome (22q11.2DS) are at substantially increased risk of psychosis spectrum outcomes including schizophrenia. We conducted a prospective, longitudinal study of the psychopathological and neurocognitive correlates of early subthreshold psychotic phenomena in 22q11.2DS.

Method: Samples included the Cardiff longitudinal ECHO study (75 young people with 22q11.2DS, mean age Time 1 (T1)=9.9 and mean age Time 2 (T2)=12.5 and 33 unaffected control siblings, mean age T1=10.6, mean age T2=13.4) and the International 22q11.2 Deletion Syndrome Brain and Behavior Consortium (IBBC; 250 young people with 22q11.2DS, mean age T1=11.2 and mean age T2 =14.3). Assessments of psychopathology and a range of cognitive functions were conducted.

Results: In the ECHO study subthreshold psychotic phenomena substantially increased in young people with 22q11.2DS from 4% in childhood (T1) to 21% in early adolescence (T2)($p=0.001$). The emergence of these phenomena was associated with a worsening of sustained attention between T1 and T2 (OR=5.25, $p=0.021$) as well as higher levels of anxiety disorder symptoms at T1 ($p=0.049$). In the IBBC data set, we focussed on ADHD diagnosis and symptoms specifically. We found that ADHD diagnosis at T1 was associated with the development of subthreshold psychotic phenomena (OR=4.5, $p=0.001$) as well as psychotic disorder at T2 (OR=5.9, $p=0.02$). We also examined whether there was a link specifically with the more common subtype of ADHD in 22q11.2DS, the inattention subtype. We found that inattention symptoms at T1 were associated with development of subthreshold psychotic phenomena at T2 (OR=1.2, $p=0.01$) but weak associations were found with development of psychotic disorder (OR=1.2, $p=0.15$).

Conclusion: The findings indicate that deficits in attention and executive function as well as a diagnosis of ADHD may be early indicators of psychosis risk in young people with 22q11.2DS.



S-46-006

Immuno-psychiatry in the 22q11.2 deletion syndrome: Pro-inflammatory cytokines and the association with psychosis

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Method: A cytokine analysis was performed in 55 adults with 22q11.2DS (33 women, 22 men; 14-48 years) and 30 BMI-, gender- and age matched healthy controls (17 women, 13 men; 20-56y). Cytokine levels between healthy controls and 22q11.2DS were compared. Within 22q11.2DS we looked at the association of cytokines levels with psychotic symptoms and cognitive function.

Results: CRP and IL-6 levels were significantly increased, while IL-2 levels were decreased in 22q11.2DS. Within the 22q11.2DS group, CRP was increased in adults with prodromal psychotic symptoms. No significant differences were found for adults with a psychotic disorder. IL-6 was associated with the severity of negative symptoms while CRP was negatively associated with positive psychotic symptoms. Overall increased pro-inflammatory cytokines (IL-6, IL-17) and decreased anti-inflammatory cytokines (IL-4, IL-10 and IL-2) were correlated with worse cognitive performance.

Conclusion: A pro-inflammatory cytokine profile is present in adults with 22q11.2DS, but no significant difference was found between psychotic and non-psychotic adults. Negative symptoms and cognitive impairment are associated with decreased levels of anti-inflammatory cytokines and increased levels of pro-inflammatory cytokines related to the Th17 pathway. The role of Th17 related pathways deserves further investigation.

Background: The field of immune-psychiatry focuses on the role of neuroimmune interactions in the development of psychiatric disorders such as schizophrenia. The last decade this field has been growing exponentially, however results remain conflicting and no specific immune or neurobiological mechanisms have been identified. The 22q11.2 deletion syndrome (22q11.2DS), a microdeletion syndrome known to be associated with a high prevalence of psychotic disorders as well as immune dysfunction, offers a unique opportunity to investigate neuroimmune interactions in psychosis. The aim of this study was to investigate the association between the cytokine profile and the presence of psychotic symptoms in 22q11.2DS.



S-47

Understanding biological risk in child and adolescent eating disorders: Novel findings in neurobiology and genetics

Chairpersons: N. Micali, Switzerland; C. Huebel, Sweden

*N. Micali**

**SPEA direction, Geneva, Switzerland*

S-47-001

Anorexia Nervosa Genetics Initiative (ANGI) genome-wide association study identifies eight loci and implicates metabo-psychiatric origin

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Method: We combined samples from the Anorexia Nervosa Genetics Initiative (ANGI) and the Eating Disorders Working Group of the Psychiatric Genomics Consortium (PGC-ED) in a genome-wide association study (GWAS) of clinical, population, and volunteer cohorts with 16,991 AN cases and 56,059 controls.

Results: The identification of 8 independent genome-wide significant loci included four genes for potential functional follow-up studies. Obsessive-compulsive disorder (OCD), major depressive disorder (MDD), and anxiety disorders showed positive genetic correlations with AN, indicating that these psychiatric disorders share common genetic variants with AN. Notably, AN also showed negative genetic correlations with metabolic and anthropometric traits, such as fasting insulin concentrations, body fat percentage, and BMI as well as a positive genetic correlation between AN and high-density lipoprotein (HDL) cholesterol.

Conclusion: These results underscore that AN should be reconceptualized as a metabo-psychiatric disorder. Developing a deeper understanding of the metabolic component is a critical next step and clinical attention to both components may be key to improve treatment.

Background: Anorexia nervosa (AN) is an eating disorder characterised by low body fat, fat-free mass, osteopenia, and pathological eating behaviour. Decades of twin studies have shown that AN has a considerable heritable component of about 60% that acts in concert with environmental factors resulting in the psychiatric syndrome. Its underlying biology is not understood which makes it impossible to identify actionable drug targets and thereby improve the currently insufficient treatment options for AN.



S-47-002

Genetic risk for BMI predicts childhood eating behavior and adolescent disordered eating

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Method: Latent class growth analysis was conducted to establish longitudinal trajectories of over-, under and fussy eating using data from The Avon Longitudinal Study of Parents and Children (ALSPAC). Data on ED behaviors (fasting, binge eating, and purging) were collected at ages 14, 16, and 18 years. Information on ED cognitions (thin ideal internalization, body dissatisfaction, emotional eating, restrained eating, and external eating) were collected at age 14 years. Summary statistics from the most recent meta-analysis on (BMI) were used in the calculation of PRS using PRSice v2.1.3. beta.

Results: PRS-BMI was associated with over-eating ($p = 9.1 \times 10^{-5}$), under-eating ($p < 0.001$) and fussy eating ($p < 0.001$) trajectories. The PRS-BMI was also able to significantly ($P < 0.05$) predict all ED behaviors and ED cognitions except for purging at age 18 years.

Conclusion: The findings from this study further strengthen the notion that genetic factors that influence BMI may also influence unhealthy behaviors that typically characterize EDs. Further studies are required to understand how genetic factors that influence BMI might lead to the development of full blown ED.

Background: In a previous study we found an association between a genetic risk score of BMI and binge eating. To expand on this work, we aimed to investigate the relation between a polygenic risk score of BMI (PRS-BMI) and eating behaviors using a longitudinal approach utilizing child eating behavior trajectories (during the first ten years of life) and cross-sectionally using eating disorder (ED) behaviors and cognitions during early adolescence.



S-47-003

The role of estrogen in reward processing and eating disorder pathology

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Method: Study 1: Forty-one female adolescents with ED-R/E (19.5 ± 2.4 years) completed a delay-discounting task. Estrogen exposure over the past 9 months was determined from their menstrual history. Study 2: One-hundred seventeen female oligo-amenorrheic athletes (19.8 ± 2.7 years) were randomized to 12 months of transdermal 17 β -estradiol with cyclic progesterone (PATCH), an oral contraceptive pill (PILL), or no estrogen (E-). ED pathology was assessed at baseline and 12 months using the Eating Disorder Inventory-2 (EDI-2) Drive for Thinness (DT) and Body Dissatisfaction (BD) scales and Three-Factor Eating Questionnaire-R18 (TFEQ-R18).

Results: Study 1: Lower estrogen status was associated with more pronounced reward delay, even when controlling for BMI Z-score. Study 2: The E+ group (PATCH+PILL), compared to E-, showed improved EDI-2 DT and BD trajectories. In 3-group comparisons, PATCH outperformed E- for decreases in EDI-2 DT and BD, and the PILL for TFEQ-R18 Uncontrolled Eating.

Conclusion: These findings indicate a role of estrogen in reward processing and ED pathology. Future studies need to determine the potential of estrogen status as a treatment/preventive target for ED-R/E.

Background: Eating disorders associated with dietary restriction and/or excessive exercise (ED-R/E) commonly onset in adolescence. The underlying neurobiological mechanisms are largely unknown but important to study to develop effective treatment/preventive strategies. ED-R/E frequently result in estrogen deficiency, manifesting as menstrual dysfunction. We tested whether in female adolescents with ED-R/E, low estrogen status is associated with increased reward delay (resisting smaller immediate rewards for larger delayed gains), and whether estrogen replacement improves ED pathology in young women with exercise-induced amenorrhea.



S-47-004

Resting state functional connectivity in patients with anorexia nervosa

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Objective: Resting state functional connectivity (rsFC) is a promising tool to characterize brain networks and their potential role in the etiology and symptomatology of anorexia nervosa (AN). Our objective was to investigate brain networks in acute and long-term recovered AN to tease apart state markers related to acute undernutrition from trait markers.

Method: One hundred five female patients with acute AN, 86 long-term recovered patients and age-matched healthy controls underwent resting state functional magnetic resonance imaging. To characterize rsFC, three approaches were used: independent component analysis (ICA), a network-based statistic approach (NBS) and graph-theoretical metrics.

Results: Using ICA, we found an abnormal within-network rsFC in the fronto-parietal network, which is associated with cognitive control, in acute and recovered AN. Additionally, rsFC was increased between the anterior insula and the default mode network, which is associated with self-referential processing, in acute AN. A subnetwork of brain regions identified through NBS, which included the posterior insula and the thalamus, showed decreased synchronized activity in acute AN. Graph-theoretical metrics confirmed abnormal local brain connectivity in the mid- and posterior insula and in the thalamus in acute AN, and provided evidence for an altered global brain network architecture in acute and recovered AN.

Conclusion: Our research demonstrates an abnormal rsFC in the fronto-parietal network and the default mode network in acute AN with only partial restoration after long-term recovery. Furthermore, our result of an altered global network structure is suggestive of substantial disturbances of information flow across brain networks in acute and recovered AN.



S-48

Dissemination and knowledge transfer in the field of child protection

Chairpersons: J. Fegert, Germany; M. Rassenhofer, Germany

*J. Fegert**

**Universitätsklinikum Ulm, Germany*

S-48-001

Child maltreatment and child protection: Political and social implications

*J. Fegert**

**Universitätsklinikum Ulm, Germany*

Method: One of the internationally agreed indicators for the attainment of goal 16.2 is the proportion of young men and women between 18 and 29 years who experienced sexual violence by age 18 (indicator 16.2.3.). Declared aim of the UN – and Germany – is the gradual reduction of this proportion by appropriate means.

Results: Data from German representative surveys show an increase of the indicating proportion of young men and women between 18 and 29 years who experienced sexual violence by age 18 rather than a reduction. Political and social implications for appropriate means to reduce child maltreatment and to improve the situation of victims are being presented.

Conclusion: In order to reduce child maltreatment and to improve child protection we need a successful collaboration of politicians, scientists, professionals as well as the society. One important aspect is therefore the transfer of knowledge between these players.

Background: With international prevalences between 12% and 50% child maltreatment (physical, emotional and sexual abuse, neglect) is a severe and global problem and represents a major challenge for societies and politicians. The UN sustainable development goals refer to the issue and require to end abuse, exploitation, trafficking and all forms of violence against children and torture of children (goal 16.2).



S-48-002

**Knowledge transfer, dissemination and participation in the field of child protection:
An overview**

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Method: An analysis of involved levels and players in the field of child protection, the knowledge flows between them and their special features is presented.

Results: There is a rather complex network of involved levels and players in the field of child protection: Science, the practical field, politics as well as society and victims of child maltreatment. The knowledge flows between these levels are not one directional but move into both directions. Knowledge transfer coming from the society and victims of maltreatment is a specialty of this field and essential for the improvement of child protection in terms of participation and citizen science.

Conclusion: A succeeding knowledge transfer with bi-directional knowledge flows between involved levels is the precondition for the improvement of child protection and the reduction of child maltreatment.

Background: In the last decades the field of child protection experienced a considerable increase in public awareness, scientific research and innovations in the legal as well as in the practical field. As transfer of knowledge and new technologies to relevant areas is gaining more and more importance in all fields, the question arises, whether there is a functioning knowledge transfer in the area of child protection.



S-48-003

New pathways of knowledge transfer: E-learning in medical education

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Method: The Department for Child and Adolescent Psychiatry Ulm has been focusing on the application of e-learning on child protection topics for about 10 years. In various projects online courses on topics such as sexual abuse and trauma are developed and evaluated. Important components of all online courses are learning materials on case management and on self-reflection.

Results: Throughout different projects, e-learning was well accepted by the target group. More than 6,000 professionals have successfully completed one or more of the online courses so far. The evaluation shows an increase in knowledge and skills. E-learning is consistently rated by more than 90% of participants as a suitable training method on child protection issues.

Conclusion: E-learning as a learning method is suitable for sensitive topics like child protection. It enables to train a large number of professionals in a time-saving and cost-effective way.

Background: In recent years, e-learning has been established as a method of professional training in the technical professions, but not yet in the same extent for health professionals, especially on the topic of child protection. There were general doubts if health professionals would accept this method and if sensitive topics like these are suitable for e-learning. This poses special challenges for the development of e-learning-training in this area since it is not only a matter of imparting knowledge and skills, but also of sensitizing professionals to the needs of affected children. Due to the high workload in this area, it is necessary to create flexible learning opportunities such as e-learning.



S-48-004

Participation in the field of child protection: Testimonials and expertise of adult survivors of child sexual abuse

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Method: The content of the call is documented in a data grid after consent is given. The conversation is structured by the counsellor, some aspects are asked standardized and a standardized questionnaire (Childhood Trauma Questionnaire) is used. Free conversation possibilities ensure the character of a help line. Quantitative and qualitative analysis is conducted by the accompanying research team.

Results: So far, N = 6642 victims, relatives, or professionals have called the help line. Almost half of them (45%) were victims. Severe forms of sexual abuse with long-term consequences were reported. Besides reporting cases of sexual abuse, the callers address needs and express political statements. Detailed analyses of this ongoing project will be available in spring 2019.

Conclusion: The testimonials and statements of victims of sexual abuse are essential in the political and scientific debate on this topic. The analyses of the data aim to describe the callers' testimonials and needs to enable the contribution of society, especially of survivors of sexual abuse, to the political and scientific debate.

Background: Child sexual abuse has been an important topic in research and politics since the so called "abuse scandal" in 2010. Testimonials by victims of child sexual abuse are indispensable and significant contributions to this discussion. The Independent Commissioner for Child Sexual Abuse initiated the "help line sexual abuse", a nationwide contact point for victims, their relatives and professionals, where they can share their experiences, receive information and telephone consultation and contribute to the political work of the Independent Commissioner.



S-48-005

Multiplying knowledge: Dissemination of contents of e-learning courses by course participants

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Objective: The online-course “Child protection in the medical field – a basic training for all health professionals”, which counters the high need for further training in the field of child protection, is actually being developed. The accompanying evaluation shows the high quality of the contents, but also the limited time resources and the demand for a broader continuing education in this field. The dissemination of the online-course contents by graduates with the help of ready-made materials offers the possibility of multiplying knowledge to a broad target group with little time expenditure. The aim of this study is to examine how the online-course contents can be effectively disseminated and to what extent dissemination materials can support the health professionals hereby.

Method: Based on the analysis of semi-structured interviews with graduates of the online course, ready-made materials for the disseminating the contents were created and made available. After the use of the materials, the graduates were able to evaluate those regarding content and preparation by questionnaire.

Results: The interviews showed that ready-made presentations to teach theory on child protection, but also practice-oriented methods, such as group work and interactive exercises, were regarded as the greatest support by disseminating the contents. The evaluation of the dissemination materials, that were developed on this basis, will be available in April 2019.

Conclusion: In order to effectively multiply the online-course contents by graduates to colleagues in the medical field, methods and materials for dissemination must be developed and continually optimized and adapted to the needs of health professionals.



S-49

NCCR Synapsy Autism Symposium - visual exploration patterns in Autism Spectrum Disorders: From early childhood through school years

Chairpersons: N. Kojovic, Switzerland; N. Bast, Germany

*N. Kojovic**

**UNIGE, Geneva, Switzerland*

S-49-001

Pupillary reactivity indexing differential attentional function in Autism Spectrum Disorders and Attention-Deficit/Hyperactivity Disorder

*N. Bast**

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Method: We conducted a cued attention task with concurrent pupillometry in participants with either ASD (n=18), ADHD (n=28), ASD+ADHD (n=14), or typical development (TD, n=31). The task required a behavioral response to a spatial target that was cued by an arrow (specific cue) or circle (unspecific cue). TEPR was assessed related to cue onset, stimulus onset, and behavioral response (reaction time), and was characterized by amplitude and latency. Group differences in TEPRs and moderating effects on reaction time were estimated by linear mixed models.

Results: We observed slower reaction times for unspecific cues in all clinical groups. Concerning cue-related TEPR, we found longer latencies in ASD and shorter latencies in ADHD compared to all other groups. Concerning stimulus-related TEPR, we found decreased amplitudes for specific cues and increased amplitudes for unspecific cues in ASD and ASD+ADHD compared to TD and ADHD. In ASD, decreased cue- and stimulus-related amplitudes for specific cues, as well as increased cue-related amplitudes for unspecific cues predicted faster reaction times, in comparison to TD and partly ADHD.

Conclusion: We concluded TEPR as promising method to index differential attentional function in ASD and ADHD that converge in increased reaction times. Our data suggested differential LC-NE modulation between groups. In ASD, imbalanced TEPR to unspecific (exogenous) versus specific (endogenous) conditions might relate to previous findings of impaired exogenous attention, which can be compensated – with regard to reaction times - by altered TEPR.

Background: Behavioral tasks suggested aberrant attention in autism spectrum disorder (ASD) and Attention Deficit/Hyperactivity Disorder (ADHD). While ASD is characterized by inflexibility and delay in switching to exogenous stimuli, ADHD is characterized by deficits in active modulation of attention. An overlooked aspect of underlying neurophysiological mechanisms is the Locus Coeruleus – Norepinephrine (LC-NE) system. LC-NE activity can be reliably indexed by tasked-evoked pupillary responses (TEPR).



S-49-002

Parsing the complexity of habituation patterns and novelty detection in preschoolers with Autism Spectrum Disorders using eye-tracking

*N. Kojovic**

**UNIGE, Geneva, Switzerland*

Method: The custom designed habituation task with two conditions (social and non-social) was implemented on Tobii eye-tracking device. The task was shown to 61 preschoolers with ASD (aged 3.6 ± 1.2) and 23 typically developing (TD) preschoolers (aged 4.2 ± 1.5).

Results: Preschoolers with ASD in average failed to habituate only in social condition. Moreover, they were less sensitive to social novelty while the detection of the new non-social information was intact. However, we were able to identify a subgroup of children with ASD that over trials oriented more to the novel and less to the repeated social information. This subgroup had less severe symptoms of autism and better overall cognitive functioning.

Conclusion: Our results show an aberrant habituation and novelty detection pattern during viewing social but not non-social stimuli in preschoolers with ASD. This talk will stress the importance of this very early atypicality in the processing of social information and discuss their contribution to social difficulties and overall intellectual functioning in preschoolers with ASD.

Background: Atypical attentional deployment has often been reported in individuals with ASD. These individuals show decreased attention to novel visual (Keehn, 2008), auditory (Courchesne, 1985) and prolonged habituation to repeated visual stimuli (Vivanti, 2017). The alterations in habituation and novelty detection can have broad implications on the overall cognitive and social functioning of an individual. The goal of the present study was to compare visual habituation and novelty detection patterns between preschoolers with ASD and their age-matched typically developing peers using social and non-social stimuli.



S-49-003

Study of attentional processes in preschoolers and school-age children with Autism Spectrum Disorders using eye-tracking technology

*A. Bochet**

**University of Geneva, Switzerland*

Method: That's why we studied visual attention to neutral and emotional faces in preschoolers and school-age children diagnosed with ASD and typically developing (TD) children using Tobii eye-tracking technology. With multiple stimuli repetition, we studied habituation process to faces.

Results: In the preliminary results, we found an altered habituation to emotional faces in preschoolers with ASD, in comparison to TD children.

Conclusion: A better understanding of attention deficits and finding predictive markers of these deficits in children with ASD can inform early diagnostic and adapted treatment. Our perspectives for the future are to design different eye-tracking tasks exploring habituation to various kind of stimuli in preschoolers and school-age children with ASD with or without co-occurring Attention Deficit/Hyperactivity Disorder.

Background: Attention deficits frequently co-occur in children with Autism Spectrum Disorders (ASD) (Leitner et al, 2014). First clinical symptoms of attention deficits seem to appear at school age. These co-occurring deficits lead to greater social and cognitive impairment notably learning difficulties (Leitner et al, 2014).. However, some subclinical factors can maybe predict early attention deficits emergence. For example, an eye-tracking study found impaired habituation to a repeated geometric stimulus in preschoolers with ASD (Vivanti et al, 2017). The aim of this study is to better understand the specificity of face exploration and how it is related to more primary attention processes such as habituation.



S-49-004

Sensory processing and dynamics of visual exploration in preschoolers with Autism Spectrum Disorder

*L. Ben Hadid**

**University of Geneva, Switzerland*

Method: Our sample included male preschoolers with ASD. Sensory processing was assessed using Short Sensory Profile, a parent-reported questionnaire. ASD symptoms were assessed using a standardised evaluation (Autism Diagnostic Observation Schedule). For a measure of visual exploration, we used an eye-tracking task consisting of presentations of dynamic images (social and geometric) and looked at mean fixation duration.

Results: In our sample of preschoolers with ASD, we observed an increased presence of sensory processing difficulties with age. Furthermore, higher levels of sensory issues were negatively related with overall adaptive behaviour. In this talk we discuss how these difficulties reflect in the way children explore different visual scenes.

Conclusion: Our results confirmed that sensory processing impairments were significantly related to children's overall adaptive and social skills. Understanding how the mechanisms through which sensory issues observed in ASD influence the way the child attends to the stimuli in his/her environment is critical to the development of new intervention strategies.

Background: Autism Spectrum Disorders (ASD) are a group of neurodevelopmental disorders defined by deficits in social communication and interaction, and restricted and repetitive behaviours. Besides these core symptoms, the presence of sensory processing difficulties has been widely reported in individuals with ASD. Less is known about these difficulties related to overall ASD symptoms and patterns of visual exploration in early development. In our current study we explore the relationship between sensory processing, severity of ASD symptoms and their relationship with patterns of visual exploration in preschoolers with ASD.



S-49-005

Baby schema effect: Visual exploration of “cute” stimuli in children with Autism Spectrum Disorder

*A. Zaharia**

**University of Fribourg, University of Geneva, Switzerland*

Method: Forty children with ASD (Mage = 5, SDage=1.38, 38 males) and 26 TD children (Mage = 5.15, SDage = 1.35, 16 males) completed an eye-tracking visual exploration task. Gaze patterns on stimuli depicting humans and animals were examined in two conditions: infants (frame 1) and adults (frame 2) paired with animals and low-interest distractors. Infants and animals were rated comparably cute, but cuter than adults during validation. Social Responsiveness Scale-2 (SRS-2) assessed participants' social impairment severity.

Results: In general, infants compared to adults, as well as animals compared to adults elicited longer fixations. Interestingly, children with ASD allocated less time and fewer fixations on infants (frame 1) and on animals (frame 2) compared to TD children. In the ASD group, the number of fixations on adults was negatively correlated with SRS-2 scores.

Conclusion: Our study indicates a decreased sensitivity towards baby schema and illustrates the limited social orientation commonly reported by caregivers in children with ASD. Children with ASD explore less animals (vs. adults) and infants (vs. animals) compared to TD children. Future studies should further examine the role of baby schema sensitivity in the socio-emotional development in ASD.

Background: Individuals with ASD show reduced positive emotional experience and social approach. A strong trigger to induce positive emotions and prompt affiliation is the baby schema (infantile physical features perceived as cute). In the current study, we explored the link between sensitivity towards the baby schema by examining eye gazes towards cute and non-cute stimuli, and social impairments in children with ASD and typically developing (TD) children.



S-49-006

Imitation skills in preschoolers with Autism Spectrum Disorders: An eye-tracking study

*J. Pittet**

**University of Geneva, Switzerland*

Method: Video with actors showing three gesture types (meaningful, non-meaningful and facial gestures), while verbally inciting the child to do the same, was implemented in Tobii eye-tracking device. Beside the visual exploration of the scene, the child's behavior (face and hand movements) was recorded by an ordinary webcam for subsequent analysis. Our main hypothesis is that children who are looking at the actors' faces have better imitation skills than the one focusing on actor's hands or environment elements.

Results: Our results confirm that children with ASD present lower imitation skills than age-matched typically developing children ($p < 0.0001$). In this talk we will discuss the heterogeneity in these skills in our group of children with ASD. Furthermore, we will focus on the properties of visual exploration that was coupled with successful gesture imitation.

Conclusion: A better understanding of mechanisms involved in imitation will help inform new remediation strategies.

Background: Imitation skills play a crucial role in social cognitive development from early childhood (Hurley and Chater 2005), yet many studies have shown an imitative deficit in children with Autism Spectrum Disorders (ASD) (Vivanti and Hamilton, 2014). Little is known about mechanisms underlying these difficulties. This study aims to understand the link between imitation skills and visual exploration using a newly developed eye-tracking task, in addition to standardized behavioral assessment of imitation skills (PEP-3).



S-50

ADHD research network: Evidence-based, stepped care of ADHD along the life-span

Chairpersons: T. Banaschewski, Germany; M. Döpfner, Germany

*S. Millenet**

**Central Institute, of Mental Health, CAP, Mannheim, Germany*

S-50-001

ESCA preschool study: Study protocol of an adaptive intervention study for preschool children with ADHD/ODD including two randomized controlled trials

*M. Döpfner**

**University Hospital Cologne, Child & Adolescent Psychiatry, Germany*

Method: The study aims to investigate (i) the effects of telephone-assisted self-help for parents and teachers of children with ADHD or with subclinical symptoms of ADHD. This intervention is the first stepped within a stepped care approach (ii) the effects of individualized parent management training and preschool-focused interventions for children with residual ADHD symptoms after the first step of the treatment

Results: The results of published studies on the effects of psychosocial family based and preschool based interventions for preschool-children with ADHD will be summarized. The adaptive design of the ongoing trial will be described. The current state of the recruitment will be presented.

Conclusion: The ongoing study may clarify the role of a stepped care approach in the treatment of children with ADHD aged 3 to 6 years

Background: The ESCA preschool study addresses the effects of stepped care treatment of preschool-age children (3–6 ys) with a diagnosis of/at risk for attention-deficit/ hyperactivity disorder (ADHD) in a large multicentre trial.



S-50-002

Adaptive multimodal treatment of school-age children with ADHD – the ESCASchool study

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Method: The study aims to investigate three interrelated topics: (i) Clinical guidelines often recommend a stepped care approach, including different treatment strategies for children with mild to moderate and with severe ADHD symptoms, respectively. However, this approach has not yet been empirically validated. (ii) Behavioural interventions and neurofeedback have been shown to be effective, but the superiority of combined treatment approaches such as medication plus behaviour therapy or medication plus neurofeedback compared to medication alone remains questionable. (iii) Growing evidence indicates that telephone-assisted selfhelp interventions are effective in the treatment of ADHD. However, larger randomised controlled trials (RCTs) are lacking.

Results: The results of published studies including stepped care approaches which are the basis of the current trial will be summarized. The adaptive design of the ongoing trial which includes two different treatment phases for children with mild to moderate ADHD and for children with severe ADHD and the interventions in each treatment phase will be described.

Conclusion: The ongoing study may clarify the role of stepped care approaches in the treatment of children with ADHD aged 6 to 12 years

Background: The ESCASchool study addresses the effects of stepped care treatment of school-age children (6–12 ys) with attention-deficit/hyperactivity disorder (ADHD) in a large multicentre trial.



S-50-003

ESCAadol: Individualized short-term therapy for adolescents impaired by Attention-Deficit/Hyperactivity Disorder despite previous routine care treatment

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**Univ. Hospital of Würzburg, Center of Mental Health, Dep. of Child and Adolescence, Germany*

Method: 160 adolescents aged 12 to 17 years with a diagnosis of ADHD participate in a 4-week treatment as usual (TAU) observation phase. In phase 2, we randomise those still severely affected to either the intervention group participating in an individualized modular treatment program (IMTP) or to an active control condition comprising a telephone-assisted self-help program for parents (TASH). In the IMTP group, adolescents chose 3 out of 10 focus modules (e.g. organizational skills, procrastination, emotion regulation, dysfunctional familial communication). Adolescents and/or the parents complete 10 sessions of individual therapy based on those modules. TASH combines a bibliotherapeutic component with 10 counselling sessions for the parents via telephone. Our primary outcome is the change in ADHD symptoms based on a clinician-rated diagnostic interview. The primary statistical analysis will be by intention-to-treat, using linear regression models. Additionally, we will analyse psychometric and biological predictors and moderators of treatment response.

Results: We will present a preliminary sample characterization at baseline for all enrolled participants.

Conclusion: The ESCAadol as the biggest randomised controlled trial focusing on ADHD in adolescence to date aims at contributing to personalized medicine for by addressing the specific needs and obstacles to treatment success in this group. It compares two short-term non-pharmacological interventions as cost-efficient and feasible treatment options intended to be implemented in routine clinical care.

Background: Adolescents diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) often show an insufficient response to psychopharmacological interventions, low compliance and substantial psychosocial impairment. Individualized psychosocial interventions for adolescent ADHD need to be developed within the framework of a multimodal treatment strategy, taking into account developmental changes in symptoms and comorbidity as well as psychosocial adversity. The randomised controlled multi-centre ESCAadol study addresses the specific needs of this patient group and compares the outcome of short-term cognitive behavioural therapy with parent-based telephone-assisted self-help.



S-50-004

ESCALate – adaptive treatment approach for adolescents and adults with ADHD

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Method: We aim to include 279 ADHD subjects aged between 16 and 45 years. First, participants are randomized to either a face-to-face psychoeducation, telephone assisted self-help (TASH), or a waiting control group (Step 1). All participants assigned to the control group are treated using TASH after a 3-month waiting period. Participants are then allocated to one of three groups, based on their remaining severity level of ADHD symptoms, as (1) full responder, (2) partial responder, or (3) non-responder (Step 2). Full responders receive counseling, partial responders receive either counseling only or counseling and neurofeedback (NF), and non-responders receive either pharmacological treatment only or pharmacological treatment and NF, followed by a 3 month observational period

Results: The naturalistic sample is one of the study's advantages, avoiding highly selective inclusion or exclusion criteria. The efficacy of an evidence-based stepped care intervention is explored by primary (reduction of severity of ADHD symptoms) and secondary outcomes (functional outcomes, e.g., quality of life, anger management, enhancement of psychosocial well-being). Predictors of therapeutic response and non-response are being investigated at each step of intervention. Further, sex differences are also being explored.

Conclusion: Escalate is a innovative study for the evaluation of evidence based therapeutic approaches, which are applicated according to the patients' individual needs.

Background: Several treatment approaches for adults with attention-deficit/hyperactivity disorder (ADHD), including both pharmacological interventions and psychosocial treatments, have been proposed and observed to be efficient. In practice, individual treatment concepts are based on results of clinical studies as well as international guidelines that recommend a step-by-step treatment approach. Since the evidence supporting this approach is limited, the aim of the present study is to determine an optimal intervention regarding severity levels of ADHD symptomatology conducting a randomized controlled trial.



S-50-005

Evidence-based, stepped-care in ADHD: Towards predicting treatment response from brain structure and function (ESCAbrain)

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Method: ESCAbrain aims at brain-based prediction of treatment response to intense neurofeedback and behavioral treatment while considering also potentially relevant influence variables such as symptom severity and comorbidity. About 380 children, adolescents and adults (six to 45 years) with ADHD are currently explored during the second treatment phase of a stepped-care intervention program. Resting-state (eyes open and closed) and task-related (preparatory) electroencephalogram (EEG) activity characteristics are combined with magnetic resonance (MR) markers of brain structure and function for multivariate classification and prediction.

Results: To ensure the validity of analyses and the interpretation of the multicenter results, regular quality control is conducted for EEG as well as for MRI measurements. For EEG data, the percentage of artifact-free epochs and the number of blink-related ICA-components are calculated as indices of data quality. As expected, data quality was higher for adult patients compared to children and adolescents. As a further validation, the typical maturational EEG effects were replicated.

Conclusion: The talk will cover the aims of ESCAbrain and the results from data-quality analyses.

Background: Little is known about biological brain characteristics influencing treatment response to non-pharmacological interventions in patients with Attention-Deficit/Hyperactivity Disorder (ADHD). However, for effectively planning personalized treatment for ADHD, it is necessary to understand the biological factors underlying the neurodevelopmental disorder, their variability in this patient group, and their predictive value for treatment-related changes on the behavioral level. Despite some encouraging preliminary findings, brain-based measurements are rarely used for predicting treatment response to non-pharmacological interventions.



S-51

Neurobiological and neuropsychological insights into adolescent non-suicidal self-injury and borderline personality disorder

Chairpersons: J. Koenig, Germany

*J. Koenig**

**Heidelberg University, Department of C&A Psychiatry, Germany*

S-51-001

Cortisol response to the retrieval of childhood adversity in adolescents engaging in non-suicidal self-injury and their siblings

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Method: Our sample consists of 32 adolescents engaging in NSSI (Mage = 15.8 years) and their siblings (Mage = 15.6 years). We used standardized interviews for the assessment of CA, NSSI, and axis I diagnoses. Salivary cortisol was measured before and after the trauma interview. Basal HPA axis activity was measured in hair.

Results: Reports of CA were moderately interrelated between siblings. Adolescents engaging in NSSI reported more severe CA. A significant slope of salivary cortisol during the trauma interview was found only in the NSSI group. No group differences were found for hair cortisol.

Conclusion: Moderate relations in siblings' reports of CA point to non-shared experiences that may play a role in the development of NSSI. In the NSSI group, the slope of salivary cortisol during trauma retrieval may result from dissociative symptoms which could come along with an attenuated HPA reactivity.

Background: There is evidence of alterations in hypothalamus-pituitary-adrenal (HPA) axis responses to the retrieval of traumatic events among individuals with Posttraumatic Stress Disorder. However, no study has thus far investigated cortisol responses to trauma retrieval among individuals engaging in non-suicidal self-injury (NSSI). In the present study we compared reports of childhood adversity (CA) between adolescents engaging in NSSI and their siblings and tested for differences in the cortisol response to the retrieval of CA. The sibling design can give insights into NSSI specific relations with HPA axis reactivity beyond family-specific factors.



S-51-002

Altered pain sensitivity in adolescent non-suicidal self-injury: An experimental investigation of clinical and biobehavioral correlates

*P. Van der Venne**

**Heidelberg University, Department of Child and Adolescent Psychiatry, Germany*

Method: Plasma beta-endorphin levels of $n = 94$ adolescents with NSSI and $n = 35$ healthy controls were assessed. All participants received heat pain stimulation, with pain threshold and tolerance measured in seconds and °C. Sociodemographic data, and self-reports on NSSI, suicide attempts and psychiatric diagnoses were collected. Between-group differences were analysed using two-sided independent-sample t tests and tests. The associations between pain sensitivity, NSSI and beta-endorphin were analysed using Pearson product-moment correlations.

Results: Adolescents with NSSI showed significantly increased pain thresholds (°C: $t = -2.071$, $p = .040$; Sec.: $t = -2.311$, $p = .023$) and significantly lower beta-endorphin levels ($t = 3.182$, $p = .002$) compared to healthy controls. Increases in pain threshold correlated positively with borderline personality disorder (BPD) symptoms ($r = .18$, $p = .042$), while beta-endorphin correlated negatively with depression severity ($r = -.246$, $p = .007$). No significant relationship could be found between pain threshold and beta-endorphin (°C: $r = -.013$, $p = .882$; Sec.: $r = -.026$, $p = .767$).

Conclusion: Future studies should include sufficient adolescents with NSSI with and without comorbid BPD to create different groups, to allow for finer differentiation of the present findings. The reliability of peripheral plasma beta-endorphin measures compared to measure of central concentration should be considered. Adolescents with NSSI showed increased pain thresholds and lower beta-endorphin levels. However, beta-endorphin and pain sensitivity were unrelated. Further studies are needed to assess unaccounted third factors explaining the non-significant relationship between beta-endorphin levels and pain sensitivity.

Background: The endogenous opioid system is a key factor in pain processing. Based on existing findings, showing pain analgesia in individuals with non-suicidal self-injury (NSSI), beta-endorphin has been suggested to be involved in NSSI aetiology. The present study sought to investigate such potential relationship in adolescents with NSSI.



18th INTERNATIONAL CONGRESS OF ESCAP

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S-51-003

Self-injurious implicit associations among adolescent psychiatric patients

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No abstract submitted in time



S-51-004

Clinical concomitants of altered autonomic nervous system activity in adolescent non-suicidal self-injury and borderline personality disorder

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Method: The talk will provide a comprehensive review of studies addressing ANS activity and reactivity in adolescents with BPD and/or NSSI. Findings from cross-sectional case-control as well as longitudinal studies investigating ANS function by means of psychophysiological assessments will be summarized.

Results: Existing studies highlight alterations of ANS activity under resting state conditions and ANS reactivity to standardized tasks in adolescents with NSSI and/or BPD. Studies have repeatedly shown, that greater BPD severity is associated with decreased parasympathetic activity in adolescent psychiatric patients. Effects seems to be reversible following psychotherapeutic treatment. Further, ANS reactivity to experimentally induced stress and pain shows significant differences in adolescents with NSSI and/or BPD compared to healthy controls.

Conclusion: Similar to findings in adults, BPD pathology is associated with ANS dysfunction in adolescents. Psychophysiological measures of ANS function bear promise to monitor treatment outcomes in adolescent patients. Future large-scale longitudinal studies are warranted, addressing the potential use of ANS function to index risk for BPD/NSSI development.

Background: Adaptive functioning of the autonomic nervous system (ANS) is important for the maintenance of physical and mental health and well-being. ANS activity in adults with borderline personality disorder (BPD) is characterized by decreased parasympathetic vagal activity. Studies in adolescents with BPD and/or non-suicidal self-injury (NSSI), focusing on neurodevelopmental aspects of ANS dysfunction are scarce.



S-52

Let's share case reports! A symposium of the ESCAP clinical division

Chairpersons: J. P. Raynaud, France; O. Herreros Rodriguez, Spain

S-52-001

Early detection of Clinical High Risk for Psychosis (CHR-P) in children and adolescents: A longitudinal case report and clinical recommendations

*M. Armando**

**University of Geneva, Department of Psychiatry, Switzerland*

Method: We will provide a review of the best practices on prevention and early intervention in early onset psychosis. We will describe also a clinical case.

Results: In this talk we will present the clinical case of a pre-adolescent who started to experience (attenuated) psychotic symptoms at 13 yrs old. We will describe the baseline assessment and the evolution of these symptoms until the age of 16 yrs old. We will provide information about the tools that have been used to assess these symptoms, the treatment that has been provided and the outcome. The last part of the talk will be focused on clinical recommendations about the early diagnosis and intervention of CHR-P states in children and adolescents.

Conclusion: CHR-P criteria should be adapted to this specific targeted population in order to take into account specific patterns related to the developmental phase.

Background: Psychotic disorders are one of the most severe disorders in children, adolescents (CAD) and young adults. Accordingly, schizophrenic disorder represents the third cause of disability-adjusted life years in young people aged 10–24 years worldwide (Gore et al., 2011). In order to prevent/reduce the burden caused by psychotic disorders, early detection/intervention is considered the only effective strategy. Accordingly, intensive research on early detection has led to the development of the Clinical High-Risk for Psychosis (CHR-P) construct to enable identification of subjects at enhanced imminent development of a first-episode psychotic disorder. This need is even more striking when we consider early onset psychosis (EOP) which have a worse outcome compared to adult onset psychosis (AOP). Nevertheless, research into CHR-P has predominantly been carried out in adults and older adolescents (≥ 16 yrs old), with little consideration of possible special requirements in children and younger adolescents (CAD; aged 8-15 yrs old).



S-52-002

An unorthodox case of mutism and shambling in a 15 year old boy with school phobia

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A 15 year old boy was presenting with school phobia and had at the time his parents contacted the department of CAP refused to go to school for more than two months. He has involuntarily been admitted four weeks later and showed mutism, severely disturbed social interaction and the refusal to consume any food or liquid. He moved only by shifting his legs while his bottom was almost touching the floor. Psychopathological symptoms included impaired concentration, generalized anxiety, obstinate to compulsive adherence to certain people or processes, depressed mood and severe sleep disturbance. He was suicidal throughout the admission and frantic aggressive outbursts were common. Diagnostic procedures were thorough and revealed no somatic alteration explaining any of his symptoms. However, he fulfilled the diagnostic criteria of several psychiatric disorders, including Generalised Anxiety Disorder and Severe Depressive Disorder. Different therapeutic approaches have been pursued in dealing with this case. After inpatient treatment of more than one year he was able to move into assisted living. Efforts, troubles and the road to success in this challenging case will be discussed.



S-52-003

A 13 year ogirl referred to community child psychiatry services due to rapid weight loss

*M. Doyle**

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Method: Family factors played a role in predisposing and in maintaining Sarah's illness. Sarah's attendance at CAMHS has been lengthy, necessitating 2 admissions to a paediatric unit and 2 admissions to a specialised adolescent in-patient psychiatric unit, as well as attendance at the community out patient clinic. A referral to the Child Protection Social Work Services was also considered. Treatments included medical stabilisation, weight restoration, individual supportive psychotherapy, family work and medication with an SSRI. The differential diagnoses considered included Anorexia Nervosa AN, Avoidant Restrictive Food Intake Disorder ARFID and Body Dysmorphic Disorder BDD.

Results: The treating clinicians regularly availed of external telephone supervision with a Consultant Psychologist who specialised in eating disorders. This assisted the team greatly in maintaining a consistent and non judgemental approach to the family. Another factor that contributed significantly to Sarah's recovery was an empowering and supportive approach to Sarah with the aim of assisting her in developing a sense of self and in encouraging her belief in her ability to manage

Conclusion: This case illustrates the difficulties that can arise when different agencies such as the paediatric service and CAMHS are involved. A considerable amount of work went into ensuring good collaboration between services and in minimizing the splitting and blaming that can occur in these complex cases

Background: Sarah was referred to The Child and Adolescent Mental Health Service (CAMHS), at the age of 13 with restrictive eating, over exercising and medical complications. She also appeared quite oppositional in her behaviour at times



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S-52-004

Gender dysphoria as a sign of identity confusion

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No abstract submitted in time



S-52-005

Pharmacoresistance to antipsychotics in childhood schizophrenia: Pharmacogenetic anomalies of cytochrome P450 2D6: Two clinical cases

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Severe mental health disorders such as childhood schizophrenia are chronic disabling diseases representing an important public health burden. Despite adequate drug treatment, some patients develop pharmacoresistant disease. This clinical presentation describes two patients aged 15 (female) and 16 years (male) hospitalised for pharmacoresistant childhood schizophrenia. For both patients, severe mental health disorder developed since several years, without efficacy of common antipsychotic treatments such as risperidone, aripiprazole and quetiapine, which are metabolized by cytochrome P450 2D6 (CYP2D6). The female patient also presented numerous side effects upon antipsychotic treatment such as extrapyramidal syndrome, akathisia, dystonia, galactorrhea, weight gain as well as binge eating. Upon pharmacogenetic testing, both patients presented functional anomalies of cytochrome P450 2D6, with poor metabolizer phenotype for the female and ultrarapid metabolizer phenotype for the male patient. In consequences, treatment decisions had been revised using antipsychotics not metabolized by CYP2D6 as well as non-pharmacological treatments. Knowledge of individual metabolism, in particular CYP2D6 genotyping, should be considered for clinical workup in pharmacoresistant patients in child and adolescent psychiatry.



S-52-006

Challenges in a multidisciplinary approach in discovering what is hidden behind déjà vu phenomenon: A case report

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18-year-old adolescent, after the usage of the psychoactive substances (PAS) combined with alcohol, experienced déjà vu phenomenon. Even after stopping the abuse of PAS, the sensations continued to happen and now they were accompanied by psychotic-like symptoms, mood instability, anxiety attacks and regressive behaviour. At his local psychiatric hospital the adolescent started with the pharmacological treatment that consisted in combinations of valproates, clozapine, risperidone, lithium carbonate and clonazepam. The previously described symptoms did not disappear, only the psychomotor slowing progressed. After arriving at our institution we proceeded with the diagnostic investigation. Holter EEG registered in patient showed interictal epileptiform discharges of the left fronto-temporal lobe and also one absence episode was noticed but without the correlated EEG activity. The MRI of the brain showed moderate frontal cortical reductive changes and basilar artery tortuosity. Psychological assessment of patient identified the on-going psychotic process and 13.7% of mental deterioration and mini mental test resulted in 28/30. In patient personal history we found previous diagnosis of conduct disorder while he was a child and he was treated pharmacologically. Also the family history discovered positive psychiatric heredity. We initiated changes in pharmacological treatment by excluding clozapine, lithium carbonate, clonazepam and reducing doses of the valproates and risperidone. By so far new treatment strategies are providing discrete improvement in patient's psychomotor functioning. Further multidisciplinary diagnostic approach was considered - examination of hormonal status, vitamin deficiency and antibody profile for possible infectious.



S-53

Social communication: A driver of child development and mental health

Chairpersons: D. Holzinger, Austria; J. Fellingner, Austria

D. Holzinger*

**Inst. Sinnes- und Sprachneurologie, des Konventhospitals, Barmherzige Brüder, Linz, Austria*

S-53-001

Conversation difficulties rather than language deficits are linked to emotional problems in school children with hearing loss

J. Fellingner*

**Krankenhaus Barmherzige Brüder, Sinnes- und Sprachneurologie, Linz, Austria*

Method: Five complete birth cohorts of Carinthian children (n=53) with significant hearing loss and normal intelligence were assessed for their language abilities through standardised tests and rated for their conversation skills by their teachers. Mental health problems were assessed by the SDQ (Strengths and Difficulties Questionnaire) by teachers and parents.

Results: Conversation difficulties were significantly correlated with higher SDQ emotional problems and total problem scores as rated by parents and higher peer problems scores as rated by teachers. Controlling for confounding factors such as language skills affirmed the specific role of conversation skills to predict emotional problems ($p=.01$).

Conclusion: A focus on conversation skills is suggested in the assessment of children with hearing loss and developmental disorders with regard to their mental health.

Background: Conversation difficulties are typically associated with complex neurobiological disorders, which impedes the investigation of the specific role of conversation skills for mental health outcomes. Objectives: We investigated whether conversation difficulties are associated with an increased risk of mental health problems in school children with hearing loss. For this sample it can be assumed that conversation difficulties are due to limited conversational experience associated with insufficient auditory access to language rather than a consequence of neurobiological deficits.



S-53-002

Early parent-child social communication predicts language development in Deaf Cochlear implanted children: Systematic review and meta-analysis

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Method: Studies were included that (a) assessed the impact of family variables considered as more distal such as socioeconomic status and more proximal correlates such as family engagement and the quantity and quality of parent-child interaction on child language; (b) included children implanted before the age of 5 years and (c) were published after 1995. The risk of bias was assessed by the use of a modified version of the Effective Public Health Practice Project.

Results: In total, 27 study populations reported in 37 publications were included. Methodological quality was highly variable. Three meta-analyses identified statistically significant correlations between family variables and child language development. A strong effect of the quality and quantity of parental linguistic input in the first 4 ½ years post implantation on their child's language was found ($M\ 0.563$; $p < 0.001$) accounting for 31.7% of the variance. Results demonstrate high homogeneity. In particular, higher level facilitative language techniques such as parental expansions of the child's utterances or the use of open-ended questions predict child language skills.

Conclusion: The amount of high quality parent-child interaction after cochlear implantation strongly predicts later child language outcomes. Effects of parental involvement in intervention and parental education are comparatively weaker and more heterogeneous. These findings underscore the need for early intervention programs that support parents in providing rich opportunities for social communication in their homes.

Background: A systematic review of the literature and meta-analyses were conducted to assess the influence of family environment including social parent-child communication on language development in cochlear-implanted children.



S-53-003

Social communication skills and developmental trajectories of pre-schoolers with Autism

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**Krankenhaus Barmherzige Brüder, Sinnes- und Sprachneurologie, Linz, Austria*

Method: Subjects were children ($n = 43$, ages 28-54 months, mean age 42.4 months) consecutively diagnosed with ASD in a regional autism centre in Austria. Developmental status was assessed with standardized instruments (Mullen Scales of Early Learning-MSEL, Pervasive Developmental Disorder Behaviour Inventory-PDDBI) at baseline and after intervention.

Results: The Intervention-Group showed improved language skills (T-tests) in the MSEL (Expressive-Language: $p=.05$, $ES=.34$; and Receptive-Language: $p=.002$, $ES=.59$) and highly significant general MSEL-Total-Score improvement ($p=.006$, $ES=.62$). Furthermore, highly significant reduction in parent-reported core autism symptoms (PDDBI-Autism-Composite-Score: $p<.001$, $ES=-.98$) and gains in Social-Communication skills (PDDBI-Social-Approach (SOCAPP): $p<.001$, $ES=.65$) could be found. Regression analyses were used to test if the SOCAPP-skills before intervention significantly predicted children's developmental gains. A median-split into a low-SOCAPP- and high-SOCAPP-gain-group and analysing for trajectory-differences in the MSEL showed one significant interaction effect for Receptive-Language ($F(1,38)=4.85$, $p=.034$).

Conclusion: Social Communication skills highly correlated with developmental domains. Furthermore, Social Communication skills might be predictive for child's development. The SOCAPP scale of the PDDBI seems to be a highly relevant set of questions which reflect crucial information of children's development. Further studies are needed to assess the predictive value of the SOCAPP scale.

Background: The Early Start Denver Modell (ESDM) seeks to focus on core-symptoms of ASD by social communication intervention to improve social engagement in young children with ASD. ESDM was delivered in an Austrian community setting with weekly three appointments over a period of one year. The main goal is to increase the social attitude and interest so that the child can use natural social environments for further development.



S-53-004

A group social communication intervention program for children with hearing loss

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Objective: This study introduces a social communication intervention program and presents preliminary data on treatment efficacy. Social communication skill is the ability to use language in interpersonally appropriate ways. Children who are deaf or hard of hearing who have been identified early and who have received proper intervention have a good chance to possess structural language abilities (syntax, vocabulary) in the normal range at age 7. However, at the same age a majority of children with hearing loss will still demonstrate significant difficulties in mastering pragmatic language skills. Social-pragmatic communication skills emerge by means of a complex interplay of social cognition abilities, language abilities and pragmatic abilities. The intervention program aims to focus on all of these three domains equally. A fourth aspect relates to adaptation of the environment and of the behaviour of those who interact with the child regularly.

Method: In two studies the social-communication skills of a total of 12 children were evaluated three times: before intervention, directly after intervention, and 4-6 months after intervention. We used the FOCUS questionnaire (Focus On The Outcomes of Communication, German Translation), which was completed by parents and teachers/caregivers. The FOCUS is an outcome measure for everyday communication skills.

Results: The results of the study were heterogeneous. 50% of parents and 67 % of caregivers described significant improvements in the social communication skills of the children. However, for the remaining children no improvements or only minor improvements (not significant) were described.

Conclusion: Participating in a specific intervention program can improve the social communication skills in children with hearing loss. Further research and evaluation is needed in order to find out why certain children show better improvements than others.



S-53-005

The social communication intervention programme: Evidence-based assessment and intervention for school-aged children with social communication difficulties

J. Gaile, C. Adams*

**University of Manchester, School of Health Sciences, United Kingdom*

Objective: Children with Social (Pragmatic) Communication Disorder (SPCD) have persistent pragmatic and language impairments. A new manualised intervention, the Social Communication Intervention Programme (SCIP) provides individualised therapy for children with SPCD. In our previous work, SCIP intervention had an advantage over routine treatment on parent-rated pragmatic ability and observed conversation skills. To scale up this intervention into practice, we need to study the feasibility of a potential clinical trial. To demonstrate SCIP and to report on estimated parameters for a trial: variability of a modified goal attainment scaling (GAS) as primary endpoint and acceptability of the intervention.

Method: 15 English SLTs identified 20 children with SPCD aged 5 – 11 years. Practitioners received SCIP training plus six hours of supervision and delivered 20 direct SCIP therapy sessions to children. Primary endpoint: a modified GAS scale in which parents provided prioritized communication goals before intervention, that are re-evaluated by parent and practitioner independently. Practitioners completed reflective commentaries on intervention methods via audio-diaries. These were examined using a Framework Analysis. Post-intervention interviews (6 SLTs, 6 parents) regarding SCIP participation were analysed using a Thematic Network approach.

Results: All children made some progress on parent and practitioner GAS ratings (except one parent-rating). Practitioner GAS ratings tended to be higher than parents'. A power analysis for a future trial was conducted. Exploratory analysis of clinical significance was completed using triangulation of parent narratives and GAS ratings. SLTs valued supervision whilst learning a new intervention and wanted to adapt SCIP to suit their context. The outcome measure was acceptable to practitioners and to parents. Parents valued discussing goals with the practitioner and strongly valued the individualised approach of the intervention.

Conclusion: SCIP-GAS shows potential as an acceptable method for capturing social communication changes in this population. Data have been gathered to support planning for a clinical trial.



TS-54 A developmental perspective on “parenting” patients

Chairpersons: S. Palyo, USA; K. Long, USA

*S. Palyo**

**New York, USA*

S-54-001

Applying ‘parenting’ to techniques to adult patients in psychotherapy

*S. Palyo**

**New York, USA*

Objective: 1. Understand the concept of attunement 2. Define concepts of child rearing and development 3. Apply these concepts to adult patients

Method: There will be a case presentation of a man who has not been able to separate from his parents, form his identity including his sexuality, and engage in work and life in a meaningful way with others. His initial presentation was regarding his unrelenting anxiety but with utilizing a child psychiatry developmental model, he has been better understood as someone who felt unwanted by his parents, isolated, and was only able to thrive due to his talents. His life changed abruptly when he was diagnosed with a medical condition that would not allow him to rely on himself for all things. As his anxiety subsided and he was weaned off psychotropic medication, the completion of this treatment likely could not have happened using a biological model or overlooking his childhood.

Results: Early intervention is stressed often in the field of child psychiatry. The presentation highlight interventions of helping parents become parents for their children or having the clinician form some of the parental roles for the child. As our field moves to help bridge the transition from adolescence to adulthood with services to people younger than age 26, the presentation highlights ‘parenting’ roles of a therapist with the adult population with a literature review and a clinical case presentation.

Conclusion: Many adults present to therapy have had to navigate their childhoods with minimal parenting and because of this see the world as unpredictable and they themselves as vulnerable and ill prepared. These patients likely present with symptoms of depression, anxiety and mood symptoms. From childhood they are forced into learning how to handle their basic needs and schedules but maybe hesitant and reluctant to engage in relationships. And when there is a relationship, the dyad for the patient centers on caretaking of others.



S-54-002

Parent/infant treatment: Attachment focused relationships

*K. Long**

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Objective:

1. Understand the clinical history of parent/infant treatment highlighting the role of attachment.
2. Define reasons for parent/infant treatment
3. Develop an understanding of non-verbal cues

Method: Through the offering of a case presentation, the speaker will demonstrate the influence of infant non-verbal communications, share the importance of attunement in relational dyads, and discuss how this form of therapy can be essential in assisting the family in reframing their relationships, thus moving them toward an ongoing, healthy developmental trajectory.

Results: This talk will explore the history of mother/infant and parent/infant treatments from a relational, attachment lens. The focus of the material presented will be taken from individual and group supervisions led by Beatrice Beebe, PhD in New York City, who has been at the forefront of parent-infant research. There are many reasons why mothers would seek treatment for their children and causes of treatment will be explained and explored. With an infant in the treatment room, the therapist can begin to attend to the infant and put into verbal language the nuances of the child's communications in the 'here and now', offering the parent education and support throughout the process.

Conclusion: What we refer to as parent/infant treatment was originally focused as mother/infant treatment. This form of therapy is often supportive and psychoeducational in nature, and focuses on healthy attachment from all sides of the family relationship, but most importantly between a young child and parent. While parents bring a lifetime of experiences, traumas, and joys to parenting, their infants are just starting off on their journey. Interactions between parents and infants may elicit dormant struggles in parents, or parents may find themselves trying to attach to an infant who is struggling to sleep, who is rejecting breastfeeding, or who avoid gaze.



S-54-003

Psychiatric therapy with abandoned youth – the therapist becomes the parent, insights and interventions

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Objective:

1. Understand the unique therapeutic needs of latency aged children in institutional and foster care settings.
2. Identify key theoretical perspectives in child development that guide therapeutic interventions in this special population.
3. Develop therapeutic skills that will foster the therapeutic alliance, promote emotional fortitude, and improve therapeutic outcomes. Child psychiatric practice with latency aged children in institutional and foster care settings, those often physically and emotionally orphaned, proves to be extremely challenging work but also affords unique opportunities for therapeutic interventions. The therapist's role as "parent" plays out rather dramatically on conscious, subconscious and unconscious levels in these cases, and special attention is needed in conceptualizing the dynamic process and in targeting interventions. Children emotionally and physically abandoned at critical stages in development have a complexity of therapeutic needs for which the therapist should draw on foundational theories in child development and interpret them in ways that are unique to this population. Maslow's hierarchy of needs, Harlow's maternal separation, Mahler's individuation, Klein's object relations and Jung's archetypes are of particular significance in navigating the internal world of these children and accessing therapeutic opportunities. Of special significance in this type of therapeutic work, is the practitioner's role as symbolic, figurative, and at times very real, parent in the dyad. This symposium will present brief case vignettes illustrating patient-therapist dynamics, a review of the theories in developmental psychology and attachment that are relevant to the work and illustrate therapeutic techniques for improved outcomes.

Method: Review of the literature

Results: Anecdotal

Conclusion: The therapist is positioned in the parental role as they are drawn in by the child's intense emotional needs and propelled forward by an equally intense paternal yearning.



S-54-004

Working with parents of adolescents and young adults in a partial hospitalization program

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Objective: Anxiety disorders are more frequent in adolescence and early adulthood than in any other time in life (Merikangas et al., 2010), and are associated with concerning functional impairments during this transitional period into adulthood (Woodward & Fergusson, 2001). Anxiety disorders can severely upset normal development and represent the second most common principal diagnosis among this demographic treated within the partial hospitalizations programs at NYPH/Weill Cornell Medicine. Hence a program that deliver EBP for anxiety available at this level of care is paramount to success. A developmentally appropriate treatment for reducing anxiety symptoms and improving independent functioning among emerging adults must incorporate the parents or caregivers.

Method: Working with the Youth Anxiety Center (YAC), a multicomponent strategy was implemented within the program. YAC provides training on exposures, caregiver skills groups, anxiety-specific groups, behavioral planning at home and within the milieu. Weekly family/parenting sessions are mandatory. Psychoeducation about the reinforcing power of caregiver attention on perpetuating behaviors is provided and a framework for understanding how to manage escalation is introduced. Other concepts such as preventing and managing challenging adolescent behaviors, encouraging adolescents to cope in healthy ways, fostering effective communication adolescents and promoting resiliency and autonomy in your adolescent are also an integral part of the curriculum.

Results: The importance of working with families as well as the multicomponent strategy will be highlighted and how it is implemented within an intense short-term program such as a partial hospitalization program.

Conclusion: Identifying effective methods of augmenting existing services in short-term psychiatric programs with EBP for anxiety and active engagement with caregivers is critical to the success. Without the dissemination of care in an inclusive and comprehensive manner, the clinical problems, which present in this setting will otherwise be inadequately unaddressed resulting in the failure to develop the independent functioning and adaptive skills necessary to transition from adolescents to young adulthood.



S-54-005

Parenting school aged children and teenagers

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Method: Literature review was conducted identifying important aspects of parenting for proper child development.

Results: The review showed the importance of teaching family members about positive and engaging parenting for a child's proper development.

Conclusion: It is important to teach family members about parenting and its effects on the development of children from a cognitive and emotional perspective. Parents can help their children by being good role models and providing positive interactions. It is the job of the child psychiatrist working with these parents to make sure they understand their important role.

Background: Parents are instrumental in the development of their child's social, emotional, cognitive and physical well-being. In essence, parents set the foundation for children's development. Part of the role of the child psychiatrist is to provide the equip parents with the necessary skills to provide children and teenagers with a great developmental foundation. Working with parents both in schools and in private practice, it is important to aid them in learning their role as active role models and the impact that this has on their physical and emotional development. It is also important to teach parents about the importance of positive interactions and that these interactions contribute to the longevity of their social and emotional development. For example, parents learn that talking with children can facilitate in teaching your child and yourself about how to maintain a positive child-parent relationship and social relationship with others. Another important element is for children to learn about love, relationships, and their own emotions from their interaction with their parents which also teaches them how to regulate emotions. Finally, it is important for parents to learn about the cognitive development of their children. When parents provide an environment in which children can learn and thrive, it promotes an opportunity for their kids to excel in academics and/or activities that rely on the child's cognitive abilities.



S-55

The central role of maternal bonding and mother-infant interaction for child development

Chairpersons: N. Nonnenmacher, Germany; C. Woll, Germany

*N. Nonnenmacher**

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S-55-001

The effects of peripartum maternal depressive and anxiety disorders on fetal attachment and the early postpartum mother-infant interaction

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Objective: More and more research focuses on the question how maternal psychopathology affects the relationship to the infant. We set out to systematically collect findings of an effect of purely depressive disorders, purely anxiety disorders and comorbid depressive and anxiety disorders on fetal attachment and on the early postpartum mother-infant interaction. Second, we addressed the question how fetal attachment affects the early postpartum mother-infant interaction.

Method: We conducted an extensive literature search in three databases: EBSCO (MEDLINE, PsycINFO, PsycARTICLES, PSYINDEX), Web of Science and Cochrane Library. A major focus lay on a transparent research process according to open science standards.

Results: In the context of maternal depressive and anxiety disorders, six studies address the effects of these disorders on fetal attachment. Only two studies focus on the effects of fetal attachment on the early mother-infant interaction, whereas 26 studies examine the impact of maternal psychopathology on the early mother-infant interaction. Our findings indicate that peripartum maternal depressive and anxiety disorders lead to an inferior fetal attachment and negatively affect the early postpartum mother-infant interaction.

Conclusion: There still tends to be a lack of studies considering the effects of peripartum maternal depressive and anxiety disorders. More research is needed in this area to help improve prevention and intervention programs.



S-55-002

The influence of postpartum anxiety disorders, mother infant-interaction and bonding on children's socio-emotional and cognitive development and maternal health

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Method: The study comprises assessment points at an average infant/child age of $M = 4.0$ months, $M = 12$ months and $M = 5.0$ years. $n = 34$ mothers with postpartum anxiety disorder (DSM-IV) and $n = 47$ healthy mothers were videotaped during a Face-to-Face-Still-Face interaction with their infant ($M = 4.0$ months). Specific aspects of anxious symptomatology were measured by questionnaires, maternal bonding was measured using the Postpartum Bonding Questionnaire. Mother-child interaction, child cognitive development, behavioural inhibition and behavioural difficulties were analysed. The Bayley Scales (Bayley-III®) were chosen to assess infant language and cognitive development at one year of age. Behavioural difficulties and clinical outcome were assessed with the Child-Behaviour Check List (Mother and Father) and according to DSM-IV at five years of age.

Results: Infants of mothers with postpartum anxiety disorder performed significantly less well in the language domain than infants of controls but not with regard to cognitive development at one year of age. At five years of age, children of mothers with postpartum anxiety disorder showed more internalizing behaviour difficulties (CBCL) and also more frequently anxiety disorders (DSM-IV). Exploratory analyses pointed out the important role of maternal avoidance behaviour and maternal neutral engagement for infant development. Furthermore, maternal bonding was impaired in mothers with postpartum anxiety disorders.

Conclusion: Results recommend considering maternal interaction, specific anxiety symptoms and maternal bonding processes in the treatment of postpartum anxiety disorder to prevent negative impacts on infant development.

Background: Maternal anxiety disorder seems to impact mother-child interaction, bonding processes and child development.



S-55-003

Maternal bonding impairment and childhood temperament predict personality disorder features in adolescence

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Method: Participants were 64 mother-child dyads from a community cohort. Maternal bonding (Postpartum Bonding Questionnaire), childhood temperament (Junior Temperament and Character Inventory 3-6R) and adolescent personality pathology (Childhood Interview for Borderline Personality Disorder (CI-BPD) and Levels of Personality Functioning Scale- Brief Form 2.0 (LPFS-BF)) were assessed at two weeks, five years and 14 years respectively.

Results: There were significant main effects of maternal BI ($\beta=.49$, $p>.001$) and of harm avoidance ($\beta=.40$, $p=.004$) on personality pathology in adolescence (LPFS-BF). Temperamental traits and BI interacted significantly. Higher levels of harm avoidance increased the impact of BI on personality pathology (LPFS-BF: $\beta=.58$, $p<.001$; CI-BPD: OR=1.005, $p<.001$) while higher levels of novelty seeking seemed to have a protective effect (LPFS-BF: $\beta=-.44$, $p<.005$; CI-BPD: OR=.996, $p=.013$).

Conclusion: Maternal BI poses a risk for childhood personality development. The results highlight that the mother-child relationship as early as two weeks after birth can be related to offspring well-being later in life and could help identify children at risk for developing personality pathology. Considering the child's temperament might help fine-tuning indicated prevention. This finding supports a diathesis-stress conceptualization for the development of personality disorder symptoms.

Background: This study investigated the prospective relationship between maternal postpartum bonding impairment (BI) and adolescent personality pathology. To address the fact that not all children are affected equally by adverse parenting experiences, a diathesis-stress model was applied. Childhood temperament is widely viewed as a biologically based antecedent of personality. Temperamental traits were therefore examined as moderators of the association between maternal BI and adolescent personality disorder features.



S-55-004

The neural foundations of mother-infant-bonding – preliminary results of the NEMO-study

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Method: Aim of the NeMo-study is to investigate mothers with maternal bonding difficulties (n=36) as well as mothers who are normally bonded (n=32, control group) and their infants over the first year postpartum via clinical interviews, questionnaires and Functional Magnetic Resonance Imaging (fMRI).

Results: Preliminary results of the study focusing on different aspects of mother-infant relationship and associations with a fMRI passive viewing task in which the participants view previously collected images of their babies in positive and negative affect, with unfamiliar babies serving as control stimuli will be presented. It is hypothesized that mothers with bonding difficulties show less brain response in the reward-related areas (ventral striatum) compared to the control group.

Conclusion: The NeMo-study contributes to the understanding of the importance of early social interactions and is of interest for the treatment of postpartum bonding difficulties. Furthermore, an outlook on the intervention part of the NeMo-study, fMRI based Neurofeedback in which mothers with bonding difficulties gain direct feedback on their brain activity and can learn to control activation of the striatal reward system is presented.

Background: Despite the challenges of motherhood, most mothers feel an immediate, strong emotional bond with their new-born. On a neurobiological level, this is accompanied with the activation of the brain's reward system, specifically the striatal dopaminergic region. However, approximately 10% of all mothers report difficulties to bond emotionally with their infant and display impaired reward responses to the interaction with their infant, which might have long-term negative effects for the child's development.



S-56

A lifelong burden: Consequences of childhood trauma

Chairpersons: J. Fegert, Germany; V. Clemens, Germany

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S-56-001

Child maltreatment – long-term consequences for physical health

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Method: In a cross-sectional observational approach, a representative sample of the German population (N=2510) was assessed regarding socioeconomic information, their current health status, and their experiences of child maltreatment using the Childhood Trauma Questionnaire (CTQ).

Results: Odds increased significantly for obesity (1.18), diabetes (1.26), cancer (1.28), hypertension (1.16), chronic obstructive pulmonary disease (1.51), history of myocardial infarction (1.29) and stroke (1.31) with increasing number of experienced subtypes of child maltreatment. Growing intensity of each subtype of maltreatment was associated with higher rates of all assessed physical health conditions, which could point towards a dose-dependency of the relationship between maltreatment and long-term physical health.

Conclusion: Child maltreatment is associated with increased odds for the leading morbidity and mortality causes in Germany. Interventions encompassing secondary and primary preventive strategies are critical to target this major public health problem and its devastating consequences.

Background: Child maltreatment is a major public problem, associated with enormous consequences on the individual and socioeconomic level. Studies show a clear impact of child maltreatment on long-term physical health. However, there is a lack of analyses comprising a wide variety of subtypes of maltreatment and addressing cumulative effects of different maltreatment subtypes experienced during childhood on physical health. Therefore, the objective of this analysis was to assess the association of different subtypes and the intensity of child maltreatment with long-term physical health outcomes.



S-56-002

Associations of mental illness, substance abuse and domestic violence in the household of origin and long-term consequences – the mediating role of child maltreatment

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Method: A representative sample of the German population (N=2531) was assessed in a cross-sectional survey.

Results: The results reveal that the risk of child maltreatment is 5 to 5.5 times higher if mental illness and 5.3 to 7 times if substance abuse of a household member was present and 4.4 to 10.3 if domestic violence against the mother was reported. Furthermore, the risk of poorer health, obesity, decreased life satisfaction, a lower income, no school-leaving certificate as well as unemployment and living without a partner was increased. These associations were partially mediated by child maltreatment.

Conclusion: Against the background of these results, there is an urgent need for greater awareness on the part of medical professionals in the adult sector for the increased risks of children of mentally ill and substance-dependent parents as well as in households with domestic violence. Affected patients should be systematically asked about minor children and informed about the increased risks for affected children, just as about support services.

Background: Adverse childhood experiences, such as growing up in a family with a mentally ill or substance-dependent member, can lead to extensive impairments in later life. Since the risk of child maltreatment is increased in these families and maltreatment itself is a risk factor for health and socio-economic limitations, this work examines whether the long-term consequences of mental illness, substance abuse and domestic violence are mediated by child maltreatment.



S-56-003

Parents with maltreatment experience and their attitude to infant education

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Method: in a population-based representative sample of the German population above the age of 14 (N=2,531), attitudes on different parenting behavior during infancy in dependence of the occurrence of adverse childhood experiences of the participants were assessed. Additionally, own experiences of corporal punishment was assessed and the relationship between own experiences and positive attitudes towards corporal punishment were assessed.

Results: The results demonstrate that adverse childhood experiences were associated with a higher acceptance of potentially harmful parenting behaviors. Additionally, Those supporting corporal punishment reported having experienced corporal punishment by their parents more often. Of those who had experienced corporal punishment, 47% were identified as breaking the cycle. Female gender, younger age, not being divorced, and being married and living together, as well as a higher level of education were associated with breaking the cycle.

Conclusion: These results suggest that efforts of selective or indicated prevention should focus on persons with pre-history of multiple adverse childhood experiences.

Background: The intergenerational transmission of violent behavior is often referred to as the cycle of violence. The harmful long-term consequences of adverse childhood experiences (ACE), including exposure to violence, are well known. Data point to a negative influence of ACEs on parenting in adulthood, maintaining the cycle of violence. Little is known about the effects of ACEs and own experiences of physical punishment on parenting in the particularly vulnerable phase of infancy and attitudes towards harsh parenting.



S-56-004

'I'm struggling through life' – testimonials of adult survivors of child sexual abuse

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Method: The Independent Commissioner established a helpline where adults who were victims of past abuse or relatives of victims can get counseling. Furthermore they are asked to provide testimonials and let the Commissioner know what is important to them. Information from the calls is collected in a web-based documentation pattern. Collected data, for example about consequences of the abuse, is analyzed by our research group.

Results: There are over 5,000 analyzable data sets, about one half of them from victims. Many victims tell about psychosocial problems and mental health issues that are lasting until adulthood. Quantitative as well as qualitative results, in the form of quotes are being presented.

Conclusion: Sexual abuse is an adverse childhood experience with a potential traumatic effect. Victims who call the Commissioner's helpline are a highly burdened group who experienced severe forms of abuse and often developed severe and long-lasting impairments in consequence.

Background: In Germany after a medial abuse scandal in 2010 a political and societal reappraisal process was set up by the Government. An Independent Commissioner was established in order to develop recommendations for future policies and to raise awareness about sexual abuse in the society. Participation of victims and the use of their expertise was emphasized in order to extend the knowledge about sexual abuse and its consequences and to deduce necessary political and societal actions.



S-57

Parenting in context of early life maltreatment and psychiatric disorder: Bio-behavioral pathways to child mental health

Chairpersons: F. Resch, Germany; A. Fuchs, Germany

*F. Resch**

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S-57-001

Cross-sectional and longitudinal associations between obstetric complications and child mental health: when and how?

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Method: We will present data from two studies. First, we investigated N=232 mothers and their 5-12 year old children. N=127 mothers had a history of psychiatric illness. Mothers reported on occurrence of pre-, peri and postnatal OC. Children gave samples of hair (3cm) for extraction of cortisol. Children and mothers reported on child HRQoL (Kidscreen) and clinical symptoms for assessment of lifetime psychiatric disorder (K-SADS-PL). Mothers and teachers reported on child behavior problems (CBCL, TRF). Furthermore, we analyzed data from a longitudinal sample of N=44 mothers and their children. Mothers gave information on OC (child age 5 months), parenting stress (PSI; age 12 months) and child behavior problems (CBCL, age 9 years).

Results: In study 1, OC were significantly associated with maternal reports of HRQoL, teacher and maternal reports of child behavior problems and child psychiatric disorder evaluated by a clinical psychologist. Child cortisol in hair significantly moderated the associations between OC and HRQoL, child behavior problems and child lifetime psychiatric disorder. In study 2, maternal parenting stress mediated the association between OC and later child behavior problems.

Conclusion: OC seem to be associated with child mental health and HRQoL. High cortisol in hair may be working as a buffering factor protecting children from potential negative effects of OC. The role of parenting stress as a mechanism should be investigated further.

Background: There is first evidence that obstetric complications (OC), adverse events during pregnancy, birth or immediately after birth, may have a negative impact on child mental health. There are no studies investigating the associations between OC and both child mental health and health related quality of life (HRQoL). In addition, prior studies fail to account for parental psychopathology and child physiology which may influence these associations. They are also missing a focus on potential pathways linking OC and outcome.



S-57-002

Alterations of empathy in mothers with early life maltreatment, depression and Borderline Personality Disorder and their effects on child psychopathology

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Method: We included 251 mothers with and without MDD (in remission), BPD and ELM and their children, aged 5 to 12. We used the Interpersonal Reactivity Index as a measure of empathy and the Child Behavior Checklist as a measure of child psychopathology.

Results: Having included all three factors (ELM, MDD, BPD) in one analysis, we found elevated personal distress in MDD and BPD, and lower levels of perspective-taking in BPD, but no effects from ELM on any empathy subscales. Furthermore, we found indirect effects from maternal BPD and MDD on child psychopathology, via maternal personal distress.

Conclusion: The present study demonstrated dissociable effects of maternal ELM, MDD, and BPD on empathy. Elevated personal distress in mothers with BPD and MDD may lead to higher levels of child psychopathology.

Background: Early life maltreatment (ELM), borderline personality disorder (BPD) and major depressive disorder (MDD) have been associated with empathy deficits in different domains. Lack of maternal empathy has also been related to child behavioral problems. As ELM, BPD and MDD often co-occur, we aimed to identify dissociable effects on empathy due to these three factors. In addition, we aimed to investigate their indirect effects via empathy, on child psychopathology.



S-57-003

An fMRI investigation of reward processing in mothers

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Method: Adolescent (n=18) and adult mothers (n=18) underwent functional magnetic resonance imaging (fMRI) scanning while performing an adapted Incentive Delay Task with stimuli of their own and an unknown baby.

Results: The anticipation of one's own baby's stimuli was associated with neural activation in brain areas such as the thalamus and ventral striatum associated with the reward system, and with activation in the anterior insula and the inferior frontal gyrus, which are associated with maternal care behavior.

Conclusion: The results will be discussed in relation with maternal interaction behaviors. These findings are relevant for a better understanding of the neurobiological basis of positive maternal interactive behaviors, but also to comprehend the neurobiology associated with deviations in parental behaviors, e.g. in postpartum depression.

Background: Viewing a baby's face is associated with activation in reward-associated brain regions, which is hypothesized to increase motivation for positive care behavior in the mother. The aim of the current study was to investigate the neural correlates of reward anticipation in adolescent and adult mothers of infants.



S-57-004

Emotional availability in resilient and non-resilient mothers with early life maltreatment

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Method: We examined mothers with ELM and a history of mental disorder (non-resilient), mothers with ELM without a history of mental disorder (resilient) and control mothers without ELM or a history of mental disorder and their children. Videotaped mother-child interactions were rated by three independent trained raters based on the Emotional Availability Scales and compared between groups.

Results: Non-resilient mothers, who developed a mental disorder after ELM, showed reduced emotional availability compared to resilient mothers with ELM and control mothers, while there was no difference between resilient mothers and control mothers.

Conclusion: Findings might indicate, that the concept of resilience and factors facilitating resilience might be a possible key to break the cycle of abuse. More research should focus on resilience and the exact mechanisms leading to a disturbed mother-child-interaction after ELM, thus helping to identify targets for therapeutic change.

Background: Early life maltreatment (ELM) has a high risk of transmission across generations, which is known as the cycle of abuse. In addition, ELM is an important risk factor for developing mental disorders. Parents with mental disorders are known to have a higher risk for abusing their children as well. Both abuse potential in mothers with ELM and in mothers with a history of mental disorders might be connected to a disturbed mother-child interaction.



S-58

Innovative professional training approaches in the field of child and adolescent mental health

Chairpersons: P. Plener, Austria; U. Hoffmann, Germany

*P. Plener**

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S-58-001

Strong schools against suicide and self-injury # Evaluation of a 2-day workshop for school professionals

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Method: A total of N=447 school social workers, school psychologists, and teachers participated in one of 26 two-day workshops. The free-of-charge workshops were offered in the state of Baden-Württemberg, Germany. Knowledge, attitudes, confidence in own skills, and perceived knowledge were assessed at pre and post workshops, and at six-month follow-up.

Results: Overall, participants were very satisfied with the workshop. Few negative attitudes regarding NSSI and suicidality were prevalent before and after the workshop. Large effect-sizes were found for improvement in confidence, perceived knowledge, and knowledge at post assessment, which were still present at six-month follow-up. There were significant differences between professions, with teachers seemingly benefitting the most from the workshop. At follow-up, participants reported more changes in their own behavior than having been able to implement changes on a school level.

Conclusion: In conclusion, a two-day workshop seems to be effective in changing knowledge and confidence in school-staff regarding NSSI and suicidality. Workshops catered to different professions (i.e. teachers and school-psychologists) might be feasible.

Background: Non-suicidal self-injury (NSSI) and suicidality are common among adolescents. School staff are often the first adults to be confronted with those behaviors. However, previous studies have shown a lack of knowledge and confidence in dealing with self-harming behaviors. Objectives of this study were to evaluate a workshop on NSSI and suicidality in adolescence for teachers, school-social workers and school-psychologists.



S-58-002

Further education programs on the new German national clinical guideline for NSSI in adolescents

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Method: Participants were randomly assigned to one of three different learning formats: printed materials, e-learning, and blended-learning. Via online-survey participants provide pre- and post-training self-assessments of their knowledge of NSSI, practical skills, and self-efficacy in handling cases of NSSI, attitudes towards NSSI and those affected. Additionally a multiple-choice-test of NSSI is assessed. For data-analyses between-group and within-group comparisons will be conducted using a mixed design ANOVA. To ensure quality of learning formats, user-satisfaction will be surveyed.

Results: Currently, data collection is ongoing. First results of the pretest-posttest comparison group design and the user satisfaction will be presented.

Conclusion: Given the high prevalence of NSSI, the frequency professionals in mental health services encounter cases of NSSI and the need for professional training on this topic, the aim of the project was to develop high-quality further education programs. This study assesses if the developed training strategies contribute to a better understanding and enhance skills of professionals regarding NSSI and which strategy proves to be most effective.

Background: German mental health care providers report to encounter many cases of NSSI in their professional context, but only around 50% know about the treatment guidelines for NSSI of children and adolescents. Many consider professional training about NSSI as necessary for themselves. In response to this need, within the project Star Train different strategies of dissemination of the content of the guidelines were developed. This study aims at comparing the effectiveness of those different strategies.



S-58-003

SHELTER – e-learning courses on safety and help for young refugees with psychopathological symptoms

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Method: From 2016 to 2019 the Department of Child and Adolescent Psychiatry/Psychotherapy of the University Clinic Ulm developed and evaluated three online courses in the context of the care of refugee minors. The joint project SHELTER is funded by the Federal Ministry of Education and Research (BMBF). Three courses were developed and evaluated, addressing trauma and psychological stress in the context of flight and asylum, dealing with self-harming and aggressive behavior, and protection concepts for organizations that care for refugee minors. Target groups of the online courses are professionals and volunteers who work with refugee minors.

Results: A waiting control group design assesses the effectiveness of the course in terms of knowledge growth, increase in emotional and practical skills and relevance of the learning content for their work context. In addition, surveys on the user-friendliness and quality of the platform will be evaluated. The results of the accompanying research will be presented.

Conclusion: The results of the accompanying research provide information about the effectiveness and practical applications of the learning content for professionals and volunteers in the care of refugee minors.

Background: Many refugee minors have had traumatic experiences due to armed conflicts in their homeland and the experiences on their flight and therefore have an increased susceptibility to mental disorders. Surveys from our previous projects show that professionals and volunteers working with young refugees have a high need for further education. In this project, online courses have been created on topics we consider most important in the context of the care of young refugees.



S-58-004

Social workers implementing a trauma-focused group intervention for young refugees: The role of self-efficacy

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Method: The secondary analysis of a recent RCT (Pfeiffer et al., 2018) encompassed 86 social workers who were specifically trained and clinically supervised to implement “Mein Weg” (engl. “My Way”). Demographics, self-efficacy, and expertise were assessed prior-, post-training and post-intervention. Additionally, intervention effectiveness (refugee’s symptom reduction) was taken into account. Regression analyses were conducted to test the hypotheses.

Results: Training and supervision significantly increased self-efficacy ($F(2, 52) = 6.141, p = .004, \eta^2 = .191$). More effective intervention implementations led to higher self-efficacy ($\beta = .402^*$).

Conclusion: Training, supervision and intervention effectiveness influence provider self-efficacy. Future research needs to shift its attention to provider characteristics in order to improve the realization of low-threshold interventions in mental health care and low-threshold settings such as child welfare institutions.

Background: Implementing low-threshold trauma-focused interventions by social workers may ensure broader access for traumatized refugee minors to mental health care in Europe. Little research has focused on provider characteristics that influence the intervention implementation. The aims of this study are to investigate the impact of training, supervision and intervention effectiveness on provider (social workers in child and adolescent welfare agencies) self-efficacy.



S-59

Psychosis risk in adolescents and young adults - from cognition to therapy

Chairpersons: J. Kindler, Switzerland; N. Mossaheb, Austria

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S-59-001

Age effects on attenuated psychotic symptoms and basic symptoms relevant for prediction of psychosis

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Method: Well-trained psychologists performed the assessments using established interviews. Differentiating between perceptive and non-perceptive/cognitive phenomena, impact of age groups on risk symptoms and their clinical significance (current psychosocial functioning deficits or non-psychotic DSM-IV axis-I disorder) were assessed by logistic regression analyses.

Results: Altogether, 9.9% of interviewees (N=689) reported attenuated psychotic symptoms (APS), and 18.1% basic symptoms (BS); 1.3% met APS, 3.3% COPER and 1.2% COGDIS criteria. For APS, an age effect was detected around age 16: compared to 16 – 40-year-olds, 8 – 15-year-olds reported more perceptive APS and lesser clinical significance of non-perceptive APS. Similar age effects of BS on prevalence and clinical significance that differed between perceptive and cognitive BS and followed brain maturation patterns were also detected: around age 18 for perceptive and in the early twenties for cognitive BS.

Conclusion: These findings strongly suggest that differential developmental factors affect prevalence and clinical significance of APS and BS criteria from late childhood to early adulthood. In doing so, APS seem to be influenced predominately by psychological; BS predominately by neurobiological factors.

Background: Developmental issues in the prevention of psychosis are still under-researched. Thus, we examined risk symptoms and criteria in 8-40-year-olds from the general population.



S-59-002

Neurocognitive deficits according to norms in adolescents with and without clinical high risk states of psychosis

*C. Michel**

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Method: We investigated the discriminative power of neurocognitive deficits defined according to norms in 8-17-year-olds. 160 CHR outpatients (AtRisk), 270 non-psychotic inpatients (ClinS) and 220 subjects of a general population sample (GPS); had been assessed with a neurocognitive battery, including a verbal fluency (VF) test, the Digit-Symbol Test, TMT A and B, the Auditory Verbal Learning Test (AVLT) and the Subject Ordered Pointing Task.

Results: GPS (mean age=13.91±2.78, 48% male) were slightly younger than AtRisk (mean age=15.02±2.20, 39% male) and ClinS (mean age=14.46±2.43, 38% male) ($\chi^2(2)=7.656$, $p=0.022$); no differences were found with regard to gender and premorbid IQ. Compared to ClinS and GPS, AtRisk more frequently exhibited deficits according to norms in verbal memory (AVLT learning capacity; 22.4% vs. 10.7%; OR=2.4, 95% CI: 1.3-4.6) and VF (48.8% vs. 34.1%; OR=1.8, 95% CI: 1.1-3.0), while ClinS and GPS did not differ.

Conclusion: Partly in line with findings from adult samples, deficits in verbal memory and VF might be specifically associated with a CHR state in children and adolescents – even when compared to a more severely ill inpatient group. Yet, these findings need further examination in larger samples and longitudinal studies.

Background: In the early detection of psychosis, neurocognitive predictors have been suggested to enhance predictive accuracy of clinical high risk (CHR) criteria. While mainly sample-dependent means of adult samples were used so far, a recent study of an adult sample used neurocognitive deficits defined according to test norms in order to facilitate individual prediction. Yet, data on child and adolescent samples are missing.



S-59-003

Cerebral blood flow and cognition in clinical high risk for psychosis

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Method: A total of 122 participants were included in the study, comprising patients with SZ, FEP, CHR, healthy controls (HC) and clinical controls (CC). Ultra-High-Risk criteria were assessed by the Structured Interview for Psychosis-Risk Syndromes, Basic Symptom criteria by the Schizophrenia Proneness Instrument. Additionally, executive functioning was evaluated using the trail making test-B (TMT-B) in CHR and CC. rCBF was measured with pseudo-continuous arterial spin labeling 3T-MRI.

Results: Striatal rCBF was significantly increased and prefrontal rCBF significantly decreased in the SZ, CHR and FEP groups compared to controls. Striatal rCBF was highest in CHR patients with TMT-B deficits and was significantly higher than that in CC with and without TMT-B impairment. Further, a significantly lower rCBF connectivity between the dorsal striatum and the anterior cingulate cortex was revealed in CHR.

Conclusion: This is the first study to demonstrate increased neuronal activity within the striatum, but reduced prefrontal activity in psychosis spectrum patients. Our results indicate that alterations in striatal and prefrontal rCBF are reflecting metabolic abnormalities preceding the onset of full blown psychosis and suggest that higher striatal rCBF is associated with disrupted cingulo-striatal connectivity and executive dysfunctions in CHR.

Background: Recent studies indicate significant differences in regional cerebral blood flow (rCBF) and impaired executive functioning in patients with schizophrenia (SZ). However, it is unclear whether abnormal rCBF and reduced cognition can be detected before disease, e.g., in adolescents and young adults with clinical high risk for psychosis (CHR). Here, we examined if rCBF differs between patients with CHR, first episode psychosis (FEP) and schizophrenia (SZ) when compared with controls. Moreover, we studied the association between rCBF and executive functioning in CHR and controls.



S-59-004

Treatment approach #Robin# for adolescents with high risk for developing a psychotic disorder: Therapy modules enhanced by a smartphone application

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Method: The ETRo trial is designed as a naturalistic controlled trial. Participants from a former early recognition study are included for the control condition. For the intervention condition, help seeking adolescents with at-risk symptoms, aged 13-18, are being recruited. Outcome measures are at-risk and comorbid symptoms, functioning, self efficacy, quality of life and treatment satisfaction. Data will be collected at baseline, during the treatment period and at the end of the combined therapy. There will be also follow up assessments 6, 12 and 24 months after baseline.

Results: In September 2017 we started the implementation of the treatment approach Robin in our specialized outpatient care unit for early intervention in psychosis. Within the first year of the study, we were able to include 12 patients (71% female; mean age 15.9).

Conclusion: To our knowledge, this is the first controlled trials to test the efficacy of a specific treatment manual in combination with a smartphone application for minor patients at high risk for psychosis. In the Symposium we will discuss the preliminary results and their implications. We hypothesize that the Therapy Program Robin will enhance the Treatment engagement. Furthermore Robin will improve the quality of life, self-efficacy and psycho-social functioning in study patients compared to patients of the control group.

Background: There is an on-going lack of investigation about age-appropriate treatment strategies in young patients with at-risk symptoms. The clinicians from the early intervention centre in Zurich have developed the treatment approach “Robin” (standardized manual and smartphone App) for adolescents at high risk of developing a psychotic disorder. The manual is targeting at risk symptoms, comorbid symptoms, improvement of quality of life and daily functioning. The intervention also includes a smartphone application for supporting the patients between sessions. This application targets real-time symptom assessment, medication adherence, and provides coping strategies for dealing with symptoms and daily life hurdles.



18th INTERNATIONAL CONGRESS OF ESCAP

VIENNA 2019

30 June – 2 July 2019 | Hofburg
Vienna, Austria

S-59-005

Mentalization based treatment in psychosis risk

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No abstract submitted in time



S-59-006

Psychotic – like symptoms and esoterism – a dimensional approach

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Objective: Research and clinical observation suggests a continuum ranging from psychotic-like experiences in the general population to blunt psychotic symptoms in patients with psychiatric disorders such as schizophrenia-spectrum or affective disorders and others. Individuals interested in esoterism and paranormal phenomena may experience psychotic-like experiences more often than others according to some previous findings.

Method: The objective of our work was to assess the prevalence of psychotic-like experiences in a non-clinical population of 224 individuals interested in esoterism versus 178 individuals without interest in esoterism using an anonymized screening questionnaire.

Results: Our findings show that especially younger people interested in esoterism might be more prone to experiencing or reporting psychotic-like experiences.

Conclusion: The potential relevance of these results as well as possible clinical implications of the assessment of psychotic-like experiences in different subgroups will be discussed.



S-60

Autism Spectrum Disorders: Economic cost of care, psychiatric training and challenges in managing high-risk patients

Chairpersons: K. Munir, USA; N. M. Mukaddes, Turkey

*K. Munir**

**Boston Children's Hospital, Harvard Medical School, Developmental Medicine, USA*

S-60-001

Training of child and adolescent psychiatrists in management of educational programs for children and adolescents with ASD

*N. M. Mukaddes**

**Istanbul University, Institute of Child Psychiatry, Turkey*

Method: The presenter first reviews and summarizes the literature on evidence based educational approaches for ASD. In addition practical recommendations for clinical follow-up of this group will be provided.

Results: Review of literature for different intervention programs for individuals with ASD shows that intensive behavioral approaches which start in early age have a positive effect on social-communicative abilities and adaptive behaviors. However, an intensive educational program is not available in many countries. Therefore, child psychiatrists need to know about other sources of interventions and also encourage active involvement of the family members and other available community sources to take responsibility in the enhancement of social-communicative abilities of this group.

Conclusion: Child Psychiatrists need to know about efficacy of different type of educational programs and should manage and individualized the educational program of each child according to child ,family and community sources. Assessment of clinical response of each child to the educational program is an important part of the psychiatric follow-up of this group

Background: A dramatic increase in autism spectrum disorder(ASD) recognition across the world has created huge demands on health care systems for accurate diagnosis and intervention programs. Child and adolescent psychiatrists have crucial roles in the diagnostic assessment and clinical follow up of this group. This presentation aims to highlight the importance of:

- 1) Psychiatrists roles in management of appropriate and evidence based intervention programs for children with ASD.
- 2) Psychiatrists roles in the assessment of the response of children to the educational programs that they attend.



18th INTERNATIONAL CONGRESS OF ESCAP

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S-60-002

Economic cost of childhood Autism Spectrum Disorders

*T. Lavelle**

**Boston, USA*

No abstract submitted in time



S-60-003

Attenuated psychosis and autism: An evaluation of the Italian high-risk ASD patients

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Method: For all subjects we performed: a global clinical assessment (cognitive profile, evaluation of ASD core symptoms, behavioural and adaptive functioning, evaluation of psychotic symptoms) and an EEG (3 sets: Auditory Sensory Gating, P300, MMN). We present preliminary results of a sample of 15 subjects (10 ASD, 5 ASD+UHR).

Results: For both, ASD and ASD+UHR group, there is a significative correlation between the ADOS total score and the P300 amplitude (ASD: R2 lineare di 0,646; ASD+UHR: R2 lineare di 0,871). Moreover, in the ASD group there is a significative association between the ADOS total score and the amplitude of MMN (ASD: R2 lineare = 0,475; ASD+UHR: R2 lineare = 1,116-4).

Conclusion: UHR (and particularly APS) is a relevant challenge for researchers and clinicians interested in ASD. However, the full psychosis / schizophrenia conversion rate is unknown in subjects affected by ASD and w/ comorbid APS. Psychoneurophysiological indices may reveal difference between ASD and ASD + UHR (APS).

Background: By the last decade many studies have examined and demonstrated an association between Schizophrenia Spectrum Disorders (SSD) and Autism Spectrum Disorder (ASD), describing evidence for shared genetic, clinical, epidemiological and neurobiological features. Nevertheless, there are evidences such as the high prevalence of SSD in ASD and of autistic symptoms in first episode psychosis patients or with Attenuated Psychosis Syndrome (APS). Despite these evidences, research in pediatric populations evaluating the association between an UHR condition in ASD population is scarce. Aim of the present study is to show clinical and neurophysiological features in a pediatric sample (8-18 y) of ASD, and ASD+UHR.



S-60-004

Autism Spectrum Disorders in Austria – results from the ASDEU Project

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Method: 1017 children between 6 and 10 years were screened using the Social Communication Questionnaire and the Strengths and Difficulties Questionnaire. A stratified sample of 50 children was assessed via Autism Diagnostic Observation Schedule 2 and Subscales of the Wechsler Intelligence Scale for Children. Parents were interviewed about child development and perceived challenges within the health care system.

Results: According to this study prevalence estimates concerning ASD in Austria are comparable to those in other EU countries. Associations between symptoms related to ASD, other behavioral problems and impact on daily life will be discussed. Further a considerable amount of undiagnosed children with ASD had to be detected.

Conclusion: The results highlight the importance of early screenings and the need for valid and innovative assessments. Moreover, there is a need to foster knowledge about ASD in several populations (e.g. school personal) and clinicians.

Background: Early detection of Autism Spectrum Disorders (ASD) as well as other related developmental disorders is of great importance for later outcomes such as symptom severity or quality of life. Thus, aim of this study – as part of the ASD in the European Union Project (ASDEU) – was to gain knowledge about ASD and associated symptoms and comorbidities as fundamental requirements for early interventions and reliable assessments.



S-61

New developments in the assessment and treatment of self-harm in adolescent Borderline Personality Disorder

Chairpersons: J. M. Guilé, France; M. Speranza, France

*J. M. Guilé**

**University of Picardie, Jules-Verne, Amiens, France*

S-61-001

Comorbidity in suicidal BPD inpatient adolescents, a study on single and multiple attempters

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**P&M Curie, University of Paris, France*

Method: An extensive clinical evaluation was carried out in 320 adolescent aged 12 to 17, referred to an inpatient unit after a SA. We conducted multinomial logistic regressions to compare socio-demographics, suicidal behaviors, psychiatric comorbidities, psychopathological features and life events in single attempters with and without associated BPD features and multiple attempters with BPD features.

Results: We found a severity gradient between our three groups regarding comorbidities (anxiety and externalized disorders), substance use, depression, type of suicidal behaviors, non-suicidal self-injury, functioning and age at first SA. In this sample of severe SA, there was no difference regarding socio-demographics, negative life events or level of impulsivity. These results remained significant when adjusting for depression and impulsivity.

Conclusion: Screening BPD features and history of prior suicide attempts in adolescents who exhibit SA seems relevant to decipher the heterogeneity of adolescent suicide attempters and identify at-risk groups. Adolescents presenting an early onset of suicidal behaviors, non-suicidal self-injury, increased severity of depression and anxiety disorders should benefit from the most intensive interventions

Background: Prevention of adolescents' suicide is a significant public health concern. Borderline Personality Disorder (BPD) and history of suicidal behaviors are risk factors for subsequent suicide attempts, but no previous study observed both concomitantly in adolescents. Here, we hypothesized that adolescent inpatients for a suicide attempt (SA) can be divided in subgroups based on BPD features and history of previous suicide attempt. The aim of our study was to compare socio-demographics and clinical characteristics of these populations in order to better prevent risk for of SA.



S-61-002

Protective factors associated with suicidal behaviours in BPD adolescents

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Method: Adolescent inpatients ($n = 320$) aged 13 to 17 years (mean age: 14.73 ± 1.29) were admitted after suicide attempts (SA) and evaluated within 10 days, using the abbreviated version of the Diagnostic Interview for Borderlines–Revised, the Schedule for Affective Disorders and Schizophrenia for School-Age Children–Present and Lifetime Version supported by a team consensus best estimate method for the primary diagnosis, the Columbia-Suicide Severity Rating Scale, and three protective factor scales: the Adolescent Coping, Reasons For Living and Spirituality scales. Univariate and regression analyses were conducted.

Results: After adjusting for BPD, non-productive coping was predictive of SB. The reasons for living were all negatively predictive of suicidal ideation (SI). Among the spirituality dimensions, self-discovery appeared as predictive of SI and the age of the first SA.

Conclusion: This first study on protective factors in BPD suicidal adolescents supports the relevance of assessing protective factors in preventing and treating SB in BPD adolescents

Background: Protective factors associated with suicidal behaviours in BPD adolescents. Jean Marc Guilé, Sébastien Garny de La Rivière, Bojan Mirkovic, Aveline Aouidad, Hughes Pellerin, David Cohen, Priscille Gérardin. Borderline Personality Disorder (BPD) is the greatest risk factor for suicidal behaviours (SB) in adolescents. Protective factors moderate the impact of risk factors on SB. Our study aimed at comparing the association of three protective factors (coping, reasons for living and spirituality) with SB in three groups of suicidal adolescents: non-BPD single attempters, BPD single attempters and BPD multiple attempters.



S-61-003

A systematic review of neuroimaging studies on cognitive dysfunctioning in BPD adolescents

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Method: Here, we performed a systematic review of neuroimaging studies on cognitive dysfunctioning in BPD adolescents according to the PRISMA criteria. We searched relevant articles in the PubMed database using the following Mesh terms : “Borderline Personality Disorder” combined with “Adolescent” combined with one of the following additional terms : “functional neuroimaging” or “resonance magnetic imaging” or “electroencephalography” or “near infrared spectroscopy”.

Results: We found 21 publications with 12 studies performed in BPD adults that were excluded and 1 was discarded after the qualitative analysis. The 8 resting publications including neither review nor meta-analysis were analysed.

Conclusion: Major findings and their relevance for the development of new therapeutic strategies are discussed.

Background: Borderline personality disorder (BPD) is a serious mental disorder characterized by emotional dysregulation, unstable interpersonal relationships, impulsivity and self-injuring behaviours. The prevalence of BPD in the general population is around 3% and the onset of the illness typically occurs during adolescence. Today, no pharmacological treatment is recommended according to the evidence based-medicine and existing therapeutic approaches failed to efficiently improve the symptomatology. Thus, a better understanding of the psychopathology of BPD remains a priority to develop new therapeutic strategies. Several behavioural studies coupled with functional brain imaging approaches have identified the neural correlates of the BPD in adults patients and suggest that alteration in the functional connectivity, especially in cortico-limbic circuitry, could contribute to cognitive and behavioural impairments. However, there is few data regarding neural correlates of BPD in adolescents and results showed some discrepancies



S-61-004

A multimodal stress study in BPD adolescents

*N. Bourvis**

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Method: 40 individuals aged 14-18 y.o. were recruited in the study, 20 adolescents with BPD diagnosis and 20 controls matched on sex and age. Stress was elicited both on the cognitive and social levels, with a time-limited calculus task with the presence of an observer. The different aspects of the response in individuals were simultaneously assessed, namely the neurovegetative (heart rate variability, blood pressure, respiratory frequency, temperature, skin conductance), biological (salivary cortisol and amylase) and behavioural (body moves, facial mimicry) hallmarks of acute stress reaction. Classification algorithms were used to determine the most relevant parameters of a composite function to predict the intensity of stress from a subjective or objective evaluation.

Results: Typical and BPD adolescents show different profiles of stress response. Remarkably, the ability of typical adolescents to assess their own levels of stress was higher in typical adolescents than in BPD subjects. Also, the responses in BPD were more heterogenous.

Conclusion: New methodology both in terms of multimodal assessment and data analysis allow new insights in the study of complex phenomena such as the stress response. BPD adolescents may be distinguished from typical subjects on the basis of their stress response profile. In BPD, the stress system may be impaired from the early development, maybe in relation to a past traumatic history.

Background: So far, the studies addressing the physiology of BPD in adolescents have been scarce. Typical adolescents and BPD subjects often share the tendency to react intensely to stressful conditions, with a great irritability and impulsive behaviour. But for BPD subjects, acute stress may be associated with specific responses such as self-harm behavior, or subjective experience of derealization. Thus, the underlying physiology of the stress response in BPD may show specific patterns.



S-62

Psychoanalysis facing migrations: Transcultural approach challenges

Chairpersons: M. R. Moro, France; J.-M. Maldonado-Duran, USA

*M. R. Moro**

**Maison de Solenn, Hôpital Cochin APHP, Paris, France*

S-62-001

Mothers and babies facing the break with culture of origin in migration process

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**Action Contre la Faim, Inserm U1178 - CESP, University Paris 5 Descartes, France*

Method: We recruited 12 mother-baby dyads that migrated from different Countries of Central Africa Region. We met the dyads during a semi-structured interview where maternal representations, mother and child interactions and cultural specific protection factors have been analysed.

Results: Dyads demonstrate difficulty in adopting a proper mother-child relationship. This is probably due to the inability of the traumatized mother to correctly interpret the baby's solicitations and to give him adequate responses. To this we can add a vulnerability due to the impossibility of transmitting cultural practices of care to the baby and the lack of support of the family group as a protective factor.

Conclusion: Results of this study confirm that the migration process can make difficult the access to traditional protection mechanisms and cultural practices. This can influence negatively the mother-child relationship and makes the dyad vulnerable to the transmission of trauma. Examples of these effects and suggestions for specific transcultural devices will be discussed.

Background: Pregnancy and birth, by their initiatory characters, are part of shared cultural norms. The migration process can have a negative impact on mothers and babies interactions as the perinatal period can reactivate the break with the culture of origin and remind the traumatic experiences. Exile modify the way of creating a "cultural cradle" that corresponds to the set of cultural and collective representations that parents have of their baby. As a result, the vulnerability of perinatal migration negatively influences mothering behaviors, infant care practices and the mother-baby relationship. In a study about mother to child trauma transmission in migration contexts we evaluated the importance of cultural dimension in order to better understand how migration and his effect of the cultural cradle can play a significant role in the mother-baby interactions as vector of trauma transmission.



S-62-002

T-MADE – a new transcultural method to analyse children drawing

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Method: The method consists in a qualitative analysis of drawings produced by children during the psychotherapy sessions. The analysis are longitudinal, cross-sectional and reflexive (transfer/countertransference), regarding 3 cross-axis: individual, familial and groupal.

Results: The results of the analysis highlight the dialogical aspect of drawing. The graphical production supports the process of psychic and cultural elaboration of the child, therefore considered as the essential aspect of mediation between the tongues, the languages, the cultures and the interactions. Drawing thus holds a significant place: it is the sign of children's creativity, but also of the narrative and transcultural production experienced and shared.

Conclusion: According to analyses results, we theorise a transcultural approach for migrant' children drawings as well as an innovative two-axis analysis method: the contents and the valences of a drawing. Clinical example, utilisation and implication of the T-MADE method, are discussed.

Background: Drawing is the preferred means of expression for children, in particular when they are asked to express themselves in front of adults, and moreover when it comes to children having multicultural backgrounds such a migrant children. However how can we promote, understand and analyse those productions? Our research is based on a review of the international literature regarding the psychological approach of child's drawing as well as the transcultural approach of immigrant children (with a double compulsory speech: psychoanalysis and anthropology). This complementary perspective aims to enrich the theoretical, methodological and clinical plurality of those disciplines to refine the comprehension of the mechanisms of identity-building and metissage specific to migrant children, thanks to their drawings.



S-62-003

Shifting views but building bonds: Narratives of internationally adopted children about their dual culture

*L. Benoit**

**Maison de Solenn, APHP, CESP INSERM 1178, Université Paris Descartes, France*

Method: Semi-structured interviews with 19 adoptees aged 8–18 years old focused on their attitudes towards the culture of their birth country. Transcripts of recorded interviews were analyzed according to Interpretative Phenomenological Analysis, a qualitative phenomenological method. Results:

Results: While the analysis showed a striking consistency of interest in birth countries, adoptees' expression of curiosity varied across time. Children described distinctive goals: knowing more about their history, finding relatives, becoming a multicultural citizen, or simply helping people. Their parents' involvement is thus seen as helpful, but older adoptees stress the need to feel ready and may prefer independent ways of learning about their birth country.

Conclusion: Adoptee's multiple feelings of belonging derive not only from multicultural training but from lifelong construction of self. Professionals and parents may need to adapt psychoanalytic therapy to adoptees' individual development, distinctive time frames, and ways of learning to provide better support to them.

Background: American psychological literature on international adoption suggest that adoptee's pride in the culture of their birth country improves their self-esteem and helps them to cope with experiences of racism. Parents are therefore encouraged to teach their adopted children multicultural skills to improve their psychological well-being. French psychoanalysts, on the contrary, suggest that cultural issues are never central and that adoptees should feel fully members of their adoptive country and families. These practices shed light on the respective multicultural and universalist paradigms in the US and France. Few studies, however, consider the opinions of adoptees. This study explores internationally adopted children raised in France and their spontaneous curiosity about their birth country.



S-62-004

Providing a specific psychological and psychiatric care for unaccompanied immigrant minors

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Method: Most studies investigating unaccompanied minors' mental health consistently show that elevated symptoms of psychological distress are correlated to individual factors, such as exposure to violence and other traumatic events prior to migration. At their arrivals, minors need to receive relevant information. A « working alliance » will be built through bonding communication and a welcoming setting where they can express their needs and desires.

Results: Since 2015, a specific psychological care program designed for non-accompanied minors, NatMIE (Nouvel Accueil Thérapeutique des Mineurs Isolés Étrangers), has been implemented at the Cochin Adolescent Hospital (Maison de Solenn).

Conclusion: The purpose of this presentation would be to introduce the specific NatMIE program.

Background: Unaccompanied immigrant minors are considered in France as children lacking protection from parents or other legal representative. Some of them have left their country and their family in order to study, work and pursue a better life. Others are escaping war-torn countries. Some minors are seeking asylum, and some others are not. They are separated from their families and cut off their cultural roots. Most of them faced traumatizing adverse events before, during or after migration.



S-62-005

10 years of transcultural psychotherapy: An epidemiological description of families and care

J. Lachal

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Method: We worked on the data collected from more than 300 families who received a transcultural psychotherapy since 2008 in two centers for children and adolescents care in Paris. The data was collected retrospectively.

Results: It consisted of a complete description of the families – origin, native language, composition of the siblings, ... -, a description of the main symptoms – clinical and anthropological ones -, and finally, description of the care setting – presence of an interpreter, presence of a first-line therapist, observance...

Conclusion: All the data and its statistical analysis will be presented during this intervention.

Background: Transcultural psychotherapy is an original psychotherapeutic technique developed in France in the 1990's to overcome the difficulties encountered in the psychiatric care of migrant children and adolescents. Indeed, the symptomatic and clinical expression of psychiatric disorders in young people is strongly influenced by the cultural setting they are growing up in, and these cultural variations complicate psychiatric care. Indicated as a second-line treatment after the failure of standard management, transcultural psychotherapy is fully formalized today. It comprises group consultations for the child and the family as a one-hour session each month, directed by a principal therapist, assisted by a group of cotherapists (of diverse cultural origins and occupations) and an interpreter in the family's native language.



S-63

To improve transition from child to adult mental health services: The European Milestone Project

Chairpersons: A. Maras, The Netherlands; G. Dieleman, The Netherlands

*A. Maras**

**Yulius Mental, Health Organisation, Yulius Academy, Dordrecht, The Netherlands*

S-63-001

Clinical profile of young persons reaching the transition boundary

*G. Dieleman**

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No abstract submitted in time



S-63-002

Characteristics of young people with depressive problems reaching the transition boundary at child and adolescent mental healthcare services

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Method: A total of 763 CAMHS users have been recruited and assessed resulting in a large amount of information on their mental health, functioning and life experiences. Approximately 25% of these young people experienced depressive problems within the clinical range, either with or without a depressive disorder diagnosed by their clinician. These young people were compared to those without depressive problems and those diagnosed with a depressive disorder without current depressive problems.

Results: Young people with depressive problems who are in care at CAMHS and who are about to reach the transition boundary of their service are more severely ill than other CAMHS users. They experience many problems with regard to their mental health and social functioning. However, they also seem very independent and are able to take good care of themselves.

Conclusion: Young people with depressive problems experience many problems with regard to their mental health and social functioning, while the ability to deal with these problems and the help of a good support system is lacking. A discrepancy in their appearance – they may seem very independent – and actual needs puts these young people at further risk.

Background: Although depressive disorders are one of the most common mental health disorders among adolescents and are highly associated with persistence and recurring episodes into adulthood, especially these young people are likely to fall through the 'care gap' between child and adolescent mental health care services (CAMHS) and adult mental health care services (AMHS). Therefore, transition-related discontinuity of care might be putting an already at-risk group further at risk and causing them to present to AMHS late with more severe and enduring mental health problems. The aim of the current cross-sectional study is to describe the mental health, functioning and experiences of young people with depressive problems who are in care at CAMHS and are on the verge of making the transition into adulthood.



S-63-003

Prevalence of lifetime suicide attempts, suicidal ideation and self-harming behaviour and correlates in a clinical sample of youths in Europe

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Objective: The prevalence of suicidal ideation and suicide attempts is highest around 18 years old, as adolescents transition into adulthood. Although most suicidal adolescents do receive help, young people in late adolescence who are in care at Child and Adolescent Mental Health Care Services (CAMHS) are at the verge of becoming adults and therefore transition to Adult Mental Health Care Services (AMHS). During the transition period young adults are more responsible for the identification and management of their own mental health problems, while parents become increasingly unaware of mental health problems and accompanying suicidal thoughts and behaviours. Which might be problematic, since parental involvement and support during help seeking and treatment is important in successful care of suicidality. Although large discrepancies between youth and parent reported emotional and behavioural problems have been established, less is known about discrepancies on the reporting of suicidal thoughts and behaviours. Therefore, the current study aims to establish the prevalence of suicidality in a clinical sample of transition aged youths.

Method: A total of 763 CAMHS users have been recruited in eight countries, while at the verge of transitioning to AMHS. A significant amount of young people within this sample were having suicidal thought or acted in suicidal behaviours. We gathered a large amount of information on their mental health, functioning and life experiences as well as views from both parents and youths on suicidal behaviour.

Results: Suicidality is highly prevalent among CAMHS users who are about to transition to AMHS. Parents are often unaware of their child's suicidality, resulting in large discrepancies between youths and parents on the mental health and functioning of these young people.

Conclusion: Suicidality in CAMHS users at the verge of transitioning is a major problem, mainly due to parents being unaware of their child's suicidality. Causing parents to be unable to provide appropriate support during help-seeking and treatment.



S-63-004

Transition in mental health care: Care pathways and mental health of youths over the transition from child to adult mental health care services

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Method: We included 763 CAMHS service users in eight countries in this prospective, multisite cohort study of adolescents who reach the age of transition within each participating service. Within 4 years, youths, parents and clinicians were assessed at regular intervals, gathering information on need for care (HoNOSCA), emotional and behavioral problems (Achenbach instruments), quality of life (WHOQOL-BREF), severity of the mental illness (CGI-S), DSM-IV and ICD-10 diagnoses, service use and socio-demographics.

Results: We will present the different transitional trajectories and their relation to mental health over time and compare youths who successfully transitioned to adult mental health care services to those who were discharged or ended up in the 'care gap'.

Conclusion: At the time of the submission data collection was still ongoing, results and conclusions will be presented at the ESCAP-meeting.

Background: Despite the fact that the transition period from adolescence to adulthood is the period of onset of the most severe mental illnesses, the current service configuration with distinct child and adult mental health services is weakest where it should be most robust. Concern with regard to the group of youths who fall through the 'care gap' increases, yet no studies to date have investigated the transitional pathways in relation to mental health outcomes longitudinally. The MILESTONE project is an EU-wide study investigating mental health transition across diverse healthcare systems. In this presentation we will evaluate the care pathways of adolescent CAMHS service users as they transition into young adulthood, their mental health and predictors of successful transition.



S-63-005

Does managed transition improve outcomes for young people at the child and adult mental health service boundary? Results from the MILESTONE trial

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Method: Recruited child and adolescent mental health services (CAMHS) in eight European countries were randomised to provide either i) managed transition using the Transition Readiness and Appropriateness Measure (TRAM) as a clinician's decision aid or ii) usual care for young people within one year of reaching their service transition boundary. The primary outcome was the clinician reported Health of the Nation Outcome Scale for Children and Adolescents (HoNOSCA), which measures health and social functioning, at 15 months post-intervention. A range of secondary outcomes were measured at 9 and 15 months post-intervention. A cost-effectiveness study of the intervention was also conducted.

Results: A total of 844 young people from 52 CAMHS were recruited into the trial, 276 in the intervention and 568 in the control arm. Follow-up for the trial was completed in 2018 and analysis is currently underway. In this presentation we will communicate key trial findings.

Conclusion: MILESTONE is the first trial of an intervention aimed at supporting CAMHS clinicians' decision making and communication regarding transition in multiple European countries. The findings from the trial will inform policy and service development in Europe.

Background: Few effective interventions have been developed to address the problem of discontinuity of care at the child and adult mental health service boundary, which is present in many European countries. The aim of the MILESTONE cluster randomised trial was to assess whether "managed transition" – designed to improve transition planning and communication - leads to better mental health and social outcomes compared to standard care.



S-64

Parenting, brain development and developmental psychopathology

Chairpersons: M. Bakermans-Kranenburg, The Netherlands; M. van Ijzendoorn, The Netherlands

*M. Bakermans-Kranenburg**

**Vrije Universiteit Amsterdam, Clinical Child&Family Studies, The Netherlands*

S-64-001

Does an aggregated “general parenting factor” predict structural brain differences in 10-year-old children?

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Objective: Structural features of the developing brain seem to be highly heritable. For example, in a twin study on 8-year-old typically developing children we found heritability estimates explaining around 60% of the variation in total brain volume which leaves ample room for environmental influences. Caregiving styles of parents have often been suggested to be central to the shared environment making children within a family more alike. The crucial question in the current study is what components of a broadly defined construct of parenting across the first 10 years predict differences in structural brain features at 10 years of age.

Method: The study is embedded in the Generation R Study, a population-based cohort from fetal life onwards in Rotterdam, the Netherlands. Almost 4,000 10-yr old children underwent a neuroimaging assessment. Global and specific volumetric measures, including limbic morphology, as well as white matter microstructure were assessed.

Results: We already identified putative associations between parental influences and structural brain morphology and connectivity. For example, higher levels of parental sensitivity in early childhood were associated with larger total brain volume and gray matter (GM) volume (Kok et al., 2015), and with possibly delayed amygdala-medial prefrontal cortex (mPFC) connectivity development (Thijssen et al., 2017). An aggregated ‘general parenting factor’ as well as specific parenting components in specific time windows will be examined for their prediction of variance in brain morphology.

Conclusion: This population-based cohort study with typically developing families is a baseline for studies in at-risk or clinical groups.



S-64-002

Does caregiver-child relationship quality predict bio-behavioral synchrony during collaborative problem solving? An fNIRS investigation

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Objective: Bio-behavioral synchrony - coordination of biological processes and species-typical behaviors - is crucial during early sensitive periods and determines the expression of later attachments throughout life (Feldman, 2017). At preschool age, balanced turn taking is associated with behavioral and physiological synchrony during mother-child interactions (Harrist & Waugh, 2002), and inter-brain synchrony (IBS) is discussed as the neural underpinning of bio-behavioral synchrony (Atzil et al., 2014). It remains unknown, however, whether relationship quality predicts the degree of bio-behavioral synchrony within the caregiver-child dyad.

Method: This study is embedded in a series of three projects using dual functional near-infrared spectroscopy (fNIRS) to investigate associations between IBS and caregiver-child relationship quality during interactive problem solving. An initial sample consisted of 42 mother-child dyads (child age 5 years). We used wavelet transform coherence to assess cross-correlation between the two fNIRS time series, and measured relationship quality via video rating and self-reports from mothers.

Results: We observed increased IBS in frontal and temporal areas during interactive problem solving ($t(2566)=3.77-4.47, p<.001$), and a positive association between IBS and behavioral performance ($t=1.95, p=.05$). Interestingly, IBS during rest also predicted task performance ($t=2.80, p=.005$). Looking at mother-child interaction quality, behavioral reciprocity predicted IBS during interactive problem-solving ($F(1,35)=5.60, p=.02$).

Conclusion: Our initial findings indicate that behavioral attunement of mother and child during interactive problem solving may facilitate IBS, which highlights the relevance of bio-behavioral synchronization during caregiver-child interaction. Additional data from 60 father-child dyads with more extended attachment measures are currently being acquired and will complement the findings reported above.



S-64-003

Associations between family environment and brain function and structure are mediated by accelerated pubertal development

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Objective: Psychosocial Acceleration Theory suggests that environmental adversity accelerates pubertal maturation. Evidence suggests that functional development of the amygdala-medial prefrontal cortex (mPFC) circuit—involved in emotion regulation—is accelerated following suboptimal caregiving. It is unclear if these findings are related and extent to brain structure. Here, we assess whether associations between a child's family environment and amygdala-mPFC circuit structure are mediated by pubertal development in 9-to-10-year old children.

Method: This study includes 2000+ participants from the Adolescent Brain Cognitive Development Study, a multi-site prospective population-based United States cohort (<http://dx.doi.org/10.15154/1412097>). Using Structural Equation Modeling, three latent variables describing demographic and parent information (e.g. socioeconomic status, parental relationship status), child, and parent reported data on parenting and family dynamics (e.g. parental acceptance, family conflict), were compiled into a higher-level Family Environment latent variable (RMSEA = 0.04). Amygdala volume, anterior cingulate cortex (ACC) thickness (CT), area (CA), and fractional anisotropy (FA) were analyzed to represent structure of the amygdala-mPFC circuit.

Results: For ACC-CT, and ACC-FA, significant indirect effects were found ($\beta = -0.014$, $p = .007$; $\beta = -0.013$, $p = .015$, respectively). For ACC CA, we found evidence of quadratic mediation. Sex stratified analyses suggest that results were explained by girls, but not boys.

Conclusion: Despite small effect sizes, findings indicate that structure of circuits important for emotional behavior are related to family environments and are associated with accelerated pubertal development. We are currently analyzing amygdala-mPFC functional connectivity and are examining whether accelerated development can be found for other brain regions also.



S-64-004

Associations of substance use disorder with maternal neural and behavioral responses to infant cues

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Objective: Parenting children requires being empathic and sensitive to their signals in order to adequately respond to their needs. Recent research in neurosciences found associations between parental behaviors and specific neurophysiological processes, such as brain networks that show specific patterns of activation in response to infant stimuli. These associations were primarily investigated in non-referred samples. This study aimed to investigate empathic neural responses to infant cues, as index of functional parenting, and quality of mother-child interactions in the context of maternal Substance Use Disorder (SUD).

Method: Fifteen mothers with SUD and 16 control mothers and their children aged 3-36 months underwent Event-related potentials (ERPs) recording during a pain decision task used to elicit empathic responses to both adults and infant cues. Quality of mother-child interactions was assessed during 20-min interactions through the Emotional Availability Scales (EAS - Biringen, 2008).

Results: ERPs analyses revealed similar empathic responses (measured through the N2 component) to painful adult stimuli in both SUD and non SUD mothers. Significant differences were observed to painful infant stimuli in early time-windows (i.e. N1 and P2), with mothers with SUD showing lower amplitudes. Furthermore, in SUD mothers significant correlations were found between empathic responses to painful infant stimuli and maternal sensitivity.

Conclusion: Mothers with SUD are at higher risk for experiencing difficulties in parenting. These difficulties are observable both at a behavioral and a neural level, suggesting the need to adopt an integrated perspective during the implementation and the assessment of treatment. Clinical implications of the results are discussed.



S-64-005

General psychopathology factor and unresolved-disorganized attachment uniquely related to brain structure in adolescents

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Method: Unique neural correlates of Ud and GPF were examined in adolescents (N=74) with childhood sexual abuse-related posttraumatic stress disorder, anxiety and depressive disorders, and without psychopathology. Ud was measured using the Adult Attachment Interview. White matter integrity (WMI), brain structure, and resting-state functional connectivity data were collected.

Results: Controlling for GPF, Ud was associated with reduced WMI in the splenium of the corpus callosum. Controlling for Ud, GPF was associated with reduced FA in the genu and body of the corpus callosum. In addition, Ud was uniquely related to reduced left hippocampal volume and greater hippocampal functional connectivity.

Conclusion: Our findings show that Ud and psychopathology differentially relate to brain structure and functioning and show promise for dimensional complements to the dominant classificatory approach in clinical research and practice.

Background: Loss and abuse in childhood are adverse events that may have lifelong consequences. From an attachment theory perspective these events increase the likelihood of unresolved-disorganized attachment (Ud), which in turn increases vulnerability to a range of psychiatric disorders (Bakermans-Kranenburg & Van IJzendoorn, 2009). However, it is unknown how Ud relates to the abnormalities in brain structure and function that are commonly found in patients with psychopathology. In the current study, we examined structural and functional brain abnormalities related to Ud in a combined (non-) clinical sample of adolescents. In addition, we examined whether neural correlates of Ud can be differentiated from neural features related to a dimensional measure of psychopathology: a General Psychopathology Factor (GPF (Caspi et al.,2014)).



S-65

Networking in the care of traumatized young refugees

Chairpersons: J. Fegert, Germany; E. Möhler, Germany

J. Fegert*

**Universitätsklinikum Ulm, Germany*

S-65-001

PORTA – a screening tool for stress assessment and intervention planning

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Method: PORTA is an internet-based tool for assessment of stress and planning of intervention for minors with refugee experiences. The goals of PORTA are for one thing an uncomplicated and fast assessment of stress factors and tailored intervention planning. And for another thing it should be direct reports about stress intensity and appropriate solutions. PORTA consists of demographic data, a screening of stress factors in self- and caregiver assessment and questionnaires for anxiety, trauma, behavioral problems, self-harming behavior and suicidality.

Results: We will present data which show the connection between nonsuicidal self-injury, emotional dysregulation and Trauma symptoms. We asked minor refugees and caregivers to report with PORTA (n=180).

Conclusion: PORTA offers a low-barrier approach that can be used in different settings and can be easily distributed online. Participants showed elevated scores of internalizing problems, especially depressive and trauma-related symptoms. It shows also a connection between trauma symptoms and emotional dysregulation.

Background: As it has been shown, minor refugees have a high tendency for mental health problems (Fegert, Plener & Kölch, 2015). Witt and colleagues (2015) were able to show that 97% of unaccompanied minor refugees have traumatic experience. This can lead to different types of problems in the daily life of the refugees. So local Network and support are very important for prevention. If we are not managing the integration it could create more problems. Because less integration leads to higher risk of mental health problems. Problems of refugees are numerous as well as their different personalities. Increased numbers of refugees is a challenge for minors themselves the supporting environment (e.g. caretaker or employees). Interventions to analyze the need of refugees has to be established to guarantee a proper assessment and derive relevant measures.



S-65-002

START – a concept for first stabilization and arousal modulation

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Method: Adolescents at the age of 13 – 18 years absolve the START program for 5 weeks in culture integrated multinational group settings. Compounds of START are derived from elements of DBT and tf-cbt. Adolescents completing the program were assessed for trauma, emotion regulation, general mental and physical Health, experienced self-control and perceived stress immediately before and after treatment.

Results: Trauma specific symptom load (CATS; CPTCI) was very high in the first 60 adolescents. A positive effect of START on emotion regulation (FEEL-KJ), stress regulation and self-control (SCS) can be found as well as a reduction of perceived stress (PSS).

Conclusion: START can be used to reduce acute stress and to improve emotion regulation. Thereby it can serve as a preparation for narrative exposure therapy or as a resilience training for adolescents in acute stress. The findings are momentous for the development of new concepts of first stabilization for stress regulation and further treatment methods.

Background: Intense stress, such as traumatic migration or other experiences children and adolescents are in danger of developing psychiatric or physical symptoms. In these cases frequent barriers to treatment have recently been described for refugee minors, including language or cultural impediment. Therefore a short, very low threshold program for emotion regulation and self soothing was developed. START was developed as a therapeutic approach for first stabilization, in the light of practical work experiences in clinical care, in-patient and out-patient settings and clearing contexts. START is based on a culture integrative approach. Goals are a first stabilization and arousal regulation support of self-efficacy and reinforcement of safety and resilience factors. START incorporates methods of dialectical behavior therapy and psychological trauma therapy. START is composed as a manual for practical use and facilitated by usage of multilingual translated information and therapy materials.



S-65-003

“Mein Weg” – a trauma-focused group intervention in child and adolescent welfare institutions

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Method: We conducted an initial pilot study with $n = 29$ young refugees (Mage = 16.7; 100% male) and a subsequent randomized controlled trial with $n = 99$ young refugees (intervention group: $n = 50$; Mage = 17.0; 94% male; usual care: $n = 49$; Mage = 16.9; 92% male). The group intervention called “Mein Weg” (engl. “My Way”) comprises a short-term intervention in the child welfare setting with six sessions of psychoeducation, relaxation, trauma narrative and cognitive restructuring, implemented by trained and supervised social workers.

Results: Results from the pilot study are promising as participants reported significantly less PTSS post-intervention (pre: 26.4 ± 7.7 ; post: 20.5 ± 6.4 ; $t(28) = 3.71$, $p = .001$; $d = .85$). In the RCT study, “Mein Weg” was significantly superior to usual care regarding symptom improvement of self-reported PTSS (intervention group: $d = 0.61$, usual care: $d = 0.15$) and depression (intervention group: $d = 0.63$, usual care: $d = -0.06$).

Conclusion: “Mein Weg” is effective for young refugees according to self-reports and can be viewed as a valuable component in a stepped-care approach for this vulnerable population. The next step would be to disseminate the intervention.

Background: Low-threshold trauma-focused group interventions, adapted to the specific needs of young refugees, may be one way of improving their mental health and, more specifically, of preventing chronic PTSD. This study aims at evaluating such an intervention in terms of posttraumatic stress symptom (PTSS) reduction.



S-65-004

SHELTER & NRW – online-courses for professionals and non-professionals working with young refugees

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Method: Since 2016 different online courses have been developed, that are important for the support of young refugees: 3 online courses as part of the cooperative project SHELTER (Safety & Help for Early Adverse Life Events and Traumatic Experiences in Minor Refugees) addressing professional and non-professional caretakers and one online course “Intercultural understanding, cultural sensitivity, psychoeducation in the interaction with strained, traumatized and ill refugee minors” for health care and pedagogic professionals working in North Rhine-Westphalia, Germany.

Results: Currently, data collection is ongoing. The results of the project SHELTER assesses the effectiveness of the course in terms of knowledge growth, increase in emotional and practical skills and relevance of the learning content for their work context by a waiting control group design. In both projects, surveys of the user-friendliness and quality of the platform will be evaluated. First results will be presented.

Conclusion: The results of the accompanying research provide information about the effectiveness and practical applications of the learning content for professionals and volunteers in the care of refugee minors.

Background: In particular in 2015, the number of refugees coming to Germany increased rapidly, mainly due to the ongoing civil war in Syria. A large proportion of these refugees are children and adolescents. Many of them have had traumatic experiences during the armed conflicts at home and during migration and are therefore particularly susceptible to mental disorders. Medical-therapeutic and pedagogic professionals, as well as volunteers working with refugee minors need therefore specific skills in order to ensure high-quality care for young refugees.



S-66

Telephone-based and web-based coaching of children and adolescents and their parents: An alternative to face to face interventions?

Chairpersons: M. Döpfner, Germany; A. Sourander, Finland

*M. Döpfner**

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S-66-001

Cologne studies on the effects of telephone-assisted self-help with parents of children with externalizing behavior problems

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Method: The self help interventions consist of self-help booklets which were mailed to the parents and 8 to 10 telephone calls (20 minutes each) in order to support the implementation of interventions recommended in the self-help booklets. The total duration of the Intervention was 6 to 12 months. The efficacy of the intervention was assessed in randomized controlled trials and in within-subject analyses. Moreover, the effectiveness in routine care and the stability of treatment effects were analyzed in observational studies.

Results: The interventions resulted in significant reductions of externalizing problem behavior (ADHD, ODD-symptoms) and in significant increases of psychosocial functioning. Moreover, parenting behavior could be changed. Moderate to large changes during treatment were also found in observational studies. The effects of medication treatment in children with ADHD could be enhanced.

Conclusion: Telephone assisted self-help intervention for parents of children and adolescents with externalizing behavior problems is a helpful intervention which is easily accessible.

Background: Several studies on the effects of telephone assisted self-help interventions for parents of children and adolescents with externalizing behavior problems haven been conducted in the recent years at the Department of Child and Adolescent Psychiatrie and Psychotherapy at the University of Cologne.



S-66-002

Behavioral and nonbehavioral self-help for parents of children with externalizing disorders: Who will profit?

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Method: In this trial, 149 families of children (aged 4 to 11 years) diagnosed with attention-deficit/hyperactivity disorder (ADHD) or oppositional defiant disorder (ODD) were randomized to either a behavioral or a nonbehavioral guided SH for parents (8 parenting booklets, 10 counselling telephone calls). In regression analyses, parent-rated ADHD (FBB-ADHS), ODD (FBB-SSV) and externalizing symptoms (CBCL) were used as outcome measures, child domains (e.g., age, sex, emotional disposition, psychopathology) and parent domains (e.g., age, psychopathology) were investigated as potential moderators.

Results: In the per-protocol sample ($n = 110$), children with high scores on negative emotionality (emotional disposition for conduct problems) profited more from the behavioral program and less from the nonbehavioral program. Besides this, no other moderator variable was either significant or of practical importance.

Conclusion: Parents should be recommended a behavioral SH program if their child has a disposition for conduct problems (being easily and intensely upset). It can be hypothesized that behavioral SH interventions help children to cope more effectively with their intense feelings and associated behavioral problems.

Background: For parents of children with externalizing behavioral disorders several self-help (SH) interventions have been developed based on different theoretical foundations (e.g., behavior, nonbehavioral). Currently, little is known about the moderating factors of treatment response for both, behavioral and nonbehavioral programs. Aim of the current analysis was to investigate which treatment approach can be recommended for a particular family.



S-66-003

Prevention and early intervention using remote coaching and digitalized psychoeducation in child psychiatry. Does It work?

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Method: The efficacy of the targeted interventions have been studied using whole-population-based screening and a randomized controlled study (RCT) design. The first is mothers suffering from symptoms of antenatal depression, which is a major risk factor for poor parental self-efficacy, mother and child attachment and the early development of infants. The second is preschool children with early onset of disruptive behavior, which is associated with parenting problems and a wide range of later adversities and marginalization in adolescence and adulthood. The third is children of school age with anxiety problems, which are strongly associated with later depression. All of these interventions are delivered in a digital environment by using remote coaching. The highest risk groups are identified from the general population and referred to the programs by primary healthcare.

Results: The first RCT study on the effectiveness of a digitalized early intervention for childhood disruptive behavioral problems was conducted. Children randomized to the intervention group demonstrated significant improvement in externalizing symptoms at 6, 12 and 24 months compared to the education control group and parenting skills improved. Furthermore, the intervention has been successfully implemented widely in primary health care covering one third of Finnish child health clinics.

Conclusion: Providing targeted interventions with high public health significance could facilitate the shift from child welfare and specialist-level treatment to early interventions and prevention.

Background: Mental health problems cause a burden on the population and society. Targeted early interventions serve to prevent later adversities including mental health problems, academic failure, crime, risk behavior, marginalization and early death. The goals of this study are to develop and study the efficacy of three evidence-based targeted interventions for the critical transitional periods in a child's development, in order to tackle mental health problems at an early stage.



S-66-004

Korpilahti-Leino, Tarja and Ristkari, Terja: iCBT for childhood anxiety – a new tool for primary health care

*K.-L. Tarja**

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Method: As a part of this working model we have developed an internet-assisted cognitive-behavioral intervention with telephone coaching. The intervention targets child and parents. It includes 9 weekly sessions with psychoeducation, cognitive restructuring, relaxation- and breathing exercises and gradual exposure. We are conducting a randomized controlled study (RCT) in several counties in Finland (n=400) to study the efficacy of the iCBT-intervention.

Results: In this ongoing study the screening phase has brought knowledge and tools to identify anxious children at school. The iCBT- intervention is well accepted by both children and their parents.

Conclusion: This ongoing study will give us new knowledge how to identify anxious children and offer evidence based treatment programme with new technology.

Background: Anxiety is one of the most common psychiatric disorders in school aged children. Anxiety affects on child's well-being and functioning in many ways, and remains often unidentified. Untreated anxiety can lead to severe psychiatric disorders in adulthood. Cognitive behavior therapy (CBT) is an evidence based method in treating childhood anxiety, but only few children get this treatment. Internet-assisted CBT (iCBT) could be one solution for this problem. In Finland we have an excellent opportunity to screen anxiety symptoms in annual school health checkups but usable screening method is lacking. Population-based screening helps to find the risk group and offer low -threshold targeted intervention for anxiety. In this working model we are combining population based screening and iCBT.



S-66-005

Between clinic and school – smartphone based reintegration of children with psychiatric disorders

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Method: Twenty-five patients from a child psychiatric day hospital, their primary familial caregiver, and their pivotal teacher participated in an intensive longitudinal study. Implementing a smartphone-based assessment, children's self-control, all participants' self-efficacy, and stress perceptions were reported on 50 consecutive schooldays. Furthermore, at day hospital admission, at discharge, and eight weeks after discharge, clinical questionnaires were administered (e.g., CBCL, Kindl, FEES, SCL-90-R, CGI).

Results: First results show substantial within-person fluctuations in self-control and self-efficacy from day to day. Moreover, descriptive inspections reveal considerable differences in the extent of concordance between perceptions of children, familial caregivers, and teachers. Overall, the acceptance of the study design and its technical implementation were regarded as high.

Conclusion: Based on the results, approaches for the improvement of the reintegration process with E-Health interventions will be discussed.

Background: The transition from child and adolescent psychiatric day hospitals back to regular school settings is challenging for patients, parents, and teachers. Practical knowledge reveals that school reintegration places a strong burden on all parties involved with potentially unfavorable outcomes for children at school and regarding their general mental health status. However, only few and solely qualitative studies have systematically investigated factors fostering successful school reintegration and a potential reciprocity between children's, parents', and teachers' experiences. Therefore, the present study aims at a quantitative, ecologically valid description of psychosocial and academic functioning in children's everyday life during the transition process. Relationships between psychosocial and academic challenges from the perspectives of patients, parents, and teachers will be considered.



S-67

Clinical high risk for psychosis in children and adolescents: Results of the Bi-national evaluation of at-risk symptoms in children and adolescents (BEARS-Kid) study

Chairpersons: F. Schultze-Lutter, Germany; C. Michel, Switzerland

*F. Schultze-Lutter**

**Heinrich-Heine University, Medical Faculty, Department of Psychiatry, Düsseldorf, Germany*

S-67-001

Prediction of psychosis in children and adolescents

*F. Schultze-Lutter**

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Method: The multicenter naturalistic Bi-national Evaluation of At-Risk Symptoms in children and adolescents (BEARS-Kid) study, a naturalistic longitudinal study with one- and two-year follow-ups, was conducted to examine how well current CHR criteria predict psychosis in 8- to 17-year-olds (N=176).

Results: Altogether 10 conversions to psychosis occurred during the follow-up, eight within the first and two within the second year past baseline. Thus, the conversion rate was 5.7% in relation to the number of baseline interviews and was 8.5% and 14.5% in relation to the 1- and 2-year follow-up. Six converters had been 16–17 years old at baseline, three 14–15 years and one had turned 12 years within the time of the baseline assessment; 70% were male. At baseline, n=6 had met both ultra-high risk (UHR) and basic symptom criteria, and n=2 each only UHR and only basic symptom criteria. One converter each had initially been assessed as part of a community control and an inpatient control sample.

Conclusion: In line with earlier reports, our findings confirm that the psychosis-predictive value of current CHR criteria is age-dependent and lower in children and adolescent. This highlights the need for more early detection studies in children and adolescents.

Background: Psychoses cause great burden, already in children and adolescents, and early-onset psychoses show some distinct features compared to adult-onset psychoses. Further, clinical high risk (CHR) criteria were associated with significantly lower conversion rates in children and young adolescents, and preventive interventions had lesser effect in this age group.



S-67-002

The 2-year course of clinical high risk criteria in children and adolescents

*C. Michel**

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Method: Naturalistic 2-year follow-up of 166 CHR patients (age 8–17 years at baseline) who did not develop psychosis.

Results: Of the 111 initial CHR patients, only 59 (55%) still fulfilled symptomatic CHR criteria at 1-year follow-up; and of the 68 followed up over 2 years, still 53% fulfilled them. Furthermore, 76% of patients still fulfilling CHR criteria at 1-year follow-up continued to fulfill them at 2-year follow-up. Baseline age predicted persistence of CHR criteria at 1-year but not at 2-year follow-up.

Conclusion: Studies on CHR adult samples, mainly only by ultra-high risk criteria, predominately reported persistence rates of less than 50% of the non-converters. Thus, unexpectedly, persistence rates in our young sample were even higher, indicating that CHR symptoms, when severe enough to fulfill CHR criteria, are not predominately fleeting expressions of developmental processes likely requiring clinical attention. Yet, more research into what constitutes clinical significance of CHR symptoms across late childhood and adolescence is required.

Background: Community studies on clinical high risk (CHR) symptoms and criteria suggest a higher prevalence and lower clinical relevance of CHR symptoms in children and adolescents compared to adults, indicating a higher likelihood for their spontaneous remission over time. Thus, in the BEARS-Kid study, we studied the course of CHR criteria across two years in a help-seeking child and adolescent CHR sample.



S-67-003

Prevalence of clinical high risk criteria in children and adolescents not suspected to develop psychosis

*P. Walger**

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Method: In the multicenter naturalistic BEARS-Kid study, 8- to 17-year-olds of the community (N=235) and 8- to 17-year-old inpatients with any one of the above main diagnoses who were not suspected to be at increased risk of psychosis (N=306) were examined for CHR symptoms and criteria with the Structured Interview for Psychosis-Risk Syndromes (SIPS) and the Schizophrenia Proneness Instrument, Child & Youth version (SPI-CY).

Results: At 6.4%, the prevalence rate of CHR criteria in the community sample was almost as high as the 8.2%-rate in the inpatient sample. However, both rates were higher than the earlier reported 2.4%-rate of CHR criteria in young adults.

Conclusion: The results indicate that, irrespective of their mental health status, children and adolescents present more frequently with CHR criteria compared to adults. Thus, more research into these symptoms and their cause and meaning in children and adolescents is needed to understand their significance in this age group and to detect factors that convey their clinical relevance in adulthood.

Background: In the community, clinical high risk of psychosis (CHR) criteria occur more frequently in children and adolescents compared to adults. Yet, little is known about their occurrence in clinical children and adolescents samples. Thus, we studied how frequent CHR criteria and symptoms occur in 8- to 17-year-old inpatients with disorders that were associated with greater odds to develop psychosis in adulthood, i.e., attention-deficit hyperactivity disorder, social and specific phobia, and obsessive compulsive disorder, eating disorders and Asperger's disorder.



S-67-004

Role and impact of comorbidities in children and adolescents with a clinical high risk of psychosis

*M. Frascini**

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Method: Severity of illness, functioning and a broad range of psychopathological domains were assessed in 176 patients (8-17 years of age) with an at-risk for psychosis. Clinical high-risk (CHR) criteria for psychosis were determined using the Schizophrenia Proneness Instrument, Child & Youth version (SPICY) as well as the Structured Interview of Psychosis-Risk Syndromes (SIPS). Comorbid disorders were identified using the MINI International neuropsychiatric interview for children and adolescents (MINI-Kid).

Results: At least one comorbid disorder was reported by 75% of study participants. Patients most commonly reported comorbid anxiety and affective disorders. Across all comorbid disorders we found a significant positive correlation between age of the patients and the number of comorbid disorders. Patients meeting the APS criteria showed an increased prevalence of comorbid disorders compared to patients without APS. Children and adolescents with CHR for psychosis often show one or more comorbid disorders.

Conclusion: In line with current reports from community studies, we found that the number of comorbid disorders increased with age and across the assumed early stages of psychosis, i.e., from basic symptom to symptomatic UHR criteria. Children and adolescents with at-risk symptoms for psychosis often show one or more comorbid disorders. In the current investigation, we found that the number of comorbid disorders is higher in older patients. There is also first evidence about a correlation between severity of the at risk state and increased comorbidity. We will discuss in our presentation these first results and talk about the clinical implications.

Background: High prevalence rates of psychiatric comorbidities were reported in clinical high risk (CHR) for psychosis samples, particularly in younger patients and those with ultra-high risk (UHR) criteria. Thus, we examined the relationship between comorbid disorders and age as well as CHR criteria.



S-68

Paediatric liaison psychiatry services across Europe: What are they doing?

Chairpersons: F. McNicholas, Ireland; O. Moghraby, United Kingdom

*F. McNicholas**

**University College Dublin, Child & Adolescent Psychiatry, Ireland*

S-68-001

Cross hospital comparison of acute MH presentations of youth aged 0 – 16, to Emergency Department

F. McNicholas, E. Barrett*

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Objective: In the absence of community based out of hour's services, children experiencing acute mental health (MH) concerns attend paediatric hospital Emergency Departments. Many are already known, and post assessment referred back, to CAMHS. At times of crisis they are seen by unfamiliar staff from hospital liaison psychiatry services. Routine activity data is not routinely collected which would assist in planning appropriate acute services. Aim: A one month audit of all such presentation to any of the city's 3 paediatric hospital was conducted, giving a description of acute paediatric MH needs across the city for the first time.

Method: Method: All children presenting to any of the 3 Dublin paediatric emergency departments in November 2016, for review by child psychiatry were identified. Case notes were reviewed using a study specific proforma previously developed. Clinical profile and management were reviewed to examine intra-hospital differences. For those admitted, costs associated with length of stay (LOS) were calculated.

Results: Results: There were 59 acute MH presentations in Dublin in the month examined, of whom 63% (N=37) were admitted. 42% (N=25) presented during the normal working day. There was a significant difference between hospitals in terms of clinical presentation with DSH. There was also an inter-hospital significant difference in frequency of admissions and length of stay, not associated with clinical case profile or time of arrival, suggesting other idiosyncratic or services related issues.

Conclusion: Conclusions: Given the high costs associated with hospital admission, the inappropriate use of acute hospital beds is of relevance to policy-makers, clinicians and indirectly to patients. Standardisation of service provision and management across the 3 hospitals should be explored, in addition to ensuring adequate resourcing of CAMHS services to deal with day time emergencies.



S-68-003

Adolescents (aged 16 – 18) presenting with mental health crisis in Dublin: One year clinical audit

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Method: A study proforma was used to collect standardised clinical data on all patients presenting to the emergency department for a psychiatric assessment over the study timeframe (March 2017 – February 2018).

Results: There were 77 presentations (71 patients, mean age 16.7). The majority were females (59%). 35%(n=25) of the adolescents were already attending a child and adolescent psychiatric service (CAMHS). The majority presentations were self-referrals, outside normal working hours (75%). 44%(n=34) presented with self-harm without statistically significant gender difference ($p=0.22$). Overdose was the preferred method of self-harm (76%) followed by cutting (21%). 36%(n=28) presented with suicidal ideation alone. Significantly more females presented with suicidal ideation ($p=0.03$). 20%(n=15) presented with low mood, anxiety, challenging behaviour, eating disorder. 42% reported alcohol/ substance misuse, 65% - psychosocial stressors. Following an assessment 55% were given a diagnosis, predominantly mood/anxiety disorder(n=31,44%). Personality disorder was queried in 63%. Autistic spectrum disorder was present in 9%(n=6). Three adolescents were admitted (4%), 78% -referred to CAMHS, 18% -discharged to their GPs.

Conclusion: Consideration needs to be given to developing CAMHS emergency response service and closer collaboration with emergency departments.

Background: Recent data show escalating rates of psychiatric difficulties among adolescents in Ireland. Currently designated out of hours services are not available. The acute cases present to paediatric or adult emergency departments. The aim of the study is to examine all acute psychiatric presentations of adolescents aged sixteen to eighteen over a twelve month period to an adult emergency department in Dublin.



S-68-004

Pediatric emergency psychiatry presentations in Dublin

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Method: Opportunity to explore and discuss the evidence base for Child and Adolescent Liaison Psychiatry. Explore models for liaison services in Ireland- different challenges and approaches will be outlined. Use of the network to discuss complex case presentations in liaison settings

Results: In the UK and Ireland, a forum for clinicians meets twice annually, exploring clinical issues, research, policy and service development. Almost 200 clinicians participate in the linked email network. IACAPAP attendees may wish to link. To consider and promote an international network for development of Liaison Child and Adolescent Psychiatry

Conclusion: Will provide an opportunity to link and discuss clinical issues.

Background: Aimed at clinicians working in Consultation- Liaison Child and Adolescent Psychiatry, also known as Medical Psychiatry or Psychological Medicine. The importance of support for children with medical illnesses who experience significant psychological and psychiatric co-morbidity- rates may be as high as 30%, and even higher in some studies. Diagnosis and management of medical illness have an impact on perceived parental and child stress and anxiety, as caregiver burden may be greater with concurrent medical and psychiatric morbidity. Psychiatric illness has an impact on adherence to treatment, and thus outcomes, in chronic illnesses. Psychiatric and medical co-morbidity have a profound influence on children from a developmental perspective and a significant impact on rates and duration of hospitalisation. Treatment itself may cause psychiatric morbidity; and children and adolescents with these complex needs may present management challenges in paediatric settings. This session aims to explore Liaison Psychiatry services in Ireland and will promote awareness and utility of an existing network across Ireland, the UK and the Netherlands.



S-68-005

PLP symposium. Paediatric patients with acute medical psychiatric illness are admitted to general paediatric hospitals instead of stand alone 'psychiatric inpatient units'. There is something wrong. Let's change our treatment paradigm

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Objective: In Ireland paediatric patients with acute medical psychiatric illness are admitted to general paediatric hospitals as it is very rare for a patient to be admitted to a psychiatric unit acutely. There is significant risk of morbidity and mortality as a result. We aim to show the length of stay and cost associated with inappropriate admissions.

Method: Patients admitted to Crumlin paediatric hospital over the last 4 years who should have been admitted to a psychiatric hospital were identified, the length of time they stayed in Crumlin hospital, the cost and the reasons for admission were assessed by a retrospective case reviews.

Results: 42 patients were identified who were admitted to Crumlin paediatric hospital because for various reasons they did not access a bed in the psychiatric inpatient units. There was a variety of reasons given for the lack of beds in the inpatient units. "Lack of beds," the unit closed down because of the clinical 'disturbance' of one patient, inappropriate 'placements' in the inpatient unit shutting the unit down, a lack of availability of nurses. No nasogastric feeding available. Mental Health Legislation.

Conclusion: The data show that children with psychiatric illness were inappropriately 'housed' in a paediatric hospital and acute beds were not available in the inpatient psychiatric units. My suggestion is that we treat paediatric patients with psychiatric illness the same as all other patients, in a paediatric hospital.



S-69

Nutritional psychiatry as a treatment option for mental disorders?

Available approaches and potential pitfalls

Chairpersons: L. Libuda, Germany; M. Föcker, Germany

L. Libuda*

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S-69-001

Oligoantigenic diet in children with ADHD

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Objective: The meta-analysis of Sonuga-Barke et al. from 2013 includes all non-pharmacological interventions for ADHD along very critical, including the restricted elimination diet. Among them are works of the group of Buitelaar from the Netherlands that stand out with effect sizes 3 to 5. The aim of the present study is to evaluate whether under a standardized restricted elimination diet in children with ADHD, the symptoms can be reduced and whether the establishment of the diet in Freiburg according to the dutch model is possible.

Method: Of 40 interested patient's families, 24 patients diagnosed ADHD according to ICD 10 participated in this study. Age range was between 7 and 14 years, 6 girls and 18 boys. The length of the restricted elimination diet was four weeks. Primary endpoint was the change in ADHD rating scale score between baseline and the end of the diet phase. Secondary endpoints were parents and teachers abbreviated Connor's rating scale. Group differences were calculated with ANOVA and subsequent Student t-test.

Results: The adherence to the diet was good, 22 of the 24 completed the diet phase. 14 of the 22 were responders with more than 40 % improvement according to the ADHD rating scale. The total ADHD rating scale scores dropped to about 54% from 30.54 ± 9.68 to 16.64 ± 8.19 ($n=22$, $MW \pm SD$). Significance was $p<0.001$, for inattention $p<0.001$, for hyperactive/impulsivity $p<0.01$, respectively. Parent's Conner's abbreviated rating scale data confirmed these findings. At one year follow up about 50% of the responders still followed the dietary recommendations with persistent improvements.

Conclusion: Taken together these data indicate that the restricted elimination diet followed by the reintroduction phase is a valid treatment option for children with ADHD.



S-69-002

Associations of objectively assessed physical activity patterns with food intake and body mass index in patients with anorexia nervosa

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Method: PA was assessed with accelerometry (SenseWear Armband; step count; time spent in very light, light, moderate, and vigorous PA using specific MET cut-offs) in 17 adults and 33 adolescents with AN. Clinical (body mass index (BMI)), biological (fat mass, by bioimpedance analysis), psychological (by PA questionnaires) parameters, as well as energy and macronutrient intake (3day food diary) were assessed on admission to inpatient treatment.

Results: Compared to adolescents, adults had more steps/d (13,076 vs. 8,218, $p=0.006$) and more time in moderate PA (154 vs. 70 min, $p<0.001$). Light PA was inversely associated with BMI on admission and discharge ($\rho=-0.592$, $p < 0.001$; $\rho = -0.413$, $p = 0.003$). BMI change was inversely associated with step count ($\rho=-0.339$, $p = 0.016$) and moderate PA ($\rho=-0.394$, $p = 0.005$). While relationships between PA and psychological scores were weak, fat mass was inversely associated with light PA ($\rho=-0.539$, $p<0.001$). Patients with high step count had lower energy (1530 vs. 1910 kcal/d, $p=0.021$) and lower fat intake (46 vs. 75g/d, $p=0.02$). Interestingly, these latter associations appeared in the total group, despite of the two study settings and differences in clinical management of food intake and PA.

Conclusion: The association between food and macronutrient intake and alterations of PA in AN deserves further study.

Background: Physical activity (PA) plays a role in the development and course of anorexia nervosa (AN).



S-69-003

**Vitamin D status and depression in adolescent patients with anorexia nervosa:
Findings from the ANDI study**

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Germany*

Method: This analysis of the German multicenter randomized controlled study ANDI considered data from 93 female adolescent AN patients (age: 15.3 (\pm 1.5) ys) with complete information on serum vitamin D concentrations and depressive symptoms at admission, discharge, and 1 year follow-up. Depressive symptoms were assessed using Beck Depression Inventory (BDI). Associations between vitamin D concentrations and depressive symptoms were analyzed by mixed linear models.

Results: At admission vitamin D concentrations (60.3 (\pm 19.0) nmol/l) indicated sufficient supply and did not significantly change during treatment (discharge: 59.3 (\pm 16.2) nmol/l). During this time 53.8 % of the patients received vitamin D supplements. Between discharge and 1 year follow-up vitamin D concentrations decreased by 5.3 nmol/l ($p=0.027$). Over the complete study period individual changes in vitamin D concentrations were not significantly associated with changes in depressive symptoms ($\beta=-0.13$, $p=0.207$). Usage of vitamin D supplements significantly decreased the risk of vitamin D deficiency during AN treatment.

Conclusion: AN patients do not seem to have a particular vitamin D deficiency risk at admission. Beneficial effects of vitamin D on depressive symptoms were not supported in AN patients. Nevertheless, vitamin D supplementation proved to be a meaningful component of AN treatment in order to decrease the risk to develop deficiencies during refeeding.

Background: Depression is a common comorbidity in patients with Anorexia nervosa (AN). Randomized controlled trials in adults point to beneficial effects of vitamin D supplementation on depressive symptoms. This study examined the course of vitamin D concentrations during AN treatment and its association with depressive symptoms.



S-69-004

Effect of vitamin D deficiency on depressive symptoms in child and adolescent psychiatric patients – results of a randomized controlled trial

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Method: Patients (11-18 years) with vitamin D deficiency (25(OH)D < 30 nmol/l) and concomitant depression (Beck Depression Inventory-II [BDI-II] > 13) (n=113) were randomized into one of two study groups. During a 28 days intervention period the verum group received vitamin D supplements (2640 IU vitamin D3 per day) and treatment as usual (TAU), while the placebo group (PG) received TAU plus placebo. Group differences in BDI-II (primary endpoint) and serum 25(OH)D (secondary endpoint) at the end of the study were analysed using ANCOVA. Written informed consent was obtained both from parents and patients.

Results: Interim analysis considering data from 113 participants covering all inclusion criteria led to futility stopping of the study: Although the intervention led to a higher increase of 25(OH)D levels in VG than in PG (p<0.001), the change of BDI-II scores did not differ between both groups (p=0.7).

Conclusion: A daily vitamin D supplementation failed to improve depression scores during 4 weeks of in-/day-patient treatment despite significantly improved 25(OH)D levels. It remains to be evaluated whether longer-term vitamin D supplementation might improve depressive symptoms in child and adolescent patients suffering from both depressive symptoms and vitamin D deficiency.

Background: Observational studies indicate an inverse association between serum vitamin D (25(OH)D) levels and depression in children and adolescents. Randomized controlled trials (RCT) are still lacking. This RCT examined whether an untreated vitamin D deficiency results in lower improvements of depression scores during standard in-/day-patient child and adolescent psychiatric treatment than an immediate vitamin D substitution on top of standard treatment.



S-70

Prevention of mental disorders and suicide in children and adolescents as public health challenge: Symposium of the Austrian Public Mental Health Group

Chairpersons: K. Waldherr, Austria; A. Grabenhofer-Eggerth, Austria

*K. Waldherr**

**Ferdinand Porsche FernFH, Research & Development, Wiener Neustadt, Austria*

S-70-001

Subthreshold psychiatric disorders in adolescents: Prevalence and burden

*J. Philipp**

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Method: Adolescents aged 10-18 (N = 3610) were screened for emotional and behavioral problems using the Youth Self-Report (YSR) and the point prevalence of subthreshold psychiatric disorders was assessed using structured diagnostic interviews with adolescents (N = 377) and their parents (N = 407). Health-related quality of life (HrQoL) was obtained using the KIDSCREEN questionnaire.

Results: Using the YSR, 16.5% scored in the clinically relevant range, while internalizing problems were more prevalent (17.8%) than externalizing problems (7.4%). Subthreshold psychiatric disorders obtained in the structured interview were observed in 12.7% of adolescents. Subthreshold anxiety disorders were most prevalent (8.1%) followed by subthreshold neurodevelopmental disorders (e.g. ADHD; 2.6%) and subthreshold eating disorders (2.0%). A low socioeconomic status (Odds-Ratio 1.66) as well as living in single parent families (Odds-Ratio 1.67) were significantly associated with clinically-relevant symptoms. Regarding overall HrQoL, adolescents with a subthreshold disorder (mean t-score: 43.6) were similarly impaired than adolescents with a full-syndrome disorder (mean t-score: 42.0) and significantly ($p = .017$) more impaired than those with no disorder (mean t-score: 48.0). Specifically, school-related problems and school performance were associated with subthreshold disorders.

Conclusion: This study provides evidence that also subthreshold disorders should be given more attention in mental health care as associated burden are approaching those with full-syndrome disorders.

Background: While the prevalence of full-syndrome psychiatric disorders is well studied, epidemiological data regarding subthreshold disorders is scarce. This study aims at obtaining data on the prevalence of subthreshold disorders in adolescents as well as associated burden.



S-70-002

Data on the mental health of supported families from the documentation of early childhood interventions in Austria

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Objective: The Austrian early childhood intervention networks aim to reach and support families during pregnancy or early childhood, who find themselves in burdened life situations. According to the underlying model, one of the objectives is to promote psychosocial health of the families, while a variety of relevant burdens including psychological strains can initiate support from these networks.

Method: The professionals accompanying these families (so-called family supporters) document information about them in a special data collection system (FRÜDOK) maintained and analysed by the Austrian National Centre for Early Childhood Interventions.

Results: In the year 2017, 1,557 families were supported by the early childhood intervention networks. In about 20 percent of these families, psychological problems were cited as the main reason for the support. In general, psychosocial stress is one of the most frequently documented strains of the supported families, which is associated with an overall higher stress and lower resource situation of the family. These families tend to receive more intensive support and are also more frequently referred to specific services such as psychotherapy. In the end, most supports can be terminated due to a reduced stress situation. However, especially in those families where psychosocial burdens were present, there were also more withdrawals on the part of the families.

Conclusion: Psychosocial burdens are a major issue in early childhood interventions. The Austrian networks reach families in burdened life circumstances (e.g. psychological problems in the family) at an early stage and contribute to an improvement of the (psychosocial) health of the supported families.



S-70-003

The implementation of suicide prevention programmes in schools in Austria

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Method: All of the presented school-based programmes promote life skills, strengthen resilience, educate on the subject of suicidal ideation and behaviour, how to recognise signs of people at risk of suicide and train peer groups and gatekeepers in how to deal with suicidal ideation or behaviour.

Results: Schools in particular offer a good starting point for prevention programmes through their direct contact with young people regardless of their socioeconomic status and other potentially depriving factors. In the federal states of Austria, school-based suicide prevention programmes have been established in different ways.

Conclusion: In terms of sustainability the combination of suicide prevention modules with already established health promotion or addiction or violence prevention programmes has shown to be particularly promising.

Background: Suicidal ideation and behaviour in adolescence are serious problems. Studies show high rates of suicidal thoughts among Austrian pupils. In the SEYLA study (www.seyla.at), for example, 26 percent of the young people reported having had concrete thoughts of suicide in the year before, and 15 percent even reported having made concrete plans for suicide. The Austrian suicide prevention programme SUPRA (Suizidprävention Austria) was established in 2012. Children and adolescents are an important target group of the national programme. We aim to give a comprehensive overview of school-based suicide prevention programmes in Austria, including the organisational aspects as well as potential challenges of implementation.



S-70-004

Looking beyond effectiveness: Online preventive interventions for adolescents targeting eating disorders

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Method: The literature search was conducted in PubMed, Web of Science and PsycInfo complemented by searching existing reviews and reference lists of included studies. Twenty-one studies published between 2000 and 2018 met inclusion criteria. We coded 43 indicators for effectiveness, reachability of adolescents, adoption by schools and (sustainable) implementation.

Results: A “typical” Internet-based ED prevention program lasted 8 weeks, included a discussion group and a monitoring function and reached approx. 300 participants. They were successful in reducing eating disorder symptoms (mean effect size: 0.35, $p < .001$) and weight/shape concerns (mean effect size: 0.31, $p < .001$). Single studies also reported significant effects regarding depression, BMI and self-esteem. The median participation rate across studies was 69% (range 1%-97%) and the samples were predominately female (median: 63.3%). High variability was also observed regarding adherence (e.g. from \emptyset 29.9% to 93% of online sessions completed) and dropout (5% – 67%). The willingness of schools to offer such programs (reported by 5 studies) ranged from 6% to 100%. In one study, the implementation costs were estimated with € 15 per participant.

Conclusion: Although there is evidence for the (cost-)effectiveness, implementation barriers such as low adherence and high dropout must be taken into account. Implementation research is needed to find out how online prevention programmes can be better implemented in real-world-settings to reduce mental health burden from a public health perspective.

Background: We systematically reviewed the literature on Internet-based eating disorder (ED) prevention programs for adolescents in order to explore their dissemination potential.



S-70-005

What do stakeholders expect from online interventions for the prevention of mental health disorders in adolescents and their implementation in schools?

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Method: Potential facilitators (e.g. teachers, school psychologists) completed an online questionnaire (N = 50), policy makers (i.a. representatives of the ministry of education) participated in semi-structured interviews (N = 9) and adolescents (N = 29, 14-19 years) participated in focus groups. Thematic analyses and descriptive analyses were used to identify experiences with, needs and attitudes towards online prevention programs as well as barriers and facilitators for their implementation.

Results: Only 4.3% of potential facilitators have already looked into and 2.2% have implemented such programs in the school setting. Increased reach was seen as main advantage whereas lack of personal contact, privacy concerns, and potential stigmatization when implemented during school hours were regarded as disadvantages. Stakeholders' needs were related to guarantee safety (e.g. certification), comfort (e.g. positive framing, usability) and fun (e.g. gamification). Attitudes of school staff, low effort and the compatibility to schools' curriculum were seen as key factors for adoption and implementation. Furthermore, implementation barriers of the "ICare-Healthy Teens @ School" prevention program that is currently implemented in Austria Spain will be reported.

Conclusion: Results of this study can guide the development and implementation of Internet-based interventions and may help to increase their public health impact.

Background: Online preventive interventions may counteract the high prevalence of mental health problems in adolescents. While efficacy studies provide promising results, uptake of such interventions (e.g. by schools) is rather poor. Thus, stakeholder attitudes and expectations towards online prevention programs are of utmost importance for a sustainable implementation.



Working Group Short Courses

OP-01 ADHD

Chairperson: O. Herreros Rodriguez, Spain

OP-01-001

Investigation of the effectiveness of the parents plus children's parenting program in children of ages 6–11 who have Attention Deficit Hyperactivity Disorder

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Objective: The aim of this study is to evaluate the effect of the Parents Plus Children's program (PPCP) on Attention Deficit Hyperactivity Disorder (ADHD) symptoms in children of ages 6–11 who received a diagnosis of ADHD and have residual symptoms despite having received medications at an effective dose for at least 2 months.

Method: The case group of our study, which was planned as a single-blind randomized controlled trial, was constituted by 25 children and their parents, and the control group consisted of 25 children and their parents. The Sociodemographic Data Collection Form, Development and Well-Being Assessment (DAWBA), and Children's Global Assessment Scale (CGAS) were evaluated by a clinician; whereas the Family Assessment Device (FAD), Strength and Difficulties Questionnaire (SDQ), Conner's Parent Rating Scale –Revised: Long (CPRS–R:L), and the Parenting Stress Index (PCI) were distributed to the parents and requested to be completed. The case group received the 9-week-long PPCP.

Results: The mean age of cases who participated in the study was determined as 8.37 ± 1.48 with 13 female (28.2%) and 33 male (71.7%) participants. When the case group of the Parents Plus Children's Program was evaluated with regards to their data before and after the program, a statistically significant increase in CGAS scores; a statistically significant decrease in the scores FAD, (CPRS–R:L); a significant reduction in the scores of the PCI; a significant decrease in the scores obtained subscales of the SDQ.

Conclusion: While our study demonstrates that the PPCP has considerable positive effects on ADHD symptoms, family functioning, parenting stress, and emotional and behavioral problems. In addition, that study specific to ADHD is the first clinical trial in this area with single-blind randomized control to target residual symptoms in response to medication.



OP-01-002

ADHD symptoms, academic and social difficulties in parents of children with ADHD

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Objective: Objective: To evaluate the prevalence of ADHD in a group of parents of children with ADHD compared with the general population. Compare academic level, unemployment aid rate and separations.

Method: Methodology: A observational, naturalistic, descriptive case-control study was carried out. The experimental group was formed by the parents of 60 children with ADHD. Control group was formed by the parents of 60 healthy children age and gender matched. The parents completed the WURS, the ADHD-rs and The Hollingshead Four-Factor Index of Socioeconomic status (SES-Child).

Results: Twenty per cent the mothers of the case group show a retrospective diagnosis of ADHD. No cases were identified among mothers of control group ($p \leq 0.001$). Regarding fathers, there is retrospective ADHD diagnosis in 25% among the case group compared to 10% in control group ($p = 0.03$). In terms of the current symptoms, 18.3% of the mothers of the case group meets criteria of ADHD compared to 1.7% in the control group and 16.7% of fathers in case group compared to 1.7% in control group ($p \leq 0.001$ in both genders). Parents of the group cases have lower academic studies in comparison to the educational level of fathers of healthy children ($p < 0.001$), receive more unemployed aid ($p = 0.02$) and suffer more separations ($p = 0.02$)

Conclusion: Parents of ADHD children have higher prevalence of retrospective and current diagnosis of ADHD compared to control group. Parents of children with ADHD obtain a lower education level, receive more economic aids for unemployed status and suffer a higher rate of separations/divorce



OP-01-003

Treatment of attention deficit hyperactivity disorder in children using mindfulness and virtual reality

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Objective: Evidence so far suggests that mindfulness could be beneficial for ADHD symptomatology. Virtual reality (VR) is a new very attention grabbing technology that may allow better participation and generalization. To investigate the influence of a structured mindfulness group intervention program in a sample of children with ADHD and to evaluate the usefulness of VR compared to a control group.

Method: 87 children between 7-12 years with ADHD were included, randomized into three groups (mindfulness (M), mindfulness using virtual reality (MVR) and control group (C)). M received an 8 week intervention program based on mindfulness; MVR reality received an 8 week mindfulness intervention using virtual reality (PSIOUS tool); C received the usual treatment for this condition: school guidelines, psycho-educational intervention, behaviour management guidelines, pharmacological treatment was excluded. K-SADS-PL was administered to assess diagnosis. ADHD RS IV was used to measure severity of ADHD symptoms and an executive function battery (ENFEN) was applied. Repeated t-test measures and multivariate analysis of variance were performed. (Grant study: Premio AEPNYA de Investigación 2017).

Results: A significant effect of the treatment was observed in inattention ($F(1.83)=6,48$, $p<0.01$, $\eta^2=0.135$), hyperactivity-impulsive ($F(2.83)=9,23$, $p<0.01$, $\eta^2=0.182$) and combined symptoms ($F(2.83)=7,71$, $p<0.01$, $\eta^2=0.157$) compared to control group. Slightly higher decrease in intensity symptoms was observed in M compared to MVR. Significant changes were observed in executive functions (working memory, sustained attention, planning, processing speed) in both mindfulness groups ($p<0.01$). Only significant differences after treatment in inhibitory capacity were observed in MVR ($p<0.01$). 91% of children preferred to be assigned in MVR.

Conclusion: Results suggests beneficial clinical effects of mindfulness in ADHD symptoms and executive functions and suggests virtual reality tool as an interesting alternative to the classical treatment.



OP-01-004

The NEWROFEED trial: Personalized at-home neurofeedback compared to methylphenidate in children with ADHD

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Objective: Neurofeedback (NFB) has been studied as a non-pharmacological treatment option in ADHD. New features of NFB include the selection of training protocols to match individual EEG characteristics and easier access to enable parent-managed training at home. The NEWROFEED study is a prospective, multicentre non-inferiority trial comparing a personalized neurofeedback device (Mensia Koala™) to methylphenidate in children with ADHD recruited in 5 European countries.

Method: The study population included children diagnosed with inattentive or combined presentation of ADHD, aged between 7-13 years. The primary endpoint was the change from baseline to end of treatment in the clinician-rated ADHD-RS IV total score. Secondary endpoints include teacher-rated questionnaires, executive functions assessment, clinical global impression, continuous performance test and EEG biomarkers. Patients underwent eight visits over three months: the treatment phase, either NFB or stable-dose long-acting methylphenidate lasted two months.

Results: The analysis was performed on the 149 children from the per protocol population (59 MPH / 90 NFB). Variation in the ADHD-RS clinician-rated total score between baseline and D90 was 46.9% in the MPH-group and 26.7% in the NFB group. The non-inferiority of NFB versus MPH was not demonstrated at the 5% significance level. The teacher ratings and executive functions assessments also showed significant decreases in both MPH and NFB groups and group differences in favor of methylphenidate. At least one adverse event related to treatment was reported in 91% of patients in the MPH group versus 21.6% in the NFB group.

Conclusion: This prospective, multicentre, randomized trial comparing a personalized at-home neurofeedback device was not in favor of non-inferiority of NFB versus long-acting methylphenidate. However, NFB was associated with significant pre-post variation in key-ADHD symptoms and showed a favourable safety profile. Further studies are needed to understand what is to expect from neurofeedback for the treatment of ADHD.



OP-01-005

Investigating the developmental trajectories of attention-deficit/hyperactivity disorder in preschool-age children: A 1.5-year follow-up study

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Objective: The developmental trajectory of attention deficit/hyperactivity disorder (ADHD) is variable. Based on the previous studies, whether the early deficits of the neuropsychological function is predictive of the severity of future ADHD symptoms are inconsistent. Therefore, this study is to explore what factors can predict the clinical diagnosis of ADHD in school-age children before the preschool age, and compare the different developmental trajectories of ADHD in the pre-school and school-age neuropsychological function, symptom behavior and parental pressure phenotype state.

Method: The study was a longitudinal study with 85 participants enrolled from preschool (4-5 yrs) to school age (6-7 yrs). The participants were divided into ADHD persistent group, ADHD symptom-reduction group, and typical development group (TD) symptoms based on the preschool ADHD symptom and the clinical diagnosis of ADHD. We also assess the neuropsychological function, ADHD symptoms, and parental stress assessment at two time points. The differences between the groups were compared by single factor analysis. The logistic regression analysis was used to predict the clinical diagnosis of ADHD after primary school. Preschool important factor.

Results: In preschool age, the neuropsychological function and ADHD behavioral symptoms of the ADHD persistent group were significantly worse than those of the other two groups, and this situation persisted at school age. The pre-school "ADHD Symptom Severity" is the only variable can predict the future clinical diagnosis of ADHD.

Conclusion: The pre-school severity of ADHD symptoms is the most significant predictor to the diagnosed ADHD in elementary school. However, we found the deficits of the neuropsychological function were associated with the ADHD persistent group, no matter at preschool and the elementary school.



OP-01-006

Evaluation of interventions for children with Conduct Disorders and ADHD in interdisciplinary outpatient clinics

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Objective: “Pro Mente Kinder Jugend Familie” (PM) is a non-governmental organization aiming to support children/adolescents with mental health problems. In two interdisciplinary outpatient clinics developmentally oriented diagnostics and interventions for children/adolescents are provided. Children/adolescents diagnosed with Conduct and/or Hyperkinetic/ADHD Disorders receive group interventions based on programs from van de Weil, Hoppe and Matthys (2003) and Jacobs and Petermann (2013). They are trained in different skills and competencies such as emotion regulation, communication skills, focusing attention. The aim of the study is to examine the effectiveness of these two interventions with respect to reduction of symptoms, problem behaviour as well improvement of quality of life.

Method: Data of 112 children (85% boys; Mage = 7.7, SDage = 2.75) who received one of the intervention were analyzed. They were diagnosed with the diagnostic system DISYPS II (Döpfner, Görtz-Dorten & Lehmkuhl, 2008). Problem behaviour was assessed with a subscale on externalizing problem behaviour from the Child Behavior Checklist (CBCL; Achenbach, 2000) and Quality of life (QoL) was assessed with the „Inventory for QoL“ (ILK, Matzejat & Remschmidt, 2006). Questionnaires were administered to children/adolescents, their mothers and psychologists before and after the interventions.

Results: With respect to CBCL significantly fewer children showed clinical symptoms of problem behaviour after the interventions. In few cases the symptomatology even disappeared. Furthermore, children and their mothers reported an increase of quality of life after the interventions.

Conclusion: With respect to a dimensional approach these interventions were successful to reduce problem behaviour and increase QoL. Further analyses are needed in order to investigate differential effects of the interventions on subgroups of children and adolescents.



OP-01-007

Mental health care trajectories of young patients (12 – 25 years)

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Objective: Not all adolescents with psychiatric problems receive timely and adequate mental health care, due to patient factors, such as postponing treatment seeking, and organizational challenges as the transition from adolescent to adult care. These factors are expected to have an impact on adolescent trajectories through mental health care. However, research on these adolescents' trajectories is generally lacking. This study provides insight in these trajectories.

Method: We studied a large cohort (N=8.583) of young patients (12 – 25 years) who entered mental health care in 2011 for the first time. Data were used from the ParnassiaGroep(PG), which is one of the largest mental health care institutions in the Netherlands, organized in subdivisions for adult care, adolescent care and by diagnose-type, offering help to a broad spectrum of mental disorders. We studied patient trajectories from 2011 to 2016.

Results: 15% of the adolescents had a prolonged trajectory (>60 Face-to-Face-contacts). This type of trajectory was most likely amongst patients with schizophrenia or a personality disorder, but also if patients had an eating, a pervasive developmental, a substance use disorder and comorbidity on axis I, II and IV chances on this type of trajectory increased. 26.4% had a complex trajectory (2 or more subdivisions of PG). Again, patients with schizophrenia and a personality disorder were most likely to have a complex trajectory, but also pervasive developmental, depressive and co-morbid disorders increased chances on a more complex trajectory.

Conclusion: We studied mental health care trajectories and found that prolonged and more complex trajectories were related to specific diagnostic groups. In further analyses, we will examine these trajectories and diagnostic groups in further detail. We will focus on specific categories of diagnoses (instead of the main diagnose) and possible clusters of (primary and comorbid) diagnoses within these groups.



OP-02

ASD and psychosis

Chairperson: J. Hebebrand, Germany

OP-02-001

Bridging the gap between early assessment and intervention: A retrospective video study of prodromal behaviours associated with autism among a global group of infants during their first fifteen months of life

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Objective: Clinicians and researchers increasingly realize the importance of early intervention for autism below the age of two years. However, intervention is contingent upon a diagnosis of autism – often resulting in delayed intervention. This study aimed to detect the prodromal behaviours that may characterize significant risk for the later development of autism in infancy.

Method: This study examined behavioural variables among 110 infants from all over the world diagnosed with autism at age 2-3 years. Analysis was conducted of home videos recorded during the infants first 15 months of life. Data was analysed in terms of individual behaviours and combinations of behaviours.

Results: Eight atypical behavioural variables were exhibited among 89% of the infants participating in this study, including: excessive passivity (44.5%), excessive activity (28.2%), lack of eye contact (77.3%), lack of reaction to voice and presence of a parent (44.5%), refusal to eat (20.9%), aversion to touch (10%), motor development delay (33.6%) and head circumference (12.7%). Cluster analysis of combinations of behavioural symptoms was also significant. For example, 35% of the children exhibited a combination of lack of eye contact with excessive passivity.

Conclusion: The behavioural variables elicited by this study provided the basis for an early assessment scale for the prodrome of autism bridging the divide between early assessment and intervention. These identified behavioural variables form the basis for therapeutic strategies targeting infants at high risk for autism during the very early neurodevelopmental stages



OP-02-002

Interest of teachers' inclusion in the screening process of Autism Spectrum Disorders: Comparison of multi-informants' predictive values using the Autism Discriminative Tool, a second level French-speaking screener

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Objective: Efficiency of Autism Spectrum Disorders (ASD) screening remains low in French-speaking countries. Screening tests are usually rated by parents and health professionals. None have been especially tailored for teachers, despite that they having been proven to be good informants when it comes to detect other conditions. Our objective was to evaluate their performance to identify children at risk of ASD compared to usual informants.

Method: The sample consisted in 90 ASD preschoolers undergoing multidisciplinary assessment at three autism clinics. Their behaviours were rated at the beginning of the diagnostic process by their teachers, fathers and mothers via the Autism Discriminative Tool (ADT). The ADT is a 35-item behavioural repertoire, with 26 items having been validated for screening purposes (ADT-26). Predictive values of teachers and parents were compared using discriminant function analyses and qualitative analyses of ADT sub-groups profiles. Descriptions from teachers were also compared to ADT profiles compiled by professionals post-diagnosis.

Results: Predictive values of teachers (sensitivity=.83; specificity=.94) were superior to mother's (sensitivity=.76; specificity=.85) but close to fathers' ratings (sensitivity=.88; specificity=.92) using the ADT screening version. Qualitative analyses showed that reported behaviours varied according to informants' status. Furthermore, there was a high correlation between the number of items rated by parents and professionals, with respectively $X_{mean}=16.64$ and $X_{mean}=16.78$ on the ADT's full version.

Conclusion: Results showed that teachers were competent in reporting behaviours related to ASD, although uninformed of the children's risk status. Their inclusion in the screening process seems therefore paramount and may improve its efficiency.



OP-02-003

Burden of care among caregiver of autism spectrum disorder children: A study from Oman

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Objective: Autistic Spectrum Disorders (ASD) belong to what the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies as neuro-developmental disorders. They are characterized by impairment in social interaction and repetitive or restrictive behavior. Previous studies have found that parents/caregivers of children with Autism Spectrum Disorders (ASD) report higher levels of child-related stress than parents/caregivers of typically developing children.

Method: A cross-sectional analytical study was conducted among a systematic random sample of parents/caregivers of children with diagnosis of ASD who sought consultation from a Child and Adolescent Mental Health Services unit in Muscat, Oman. Depressive symptoms were quantified using the Patient Health Questionnaire-9. A binary logistic regression model, unadjusted and adjusted odds ratio, was used to explore the correlation with depressive symptoms. 80 parents/caregivers fulfilled the study criteria and participated in the study. The response rate was at 86% (n=80)

Results: The prevalence of depressive symptoms, at 71.3% (95% CI 60.5, 80.1). Logistic regression analyses indicated that unemployment and being the sole parent/caregiver in the family were both significant correlates of depression, Odds Ratio (OR) = 7.01 (95% CI 1.40-35.06, P=0.018); OR = 2.71, (95% CI 0.55, 13.49, p = 0.015) respectively. With an increase in the number of children being diagnosed with ASD, multidimensional preventive and remedial service programs for parents/caregivers will be essential.

Conclusion: This study suggests that depressive symptoms, as elicited by the PHQ-9, are common among parents/caregivers of children with ASD seeking consultation at a tertiary care center in Oman. The rate of depressive symptoms appears to be higher when using the PHQ-9 compared to other instruments. Predictors of depression from this study included socioeconomic status and being the sole parent/caregiver. Of the two, lower income appears to bear the brunt of vagaries of depressive symptoms.



OP-02-004

Assessing auditory attention performance with event-related potentials in children with Autism Spectrum Disorder and/or Attention-deficit Hyperactivity Disorder

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Objective: Prioritising treatment strategies can be challenging when children with Autism Spectrum Disorder (ASD) also meet diagnostic criteria for Attention-deficit Hyperactivity Disorder (ADHD). We investigated Event-related Potentials (ERPs) associated with pre-attentive (Mismatch Negativity; MMN) or attentive (P3a/P3b) auditory discrimination performance as a means of identifying the respective level of attention impairment in ASD versus non-ASD (e.g. ADHD) children and its association with sensory hypersensitivity.

Method: Study participants were 73 boys and 17 girls (age range 4.5 to 17.7 years) meeting diagnostic criteria for ASD alone (N=27), ASD and ADHD (N=15), ADHD alone (N=35), or other (e.g. behavioural) diagnoses (N=13). MMN and P3a were recorded during a passive listening task in response to subtle frequency, duration, or phoneme deviants embedded in a series of frequent standard stimuli whilst children were watching a silent movie. P3b was recorded requiring a button press response to salient oddball stimuli. Parent-rated Short Sensory Profiles (SSP) were available for 78 children.

Results: Total SSP rating scores ($r=0.41$; $p<0.001$), duration and phoneme MMN, P3a, and P3b mean amplitudes increased with age ($r=0.26$ to $r=0.54$; $p<0.003$ to $p<0.001$). SSP scores correlated with duration deviant-elicited P3a amplitudes at Fz when controlling for age ($r=0.33$; $p=0.007$). Univariate ANOVAs confirmed larger P3b amplitudes at Pz ($p=0.004$), larger frequency and phoneme-elicited MMN amplitudes at Fz ($p<0.006$), smaller duration-elicited MMN and P3a amplitudes at Fz ($p<0.001$), and lower SSP scores ($p<0.001$) in ASD versus non-ASD groups (controlled for age).

Conclusion: Taking age into account, ASD is characterised by a distinct ERP profile, thus potentially guiding treatment decisions.



OP-02-005

Validity of schizophrenia diagnoses in children and adolescents

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Objective: Schizophrenia in children and adolescence (early-onset schizophrenia = EOS) is rare and very little research exist regarding the validity of the schizophrenia diagnosis in this population. Data has shown that especially in children, it is very difficult to diagnose schizophrenia reliably, and a prior study has pointed to a high conversion rate to other disorders in adolescents. Using the Danish Psychiatric Central Research Register (DPCRR), we aimed to investigate the validity of EOS.

Method: The DPCRR was used to identify patients with a first-time diagnosis of schizophrenia (ICD-10 F20.x) before the age of 18 between 1994 and 2009. In total, psychiatric records from 200 patients were selected for evaluation. All records were rated by two clinicians with experience in the field.

Results: We retrieved 178 records, representing 20% of all patients diagnosed with EOS from 1994 to 2009. Mean age was 15.2 years and 56% were males. Diagnostic concordance was found in 89% when comparing DPCRR schizophrenia to the diagnosis described in the record, thus 11% of the EOS diagnoses in DPCRR were registration errors. Of the schizophrenia diagnoses described in the records, raters confirmed 84% as schizophrenia and 92% as in the schizophrenia spectrum. Interrater reliability was substantial with Cohen's kappa > 0.78. Compared to diagnoses made in outpatient settings, EOS diagnoses during hospitalizations were more likely to be valid and had fewer registration errors.

Conclusion: To our knowledge, this is the largest study to date examining diagnostic validity in children and adolescents. Compared to studies of schizophrenia diagnoses in adults, schizophrenia in this population appears to have lower validity, especially if diagnosed in an outpatient setting. Utilizing this knowledge, it is possible to reduce the number of false-positives in register-based research of EOS. Clinicians should be aware of the diagnostic challenge in this population.



OP-02-006

Associations of psychosis-risk symptoms with quality of life and self-rated health in the community

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Objective: Understanding factors related to poor quality of life (QoL) and self-rated health (SRH) in clinical high risk (CHR) for psychosis is important for both research and clinical applications. We investigated the associations between both constructs with CHR symptoms, axis-I disorders, and sociodemographic variables in a general population sample.

Method: In total, 2,683 (baseline) and 829 (3-year follow-up) individuals of the Swiss Canton of Bern (age at baseline: 16–40 years) were interviewed by telephone regarding CHR symptoms, using the Schizophrenia Proneness Instrument for basic symptoms; ultra-high risk (UHR) symptoms using the Structured Interview for Prodromal Syndromes; current axis-I disorders, using the Mini-International Neuropsychiatric Interview; QoL, using the Brief Multidimensional Life Satisfaction Scale; and SRH using the 3-level EQ-5D.

Results: In cross-sectional structural equation modelling, lower SRH was significantly associated with higher age, male gender, lower education, and affective, anxiety, and somatoform disorders as well as UHR and basic symptoms, while poorer QoL was associated with affective, anxiety, and eating disorders, UHR, and basic symptoms. Prospectively, lower SRH was predicted by lower education and anxiety disorders at baseline, while poorer QoL was predicted by affective disorders at baseline.

Conclusion: When present, CHR symptoms are already distressful for individuals in the community as they are associated with poorer subjective QoL and health. Therefore, the symptoms are clinically relevant by themselves, even when criteria for a CHR state are not fulfilled. Yet, unlike affective and anxiety disorders, CHR symptoms seem to have no long-term influence on QoL and SRH.



OP-02-007

Prevention of sexual abuse in girls with intellectual disabilities – knowledge does not translate to behavior

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Objective: Girls with intellectual disabilities have an increased risk to be sexually victimized. Some prevention programs have been developed, but none of them fulfills all criteria of good scientific evaluation. In the multicenter study “Emma untouchable” we developed a group training program which was tested for changes in preventive knowledge and skills in a randomized controlled study.

Method: 106 girls (MeanAge = 10.3 years, MeanIQ = 61.2) were randomized to either the intervention group (n = 66) receiving an intense prevention program, or the control group (n = 40) receiving a training in traffic security equal in duration and trainer. Preventive knowledge was measured as a sum score in a Board Game. Preventive behavior was measured as a sum score of skills as rated by three independent blind raters on three dimensions of behavior (imagined, played, naturalistic). Change of knowledge and behavior over time (Baseline, after training, three months after training) was modelled as the dependent variable within baseline-adjusted mixed models. Intelligence, instruction comprehension, center, psychiatric burden, and raters' agreement were modelled as covariates.

Results: A small but lasting gain in knowledge was not transferred to preventive behavior. The more realistic dependent measures were (imagined – played – natural), the less distinguishable groups were three months after treatment.

Conclusion: Since girls with intellectual disability might not be able to protect themselves, effective prevention requires a dense and transparent network of supporters. Behavioral prevention for this vulnerable group needs to be more individualized.



OP-02-008

Children and adolescents with Psychotic Risk Syndrome: Transition and baseline differences

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Objective: Studies on children and adolescents with Psychosis Risk Syndrome (PRS) show both lower transition rates than young-adult samples and different predictive variables. The aim of this study was to determine transition rates and baseline differences between children and adolescents (CAD) with PRS who developed a psychotic disorder (PRS-P) and those who did not (PRS-NP).

Method: Multi-site, naturalistic and longitudinal study of help-seeking CAD with PRS. Inclusion criteria were having one of the three clinical high risk criteria (positive attenuated psychotic symptoms, brief limited psychotic symptoms or genetic risk syndrome). ANOVAs were used to analyze differences from the drop-out group. Mann-Whitney's U test and logistic regressions were run between PRS-P and PRS-NP for identification of baseline differences and predictive variables.

Results: A total of 92 patients were included (PRS-P=22, PRS-NP=39). 33.69% were drop-outs (N=31). No baseline differences were found between the drop-outs and the other two groups except for socioeconomic status (SES) (drop out group had lower SES, $p=0.015$). No baseline differences in SIPS scores, functioning, family history of psychotic illness, presence of any diagnosis (depressive, anxiety, conduct behavior or others) or taking any medication predicted transition to psychosis. SES was the only variable showing significant differences ($U=277.0$; $p=0.030$), with higher SES among patients who developed psychosis.

Conclusion: 36% of CAD with PRS developed a psychotic disorder during 18 month follow-up. Of the entire baseline sample, 24% developed psychosis, which is similar to other CAD samples in Europe. In contrast to what has been found in young-adult studies, none of the baseline clinical variables seemed to be good predictors of a transition to psychosis. Other variables such as stress factors or neurodevelopmental characteristics have to be assessed in CAD samples.



OP-02-009

The association between childhood trauma, low self-esteem and psychosis

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Objective: Childhood trauma has detrimental effects on self-esteem and increases the chance of developing and maintaining psychotic symptoms later in life. The association and possible interaction between childhood trauma and low self-esteem in psychotic patients will be investigated, using a case-control and first-degree relatives design, followed by a relative-control analysis. The following hypothesis will be tested: Within cases, first-degree relatives and controls, exposure to childhood trauma will be associated with momentary self-esteem in daily life; and the magnitude of associations of momentary self-esteem in daily life with a) negative affect and b) psychotic experiences will be greater in individuals exposed to childhood trauma.

Method: The data of the GROUP study, a longitudinal multicenter study, was used. Psychotic patients, their first-degree relatives and healthy controls filled out the Childhood Trauma Questionnaire. They also used a PsyMate device for six days, on which Experience Sampling Method (ESM) assessments “beeped” ten times a day, to measure self-esteem, negative affect and psychotic experiences.

Results: In total 392 (147 patients, 131 relatives and 114 controls) were analyzed. Psychotic experiences and negative affect are significantly more common in patients than in relatives and controls, while momentary self-esteem is significantly higher in controls and relatives than in patients. All forms of childhood trauma, except sexual abuse, are significantly more common in patients than in relatives and controls.

Conclusion: Negative affect, lower momentary self-esteem, fluctuations in self-esteem, psychotic experiences and all forms of childhood trauma (except sexual abuse) are more common in cases than in controls and relatives. Further analyses will be conducted.



OP-03

Depression and suicide

Chairperson: D. C. Anagnostopoulos, Greece

OP-03-001

It hurts to be lonely! Conceptualising loneliness in adolescents

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Objective: Loneliness is associated with a myriad of adverse mental and physical health outcomes and adolescents with ADHD are at greater risk of loneliness. Multi-dimensional measures and conceptualisations of adolescent loneliness are relatively limited. Objectives are to (i) Develop and establish the psychometric properties of a new self-report instrument to measure multidimensional loneliness; (ii) Identify differences according to sex, age, geographical location (rural versus metropolitan) and ADHD non ADHD status; (iii) Test for associations between multidimensional loneliness and positive mental wellbeing.

Method: A series of cross sectional surveys involving male and female adolescents (N = 2,000, N = 600, and N = 1,143) with and without ADHD were conducted across the various research stages.

Results: Confirmatory Factor Analysis tested competing models and identified a 4-factor structure (Friendship Related Loneliness, Isolation, Negative Attitude to Solitude, Positive Attitude to Solitude). Significant main effects were evident for geographical location, age and sex but not ADHD status. A structural model confirmed significant positive associations between positive mental wellbeing and Friendship Related Loneliness and Positive Attitude to Solitude; a significant negative association was found for Isolation.

Conclusion: The instrument provides an effective means of obtaining an accurate insight into the subjective dispositions of loneliness that can be difficult to obtain from third parties. The findings highlight the importance of considering dimensions of loneliness. This has clinical and practical implications for professional groups represented by child and adolescent psychiatry, paediatric and clinical psychology services, researchers, and educators.



OP-03-002

Evaluation of the perception of group therapy in mothers with postnatal depression

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Objective: Postnatal depression (PND) affects 10 to 15% of women in the year after giving birth. The “postnatal depression” group is an innovative care device, a group therapy for mothers suffering PND, setup in 2008 by some professionals of a child psychiatry ward. The objective of the study was to evaluate the feelings of mothers with PND towards group therapy in order to assess the results and improve its delivery and quality.

Method: The study sample included nine mothers who participated in the PND group over the last six years. This is a qualitative study based on a semi-structured interview using a questionnaire.

Results: All interviewed mothers were very satisfied with the group care and had a “very positive” overall feeling. Symptomatic improvement was particularly shown by removal of guilt, resocialization, and a renewed feeling of self-worth. The results highlight the importance of dialogue between a couple leading to an improved relationship with the partner. Group psychotherapy allows participants to discuss an emotionally intense experience with the progressive construction of a narrative in a contained and supportive space where putting it into words is possible.

Conclusion: Taking into account the methodological limitations and characteristics of the study (small study sample, interview carried out over different timelines), the results of this preliminary study are promising and this therapeutic device would merit further development.



OP-03-003

A key for perinatal depression early diagnosis: The body dissatisfaction

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Objective: Perinatal depression affect early mother-baby interactions. Objective: To test if the evaluation of body dissatisfaction by images could be an interesting tool to detect perinatal depression early in pregnancy, questioning patients about their body image instead of their depressive symptoms.

Method: A sample of 457 women was recruited in a longitudinal study. Three evaluations were performed at the 4th and 8th months of pregnancy and during post-partum. During these evaluations, sociodemographic data were collected and psychiatric scales were completed, including Edinburgh Postnatal Depression Scale (EPDS), Eating Disorder Examination-Questionnaire (EDE-Q), Pictorial Body Image Scale (PBIS) and Body Shape Questionnaire (BSQ).

Results: 33% of the women who were unsatisfied with their body image suffered from perinatal depression vs. 11.3% of the women who were not ($p < 0.0001$). The risk of perinatal depression was 4 times higher in women dissatisfied with their body image ($p < 0.001$) if unintended pregnancy and age are taken into account and is 3 times significantly higher in women with higher levels of eating disorders symptoms ($p < 0.001$) if unintended pregnancy and age are taken into account. Our sample was a privileged population, as often in the literature.

Conclusion: The administration of a simple scale (PBIS) during an early visit during pregnancy allows detecting perinatal depression. This should prevent the stigmatization of women during pregnancy and reduce the risk of not diagnosing depression during pregnancy and post-partum. Early detection of perinatal depression allow to propose appropriate treatments to the depressed women in order to limit the consequences of depression, including the impact on the development of the child.



OP-03-004

Gender and age differences in physical and psychological health-related quality of life among children with internalizing and externalizing mental health problems

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Objective: Mental health problems are associated with an impaired health-related quality of life (HRQOL). This study examines gender and age differences in physical and psychological HRQOL among children with internalizing and externalizing mental health problems in a representative sample from Germany.

Method: Data is obtained from the German Health Interview and Examination Survey for Children and Adolescents (KiGGS) conducted from 2014 to 2017. Self-reported physical and psychological HRQOL was assessed with the corresponding subscales of the KIDSCREEN-27. Mental health problems were assessed using the parent-based version of the Strengths and Difficulties Questionnaire (SDQ). The analysis is based on 2,013 children (49.78% female, 50.22% male) aged between 11 and 17 years that reported internalizing or externalizing problems.

Results: Descriptive statistics are displayed in Figure 1. Controlling for socio-economic status weighted linear regression revealed a significant interaction between gender and age group for physical as well as psychological HRQOL in children with internalizing problems. There was no interaction for HRQOL in children with externalizing problems. --- Comment: Although stated on <https://www.escap-congress.org/scientific-programme/guidelines.html> I could not find an option to include Figures. Please, contact me if you need the Figure 1 for the reviews or the proceedings.

Conclusion: The results indicate that internalizing mental health problems have different impact on girls and boys aged between 14 and 17 years. With respect to HRQOL, caregivers and health care should be particular sensitive to detect and treat internalizing mental health problems of adolescent girls.



OP-03-005

Externalizing symptoms and adolescents suicidal behaviours; a 17-years population based longitudinal study

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Objective: Several studies suggested an association between externalising symptoms and adolescent suicidal behaviours. Hyperactive/inattentive symptoms (HI-s) are associated with suicidal behaviour in clinical studies, but there is still a lack of population-based longitudinal investigations on the developmental aspects of this association. The objectives of the study were to test the association between the HI-s during childhood and suicidal ideation and attempt during adolescence, and to investigate sex differences.

Method: 1407 children from the Québec Longitudinal Study of Child Development were followed up from 5 months to 17 years of age. We used teacher-reports of HI-s from 6 to 12 years, and self-report of suicidal ideation and attempt at 13, 15, and 17 years.

Results: We identified 3 HI-s trajectories: low (boys: 32.2%, girls: 48.7%), moderate (boys: 44.6%; girls: 42.2%) and high (boys: 23.2%; girls: 9.1%). Compared to boys on a low trajectory, boys on a moderate trajectory were at higher risk for suicidal ideation (OR=4.2, 95%CI=1.2-14.8), and boys on a high trajectory were at higher risk for suicide attempts (OR: 4.5, 95%CI: 1.1-17.9). Girls on moderate or high HI-s trajectories were not at higher risk for suicidal ideation or attempts than girls on low trajectories.

Conclusion: For boys, but not for girls, moderate-to-high HI-s increased the suicidal risk in adolescence. Interventions with boys showing HI-s should include a suicide prevention component.



OP-03-006

Nonsuicidal self-injury and suicidality in pupils and child and adolescent psychiatric inpatients in Austria

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Objective: This study provides epidemiological data on nonsuicidal self-injury and suicidality in a general sample of adolescents and psychiatric inpatients.

Method: A total of 3610 pupils aged 10-18 years recruited from Austrian schools, 39 early school-leavers and 133 inpatients recruited from Austrian child and adolescent psychiatric wards were initially screened for self-injury behavior and suicidality. Subsequently, structural diagnostic interviews were conducted with 472 adolescents to obtain the prevalence of nonsuicidal self-injury (NSSI) and suicidal behavior disorder (SBD) as defined by the DSM5.

Results: In the screening, self-injury behavior was reported by 10.4% of pupils, 30.7% of early school leavers and 59.8% of inpatients whereby this prevalence was twice as high in girls than in boys. Similar prevalences were found for suicidal thoughts. 2.4% of adolescents met diagnostic criteria of NSSI and 1.7% of SBD according to the DSM 5 (lifetime prevalence). In psychiatric inpatients, this prevalence was 30.1% for NSSI and 21.5% for SBD. Mean age of onset for self-injury was 13.1 years (SD: 1.6). Interpersonal problems (e.g. bullying), school-related problems, accumulating negative feelings and inner tensions, physical and sexual violence as well as “just-trying-it-out” were mentioned as reasons for initiating self-injury behavior. Lifetime comorbidities of NSSI and SBD were high (> 90%, especially major depression and anxiety disorders). Of pupils with full-syndrome NSSI or SBD less than 20% received professional treatment.

Conclusion: Due to high comorbidity and low treatment use, self-injury behaviors and suicidality in adolescents are of high relevance for developing adequate treatment and indicated prevention strategies.



OP-03-007

Are adolescents at risk for psychosis also at-risk for suicide?

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Objective: Suicide risk in subjects at Ultra-High Risk of psychosis (UHR) has been rarely assessed in adolescence, but it is of obvious importance for prognostic and clinical care reasons. Aim of this study was to prospectively assess suicide risk and behaviors in UHR adolescents.

Method: We examined 112 help-seeking adolescents (13-18 years, 50% males) that were enrolled in the “Reggio Emilia At-Risk Mental States (ReARMS)” project and followed-up for two years. Specific items derived from the Comprehensive Assessment of At-Risk Mental States (CAARMS) and the Beck Depression Inventory-II (BDI-II) were used to assess suicide risk. Suicide attempts and completed suicides were also recorded.

Results: Baseline assessment detected 40 UHR adolescents, 32 FEP (First-Episode Psychosis) and 40 non-UHR/FEP. We found that 67.5% of UHR adolescents had suicidal ideation, and 18.5% to severe degree. Attempted suicide before enrollment was higher in the UHR group than in non-UHR/FEP peers (17.5% vs. 2.5%). BDI-II suicidal ideation severity was stable at 12-month follow-up and decreased at 24-month follow-up.

Conclusion: A high prevalence of suicidal ideation among UHR adolescents was found and supports the routine monitoring of risk of self-injurious thinking and behavior in this at risk population.



OP-03-008

Developing resilience and promoting positive mental health strategies in undergraduate university students

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Objective: Suicide is one of the leading causes of death in young people living in Australia, accounting for 7.3% of all deaths among individuals aged 15-19 years. Historically, high levels of suicide have been recorded in Australian university students. This project aims to develop and test a massive online course-program (MOOC) for university students, underpinned by literature and strength-based suicide prevention principles, building resilience and awareness of mental health promoting activities

Method: A scoping review of the literature was undertaken to explore the effectiveness of current suicide prevention programs for undergraduate university students, and the effective elements contributing to the success of these programs. Six electronic databases were searched to identify relevant literature. Nine articles were included in the review, discussing four types of programs including; gatekeeping, education, promotional messaging and online consultation.

Results: It was apparent from this review that there is a significant dearth of interventions and programs currently available to reduce the risk of suicide among undergraduate students, with many of the programs having limited efficacy. Despite this, a number of program elements were identified as beneficial to preventing suicide among post-secondary students including upskilling of students, and improving resilience, and self-management.

Conclusion: Accumulatively, studies included in this review provide evidence to suggest that preventative programs, incorporating an educational component may be effective to be used in the MOOC to improving help-seeking behaviours among post-secondary education students.



OP-03-009

Effects of acute transcutaneous vagus nerve stimulation on the recognition of facial expressions of emotions in adolescent major depression

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Objective: Transcutaneous vagus nerve stimulation (tVNS) is a promising third-line treatment for major depressive disorder (MDD) in adults. Previously no study addressed its effects in adolescents. In a pre-clinical experimental trial, we aimed to evaluate the effects of acute tVNS on proxies of depressive symptoms – namely the recognition of facial expressions of emotions - in adolescents with MDD.

Method: Adolescents (14-17 years) with MDD (n=33) and non-depressed controls (n=30) participated in the trial. All participants received tVNS and sham-stimulation in a cross-randomized order, while performing different tasks assessing emotion recognition. Simultaneous recordings of electrocardiography and electro dermal activity as well as sampling of saliva for the determination of α -amylase, were used to quantify effects on autonomic nervous system function.

Results: tVNS had an effect on response inhibition in the emotional Go/NoGo-task. Specifically, tVNS increased the likelihood of omitting a response towards sad target-stimuli in adolescents with MDD, while decreasing errors (independent of the target emotion) in controls. Effects of acute tVNS on autonomic nervous system function were found in non-depressed controls only.

Conclusion: Acute tVNS alters the recognition of briefly presented facial expressions of negative valence in adolescents with MDD while generally increasing emotion recognition in controls. These findings suggest a potential therapeutic benefit of tVNS in adolescents with MDD that requires further evaluation within randomized-controlled clinical trials.



OP-04

Development

Chairperson: A. K. Pagsberg, Denmark

OP-04-001

SIGMA: A longitudinal study of adolescent mental health and development using experience sampling methods

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Objective: We know little about the dynamic processes in daily life that may play a key role in adolescents' psychological development and could potentially determine which adolescents are most vulnerable to developing mental health problems later in life. Here we present the protocol for 'SIGMA', a large-scale, longitudinal study of adolescent psychological development using Experience Sampling Methods (ESM)- an approach enabling us to gain real-time data on adolescents' everyday life experiences.

Method: N=2000 adolescents aged 12, 14, or 16 years old at the time of study enrolment, will be recruited from schools across Flanders. Baseline questionnaires are administered during class time and assess symptoms of psychiatric disorder, as well as a wide variety of psychological and social factors. Participants also complete two experimental tasks to measure social adaptability and interpersonal functioning. Following this, participants complete a six-day ESM protocol, during which they answer brief questionnaires ten times per day, during their normal everyday life. Additionally, participants receive a Fitbit to assess physical activity, sedentary behaviour and sleep during the six-day ESM period.

Results: Data collection commenced in January 2018 and the research team has already collected data from more than 1300 adolescents. The first wave of data collection is due to be completed at the end of Spring 2019.

Conclusion: SIGMA is the first and largest longitudinal ESM study of adolescent mental health development. Taking a dynamic and prospective approach enables us to elucidate mechanisms by which everyday behaviours and experiences translate into elevated risk of developing mental health problems later in life.



OP-04-002

Young adult outcomes of childhood victimization: Anti-social behaviour, substance use, school attainment and civic participation

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Objective: Despite an emerging literature on the consequences of exposure to victimization among children and adolescents, research on its impact for adult psychosocial functioning is still scarce and the findings often inconsistent. The main purpose of this presentation is to examine the influence of childhood victimization on antisocial behaviour, substance use, academic attainment and civic participation of Portuguese young adults.

Method: The sample included several hundred boys and girls from the community, who were followed up since elementary school until their late twenties. At this time (last wave), they answered questions about childhood victimization and completed a number of questionnaires on several domains of their social functioning. Data on childhood confounding variables were also collected at the time of the first evaluation in their elementary school (first wave).

Results: Results showed a strong impact of childhood victimization on young adults' delinquency and substance use; and this effect, which was particularly strong for those exposed to poly-victimization, did not disappear when relevant covariates were statistically accounted for. However, no significant effect on academic achievement or civic participation was observed.

Conclusion: These findings only partially confirm the conclusions of previous research on the impact of early exposure to victimization. Limitations of this study as well as its educational, clinical and policy implications are discussed. Suggestions are made for further research on this topic.



OP-04-003

The long term benefits of early childhood education: Academic achievement, work, delinquency and substance use

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Objective: It is well known that early education has multiple positive short term effects on children's development, but the full range of such benefits until adulthood has not yet been sufficiently explored. The main goal of this presentation is to examine the impact of early childhood education on the lives of Portuguese young adults, including academic achievement, work, antisocial behavior and substance use.

Method: The data were drawn from a longitudinal study in which a large community sample of boys and girls, were followed from childhood until their late twenties. Participants who had attended pre-school were compared with their peers who did not (control group) on several adult life outcomes

Results: As young adults, the participants who attended programs of early childhood education reported higher school attainment, regardless of the criterion used for this purpose: less drop out and less grade retention; more school years completed, more college degrees obtained and more participation in cultural activities. However, no differences were found between the two groups in measures of employment, namely professional status, job satisfaction and time length between school leaving and the first job. Similarly, no significant differences were reported in measures of mental health problems, number of friends, positive life experiences and general wellbeing. Surprisingly, those who benefitted from pre-school education reported more delinquency and substance use than those in the control group. However, the significant differences between the two groups disappeared when confounding variables such as parent's education level, sibship size or childhood negative experiences were statistically accounted for.

Conclusion: These findings provide only limited support to the claim that large scale benefits of early childhood education persist into adulthood. Possible explanations for these results are discussed.



OP-04-004

Classes of oppositional defiant behavior in clinic-referred youths

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Objective: To better understand ODD's heterogeneity in clinical features and its prognosis, ODD has been differentiated in an irritable dimension, consisting of touchy and angry behavior, and a defiant dimension, characterized by hurtful and headstrong behavior. Although the two dimensions are correlated to different types of problems, there is disagreement to what extent irritability and defiance co-occur within individuals.

Method: To study this question, a Latent Class Analysis (LCA) was performed on parent- and teacher-reported ODD criteria of 2428 clinic-referred youths (range: 5 years-18 years).

Results: The best fitting model consisted of high, moderate, and low ODD symptom classes. Unlike previous literature, no classes were found which were solely high in irritability or solely high in defiance. The high ODD class had the highest levels of total, emotional, conduct, hyperactivity, and peer problems. In terms of DAWBA-generated diagnoses, which are based on parent-, teacher- and youth-report of DSM criteria, the high ODD class had the highest rates of ODD, CD, ADHD, Depression, and Generalized Anxiety, compared to the moderate and low severity classes. In contrast, when studying clinical diagnoses, the Low ODD class showed the highest rates of Generalized Anxiety Disorder and fear disorders.

Conclusion: The results indicate that in clinic-referred youths ODD classes are best characterized by their overall ODD symptom severity, not on the basis of specific ODD dimensions (e.g., a class with heightened irritability only). Furthermore, although high levels of affective problems are present in youths with high ODD, these affective problems do not directly warrant a clinical diagnosis of an affective disorder, but should rather be interpreted as being comorbid to behavioral problems.



OP-04-005

Outcome of schizophrenia: Early-onset compared to adult-onset

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Objective: Based on previous research, early-onset schizophrenia (EOS) may have worse outcomes than adult-onset schizophrenia (AOS). Data are scarce due to the low prevalence of EOS, most studies are short, often in specialized settings and often affected by high rates of drop-out. Using the Danish registers, we aimed to assess and compare the outcome of a representative sample of patients with EOS and AOS.

Method: The study is a longitudinal, register-based study of patients diagnosed before or at the age of 40 with a first-time diagnosis of schizophrenia in Denmark between 1996 and 2012 (ICD-10 F20.x). Follow-up data was available until 12/2014. Our co-primary outcomes were psychiatric inpatient days, analyzing both the initial two years after diagnosis and the mean annual number of inpatient days for the remaining follow-up period.

Results: During the study period, 16,337 patients were diagnosed with schizophrenia before or at the age of 40 and included in the analyses (AOS = 15,114; EOS = 1,223, mean follow-up=9.5±5.0 years). Mean age was 26.8 years ±6.8 years (AOS=27.7; EOS=16.1). EOS was associated with more inpatient days in the first two years compared to AOS, but not thereafter. Substance use disorders and out-of-home placement were associated with more inpatient days at both short- and long-term follow-up. Secondary outcome results were mixed.

Conclusion: Comparing patients with EOS and AOS, using the largest sample of EOS patients to date, the outcome findings of the two groups were more similar than expected on both co-primary measures and secondary outcomes. Our findings are in line with some newer studies, particularly studies from Australia. This suggests that previous concepts of EOS outcome may have been too gloomy, offering more hope for patients with EOS and their families.



OP-04-006

Trajectories of child eating behaviors are associated with disordered eating and eating disorder diagnosis in adolescence

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Objective: The purpose of this study was to estimate the associations between longitudinal trajectories of childhood eating behaviors during the first ten years of life and eating disorder (ED) behaviors (binge eating, purging, fasting, and excessive exercise) and diagnoses: anorexia nervosa (AN), binge-eating disorder (BED), and purging disorder (PD) at 16 years. We hypothesized that undereating and fussy eating would be associated with adolescent fasting, excessive exercise and AN, whereas overeating would be associated with adolescent binge eating, purging, and BED.

Method: Data were from the Avon Longitudinal Study of Parents and Children (ALSPAC). Parents reported on their children's eating at eight time points during the first ten years of life (n=12,048). Self-reported binge eating, purging, fasting, and excessive exercise and diagnoses of EDs were collected at age 16. Latent class growth analyses were used to derive longitudinal trajectories of eating behaviors during childhood. Eating behavior trajectories were associated with disordered eating behaviors and ED diagnoses using multivariable logistic regression models, adjusted for a priori confounders.

Results: Persistent overeating was associated with increased risk of binge eating (risk difference [RD]: 6.9%; 95% Confidence intervals [CI]: 2, 12) and BED (RD: 1.4%; 95% CI: 0.2, 2.6). Persistent under-eating was weakly associated with higher AN risk (3.7%; 95% CI: -0.4, 7.9). Persistent fussy eating was associated with greater AN risk (RD: 2.2%; 95% CI: 0.4, 4.0).

Conclusion: These results suggest that persistent high levels of overeating, undereating, and fussy eating in childhood are associated with disordered eating and ED diagnoses in adolescence. Findings have the potential to inform preventative strategies to help parents and clinicians to identify children of increased risk of developing EDs.



OP-04-007

Occurrence of shared pleasure in the interaction of 7-month-olds and their mothers, and its association with emotion recognition at 48 months of age

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Objective: Emotion recognition is a basic skill that is thought to facilitate the development of social and emotional competence. Thus exploring the associations and determinants of emotion recognition early on is essential. In the current study, we examined whether the occurrence of Shared Pleasure (SP) moments in the interaction of seven-month-old infants and their mothers is associated with the child's ability of emotion recognition at 48 months of age.

Method: The participants of this study were 120 seven-month-old infants born in Tampere city area, Finland, and their mothers, contacted initially to participate in a study assessing infant social cognition and emotion regulation. Initiation of SP moments in parent-infant interaction was analysed from the first 5 minutes of a recorded play interaction. Infants were assessed for their emotion recognition abilities when they were 48 months old.

Results: Children in dyads having SP moments at the age of 7 months showed statistically significantly better emotion recognition at 48 months of age.

Conclusion: Assessing the ability to create shared pleasure in early mother-infant social interaction may help to predict later emotion recognition abilities in 4-year-olds which, in turn, may have implications for intervention strategies that could encourage more appropriate emotional development during this early sensitive period.



OP-04-008

The risk for criminal offences and interpersonal violence among outpatient youth with borderline personality disorder

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Objective: Most studies today have examined the link between borderline personality disorder (BPD) and offending in adults, even though adolescence and young adulthood is the period of time when both BPD symptoms first emerge and the prevalence of offending peaks, making it a crucial window of opportunity for early intervention. We will present the results of two studies, examining the lifetime risk of being 1) the perpetrator, and 2) the victim of criminal or violent offending, among youth with 0-9 BPD symptoms.

Method: Demographic and diagnostic data from 492 outpatients who attended a public mental health service for 15 to 25 year-olds between January 1998 and March 2008 were linked with offending data from a state-wide police database collected between March 1993 and June 2017. Logistic regression analyses were conducted and adjusted for covariates (e.g., sex, co-occurring mental state disorders, and antisocial behavior).

Results: Both BPD diagnosis and number of BPD criteria were associated with an elevated risk for being a) the perpetrator of a non-violent offence, b) the victim of a violent offence, and c) the perpetrator as well as the victim of family violence. In addition, while anger and impulsivity were independently associated with being both the perpetrator and victim of criminal and violent offending, unstable relationships and affective instability were only associated with victimization.

Conclusion: BPD features, regardless of whether they meet the diagnostic threshold, put youth at risk for becoming the perpetrator and/or victim of criminal and violent offending, and this risk increases with BPD severity. This issue needs to be addressed by prevention and early intervention programs.



OP-04-009

Adolescent screen use and trajectories of depressive symptoms: A longitudinal study of Australian adolescents

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Objective: Longitudinal investigations of screen use and symptoms of depression are rare and fewer still consider trajectories of change in symptoms. Objectives are (i) identify the optimum number of latent trajectories of depressive symptoms among adolescents; (ii) establish associations between depressive trajectories and screen use/different screen activities; (iii) test whether longitudinal changes in screen use are predictive of future changes in depression symptoms or vice-versa

Method: An accelerated longitudinal cohort design to assess and represent change spanning 10-17 years. Three cohorts randomly recruited at 10, 12/13, and 15/16 years of age (N = 1,749) participated in six waves of data collection over 24 months. Symptoms of depression, time spent on screens, and on separate screen activities (social networking, gaming, web browsing, TV/passive) were self-reported

Results: Latent growth curve modelling revealed three trajectories of depressive symptoms (Low-Stable, High-Decreasing, and Low-Increasing) and there were important differences across these groups on screen use. Some small, positive associations were evident between depressive symptoms and later screen use, and between screen use and later depressive symptoms. A Random Intercept Cross Lagged Panel Model revealed no consistent support for a longitudinal reciprocal predictive effect

Conclusion: This is the first to examine multiple trajectories of depressive symptoms and screen use and reciprocal relationships between them. It addresses the important issue of screen use, mental health and causality. The findings highlight the importance of considering differential trajectories of depressive symptoms and specific forms of screen activity and provides empirical evidence to educate young people, their families and health services in screen use



OP-05

Eating disorders and obesity

Chairperson: K. Waldherr, Austria

OP-05-001

Eating disorders in the millennial population: Risk factors and effective treatment strategies

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Objective: Social media applications, known colloquially as “apps,” at the touch of one’s fingertips, have quickly dominated the lives of individuals in the young adult demographic. There is evidence to support that suicide risk and social media use are correlated, which is highly concerning for individuals who struggle with body image, body dysmorphia, and eating disorders. These populations are already at a higher-risk for self-injurious behaviors or thoughts of suicide. In the treatment of emerging adults, eating disorder clinicians can feel lost amidst this new socialization structure that demands “perfection.” Understanding this population, and its unique subset of challenges, has never been more important than in the digital age.

Method: There will be an overview of research conducted in an outpatient, fee-for-service, eating disorder treatment center in New York City. A retrospective chart analysis conducted with clients who have been discharged, after 3 months, up to 7 years, helps determine common causes of eating disorders in clients aged 18-36 . This quantitative study codes the precipitating event(s) of eating disorders in this demographic, and generates major themes based on client-self report.

Results: Preliminary results from this study will then be shared.

Conclusion: This presentation will explore common risk factors that precipitate eating disorder pathology, risks inherent to this cohort, as well as offer new perspectives on treating the emerging adult population, known as “Millenials,” utilizing a multifaceted and values-based behavioral approach.



OP-05-002

Body schema distortion in adolescent anorexia nervosa before and after weight gain

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Objective: A core symptom of anorexia nervosa (AN) is body image distortion. This term comprises cognitive and affective aspects, like negative evaluations and feelings regarding one's own body, but also distortions of the body schema, i.e. an altered perception of one's own body size. While distortions of the cognitive-affective body image are relatively well studied in AN, there are comparatively less data on distortions of the body schema. To the best of our knowledge, there are no data on changes of the body schema before and after weight gain.

Method: At the beginning and the end of inpatient treatment, adolescent AN patients performed the Test for Body Image Distortion in Children and Adolescents (Schneider et al., 2009). In this test patients use a rope to estimate the perceived circumference of their thigh, upper arm and waist, which is then related to the actual circumference. Additionally, cognitive-affective aspects of the body image were captured by a German version of the Body Size Questionnaire (Pook et al., 2002).

Results: Compared to controls, AN patients overestimated their body size both at the beginning and the end of inpatient treatment. After weight gain, patients showed an average increase in circumference of about $M = 14.3$ (± 7.7) %, with the most pronounced increase at the thigh. However, AN patients did not increase their own body size estimations to the same extent, resulting in more realistic estimations especially regarding thigh and waist. The extent of perceptual body image distortion was associated with a more negative cognitive-affective body image.

Conclusion: AN Patients show distinct distortions of the body schema in the underweight condition that persist after weight gain, but show clear improvements at the thigh and waist.



OP-05-003

Meta-analysis of global gray matter volumes in anorexia nervosa in the acute and recovered state

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Objective: Research in gray matter alterations in individuals with anorexia nervosa (AN) has suggested a decrease in total gray matter volume (GMV) during the acute phase. However, results are mixed. Aim: To conduct a quantitative meta-analysis of global GMV in studies including individuals with AN in acute and recovery phase compared to healthy controls (HC).

Method: Studies were identified in an electronic search of PubMed, Web of Knowledge and Scopus databases up to July 1st, 2018. SDM meta-analytical software was used to conduct two meta-analyses evaluating either 1) the acute or 2) the recovered state. Outcome was total GMV. Cohen's d and SE, with 95% confidence intervals (CIs) was calculated using a random-effect model.

Results: A total of 22 datasets (from 18 studies) were included, with a total of 411 individuals with AN and 408 HC. 14 datasets evaluated individuals with AN in the acute state, while 8 of them included recovered individuals. For the meta-analysis including acute state studies, global GMV did not differ between individuals with AN and HC ($d=-0.21$, $SE=0.29$, $Z=-0.73$, $P=0.47$; $CI=-0.78$, $CIu=0.36$). Regarding studies evaluating the recovered state, global GMV was significantly lower in individuals with AN compared to HC ($d=-0.43$, $SE=0.17$, $Z=-2.52$, $P=0.01$, $CI=-0.76$, $CIu=-0.09$).

Conclusion: According to these results, differences in GMV in individuals with AN compared to HC are found when weight is recovered, suggesting either brain adjustment in early recovery or a scar of the acute phase. These results would need to be complemented with similar meta-analysis of white matter and cerebrospinal fluid volumes.



OP-05-004

STEDI: Study of Eating Disorders in Ireland and carers' burden

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Objective: Background: EDs are severe and enduring psychiatric disorders associated with a real risk of death. Loss of weight and medical complications can occur very quickly in young children given their body composition. Parents, normally intuitively managing parenting issues including feeding, are suddenly faced with a determination to lose weight and refusal to eat. An inability to succeed at this very basic of parental roles places huge strain on parents, a situation which can often continue for many months and years. Family dysfunction, high expressed emotions may result and in turn adversely affect ongoing attempts at care. Aims: to describe the burden of care in carers of youth with an ED.

Method: Method: A case-study approach using 1-1 semi-structured interviews of parents/carers of youth with an eating disorder. Participants were recruited nationally & via CAMHS clinics. Data was analysed using grounded theory approach.

Results: Results: 7 parents participated in the interviews, 6 mothers and 1 father. Parents described travelling along a journey from 'normalization', where the emergence of ED symptoms was viewed as normal, a life style healthy choice and consistent with family held healthy beliefs. This position was necessary as the carer attempted to reduce their significance and provide temporary protection. The arrival of impairments led to parental reformulation as 'an illness', followed by a precipitous search for help, and a sense of desperation and fear. Parents reported feeling stressed, alone, ill-equipped and abandonment, with few services accessible to them. Family and child relationships were disrupted.

Conclusion: Conclusions: Clinicians need to recognize the tremendous stress and sense of isolation experienced by carers as they endeavour to recognise and subsequently seek help for their child. The associated disruption to family life and relationships needs to become a focus of intervention.



OP-05-005

Combining education, experience and evidence to support families of youth with an Eating Disorder

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Objective: Supporting families of people with eating disorders (EDs) is fundamental to optimising prognosis and central to the work of Bodywhys, (The Eating Disorders Association of Ireland). In 2014 a greater need for more structured, educational and emotional support was identified for this group, and the PiLaR programme (Peer-Led-Resilience) was developed. To date over 500 family members have attended. Crucial to its success has been the collaboration between Bodywhys and the Health Service Executive (HSE), (Republic of Ireland National Health Service), and the National Clinical Programme for EDs (NCPED) in 2018. Bodywhys, as the support partner to NCPED, works nationwide to provide education, understanding and emotional support to families of those attending public services. this presentation will review carer burden, evaluate Pilar program, and examine the benefits of collaboration between treatment providers and support/voluntary organisations.

Method: Mixed-method evaluation of the PiLaR programme

Results: The extant literature highlights the extent of carer burden associated with living with a family member with an ED. Whilst most of this fell on mothers, fathers and siblings were viewed as needing supports in their own right. Parents felt unsupported and expressed difficulties in accessing services, finding information and getting practical as well as emotional support. Attendees found the PiLaR program accessible and supportive, but expressed concerns about the breath of ED covered.

Conclusion: Given the salient role placed on families in the care of youth with an ED, attending to the carer burden is key. Parallel support services should offered to families, including fathers and siblings, that are adjunctive to the treatment of the ED. This workshop outlines a national approach established in Ireland,



OP-05-006

Clinical, temperamental and cognitive characteristics of adolescents with Anorexia Nervosa and non-suicidal self-injury

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Objective: About one-fifth of patients with anorexia nervosa (AN) engage in non-suicidal self-injury (NSSI). This study examined the clinical and cognitive profile of female adolescents with AN/NSSI as compared with peers with AN only.

Method: A consecutive clinical sample of 73 female adolescents with AN (mean age: 13.77 years) received clinical, temperamental and cognitive assessments. Of them, 32 met criteria also for NSSI. Assessments included demographics, standard nutrition parameters, Youth Self-Report (YSR), Wechsler Intelligence Scale for Children IV (WISC-IV), Temperament and Character Inventory (TCI) and Global Assessment of Functioning (GAF).

Results: Compared with the AN only group, the AN/NSSI group did not differ on demographics, body mass index, age at onset of AN. AN/NSSI had statistically significant ($p < 0.05$) higher rate of bingeing and purging AN type, higher YSR scores for both internalizing and externalizing psychopathology, lower full scale IQ, lower working memory scores, and lower self directness and cooperativeness scores. Onset of AN generally preceded onset of NSSI

Conclusion: The data suggest that adolescents with AN/NSSI have psychopathological, cognitive and temperamental features that differ from patients with AN only. These characteristics may have implication for treatment and outcome.



OP-05-007

The use of oxytocin to improve feeding and social skills in infants with Prader-Willi Syndrome, using the ADBB and CIB as assessment scales

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Objective: Infant-mother interaction is a set of bidirectional processes, where baby and parents's characteristics influence each other. Here, we focus on the paradigmatic case of Prader-Willi Syndrome (PWS) where early endocrinal dysfunction is associated with severe hypotonia and early feeding disorder. As a consequence, parent-infant interaction is impaired. In a recent study (Tauber et al., 2017), OXT intranasal infusion was able to partially reverse the feeding phenotype, infant's behavior and brain connectivity. This article details the interaction profile found during feeding in these dyads and their improvement after OXT treatment.

Method: Eighteen infants with PWS were recruited and hospitalized 9 days in a French reference center where they were treated with intranasal OXT. Social withdrawal behavior and mother-infant interaction were assessed on videos of feeding before and after treatment using the Alarm Distress Baby (ADBB) Scale and the Coding Interactive Behavior (CIB) Scale. Raters were blind to treatment status.

Results: At baseline, infants with PWS showed hypotonia, low expressiveness of affects, fatigability and poor involvement in the relationship with severe withdrawal. Parents tended to adapt to their child difficulties, but the interaction was perturbed, tense, restricted and frequently intrusive with a forcing component during the feeding situation. After OXT treatment, infants were more alert, less fatigable, more expressive, and had less social withdrawal. They initiated mutual activities and were more engaged in relationships through gaze, behavior, and vocalizations. They had a better global tonicity. These modifications helped the parents to be more sensitive and the synchrony of the dyad was in a positive transactional spiral.

Conclusion: Dys-synchrony can be induced by children's pathology as well as parental pathology with emotional and developmental impact in the both cases. The PWS paradigm shows us the necessity to sustain early parents-child relationship to avoid establishment of a negative transactional pattern of interaction that can impact child's development.



OP-05-008

While engaging in weight-reduction behaviors: The psychological mechanism for obese young adults

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Objective: Theory of Planned Behavior (TPB) has been widely used to explain the underlying mechanism of health-related behaviors. Nevertheless, the evidence for the ability of original TPB on predicting weight-reduction behaviors (healthy eating [HE] and physical activity [PA]) is inconsistent. Meanwhile, weight-related self-stigma has been acknowledged by research for its role in bringing about self-prejudicial and self-discriminatory reactions, which may influence engagement in health-related behavior. Therefore, an extended TPB model incorporating weight-related self-stigma was proposed.

Method: This study aims to explore how the extended TPB explains HE and PA among overweight Hong Kong young adults. Overweight young adults (65 males and 39 females; BMI \geq 23 kg/m²) completed a series of online questionnaires assessing the TPB factors (subjective norm, attitude, perceived behavioral control, and behavioral intention on HE and PA), weight-related self-stigma, and weight-reduction behaviors (HE and PA). A series of hierarchical regression models were conducted to examine the significant predictors for the intentions of weight-reduction behaviors and the final weight-reduction behaviors.

Results: The extended TPB only partially predicted weight-reduction behaviors. Specifically, weight-related self-stigma was a significant predictor for both HE ($\beta=0.27$; $p=0.001$) and PA ($\beta=-0.30$; $p=0.006$), whereas perceived behavioral control only indirectly predicts PA through intention. Additionally, behavioral intention significantly predicted PA ($\beta=0.26$; $p=0.044$) but not HE ($\beta=-0.001$; $p=0.99$).

Conclusion: The findings of the present study partially support that extended TPB is a suitable theoretical model to predict weight-reduction behaviors. With comparison to the results of previous researches and discussed with clinical implications, suggestions of weight-reduction programs incorporating extended TPB have been made.



OP-06

Internet/family/treatment

Chairperson: M. Fuchs, Austria

OP-06-001

Healthy living practices in families and child health in Taiwan: 5-year follow-up

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Objective: To investigate whether these inexpensive and feasible Child-Healthy Living Practices in Families (CHLPF) have a long-lasting effect on health promotion and continue to mitigate the effects of poverty on children's health.

Method: We used two datasets from a nationally representative Taiwan birth cohort study on 18,553 three- and eight-year-old children. Pearson's χ^2 test and a multivariate logistic regression analysis were used to test the relationships between the CHLPF Index levels, income levels and children's health.

Results: Good CHLPF Index levels were significantly and consistently associated with children's good health, regardless of age. The odds for good health for eight-year-old children with a high CHLPF Index level was 39% higher than for those without a high CHLPF Index level. Moreover, the prevalence of good health was consistently higher in low-income than in high-income groups.

Conclusion: The effect of good CHLPF on children's health was continuous and was stronger in low-income families. The protective effect appeared to be stronger at an earlier age, which indicates that developing healthy living practices early is imperative and leads to positive consequences.



OP-06-002

Evaluation of treatment success in a child and adolescent psychiatry

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Objective: Long-term evaluation data for inpatient treatment is important for quality management and control of treatment success. In Salzburg we developed a Basic systemic treatment concept for all patients, which is further differentiated for patient and diagnosis. The generic systemic principles as well as the human rights Charta for children were translated in a participative and solution-oriented treatment concept. To evaluate this treatment concept we performed this study.

Method: During one year all patients admitted to the University Department of Child and Adolescent Psychiatry were assessed by a self-report instrument (Youth Self Report YSR) used for treatment success. Treatment satisfaction was measured by the questionnaire for contentness with treatment (FBB). Questionnaires were given at two time-points: ad admission (T1) and discharge (T2).

Results: In total, clinical data for 442 patients could be processed. Age was 14,6 ys. 43,4 % were male. According to ICD-10 classification, the largest subgroup was diagnosed with behavioural and emotional disorders ((F9), 19,5 %) followed by stress-related and somatoform disorders ((F4), 19,0 %). In general, the study shows a strong symptom reduction between admission and discharge. About 67 % of patients showed considerable clinical improvements at T2. Only 5% still suffered from profound mental problems at T2. Results for the contentness with treatment revealed high contentness, male and female patients did not differ ($U=3301.50$, $z=-.12$, $p=0.903$) as there was no significant difference concerning different forms of inpatient treatment ($p=0.06$, $\eta=0.02$; $dCohen=0.3$). Overall, treatment and therapies achieved good satisfaction rates. Ratings of staff ($M=2.87$; $SD=0.67$) and patients ($M=2.85$, $SD=0.85$) did not differ ($t(161)=0.19$, $p=.85$).

Conclusion: Results of the study show a significant reduction of symptom load, a very small amount of severe sick kids left after treatment and a high percentage of treatment contentness thus giving a positive answer to the study question.



OP-06-003

The importance of communication in families where a parent has a mental illness

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Objective: Parental mental illness (PMI) can impact the lives of all members of a family. Most existing interventions focus on psychoeducation, improving children's knowledge about PMI and aiming to strengthen children's resilience, or on educating parents about the impact of mental illness on families and improving their parenting skills. As such, they are most usually aimed at parents or children, as opposed to whole families, and they don't address directly how family members talk with each other about PMI. We outline the work of the Think Family-Whole Family Programme, which differs from other interventions by putting a central focus on fostering effective communication within families.

Method: 190 professionals in multi-agency family support services were trained in the Think Family-Whole Family approach. Workforce development scales, interviews and focus groups were carried out with professionals, and interviews with consenting members of families they work with to explore families' experiences of PMI and professionals' practice in family work.

Results: Evaluation of the programme shows positive impacts on families' relationships and wellbeing associated with improved family communication. It also provides evidence of the range of challenges families face when communicating about PMI and the impact that poor communication and poor shared understandings of PMI can impart on all family members. These will be discussed.

Conclusion: Poor communication within families with PMI places stress on family relationships, increase burdens on children and hinder recovery. With effective training, family support services can enhance family communication, and achieve positive impacts on family relationships and the wellbeing of family members.



OP-06-004

**From internet and video game addictions to Hikikomori Syndrome in adolescence:
Clinical and biopsychosocial perspectives**

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Objective: The use of digital technology impacts the social and emotional life of children and adolescents, therefore, it has also been linked to harmful effects. In this context, behavioural addictions have become a topic of interest with a current focus on the concepts and clinical features of internet and video game addictions. Research suggests that some young people may also display a severe form of social withdrawal (Hikikomori), leading to an escalation of dysfunctional symptoms. However, due to the lack of formal definitions and diagnostic tools, these conditions remain poorly understood. We aimed to consolidate existing knowledge in order to better understand these contemporary youth issues.

Method: This literature review examined relevant studies conducted from 2010 to 2018, published in English and peer-reviewed journals. In order to complement this information we also surveyed a panel of international experts.

Results: It is argued that these addictive behaviours share clinical and biopsychosocial characteristics with substance-related addictions, proposing identical conceptualization. Although first described in Japan, Hikikomori has been reported from around the world and it seems to relate to internet addiction and other psychiatric disorders.

Conclusion: Several factors are implied in these conditions, with clinically significant impairment. Prevention and intervention strategies should involve adolescents and their families.



OP-06-005

Bridging the gap in child and adolescent mental health care in Greece through the use of telemedicine

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Objective: The use of videoconferencing represents an innovative approach to the delivery of specialized mental health care to remote communities. This approach has been endorsed by the 2nd Regional Health Authority in Greece with a view of providing care to the Aegean islands where mental health services are grossly scarce. The goal of this presentation is to identify the factors interfering with the development of an evidence-based service addressing the mental health of children and adolescents in need.

Method: Review of the legislative and regulatory framework in use of telemedicine in Greece (as compared to other EU countries), identification of the key factors facilitating and hindering implementation of telepsychiatry using as an example the island of Samos, and focus group discussions involving the local professionals and the providers of telepsychiatry service to children and adolescents within 2nd Regional Health Authority.

Results: The crucial issue of medical liability poses restrictions with regards to providing medical reports, prescribing medication and/or therapy sessions. The gaps in primary health care services locally in conjunction with the limited human resources in services providing telepsychiatry lead usually to ad hoc evaluations and interventions, and do not allow to address emergencies and complex cases. A number of identified good practices applied in the field give rise to rethinking the way the telepsychiatry service should be implemented to reach its enormous potential.

Conclusion: The findings indicate that in light of the specific needs and resources there is an urgent need to set up procedural guidelines and recommendations pertaining the field of telepsychiatry as it grows and set up common assessment tools in order to evaluate its efficacy and cost-effectiveness in the 2nd Regional Health Authority area in Greece.



OP-06-006

The establishment of a public telepsychiatry service for children and adolescents in Greek islands, in the era of economic crisis: A 2-year follow-up

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Objective: Most children and adolescents in rural and underserved areas, across different countries, including Greece, are not receiving adequate mental health services. Greece has unique geographical features as is composed from the mainland and many islands scattered mainly in the Aegean Sea. Child psychiatric services are not equally distributed and the majority are located in major cities, mainly Athens. Our main objective is to describe the recently established Telemental Health Unit (TMHU) in Athens which provides mental health services to children and adolescents of Greek islands lacking child psychiatry services.

Method: Authors compiled descriptive data for the first two years of TMHU.

Results: From November 2016 to October 2018 we conducted 227 videoconferences to 42 children and adolescents (28 boys-14 girls) mainly using the “direct model” of care. The majority of cases were of school age (N=21), followed by preschoolers (N=13) and adolescents (N=8). Most cases were referred from 2 particular islands where a pediatrician and an adult psychiatrist were available. All types of interventions were used depending on the needs (individual psychotherapy, parental consultation, medication). Preliminary data suggests high levels of satisfaction for parents.

Conclusion: Main unmet need was diagnosis. Telepsychiatry may abolish the inequality in access to mental health services and therefore help children and families using real time interactive videoconferences in rural and underserved areas. Taking into consideration that Greece is still facing a financial and humanitarian crisis and its negative impact on mental health, the establishment of public services that can overcome the financial and transportation barriers is more than important in the era of crisis.



OP-06-007

Comparison of children's and parents' perceptions of internet use in child and adolescent mental health services

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Objective: A 2010 pan-European study explored children and adolescents' internet use (EU Kids Online II). Several differences between children's and their parents' perceptions of internet use were found. To add the complexity of mental health (MH) issues, this study was performed in Child and Adolescent Mental Health Services (CAMHS), to compare children's and their parents' perceptions, and explore any impact of internet use on MH issues.

Method: Parents and young patients attending a CAMHS clinic in South Dublin in December 2018, gave consent and each filled a study-specific questionnaire, which were anonymised and analysed with SPSS 24.0. Ethical approval was obtained from the Ethics Committee.

Results: Initial results based on 32 matching pairs of parents-children questionnaires showed that half of the children were boys (58%, N=19), with an average age of 13 years and Attention Deficit Hyperactivity or mood/anxiety disorders diagnoses (72%, N=23). Eighteen children (55%) were online most days and thirteen (42%) at weekends only. YouTube (75%), Facebook (53%) and Instagram (42%) were most popular. Two (7%) had received unpleasant comments online. Children's and their parents' perceptions appeared different i) children used technologies more (smartphones 56% vs 42%) ii) went online in their rooms for longer (62% vs 36%) iii) messaged, emailed, and watched films more (58% vs 37%) iv) perceived the internet as safe (27% vs 8%) v) did less schoolwork (68% vs 87%) and less gaming (79% vs 85%). One third of parents believed their children could deal with critical comments, half had good computer abilities, and two thirds (68%, 21) had discussed online safety.

Conclusion: Children's and their parents' perceptions of internet use often differed. Children were online longer, in their rooms, did less schoolwork and gaming and online safety remained concerning. More participants are needed to analyse these preliminary results, including age, gender, and MH diagnoses.



OP-07

Neurobiology

Chairperson: K. Skala, Austria

OP-07-001

Identification of biomarkers in patients with attention deficit/hyperactivity (ADHD) and autism spectrum disorder (ASD)

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Objective: Thus far, the diagnostics of attention deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) are impeded by both false positive diagnoses as well as overlooked cases, not least because the underlying neurobiological processes are neglected. Diagnoses rather result from behavioral outcomes including subjective assessment by close reference persons (parents; teachers) and clinical impression. This project aims at identifying putative biomarkers of ADHD and ASD.

Method: Numerous studies suggest that patients with ADHD and ASD have deficient attention capacities: Post-error slowing observable in healthy adults does not consistently occur in patients with ADHD or ASD. Concerning electrophysiological analogues, so-called biomarkers can bridge the gap between these objectively measurable biological processes and the subjectively described symptoms. A promising future direction in psychiatric research lies in their characterization. In this project, we focus on the dynamics of oscillations and connectivity parameters and their role for increased attention fluctuations.

Results: With the extracted biomarkers, we plan to develop classification algorithms automatically differentiating patients from healthy controls. Taking into account a large age range (infants, primary school children, adolescents, young adults) further allows us to determine development-relevant influences. The method will further be refined, so that patients can be assigned to the respective subgroup (ADHS / ASD).

Conclusion: This project makes an important contribution to the objective detection of ADHD / ASD and thus to the possibility of early intervention in risk groups.



OP-07-002

Neural correlates of attachment in borderline patients at the beginning of DBT therapy: An fMRI study

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Objective: Attachment characteristics play a key role in understanding borderline-specific problems.

Method: In this pilot study we examined, in a first step, the neuronal correlates of attachment representation in 26 late- and post adolescent female patients with borderline personality disorder (BPD) and 26 female healthy control subjects (HC), using the Adult Attachment Projective Picture System (AAP). In the fMRI-adapted version of AAP, all participants were shown standardized pictures of AAP, furthermore they were presented neutral as well as personalized sentences of their own AAP-narratives. In a second step, we measured the neuronal correlates of attachment representation in the same way exclusively for the BPD-patients after a 1-year outpatient dialectical behavior therapy (DBT).

Results: As expected, BPD-patients showed a predominance of disorganized/unresolved attachment representation compared to healthy subjects. First results showed differences between BPD-patients and HC in neuronal processing for monadic pictures of AAP, implying feelings of abandonment and loss.

Conclusion: The investigation of the neural signature of attachment representations in BPD-patients seems to be helpful to be able to derive treatment implications, especially in the field of regulation of feelings, such as abandonment and loss.



OP-07-003

Plasma soluble adhesion molecules levels in medication-free children with obsessive-compulsive disorder

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Objective: The aim of this study was to evaluate whether the plasma levels of soluble intercellular adhesion molecule-1 (sICAM-1), intercellular adhesion molecule-3 (sICAM-3), vascular cell adhesion molecule-1 (sVCAM-1), and platelet-endothelial adhesion molecule-1 (PECAM-1) are linked to obsessive-compulsive disorder (OCD) in medication-free children.

Method: A total of 42 (25 girls/17 boys) medication-free children with OCD and 38 (18 girls/20 boys) healthy controls were included in this study. The severity of the OCD symptoms were assessed by the Children's Yale Brown Obsessive-Compulsive Scale. The Children's Depression Inventory and the Screen for Child Anxiety-Related Emotional Disorders were applied to the children in order to determine depression and anxiety level. Plasma adhesion molecules levels were measured by enzyme-linked immunosorbent assay.

Results: Multivariate analysis of covariance revealed a significant main effect on both groups for the levels of plasma adhesion molecules, an effect that was independent of severities of depression and anxiety, body mass index percentile and demographic variables including age and sex (Pillai's Trace $V = 0.250$, $F(4, 70) = 5.824$, $p < 0.001$, $\eta^2 = 0.250$). Analysis of covariance indicated that plasma ICAM-3 levels were significantly lower in the OCD group than in the control group ($p < 0.001$). Mean plasma concentrations of sICAM-1, sVCAM-1, and sPECAM-1 did not differ significantly between patients and healthy subjects.

Conclusion: These findings suggest that sICAM-3 may be related to the pathophysiology of OCD in children. The causal relationship between this adhesion molecule and pediatric OCD requires further investigation.



OP-07-004

Could symptoms of toxic stress imitate a neurodevelopmental disorders?

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Objective: The effects of negative environmental factors in childhood result in neuro-biological changes. Exposed to powerful, negative environment, lead to hyperactivation of the neurological, immune and endocrine system. This state is known as a toxic stress. Symptoms may frequently imitate ADHD and other neurodevelopmental disorders. Hyper-vigilance and dissociation, could be mistaken for inattention. Impulsivity might be brought on by a stress response.

Method: The aim of this study was to estimate preliminary results of a multi-disciplinary (Pediatric neurologist, Social worker, Psychologist, Psychiatrist, Speech therapist and special need expert) clinical assessment of patient came to Child and Youth protection Center, Zagreb, Croatia, in case of adverse childhood experiences, according ACEs (Adverse Childhood Experience score) ≥ 4 . From 2015 - 2017 in Child and Youth Protection Center Zagreb we prospectively observed 954 children with ≥ 4 . We were looking for presence of minor neurological dysfunctions (gross motor function, mild dysfunction in posture, reflexes, coordination, fine manipulative ability, fine motor dysfunction, dyskinesia and excessive associated movements). For those with ACEs ≥ 4 , and neurodevelopmental delay, EEG was indicated. We also evaluated symptoms of impulsivity, hyperactivity, and an inability to focus.

Results: Neglect, physical and emotional abuse and high conflict divorce are the most important adverse experiences resulting in deviations in neurodevelopment. Impulsive behaviour, and other form of ADHD "like" variants are significantly more frequent (over 50 %) in children with history of toxic stress. Over 70 % of patients with ACEs ≥ 4 showed changes in EEG. In case of foetal abuse (Neonatal Abstinence Syndrome) 19 percent showed cognitive impairment, over 50 percent symptoms from ADHD spectrum, 33 percent had speech problems, and over 60 percent had learning problems. Child faced with toxic stress are obese in more than 70 percent.

Conclusion: Early detection of adverse childhood experiences help to start with early interventions in order to prevent short and long term consequences of toxic stress.



OP-07-005

Grey matter and white matter maturation trajectories in depressed adolescents

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Objective: Depressive disorders have been associated with functional or structural abnormalities in brain networks involved in emotion regulation. However, the underpinnings of these abnormalities in the context of brain maturation are not known. We investigated the changes in brain structure in adolescents with a first severe depressive episode at onset and a year later.

Method: Twenty adolescents with a Major Depressive Episode diagnosis were compared with 22 healthy adolescents matched for age and sex. At follow-up, a year later, 18 patients were re-assessed and compared with the 22 healthy controls. The participants were clinically assessed using a standardized diagnostic interview, the Montgomery and Asberg depression rating scale, and global functioning was assessed using the GAF. They were investigated using 3T T1-Magnetic Resonance Imaging and Diffusion Tensor imaging (DTI). Voxel-based morphometry (VBM) for structural MRI, and tract-based spatial statistics (TBSS) for DTI parameters were used.

Results: At baseline, depressed adolescents exhibited smaller grey matter volumes in prefrontal regions, and larger posterior cingulate cortex volume. Additionally, fractional anisotropy (FA) was lower in most main white matter tracts. At follow up, a year later, both patients and healthy adolescents exhibited marked grey matter decreases that were lateralized in patients to the left hemisphere. Differential grey matter volume trajectories were found between the patients and their controls, in orbital frontal and temporal regions. FA was lower in the patients only in a few tracts.

Conclusion: The results suggest altered grey matter maturation trajectories and delayed white matter maturation in the depressed adolescents.



OP-07-006

Altered thyroid functioning in female adolescent borderline personality disorder and non-suicidal self-injury

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Method: Female adolescents with NSSI (n=85) and BPD (n=36) were compared to healthy controls (n=40) using standardized serum-based endocrinological assays and interview-based psychiatric assessments. HPT axis functioning was examined using thyroid-stimulating hormone (TSH), free triiodothyronine (fT3) and thyroxine (fT4), as well as ratio values between fT3 and fT4 (fT3/fT4 ratio). HPA axis functioning was investigated based on adrenocorticotrophic hormone (ACTH) and cortisol (CORT).

Results: Analyses indicated TSH blunting in BPD patients compared to NSSI patients and healthy controls. Thyroid functioning indexed by TSH, fT3 and fT3/fT4 ratio was negatively correlated with BPD symptoms, depression scores, and NSSI frequency. Crosstalk between HPT and HPA axes was most notably in NSSI patients, where positive correlations between ACTH, CORT, fT4, and fT3/fT4 ratio could be demonstrated.

Conclusion: Longitudinal associations between endocrinological markers and clinical characteristics in adolescent patients with BPD and NSSI are warranted to replicate the current findings, addressing potential clinical implications of thyroid markers in child and adolescent psychiatry.

Background: There is evidence for an association between behavioral disturbances and aberrant functioning of the thyroid gland. However, research on this topic in adolescents with Borderline Personality Disorder (BPD) and Non-Suicidal Self-Injury (NSSI) is scarce. Therefore, the present study examined (1) hypothalamic-pituitary-thyroid (HPT) axis functioning in adolescent patients with BPD and/or NSSI, (2) associations between HPT functioning and clinical characteristics, and (3) correlations between HPT and hypothalamic-pituitary-adrenal (HPA) axis functioning addressing alterations of the hormonal crosstalk between the HPT and HPA axes.



OP-07-007

The role of coping style and daily 'perceived control' in subjective sleep quality in adolescents

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Objective: Previous research has shown that approach coping is associated with better quality of sleep than avoidance coping, but this has never been investigated in daily life. The current study investigated the role of coping styles on subjectively rated sleep quality in adolescents and the possible mediating role of perceived control in the coping-sleep relationship.

Method: N= 777 twins and their siblings from the Twinscan study were administered the Utrecht Coping List at baseline. They then completed six days of experience sampling, part of which involved self-reporting sleep quality each morning and perceived control over the most negative event of the day each evening.

Results: Results demonstrated that active coping at baseline was associated with higher daily sleep quality. None of the other coping styles were significantly associated with sleep quality and there were no significant associations between perceived control and any of the coping styles. Perceived control reported in the evening did not predict next-day sleep quality, and there were no significant interactions between coping and perceived control, in relation to sleep quality.

Conclusion: Consistent with previous research, approach (active) coping was positively associated with higher self-reported sleep quality. Our study extends previous work by demonstrating this effect at the daily level. Perceived control measured at the daily level, was not associated with next-day sleep quality, and contrary to previous research, did not relate to coping style. These findings may suggest that dynamic perceived control relates differently to coping style and sleep than its stable component.



OP-07-008

Morphological brain correlates of at-risk mental state

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Objective: At-risk mental state (ARMS) is characterized by a significant drop of global and socio-occupational function levels when occurring together with emerging attenuated or brief limited intermittent psychotic symptoms (BLIPS) or having an immediate family history of schizophrenia. These criteria form the basis of the Comprehensive Assessment of At-risk Mental State (CAARMS) and are predicting a high risk of developing a severe mental illness like schizophrenia. Brain imaging research to date has provided some evidence of emerging and progressive grey matter anomalies in the prodromal phase of a psychotic illness. We hypothesized that regionally reduced grey matter in ARMS individuals is associated with increased CAARMS risk ratings and reduced global (GAF) and socio-occupational (SOFAS) function levels.

Method: High-resolution magnetic resonance images from 24 female (f) and 21 male (m) individuals (age range 15-24 years) with confirmed ARMS status according to CAARMS criteria were analyzed with Freesurfer 5.1 and compared to 36 age-matched healthy control subjects (24f/16m) and 19 age-matched individuals (8f/11m) with a DSM-IV-confirmed diagnosis of schizophrenia.

Results: ARMS individuals showed significant correlations between CAARMS, GAF and SOFAS scores and grey matter thickness in frontal, prefrontal, and occipital cortices. Using a median split, those with higher CAARMS score showed a similar pattern of grey matter difference in the right temporal lobe as the schizophrenia group when compared to control subjects.

Conclusion: Our findings suggest that low-grade psychotic symptoms and functional impairment are associated with grey matter anomalies, a putative measure of brain pathology associated with ARMS.



OP-08

Training and policy

Chairperson: F. Cuhadaroglu, Turkey

OP-08-001

The training of child and adolescent psychiatrists in Australia and New Zealand: A comparison to Europe and elsewhere

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Objective: The Royal Australian and New Zealand College of Psychiatrists is responsible for the training of psychiatrists, including subspecialist child and adolescent psychiatrists. Australia and New Zealand child and adolescent psychiatrists a recognised general psychiatrists who have completed subspecialty child and adolescent psychiatry in the final 2 years of psychiatry training to achieve the RANZCP Certificate of Training in Child and Adolescent Psychiatry. Psychiatry training in Australia and New Zealand takes a minimum of 5 years and while predominantly a competency-based fellowship program also has a range of centrally organised exit examinations. All psychiatry trainees complete a mandatory six-month child and adolescent psychiatry training. Those wishing to be recognised as subspecialty child and adolescent psychiatrists complete the last 2 years in child and adolescent psychiatry training posts. This contrasts sharply with many European countries where child and adolescent psychiatry training is separate to general psychiatry and trainees undertake substantially more training time in child and adolescent psychiatric clinical settings. The contrast with the United Kingdom is less marked yet nevertheless differences exist with subspecialty child and adolescent psychiatry training taking 3 years after basic psychiatric training. The benefits and disadvantages of different training regimes is unclear

Method: The presentation is descriptive of RANZCP child and adolescent psychiatry training in Australia and New Zealand. Comparisons with European and UK systems of training are made. Emerging issues and questions for Australian and New Zealand child and psychiatry training are raised.

Results: Substantial differences exist between the training of child and adolescent psychiatrist in Australia and New Zealand compared to such training in Europe and the UK. An understanding of these differences, the benefits and disadvantages and implications for better child and adolescent psychiatry training, at least in Australian and New Zealand context, is unclear.

Conclusion: Differences in child and adolescent psychiatry training between Australia and New Zealand, European countries and the UK exist and warrant further exploration to improve child and adolescent psychiatry training into the future.



OP-08-002

RANZCP FCAP Child and adolescent psychiatry: Meeting future workforce needs

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Objective: The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Faculty of Child and Adolescent Psychiatry (FCAP) has recently undertaken to map the Role of the Child and Adolescent Psychiatrist and develop a model of the child and adolescent psychiatry workforce within the Australian and New Zealand context. The goal is to better inform our members, health service providers, governments and our community. The map of Role and workforce modelling will help inform and guide future child and adolescent psychiatry workforce planning including the training of child and adolescent psychiatrists; and aid advocacy endeavours within CAMH. Recommendations of required number of child and adolescent psychiatrists from the workforce model are presented.

Method: A range of local and international data and documents were sourced and integrated including:

- Australian and New Zealand epidemiological and demographic data
- RANZCP workforce data
- Data regarding psychiatric services delivered to child and adolescence in Australia and New Zealand
- Other published documents regarding Australian and New Zealand CAMH workforce estimates and needs and
- International documents providing models for child and adolescent psychiatry and broader CAMH workforce estimates.

Results: The FCAP has been able to successfully map the Role of the child and adolescent psychiatrist in a contemporary Australian and New Zealand health systems. A child and adolescent psychiatry workforce model has been developed to help guide future planning of the Australian and New Zealand child and adolescent workforce.

Conclusion: It is useful to define the Role of the child and adolescent psychiatrist and develop a model of guide future child and adolescent workforce planning.



OP-08-003

Newest psychotherapy research on specific and common factors in treating youth with anxiety disorders and with complex comorbidities. Integrative & transdiagnostic strategies in a European context to gain on efficiency and professionalism

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Objective: reflect on the best psychotherapeutic practice according to newest research results for anxiety and complex comorbidities

Method: reviewing the latest reviews, meta-analyses & publications in the field

Results: Treatments of anxiety disorders show among the highest treatment effect sizes of 0.61, multiple problem targeting the lowest with 0.15 (Weisz, 2017). Meta-analytic reviews showed little influence between therapy adherence and outcome within anxiety treatments (Webb, DeRubeis, & Barber, 2010; Boswell et al. 2013). Although research settings show higher adherence than community settings in an established CBT-setting including exposure tasks for anxiety disorders again there were no significant differences in outcomes (McLeod et al. 2017; also Zarafonitis-Müller S, Kuhr K, Bechdorf A. 2014). Also more flexible application of therapies showed more favorable outcomes in community settings (Park et al. 2012) and activating parents (Manassis, 2014). The more complex the psychopathology the less is known how to reach therapeutic goals (Weisz, 2017). Common factor approaches (Imel & Wampold, 2015; Castonguay & Hill, 2017; Rousmaniere & Goodyear, 2017) seems to be the best practice especially for multi-morbid patients.

Conclusion: There is good reason based on most modern research that following the path of psychoeducation, skill building and exposition in the context of anxiety treatment is making sense - but more flexible and personalized. Common factor skills as setting good therapeutic goals, deliberate practice through patient rated outcome measures, productive and focussed creativity and other common factor skills and specific mediators and moderators will be discussed to promote most efficient therapies in a European legal, cultural and professional context to promote therapeutic practices that children benefit most from. Legally the human rights convention for children with mental health disabilities demand a higher involvement of patients as well.



OP-08-004

Child and adolescent mental health services in the Western Cape of South Africa: Situational analysis, policy evaluation, stakeholder perspectives, and implications for health policy implementation

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Objective: Child and adolescent mental health problems represent the greatest global burden of disease. There are however gaps in knowledge about the needs, barriers and facilitators in child and Adolescent mental health services. The study sought to identify the needs, barriers and facilitators in child and adolescent mental health services in order to develop a service delivery model to inform policy development and implementation in South Africa and other low resource environments.

Method: A mixed method study was conducted in three sequential phases: Policy analysis using the Walt and Gilson Policy Triangle framework (1994); A situational analysis using the WHO-AIMS version 2.2 of 2005. Lastly user and provider perspectives about the services using focus group discussions and semi-structured individual interviews, and Thematic analysis was used to analyse the data

Results: No South African province had a child and adolescent mental health policy. Services are inadequate and inequitably distributed. There is no dedicated budget for child and adolescent mental health services. There is lack of intersectoral collaboration and limited research in child and adolescent mental health.

Conclusion: In spite of South Africa's upper-middle income status, lack of Child and adolescent mental health policy development and implementation and lack of resources is concerning, but in keeping with findings from other Low and Middle Income Countries. Our results reinforce the neglect of child and adolescent mental health . Government acknowledgement of research evidence is needed to ensure recognition of Child and adolescent mental health as a health priority and provide an opportunity for changing budget allocations to create parity with other medical problem.



OP-08-005

Children's perceptions of shared medical decision making in child psychiatry

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Objective: Involving children in decisions that affect them is considered a key ethical standard in child psychiatry. Involvement may prevent misunderstandings, increase a child's compliance and reduce anxiety. Yet, little is still known about how participatory decision making is implemented and how it is perceived by those affected. Thus, this study set out to assess mothers', fathers', and children's evaluation of the child's decisional competence and test for possible predictors of competence such as illness perception, health-related quality of life (HrQoL), socioeconomic status, gender, and age.

Method: N=54 mother, father, child triads (total N = 143) completed self-report questionnaires.

Results: Parents report to understand the child's illness better than the child and tend to assess the associated consequences as more severe. Children, in turn, propose a lower age threshold (13.55 years) for autonomous decisions than their parents (15.63, 16.58). Furthermore, children's decisional competence was significantly predicted by the age of the child, mother, father, HrQoL, illness coherence and emotional illness representation.

Conclusion: The present findings demonstrate the importance of considering all parties involved in shared decision making as their views may differ significantly. Also, further research is needed to debunk the factors contributing to participatory medical decision making.



OP-08-006

Improvement of satisfaction to mental health services is necessary to reduce public stigma

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Objective: Reducing stigma to mental disorders is a global challenge. Stigma to mental health (MH) is assumed to worsen if there is hostility to mental health services (MHS). Every previous researches has disclosed the research leader, medical research institute. Participation rate of strong hostile subjects is considered to be low; therefore previous researches haven't properly evaluated the relationship between hostility and stigma to MH.

Method: We set up a questionnaire on the Internet from March to October 2014 without the information about us. For those with suspicion, we refused to accept their response after explaining our intentions. And, considering the above bias, we examined the relationship between stigma and hostility to MHS. Our research has been approved by Shiga University of Medical Science Ethics Committee, and doesn't use personal identifiable information.

Results: There were 969 countable accesses, and 407 responses (213 males, 194 females) were obtained. The median age was 39 years old. 194 peoples had psychiatric treatment experience, and 105 of them had complaints of treatment. There were 221 people with hostility towards MHS and the median Devaluation-Discrimination Scale (DDS) was 34.0. Covariance structure analysis was conducted with therapeutic experience, dissatisfaction degree, DDS and hostility as the objective variable. The standardized coefficient (SC) for hostility against DDS was 0.32. The SC for dissatisfaction degree against hostility was 0.56. The SC for having experience of treatment against hostility was 0.11, and the SC of the path, especially through dissatisfaction with treatment, was 0.35.

Conclusion: In this survey we obtained a number of responses from those with hostility towards MHS. Stigma was strongly influenced by hostility towards MHS, and hostility was affected strongly by dissatisfaction with treatment. In order to reduce stigma, improvement of satisfaction to MHS was considered necessary.



OP-08-007

Professionals' views on the development process of a structural collaboration between child and adolescent psychiatry and child welfare: An exploration through the lens of the life cycle model

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Objective: This study, as a part of a participatory action research project, reports the development process of an innovative collaboration between child and adolescent psychiatry and child welfare, for adolescent girls with multiple and complex needs.

Method: Findings emerge from a qualitative descriptive analysis of four focus groups with 30 professionals closely involved in this project, and describe the evolution of the collaborative efforts and outcomes through time.

Results: Participants describe large investments and negative consequences of rapid organizational change in the beginning of the collaboration project while benefits of the intensive collaboration only appeared later. A shared person-centred vision and enhanced professionals' confidence were pointed out as important contributors in the evolution of the collaboration. Findings were compared to the literature and showed significant analogy with the life cycle model for shared service centres that describe the maturation of collaborations from a management perspective.

Conclusion: These findings enrich the knowledge about the development process of collaboration in health and social care. In increasingly collaborative services, child and adolescent psychiatrists and policy makers should be aware that gains from a collaboration will possibly only be achieved in the longer term, and benefit from knowing which factors have an influence on the evolution of a collaboration project



OP-08-008

Child and adolescent psychiatry training in the 21st century: Training for the research review competency: A UK perspective

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Objective: Knowledge is expanding rapidly; trainees must be competent in evaluating new information throughout their careers. The most recent (2018) revision of the UK National Curriculum in Child and Adolescent Psychiatry requires trainees to be able to find and analyse research carried out by others and assimilate this into a literature review, written to a publishable standard. This study investigated (1) trainees' attitudes to the research review curriculum requirement; (2) their experience of carrying out the review, to identify facilitators for review completion.

Method: Focus group (n=9) to identify key themes. Development of survey instrument. All UK higher trainees [n = 373] were invited to participate and complete an online questionnaire survey .

Results: Overall, trainees supported the literature review competency. They reported needing guidance on how to achieve it and wanted to see the completed reviews of other trainees. Supervisor support with topic selection, availability and flexibility of supervision and timelines with targets within supervision were identified as key facilitators. Data from the national survey will be presented.

Conclusion: Future generations of child and adolescent psychiatrists will need research review skills as clinicians, service providers, teachers and researchers but need training and support in writing a review; understanding the barriers and facilitators is helpful in supporting its achievement. Training requirements vary, even across Europe. Given the mobility of Child and Adolescent Psychiatrists, key elements of training should be harmonised. Implications of the results are discussed with regard to UK, EU and global perspectives.



OP-09

Psychotherapy

Chairperson: G. Schöfbeck, Austria

OP-09-002

Combined perspective on initial youth- and therapist-rated alliance: An early marker for short-term treatment outcome in youth mental health care and addiction care

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Objective: Available evidence-based treatments for youth with mental health problems have yielded moderate effects. To increase treatment effectiveness, researchers have focused on the impact of therapeutic alliance, a modest predictor for treatment outcome in youth therapy. Since therapeutic alliance is an interpersonal and collaborative concept, the correspondence of the youths' and therapists' perception of the alliance is an important aspect for the therapeutic alliance-outcome association. Conversely, the therapeutic alliance literature is dominated by studies that examine the youth-therapist relationship from only one perspective.

Method: In our study, we examined whether initial therapeutic alliance among youth in treatment for addiction or other psychiatric problems was predictive of short-term treatment outcome. In addition, we tested whether combined perspectives on therapeutic alliance had additive value compared to one perspective. During the first four months of treatment 127 youth reported therapeutic alliance, symptom severity and substance use at three time points (first session, two and four month follow-up). Therapist reported therapeutic alliance was collected at the same time points.

Results: Our results show that therapeutic alliance is a positive, stable and robust predictor for treatment outcome. The likelihood of a favorable treatment outcome was 8 times higher for strong youth-rated alliance compared to weak youth-rated alliance. In addition, combined perspectives on alliance appears to be a strong predictor of treatment outcome. If youth and their therapist rated the initial alliance as weak, only 23% showed a favorable treatment outcome. In contrast, when both rated the alliance as strong 70% showed a favorable treatment outcome.

Conclusion: Initial therapeutic alliance is a strong robust predictor for treatment outcome in youth mental health care. Therapists should pay close attention to the alliance early in treatment. In case of weak alliance, as rated by the youth and therapist, discussion of obstacles in the therapeutic alliance is needed, and by insufficient improvement change of therapist should be considered.



OP-09-003

Schema therapy for children, adolescents, and parents

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Objective: Schema Therapy (ST) developed by Jeffrey Young is an enhancement and development of cognitive behavioral therapy (CBT), and particularly integrates emotions, but also developmental aspects centrally in their diagnostic and therapeutic considerations. In addition, ST is based on a model of early maladaptive schemas (EMS), modes and the basic core needs and “their fate” during the life course. Therefore, ST - in terms of technical and strategic variant of CBT – seems to be also and especially in the field of child and adolescent therapy particularly suited to generate action-guiding, diagnostic and therapeutic concepts.

Method: In this presentation, first the schema therapeutic conceptual model (schemas, modes, coping strategies), the underlying theory (central importance of core needs in the context of developmental tasks), and requirements in the therapeutic attitude are briefly outlined. Related to the children’s age one of the 18 schemas described by Young are outlined with their typical child and adolescent cognitions, coping strategies, and parental characteristics. In a glance schema therapeutic strategies with younger patients are demonstrated. Another focus is laid on the work with parents (“Schema Coaching for Parents”).

Results: Typical clinical course and treatment outcome of patients are discussed.

Conclusion: In the center of all our considerations will be the issue of how we can learn about, and address the patient’s and their caregiver’s emotional needs behind their functional or dysfunctional coping strategies. Following the concept of “empathic confrontation”, we will especially discuss how to soothe, validate and strengthen the Vulnerable Child mode, for the child as well as for the parental caregivers.



OP-09-004

Relationship between the parenting style and temperament in childhood with early maladaptive schemas in adulthood

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Objective: In Schema Therapy, it is proposed that ongoing noxious experiences with caregivers during childhood - in combination with temperamental factors - can foster the acquisition of early maladaptive schemas (EMS). According to Baumrind (1971) four unique parenting styles can be differentiated on orthogonal dimensions of Responsivity (R) and Demandingness (D): neglectful style (R-, D-), permissive style (R+, D-), authoritarian style (R-, D+), and authoritative style (R+, D+). We investigated the association of Baumrind's parenting styles and temperamental factors ("Big Five", Costa & McCrae, 1992) with the prevalence of EMS.

Method: N=327 participants (83% female; age: M 31y; SD: 10,82y; 75% attended high school) filled in YSQ-S3R, and retrospectively indicated their parent's parenting style, adding statements about their own temperament following Big Five dimensions.

Results: Significantly higher total sum scores in YSQ were found when the mother's and father's parenting style were neglectful (R-, D-), followed by the mother's permissive (R+, D-), and the father's authoritarian style (R-, D+). Lowest scores in YSQ were revealed when the parent's showed the authoritative style (R+, D+). In terms of temperament, significantly lower YSQ scores were found for higher scores in extraversion, emotional stability, openness and agreeableness compared to the negative dimension of the factors.

Conclusion: On the one hand, higher YSQ total scores were found when participants reported neglectful parenting style, as well as their own introverted, emotionally unstable, disagreeable and not-open temperament. On the other hand, an authoritative parenting style as well as an extraverted, emotionally-stable, tolerant and open temperament can be regarded as EMS protective factors. Limiting factors are that the parenting style and the temperamental factors were assessed retrospectively, and in a self-questioning manner only. Further research will be necessary in the future.



OP-09-005

Breaking the barriers – engaging unaccompanied minor asylum seekers into therapy

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Objective: Approximately 60 Mio People around the world are displaced. Amongst the most vulnerable groups arriving in Europe are unaccompanied minors (UASCs). Many survived multiple severe traumata and over 60% experienced exploitation. There are many barriers to reaching these youngsters, including language, culture and low education levels. We present a model for fast adaptation of evidence based interventions to unprecedented therapeutic challenges, such as reaching and engage these very traumatized youngsters.

Method: Using the Distillation Matching Model (DMM) , we first extracted essential elements of existing treatments and causal models. Second , we obtained quantitative and rich qualitative data on therapeutic needs and challenges. A group intervention model and within-session empirical proof of effective symptom relief were used for engagement. Therapeutic tools were didactically adapted to make them tangible in the context of limited language and cultural diversity. Last we used triangulated qualitative data and circularity for continuous program adaptation. We recorded engagement (during/6 Month post-intervention), acceptance ratings, as well as pre-post intervention symptoms ratings.

Results: Over successive group programs the engagement rates continuously improved from 20-90%. Acceptability and symptom scores also showed significant improvement in some sub-categories.

Conclusion: The DMM is an effective procedure allowing fast adaptation of psychological treatments to the needs of untried clinical populations, such as the difficult to engage, severely impaired and culturally diverse groups of UASC. Without losing fidelity to the core principles of evidence based psychological therapies we increased engagement and acceptance, despite limited language, poor education and lack of trust towards services.



OP-09-007

Effects of Balovaptan on health-related quality of life (HRQoL) of adult males with Autism Spectrum Disorder (ASD): Results from a phase 2 randomized double-blind placebo controlled study (VANILLA)

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Objective: The phase 2 VANILLA study (NCT01793441) investigated efficacy and safety of balovaptan, a highly-selective vasopressin 1a receptor antagonist, in adult men with ASD and IQ \geq 70 for the treatment of social and communication deficits. Evaluating effect of balovaptan on HRQoL was an exploratory objective.

Method: VANILLA was a 12-week, parallel-group, randomized, double-blind, placebo-controlled study evaluating daily balovaptan 1.5, 4 or 10 mg PO. HRQoL was assessed at baseline and Week 12 using the Pediatric Quality of Life Inventory™ Generic Core Scales v4.0, which has age-appropriate versions and assesses physical, emotional, social and school/work functioning, from which Total, Physical Health Summary and Psychosocial Health Summary scores are derived. Changes from baseline at Week 12 were estimated using a mixed model repeated measurements analysis of covariance.

Results: The study enrolled 223 participants, with 56 included in the analysis of balovaptan 10 mg (n=30) vs placebo (n=26) at Week 12. Clinically relevant differences were observed for 10 mg versus placebo on the Total Score (estimated difference [ED], 7.15; 90% CI, 2.09-12.20; P=0.021; effect size [ES], 0.63) and on the Psychosocial Health Summary Score (ED, 8.53; 90% CI= 2.79-14.27; P=0.016; ES, 0.67). No statistically significant difference was observed on the Physical Health Summary Score (ED, 4.14; 90% CI, -0.19-10.20; P=0.257; ES, 0.31).

Conclusion: The VANILLA trial showed positive trends of improvement in HRQoL with balovaptan 10 mg versus placebo in adult men with ASD. Ongoing and future studies will be critical to replicate and extend this finding across the age/gender spectrum in ASD.



OP-09-008

Use of medical cannabinoids in pediatric psychosomatics

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Objective: Cannabidiol (CBD) and Dronabinol (CBD+THC) have been used in pediatric care for a few years now, yet, robust data is still lacking for all indications. CBD is one of the major components of Cannabis, but unlike Tetrahydrocannabinol (THC), it does not have hallucinogenic effects. CBD is a promising substance for the treatment of various neuropsychiatric disorders, e.g. multiple forms of anxiety, trauma, and stress-related disorders or epilepsy. It reduces anxiety levels in social phobia patients, and some data even indicates that that it modulates the endocannabinoid system in schizophrenia patients. Dronabinol is used in the context of severe illness such as in palliative and postoperative care for pain relief.

Method: Data of the frequency and indications of CBD and Dronabinol prescriptions at the Department of Pediatrics and Adolescent medicine of the Medical University of Vienna will be gathered systematically.

Results: During a period of 1 year the psychosomatic liaison service was requested in 11 cases for cannabinoid treatment. Indications and effectiveness will be analyzed in this case series.

Conclusion: Despite the increased use of medicinal cannabis, data is nearly totally lacking for pediatric populations. This case series will add to the sparse information and will, thus, serve as a basis for a pilot trial in the field of neuropediatric disorders.



OP-10

Psychiatric care

OP-10-002

Improving integration of mentally burdened adolescents in the labor market

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Objective: Adolescents who do not successfully transition from compulsory education to the upper secondary level are at increased risk of developing mental illness, as compared with their working peers. Early intervention is important in these cases; the course of an illness can be positively influenced if treated early and immediately. To recognize and treat mental illness in a timely way, we developed an intervention that integrates psychotherapy support in a vocational integration program for adolescents who have not successfully transitioned from compulsory education to the upper secondary level. The aim of this study is to investigate the effectiveness of the intervention, which is delivered to all participants aged 16-29 of a vocational integration program. Another objective is to analyse the feasibility, implementation and acceptance of the intervention.

Method: To do so, we conduct a single group clinical. Participants complete pre-intervention measures and then, in addition to the regular vocational integration program, take part in the intervention group. The primary outcomes for this study are increase in work ability, mental health literacy, and mental health. Demographic information, vocational biography, and satisfaction with the intervention are also collected. Questionnaire data are collected at pre-intervention, post-intervention, and six-month follow-up.

Results: The research project is still on-going, but first results show, that the intervention leads to improvement in the primary outcomes measure and it's highly accepted among the adolescents and the professionals.

Conclusion: These results underline the need of such a low threshold intervention, to improve mental health among adolescents and to facilitate their transition into the labour market.



OP-10-006

Strategies to increase child psychiatric care in the medical home

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**Oregon Health & Science University, Oregon Psychiatric Access Line, Portland, USA*

Objective: There is a shortage of child psychiatrists worldwide. In the United States, ratios of child psychiatrists range from 1 to 60 per 100,000 children, with a median of 11 child psychiatrists per 100,000 children. While Scandinavian countries average 47 psychiatrists per 100,000 youth, East European countries have as few as 2-5/100,000. Learning objectives are: to review limitations of the present model of child psychiatric care; to present alternative child psychiatry access models that support a greater number of children through consultations provided to primary care clinicians within the medical home.

Method: This presentation will delineate how three psychiatric access models, 1) phone consultations, 2) online consultations, and 3) Extensions of Health Outcomes (ECHO) training programs help primary care clinicians provide higher levels of mental health care. All three programs leverage the existing supply of child psychiatrists by providing specific advice for individual patients. In addition, the ECHO model links specialists with primary care clinicians through videoconferencing using a 'hub and spoke' model of case-based learning that increases the competence and confidence of primary care providers.

Results: The Oregon Psychiatric Access Line has provided over 2500 child psychiatry phone consults during the past 4 years. In tandem, we also offer a child psychiatry ECHO program. Oregon Health & Science University offers email consultations to primary care clinicians. All three programs show high levels of satisfaction from clinicians who participate.

Conclusion: These psychiatric access programs support the primary care clinician with expert advice and knowledge. Through this extension of psychiatric expertise into the medical home, more patients receive higher levels of care in a timelier manner and at less cost than traditional psychiatric care models. These models are replicable and can improve the mental health care provided to children.



OP-10-007

The Dutch headspace experience: We are @ease

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Objective: Three out of four adult mental disorders arise before the age of 25. The majority young people with mental health problems, do not receive the care they actually need. Youth unfriendly mental health care services, and long waiting lists are some of the underlying reasons. If untreated, an emerging mental disorder before the age of 25 increases the risk of morbidity and disability later in life. Therefore, developing accessible youth friendly mental health care services are highly needed.

Method: Following the success of the Australian headspace centres, 2 Dutch @ease centres opened in 2018. Youth aged 12-25 are able to walk in and talk about their problems for free and anonymously. During 10 months 100 young people attended @ease. SOFAS for social functioning and the CORE-10 for assessing psychological symptoms were completed.

Results: The mean age of youth was 21 years, 56% was female. Two thirds were in school or education. Sixty-three percent was native Dutch speaker, and 40% was born abroad. Fifty percent were living with their parents. One third had at least one parent with a mental disorder. Two-third of youth had received help for mental health problems before. Mean severity of psychological distress was moderate. Mean score at the SOFAS was 61. Twenty percent had suicidal thoughts. The satisfaction scores were 4.6/5 (waiting time) and 4.3/5 (support received)

Conclusion: The first data from @ease in the Netherlands demonstrate that @ease fulfils a need. Also, young people are able to find @ease and find it a positive experience. Future @ease centres are planned to open in 2019.



Poster Sessions

P-01

Poster Session Day 1

P-01-001

Autism: A transdiagnostic, dimensional construct of reasoning

*B. Aggernæs**

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Objective: To identify some core challenges in clinical and scientific practices and suggest new pathways that may help direct future autism research.

Method: A theoretical analysis and discussion that evaluates the concept of autism in light of prior theory, clinical practice and recent empirical evidence.

Results: According to the DSM-5 criteria, the core features of autism are impairments in social interaction and communication, and restricted, repetitive patterns of behaviors, interests or activities, whereas psychosis appears to be the central feature of schizophrenia. Bleuler (1911) considered autism to be a symptom related to a degenerative condition, dementia praecox, with both autism and distortions of reality considered various expressions of the condition. Today, evidence suggests that autism and schizophrenia both may represent developmental disorders. They may share genes and cognitive impairments suggesting a possible association. The genetic overlap may indicate that autism spectrum disorders and schizophrenia can arise from a shared neurodevelopmental vulnerability or may involve similar pathogenic mechanisms. Whereas the concept of psychosis focuses on how an experience relate to reality, autism may relate to the social aspects of an experience. What both of these phenomena have in common may be a basic impairment of reasoning, possibly in line with the suggestion by Bleuler that disturbances of associations are primary symptoms of dementia praecox.

Conclusion: Future theoretical models need to account for the impact of mechanisms acting at and between the social level and other levels involved, including the genetic, biological and neurocognitive levels.



P-01-002

Suggestion of a simple dynamic model of the development of mental illness

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Objective: To develop a simple theoretical model of the complex dynamics involved in the development of mental illness that may help explain the observed biological and clinical heterogeneity of autism spectrum disorders and related developmental disorders.

Method: The model is a result of a further development of previously reported theoretical ideas suggesting that autism may represent a transdiagnostic, dimensional construct of reasoning.

Results: The dynamic model distinguishes between three different kinds of mechanisms involved in the development of clinically manifest disease: a basic neurobiological susceptibility, compensating neuronal and/or environmental mechanisms, and releasing mechanisms, including stress related factors. According to the model, autism spectrum disorders and schizophrenia are conditions in which the rationale of an individual's behavior differs qualitatively from that of the environment resulting from cognitive impairments. Cognitive challenges increase across the course of development. At different levels of cognitive complexity, some individuals may reach the limits of their cognitive abilities. Due to cognitive impairments and merely as the result of events relating to typical development, some vulnerable individuals may experience enduring stress. This increases their risk of developing clinically manifest disease.

Conclusion: A simple theoretical model of the complex dynamics involved in the development of mental illness may help explain the observed biological and clinical heterogeneity of autism spectrum disorders and related developmental disorders including schizophrenia. Differences in age-related symptom expression, severity of illness, comorbidity, and a focus on psychosis may be what separate autism from schizophrenia.



P-01-004

Circles and triangles: Analysing the shape and geometry of the therapeutic triad in the Mifne method intervention

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Objective: This presentation analyses the therapeutic triad model of “infant, mother, father” and “infant, parents, therapist,” occurring in the Mifne Method therapeutic intervention for infants with autism and their nuclear families. The Mifne Method targets infants and toddlers at risk for autism, or a confirmed diagnosis of autism, up to 24 months of age. The therapeutic approach is based on attachment theory and family systems therapy. Individual treatment with the infant occurs via Reciprocal Play Therapy. RPT focuses on the entire range of developmental components: physical–sensory–motor–emotional–cognitive. Parental therapy occurs through analysis of intra-family relationships and includes individual feedback supervision intended to develop Parental Reflective Capacity (PRC). Developing PRC provides a means of affective regulation for the parents, siblings, and infant with autism.

Method: Drawing on the Mifne Perception Model this presentation will analyse the dialectical relations occurring between different levels of the triadic therapeutic intervention – based on the bio-psycho-social model

Results: This theoretical analysis highlights the conceptual link between attachment and family systems therapy in the therapeutic triad established in the treatment of infants with autism and their nuclear families.

Conclusion: The importance of incorporating parents in the therapy for infants with autism is premised on the circular causality occurring between the infant, family, and external environment. Highlighting the connection between attachment and family systems therapy provides the conceptual means of tracing the links in this chain of causality, and explaining the effectiveness of early therapeutic transformation for infants with autism and their nuclear families.



P-01-007

Future projection capacity in autism spectrum disorder and 22q11.2 deletion syndrome: Does it impact anticipatory pleasure?

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Objective: Social impairments are common features of several neurodevelopmental conditions, including autism spectrum disorder (ASD) and 22q11.2 deletion syndrome (22q11DS). Future projection – the ability to imagine future events – is a process potentially involved in the development of social impairments and may be related to difficulties in the ability to anticipate pleasure. In the present study, we examined the characteristics of future projection in both populations and the link between future projection, anticipatory pleasure and social functioning.

Method: Adolescents with ASD, 22q11DS and typically developing (TD) individuals aged 12–25 are currently being collected. All participants complete a future thinking task, where they are asked to produce a likely event (production condition) and to recall a memory (recall condition) related to four target words. For each condition, participants have to describe one social and one non-social situation. Stories are rated based of their specificity and richness. Participants also complete questionnaires about anticipatory pleasure and social functioning (VABS-II and SRS).

Results: We expect that participants with ASD and 22q11DS will present deficits in future projection. More specifically, we hypothesize that affected individuals will show poorer performance (i.e., less detailed and less specific descriptions) in the production condition compared to the recall condition, with specific difficulties in describing social situations. In addition, we also expect to find a link between future projection, especially in the social condition, anticipatory pleasure and social functioning.

Conclusion: This study could show that ASD and 22q11DS individuals are impaired in future projection and point to potential novel therapeutic targets.



P-01-008

An innovative interactive autism screening test and model in toddlers to improve early detection and access to services

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Objective: Preliminary results from the Rapid Interactive Screening Test for Autism in Toddlers (RITA-T) supported the validity of the test in screening for autism spectrum disorders (ASD) in a highly controlled research environment. To generalize the effectiveness of the RITA-T, a new level 2 screening for ASD in a diverse population improving identification and referrals to tertiary care centers.

Method: The RITA-T consists of nine activities that evaluate the participant's social, communication, and interaction skills. Providers from an early Intervention program in Worcester, MA were trained on the RITA-T. The test was administered to 81 toddlers from diverse ethnic and racial backgrounds. Toddlers were then referred to a diagnostic team that administered the Autism Diagnostic Observation Schedule-2 (ADOS-2) and the Mullen Scales of Early Learning (MSEL). A final clinical diagnosis was made as ASD or non-ASD based on testing and clinical presentation. Each participant's RITA-T score was compared to their final diagnosis to determine the optimal cut-off score.

Results: Eighty-one toddlers (78% male) were evaluated within 7 weeks. Mean Age was 27.3 months. The study population was 58% white, 20% Hispanic, 15% African-American, and 7% Asian. Fifty-seven (70.4%) were diagnosed with ASD and 24 (29.6%) were non-ASD. Optimal cutoff score for the RITA-T was determined to be 12 (PPV = 0.93, NPV = 0.95).

Conclusion: Training and administration of the RITA-T is generalizable, and results support its validity and correlation with clinical diagnoses. Cut-off score was further refined. In addition, it improved access to services and earlier identification in a diverse population.



P-01-009

Efficacy and safety of bumetanide oral liquid formulation in children and adolescents with Autism Spectrum Disorder: Study protocol of two randomised, double-blind, placebo controlled phase III trials

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Objective: Recent studies suggest that bumetanide has the potential to significantly improve the core symptoms of Autism Spectrum disorders (ASD). We here report the international clinical development for bumetanide in ASD, with two simultaneous similar phase III trials in two age subsets (2-7 years; 7-18 years). The primary objective of these trials is to demonstrate the efficacy of bumetanide on ASD core symptoms.

Method: Both phase III trials are international randomized, double-blind, placebo-controlled with a 6-month parallel-group design, followed by a 6-month open-label treatment period and a 6-week discontinuation period after treatment stop. Children and adolescents (N=200 in each study) with moderate or severe ASD (Childhood Autism Rating Scale 2 (CARS-2) ≥ 34 ; Clinical Global Impression (CGI)-S ≥ 4) will be randomised to bumetanide 0.5 mg (or 0.02 mg/kg for children with weight < 25 kg) twice daily as oral liquid formulation, or placebo. The primary efficacy outcome is the CARS-2 at 6 months. Main secondary efficacy endpoints include Social Responsiveness Scale, CGI and Vineland Adaptative Behaviour Scale II. Efficacy endpoints will be expressed as changes from baseline to 6- and 12-month visits. Safety of bumetanide will be assessed throughout the study using adverse events recording, clinical examination, laboratory evaluation, ECG and renal ultrasound. Suicidality will be assessed using the Columbia-Suicide severity scale Children's version. Bumetanide will be compared to placebo using a general linear model with baseline and stratification factors (country and gender) as covariates.

Results: Recruitment was initiated in October 2018. The completion date of the two phase 3 trials will be in 2021/2022.

Conclusion: This phase III program will provide further data on long-term efficacy and safety of bumetanide in children and adolescents with moderate to severe ASD. If positive, the outcome of these studies could contribute to the first available pharmacological treatment for core symptoms in ASD.



P-01-010

The effectiveness of Pivotal Response Treatment (PRT) in school-aged children and adolescents with autism spectrum disorder: A randomized controlled trial

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Objective: Previous studies on the effectiveness of Pivotal Response Treatment (PRT) reported improvement in social communication of preschool children with ASD. The current study aims to explore the effectiveness of PRT compared to treatment-as-usual (TAU), on improving social communication skills and clinical functioning of school-aged children and adolescents with ASD.

Method: Children aged 9-15 years with ASD (n=44) were randomly assigned to PRT or TAU (i.e. other treatment or waitlist control). At baseline, week 12, 20 and 28 (follow-up), social communication skills were assessed with the Social Responsiveness Scale (SRS) completed by parents and teachers. Clinically significant improvement was examined using the Clinical Global Impression-Improvement Scale (CGI-I) completed by a blinded child and adolescent psychiatrist. Clinical responders were defined as being much or very much improved on the CGI-I.

Results: Repeated measures analysis performed over the currently finished cases (n=27), indicated an improvement in social communication skills over time in both groups (parent- and teacher-rated), with a steeper improvement in the PRT group (parent-rated). There were no significant differences in percentage of clinical responders on the CGI-I between groups at week 12 and week 20. However, at follow-up the percentage of clinical responders in the PRT group were significantly higher compared to the TAU group.

Conclusion: The preliminary findings of this study suggest that PRT is effective in improving social communication skills and clinical functioning of school-aged children and adolescents with ASD. Results of the complete dataset (available June 2019), implications of findings, and future research will be discussed.



P-01-011

Are researchers seeing eye to eye? A qualitative review on pupillometry as a diagnostic tool for autism spectrum disorder

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Objective: Autism spectrum disorder (ASD) is a neurodevelopmental condition, diagnosed based on behavioural observations and parental interviews. Researchers have been looking for measurements of underlying mechanisms of this condition. Pupillometry, the measurement of pupil size and reactivity, has been proposed as an index of autonomous nervous system (ANS) functioning. In this review, we evaluate the evidence on pupillometry as a tool for evaluating ANS in people with and without ASD.

Method: A systematic literature search was performed in multiple databases. Included articles investigated baseline pupil size and amplitude and latency of pupillary reflex in response to light or complex visual stimuli in individuals with ASD and a typically developing comparison group.

Results: Empirical evidence is conflicting for all the investigated pupil parameters. Baseline pupil was long considered to be smaller in individuals with ASD, but multiple studies contradict this. Change in pupil amplitude is used as an index for emotional reactivity, mental effort or visual attention and results are varying. Latency is shorter in infants at risk for ASD, but longer in older children with ASD: an age effect could be present.

Conclusion: Evidence on the value of pupillometry in ASD is inconsistent. Explanations for these mixed results relate to differences in the objectives, stimuli and experimental design of the studies, and the use of small and heterogeneous samples. Despite these limitations, some studies revealed powerful discriminative models with high sensitivity and specificity. Further research is required to investigate the value of pupillometry as a tool in ASD.



P-01-013

Therapeutic approaches for children and adolescents with co-occurring Autism Spectrum Disorder and gender dysphoria

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Objective: In the last years there is a growing evidence that Autism Spectrum Disorder (ASD) is often accompanied by Gender Dysphoria (GD) in children and adolescents. Due to the developmental aspects of ASD, clinical evaluation and treatment of this co-occurrence are often complex. The objective is to understand the therapeutic approaches for the simultaneous treatment of both conditions.

Method: A systematic literature search using PubMed and PsycINFO was conducted from last 3 years. The key-words used were “Gender Dysphoria”, “Autism Spectrum Disorder” and “treatment”.

Results: Despite the scarce literature on therapeutic interventions, recommendations for clinicians and other professionals were found. It is recommended positive interventions, through the affirming language, development of an increased self-awareness, empathy and curious about ASD, gender, and any other constructs. It is also recommended a parents’s support work, helping them to manage the relation with their kids and ensuring that they have a space to discuss their concerns. Furthermore it was already developed initial clinical consensus guidelines for the assessment and care of adolescents with co-occurring ASD and GD. Establish a clinical team with clinicians trained, assess intensity of gender feelings throughout treatment, psycho-education about a spectrum, to provide structure to support adolescents ability to explore gender transition, are some of the measures.

Conclusion: The experience of GD may be explained by clinical presentation of ASD. It is important that health professionals working with ASD are aware of the gender diversity in this population so that the necessary support is provided timely, promoting healthy socio-sexual functioning and mental well-being.



P-01-014

Psychometric properties of a New Vineland™-II 2-domain composite score to assess social communication and social interaction in Autism Spectrum Disorder (ASD)

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Objective: To explore the psychometric properties of the Vineland™-II 2-domain composite (2DC) score, which combines the two independently validated Vineland-II Socialization and Communication domain scores, using data from the VANILLA phase 2 trial of balovaptan, a 12-week study in adult males with ASD and IQ \geq 70 (NCT01793441).

Method: The 2DC score is calculated as the arithmetic mean of the Vineland-II Socialization and Communication domain standard scores. Measure was administered by experienced raters. Test-retest reliability was assessed using interclass correlation coefficient (ICC) in patients with no change in clinical status at day 84 on the Clinical Global Impression-Improvement (CGI-I) scale. Sensitivity to change (baseline to day 84) was assessed by comparing CGI-I scores in "minimally improved"/better versus "no change"/worse groups. Convergent and discriminant validity, as well as known-group validity were also explored.

Results: The Vineland-II 2DC demonstrated very good test-retest reliability (ICC 0.83, N = 88), and correlated with (0.97 Pearson correlation) and demonstrated similarly robust psychometric properties to the Vineland-II Adaptive Behavior Scale. Correlations with symptom-oriented scales were weak, as hypothesized. Known-groups validity was strong and sensitivity to change for the 2DC score was significant across groups (nominal P < 0.05 for both).

Conclusion: The novel Vineland-II 2DC is reliable, valid and sensitive to change, enabling a comprehensive assessment of the core socialization and communication abilities in people with ASD. These findings support the use of the Vineland-II 2DC as a suitable outcome measure for assessing the core deficits of socialization and communication in ongoing/future ASD clinical trials.



P-01-015

Let me tell you a story – storytelling in autism

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Objective: Children with autism spectrum disorder frequently show impairments in the ability to generate and communicate stories and personal memories coherently. The present study will examine whether autistic children and adolescents differ from typically developing controls in the narrative coherence of stories generated when asked to A) retell autobiographical memories, and B) tell imagined stories based on pictures.

Method: Fifty children with autism spectrum disorder and fifty control subjects between 7-14 years are recruited. The recalled memories and imagined stories of each child are recorded and transcribed. The narrative coherence of each story are scored according to previous validated procedures on four subscales: Orientation, Structure, Affect and Integration. Primary outcome measures of narrative coherence for personal memories and stories are compared within subjects to ensure construct validity of the narrative coherence scale. Group differences in narrative coherence are examined with ANOVA, and multiple linear regression models are used to explore whether narrative coherence scales are associated with symptom severity including verbal communication skills in subjects with autism.

Results: The study is part of a PhD project that aims to identify impairments in the abstract use of language in autism, which are expected to be associated with verbal communication skills, executive functions, clinical symptoms and social adaptive functioning in autism.

Conclusion: The study is part of a translational study NeuroMAP that focus on neurocognitive markers in autism expected to contribute with critical insight into potential underlying mechanisms triggering the autistic core symptoms.



P-01-016

Evaluation of small group therapy for Japanese university students with high functioning autism spectrum disorder

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Objective: Autism spectrum disorder (ASD) is characterized by social impairments and repetitive behaviors and interests. This purpose of the study was to investigate the effect of the group therapy in Japanese university students with high functioning ASD. It was based on the specific social, communication and emotional needs of the participants with autism. We evaluated the effectiveness of group therapy that aimed to enhance the university-related behaviors in students with autism.

Method: One-group, pre-intervention-post-intervention design was adopted for this study. Assessments were scheduled before and after therapy, Clinical global Impressions-Severity (CGI-S), Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI), and Rosenberg Self-Esteem Inventory.

Results: Participants were 3 students with ASD whose ages were 18 years old to 19 years old with a mean age of 18.6 years. Significant improvements were shown in BDI for depressive state, State-Anxiety and Rosenberg Self-Esteem Inventory for self-esteem. On the other hand, the mean CGI-S score and the mean Trait-Anxiety score did not significantly change.

Conclusion: This study sought to address the shortage of treatment options for students with high-functioning ASD and the results indicated that group therapy involving cognitive behavior therapy could be efficacious in this population.



P-01-018

Prevalence of epilepsy and subclinical epileptiform abnormalities in children with Autistic Spectrum Disorder

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Objective: The co-occurrence of autistic spectrum disorder (ASD) and epilepsy is now well established and literature presents a wide range of estimates from 5% to 46%, which is significantly higher than prevalence of epilepsy in the general population. The aim of our prospective study was to determine the prevalence of epileptic seizures, epilepsy and subclinical epileptiform EEG abnormalities in children with ASD, and to investigate its effects on core autistic symptoms and adaptive behavior skills.

Method: We included a total of 112 patients (mean age 6.58 ± 3.72) with established or confirmed diagnosis of ASD using Autism Diagnostic Interview-Revised (ADI-R) and according to ICD-10 criteria. Adaptive behavior skills were assessed by Vineland Adaptive Behavior Scale-II (VABS-II). Neurologists performed neurological examination and semi-structured interview with parents/guardians, as well as clinical assessment for epilepsy and video – electroencephalographic (v-EEG) examinations during wakefulness and/or sleep.

Results: Based on clinical and video-EEG assessments, three groups of patients were defined: 1) patients with epilepsy ($n=17$; 15.2%); 2) patients with epileptiform discharges in absence of clinical seizures ($n=14$; 12.5%); 3) patients without epilepsy and without epileptiform discharges ($n=81$; 72.3%). There were no significant differences between three groups of patients on ADI-R subscores. Speech development was also not significantly related to epilepsy. VABS – II motor skills score was significantly higher in the group of autistic patients without clinical diagnosis of epilepsy and without subclinical epileptiform discharges ($p < 0.05$) in comparison with two other groups. Patients with higher scores on motor skills have 0.88 times lower odds for having epileptiform EEG activity.

Conclusion: We concluded that there was no significant differences in ADI-R scores between the three defined groups. Epilepsy, as well as subclinical epileptic discharges, had influence on motor skills in autistic patients, and had no effect on adaptive behavior Communication/Socialization/Daily Living Skills.



P-01-019

Autism Spectrum Disorders – how do professionals join the stages of grief?

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Objective: Receiving a diagnosis of an Autism Spectrum Disorder (ASD) for one's child is a life changing event that can be resembled to a great loss throwing parents into the grief cycle¹: shock/mistrust, denial, anger, shame, guilt, confusion/hopelessness, depression, fear, negotiation, hope, isolation, and acceptance. While support groups and non-scientific literature address these stages in order to help parents through the process, the medical staff is often taken by surprise when it comes to certain behaviors of the caretakers. 1. Assess the attitude of mental health care professionals towards parents' behaviors before exposure to this strategy; 2. Organize trainings on this topic; 3. Reassess the attitude of mental health care professionals towards parents' behaviors; 4. Conceptualize a strategy that follows every step of the grief cycle which can be used by mental health professionals both to explain their own reaction to parents' behavioral changes as well as to act in the latter's benefit;

Method: We conceived a questionnaire consisting of 12 open questions for the 12 steps of the grief cycle enumerated above. We emailed this questionnaire to 100 mental health care professionals, either child psychiatrists or clinical psychologists and set our deadline for receiving the completed forms until 1st of March 2019.

Results: The statistical handling of data for the first objective will be available at the end of March 2019. At the first glance formed by looking into the results of focus group discussions in our Clinique we expect to find professionals facing feelings of incapacity and failure, feelings that can further lead to a lack of motivation, lack of satisfaction in the work place.

Conclusion: It is of major importance to see the parallel between doctors' and parents' attitude when facing a diagnosis of ASD and to find a way to place them in a complementary rapport.



P-01-020

Some psycho-social characteristics of adolescent ASD patients in outpatient and in hospital care unite for adolescent psychiatry in Slovenia

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Objective: The study was carried out on 22 adolescent ASD patients, who came for psychiatric help, within 2 year period. Most of them received diagnosis of ASD during this time period. We did the statistical analysis of co morbid psychiatric diagnosis and looked at some of social characteristics that could have influenced the emotional distress (divorce and bullying), beside the late recognition of ASD. We also looked at some psychological traits of these patients which could be connected to psychopathology.

Method: ADOS 2 and the Rorschach Inkblot test was used. The results were analyzed in Exner Comprehensive system. Descriptive and Inferential Statistics was used.

Results: The results showed that most of the patients obtained diagnosis of ASD late, in adolescence (68%). The most common was depression (26%) and emotional and behavior problems (19%). Most of them had an experience of bullying (55%) and 41% of patients have divorced parents. Statistical Analysis of Rorschach protocols: Popular/P= 4 (SD=2.01) Sum6=3 (SD=2.1), Deviant verbalization=2 (SD=1.08); Interpersonal Sum/H+(H)+Hd+(Hd)=5 (SD=2.) Human Movement/M=2 (SD=1), Isolation Index=0.19 Pure C=1.5 (SD=0.48), Affect ratio/Afr=0.56

Conclusion: Late recognition of ASD could be crucial for developing psychiatric problems in adolescence. Social factors like bullying and divorced parents also played an important role in emotional turmoil. Peer bullying being the most crucial and probably connected to not being recognized as having ASD. Some psychological traits: they look at the world in less conventional manner although we did not find their thinking to be disordered. Disordered thinking was linked to the ones who have had an experience with psychosis. In the area of interpersonal style the results suggest lack of social skills and superficial contacts and less desire to socialize. The results also indicate negative or poor self image. The results show that affect is poorly regulated and the patients show tendency toward impulsive reactions.



P-01-021

Empathy in Autism Spectrum Disorders. A Tunisian comparative study

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Objective: This study was conducted to study Empathy in Tunisian children with Autistic Spectrum Disorder (ASD), using a digital Tunisian application.

Method: It is an cross-sectional case-control study: including 30 children with ASD, aged between 7 and 14 years, fulfilling the criteria for ASD according to the DSM-5 and 30 controls, aged between 6 and 12 years. Exclusion criteria for both groups were: a verbal intelligence below six years, history of psychological or psychiatric illness and pathology of the central nervous system. We used the CARS to evaluate the severity of autism for the ASD group and the Tunisian version of Differential scales of intellectual efficiency. Empathy was evaluated using a digital application for parents, validated in Tunisian population. The groups were matched on verbal age.

Results: 25 children were assessed in each group (preliminary results) In the ASD group, the mean age was 10.3 years, the mean age at the categorical analysis was 9 years and the mean verbal age was 8 years. For the control group: the mean age was 8.5 years, the mean age at the categorical analysis was 9 years and the mean verbal age was 9 years. There was no difference between the two groups in the mean, categorical, and verbal age. The majority of ASD patients had low levels of empathy with significant difference in the global score between the groups ($p=0.003$).

Conclusion: Results will be discussed in light of literature.



P-01-022

Sensory abnormality and quantitative autism traits in children with and without autism spectrum disorder

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Objective: Sensory abnormalities (SA) are recognized features in Autism Spectrum Disorder (ASD), and a relationship between SA and ASD traits is also suggested in the general population.

Method: Our aims were to estimate the prevalence of SA in three different settings, and to assess the association between SA and quantitative autism traits (QAT) using the Autism Spectrum Screening Questionnaire (ASSQ) and a parental questionnaire.

Results: In an epidemiological child sample ($n=4,397$), the prevalence of SA was 8.3%, in an ASD sample ($n=28$) 53.6 %, and in a non-ASD sample ($n=4,369$) 8.0%, respectively. Tactile and auditory hypersensitivity predicted an ASD diagnosis. The ASSQ was able to differentiate children with and without SA.

Conclusion: In conclusion, QAT level and SA were associated in all three study samples.



P-01-023

Cognitive behavioral therapy for anxiety disorders in children with autism spectrum disorder: A randomized controlled trial

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Objective: Autism spectrum disorder (ASD) is found in approx. 1-2% of the population. Up to 60% of children with ASD suffer from anxiety disorders which can further negatively influence educational, social and general development. The main goal of this study was to examine the effectiveness of a cognitive behavioural therapy program (CBT) adapted to children with ASD in a non-English general psychiatric hospital setting.

Method: The study was a randomized controlled trial where 49 children with ASD and anxiety, aged 8 to 13 years from a public child psychiatric health clinic were randomly assigned to either intervention group or waitlist control group. The group based CBT intervention consisted of The Cool Kids Anxiety Program: Autism Spectrum Disorder Adaptation (Cool Kids ASD). Outcome measures were collected pre, post and at 3 month follow up and included scores from a semi-structured anxiety interview, together with parent, child and teacher questionnaires on children's anxiety symptoms, life interference, and social and adaptive skills.

Results: This is an ongoing study and final results will be available for presentation at the conference. However, results from a prior feasibility study showed that 55.5% of the children participating recovered and no longer met the criteria for their primary anxiety diagnosis after treatment. This number rose to 77.7% at follow-up.

Conclusion: The feasibility study suggests that the transition of the group program 'Cool Kids ASD' from research environments to non-English standard child psychiatric clinical settings is possible. The randomized study might confirm this efficiency and efficacy of the program in a larger sample.



P-01-024

Dynamics of frequency of hospitalization of children with autism spectrum disorders (ASD) in children's mental hospital (2007 – 2017)

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Objective: Increasing ASD rates have led many researchers to refer to a worldwide autism epidemic. In 1990-2015, reported autism incidence increased 7-8 times. Genetic influences alone cannot account for such elevated rates. Recent studies support assertions that autism epidemic may be more illusory than real suggesting that when researchers maintain the same criteria for autism, diagnosis rates do not change over time.

Method: To evaluate frequency of hospitalization of children with ASD (ICD-10 criteria, ADI-R questionnaire) in Child and Adolescent Department of Moscow Research Institute of Psychiatry, data of registered ASD cases in that Department (2007 – 2017) was used.

Results: Data analysis showed a clear upward trend in number of ASD cases among hospitalised children. Based on the assessment of inpatients, an increase with a flattening tendency was observed. At the same time, a decrease (more than 20%) in mental retardation diagnosis among hospitalised children was noted.

Conclusion: The revealed rise of ASD diagnosis frequency among hospitalised children corresponds with the world trend however it does not confirm the existence of autism epidemic. Possible causes of such increase: raising autism awareness among the population, parents' willingness to accept autism diagnosis, perceiving it as less stigmatizing. It is possible that the overall pool of children with autism like features has remained constant but specific diagnoses within it have switched (decreasing rates of mental retardation and learning disabilities diagnoses). The reliability of the obtained data can be confirmed by the fact that the ratio between boys and girls over the years has been constant (4:1).



P-01-025

Cytokine aberrations in Autism Spectrum Disorder: A multi-center study from Turkey

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Objective: Autism Spectrum Disorder (ASD) is a pervasive neurodevelopmental disorder characterized by impairments in communication and social interaction as well as restricted interests and repetitive behaviors. Previous findings indicate that some children with ASD have dysregulated immune responses such as altered cytokine profiles. The aim of this study was to determine the expression levels of IL-1 β , IL-1 α , IL-4, IL-6, IL-17, TNF- α , and TGF β in peripheral blood mononuclear cells (PBMCs) of children with ASD and healthy controls.

Method: The study was conducted at the Child and Adolescent Psychiatry Departments of centers and involved patients followed up with ASDs in the study centers. The diagnoses of potentially eligible patients were corroborated with clinical interviews as per DSM-5. 10 mL of blood was collected after overnight fasting between 08:00- 09:00 A.M. into PAXGene[®] vacutainer tubes (Qiagen[™], Hilden, Germany) and RNA was isolated by using PAXgene[®]. Data were entered into a database prepared with Statistical Program for Social Sciences (SPSS[™], IBM Inc, Armonk, NY) Version 22.0.

Results: 195 children with ASDs (80.5 % male) and 162 controls (73.6 % male) were enrolled in the study. The groups were matched in gender and age. In bivariate comparisons, children with ASDs had significantly elevated expression levels for IL-1 β and IL-6 while they had significantly reduced expression levels for TGF- β and IL-17. Children with ASD who have speech tended to have lower expression levels for IL1 α . (Mean= 1.8, S.D.=0.7) compared to those without (Mean=2.0, S.D.=0.7, $t[193]=1.9$, $p=0.06$).

Conclusion: Our results support the presence of a pro-inflammatory state in ASD and further studies on inflammation status in children with ASDs are needed.



P-01-026

Effects of the early start Denver model on language and social-pragmatic skills of preschoolers with Autism Spectrum Disorders

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Objective: The Early Start Denver Modell (ESDM) seeks to focus on core-symptoms of ASD by social communication intervention to improve social engagement in young children with ASD. ESDM was delivered in an Austrian community setting with weekly three appointments for 1.5 hrs in the centre, at home and in the kindergarten over a period of one year.

Method: Subjects were children ($n = 43$, ages 28-54 months, mean age 42.4 months) consecutively diagnosed with ASD in a regional autism centre in Austria. Developmental status was assessed with standardized instruments (Mullen Scales of Early Learning-MSEL, Pervasive Developmental Disorder Behaviour Inventory-PDDBI) at baseline and after intervention.

Results: The Group showed significant improved skills (T-tests) in the MSEL (Expressive-Language: $p=.05$, $ES=.34$; Receptive-Language: $p=.002$, $ES=.59$; MSEL-Total: $p=.006$, $ES=.62$), highly significant reduction in parent-reported core autism symptoms (PDDBI-Autism-Composite-Score: $p<.001$, $ES=-.98$) and gains in Social-Communication skills (PDDBI-Social-Approach (SOCAPP): $p<.001$, $ES=.65$). Regression analyses were used to test if SOCAPP-skills before intervention predicts children's development. Two of the four MSEL-developmental gains (Visual-Reception: $\beta=.30$, $p=.049$, Expressive-Language: $\beta=.37$, $p=.015$) were predicted by SOCAPP. A median-split into a low-SOCAPP- and high-SOCAPP-GAIN-group and analysing for developmental-trajectory showed one significant interaction effect for Receptive-Language ($F(1,38)=4.85$, $p=.034$).

Conclusion: ESDM reduces reported ASD-symptoms and also showed strong effects on family reported social communication skills. Social Communication skills highly correlated with developmental domains. Furthermore, Social Communication skills might be predictive for child's development. The SOCAPP scale of the PDDBI seems to be a highly relevant set of questions which reflect crucial information of children's development. Further studies are needed to assess the predictive value of the SOCAPP scale.



P-01-027

Neural activity in response to novelty and predictive coding-biomarkers of autism?

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Objective: The theory of predictive coding suggests that core symptoms of autism relate to a reduced ability to flexibly update prior beliefs based on new sensory inputs from the environment. An aim of the present PhD study is to test the predictive coding hypothesis in autism.

Method: Fifty children with autism spectrum disorder and fifty control subjects between 7-14 years are recruited for the study. Electroencephalography (EEG) measurements will include auditory neurophysiological paradigms assumed to reflect predictive systems, mismatch negativity (MMN) and a new predictive paradigm developed for the present project. The psychophysiological results will be analysed in relation to measures of intelligence, clinical symptoms and the level of social adaptive functioning. Statistical models that examine group differences and interactions between groups and outcome variables will be tested with analysis of variance (ANOVA), covariance (ANCOVA) and multiple linear regression models.

Results: In the classic MMN-paradigm, autistic children may show deviant MMN amplitudes reflecting deficits in the automatic orienting reflex to deviancy and increased P300 amplitude reflecting a hyper-responsivity to deviant sounds. In the unattended predictive coding paradigm, children with autism may show deficits in P300, whereas the MMN amplitudes may be normal reflecting deficits in the top down regulation.

Conclusion: The project is part of a translational project, NeuroMAP, that focuses on neurocognitive markers of autism. The study may contribute with critical insight into the underlying mechanisms that trigger the autistic core symptoms, in particular those mechanisms that relate to brain activity.



P-01-028

Long-term efficacy and safety of pediatric prolonged-release melatonin for insomnia in children with Autism Spectrum Disorder

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Objective: A recent double-blind randomized placebo-controlled study demonstrated 3-months' efficacy and safety of novel pediatric-appropriate prolonged-release melatonin minitablets (Slenyto; 2/5 mg) vs. placebo in children and adolescents with Autism Spectrum Disorder (ASD) suffering from insomnia. To investigate Slenyto (2,5,10 mg) long term efficacy and safety in patients receiving 1 year of Slenyto.

Method: A prospective 9-month open-label follow-up study of efficacy and safety of Slenyto in community dwelling patients with ASD. Sleep measures included the validated caregivers' Sleep and Nap Diary (SND) and Composite Sleep Disturbance Index (CSDI).

Results: 95 patients aged 2-17.5 years [mean age 9 + 4.24, 74.7% males] who completed the 3 months double-blind trial (51 Slenyto; 44 placebo) at final 2/5mg dose received open-label Slenyto with optional dose adjustment to 2/5/10 mg/day after 3 months. 41 of the Slenyto randomized group completed 1 year of Slenyto and 38 of the placebo randomized group completed 9 months of Slenyto. Subjects treated continuously with Slenyto for 52 weeks (N=41) slept on average 62.08 minutes longer ($p=0.007$), fell asleep -48.6 minutes faster ($p<0.001$) and had longer uninterrupted sleep duration (89.1 minutes; $p=0.001$). In addition, quality of sleep improved ($p<0.001$) and number of awakenings decreased $> 50\%$ ($p=0.001$). There were no significant differences in Slenyto treatment effects between the randomization groups. Child's sleep disturbance (CSDI), significantly improved ($p<0.001$) in all completers regardless of randomization history (N=79). Slenyto was generally safe; the most frequent treatment related adverse events were fatigue in 5.3% (5 events) and mood swings in 3.2% (3 events) of patients.

Conclusion: Slenyto is an effective and safe treatment option for long term (52 weeks) treatment of children with ASD suffering from insomnia



P-01-029

Pediatric prolonged-release melatonin for sleep in children with Autism Spectrum Disorder and comorbid behavioral difficulties: Implications for child behavior

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Objective: We recently reported on efficacy and safety of pediatric prolonged-release melatonin minitablets (Slenyto) treatment (13 weeks) vs placebo, and open label follow up period for sleep in children with ASD. As the study population was quite heterogeneous in behavioral attributes, the impact of this treatment on child behavior in children with co-occurring behavioral attributes was investigated.

Method: 125 Children (2-17.5 years; 96.8% ASD, 3.2% Smith-Magenis syndrome) were randomized (1:1 ratio), double-blind, to receive Slenyto (2/5mg) or placebo for 13 weeks and 95 completed the double blind phase and continued into the open-label period. Child-related outcomes included the Strength and Difficulties Questionnaire (SDQ) measured up to 26 weeks of treatment.

Results: Seventy-three of the 95 (77%) patients completing the double-blind phase had an abnormal score of ≥ 7 on the SDQ hyperactivity/inattention attribute, 54 (57%) scored ≥ 20 in total SDQ, 37 (39%) scored ≥ 6 in peer relationship and 24 (25%) scored ≥ 7 in emotional attribute at baseline. In subpopulations of subjects with abnormal scores in total SDQ, peer relationship and emotional behavior at baseline, Slenyto treatment resulted in significant improvements in the respective behavioral traits after 13 and 26 weeks of continuous treatment as compared to baseline. In the subpopulation of subjects with abnormal scores in hyperactivity/inattention, treatment with Slenyto (13 weeks), resulted in significant improvements compared with placebo in externalizing behavior and total SDQ score ($p=0.037$ and $p=0.024$ respectively) and continued to show significant improvements after continuous 26 weeks of treatment compared to baseline.

Conclusion: Slenyto treatment of insomnia in children and adolescents with ASD with aberrant behavioral traits resulted in improvements of their respective behavioral traits. Treatment of insomnia should be evaluated when considering aberrant behavioral difficulties in children with ASD.



P-01-030

Speech development, regression and birth order as factors associated with the age of Autism Spectrum Disorder diagnosis

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Objective: Autism Spectrum Disorders are characterized by phenotypic heterogeneity and variability. The majority of parents notice abnormalities during the first 2 years of life. Early diagnosis is of paramount importance.

Method: Parents of 128 children with Autism Spectrum Disorder (106 boys and 22 girls, (M) age=96.6 months) completed a questionnaire developed for the study. Chi-square test has been used in cases of categorical variables, ANOVA for continuous variables and linear regression model to predict age at diagnosis and age of first symptoms.

Results: Mean age at diagnosis for children with Autism was 45.2 months (sd = 356.4), while the mean age at diagnosis for children with Asperger syndrome was significantly higher (74.0 months, sd = 986.5). Parents of children without regression tend to observe the first symptoms later than those of children with regression (p-value < 0.05). Speech development delay is a common symptom, which arouses first parental concerns ($\chi^2=10.7$, p-value=0.00106). Birth order is a factor that affects significantly (p-value < 0.05) the age of the diagnosis. There was no association between gender, parental age or education and the age for the diagnosis to take place.

Conclusion: The age of diagnosis for Autism Spectrum Disorders is quite variable. Positive parental concerns suggest a possible underlying developmental problem. Properly informed parents about the red flags could lead to an early intervention of the disorder.



P-01-031

Irritability and disruptive mood dysregulation disorder in children with autism spectrum disorder

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Objective: This study aimed to clarify the prevalence of irritability and the association between irritability and other comorbidities in children with autism spectrum disorder (ASD).

Method: We enrolled 56 patients with ASD (aged 6-18 years, 56% male) in Osaka City University Hospital from May to September 2018. Exclusion criteria included intellectual developmental disorder, bipolar disorder, and severe neurological impairment. We conducted semi-structured interviews with the parents to evaluate the presence of irritability and other comorbidities in detail. All participants and their parents gave written informed consent.

Results: In total, 26 (46%) children had threshold temper outbursts that occurred 3 or more times a week, and 44 (79%) had outbursts at least once a week. Twenty (36%) had threshold irritable mood that persisted for most of the day. Among 38 (68%) children with both temper outbursts and irritable mood, 13 (23%) strictly met the DMDD diagnostic criteria, which required symptoms to be present for 12 or more months and in at least two settings. ADHD and ODD were significantly more frequent in ASD children with DMDD ($n = 13$) than in those without ($n = 43$; 70% vs 23% and 85% vs 44%, respectively). However, the frequency of major depressive disorder between ASD children with and those without DMDD was not different (31% vs 23%).

Conclusion: Irritability including both temper outbursts and persistent irritable mood is common. Furthermore, DMDD may be linked with externalizing problems in children with ASD. Assessment of irritability is warranted in children with ASD due to the possible association of irritability with severe functional impairment as well as overdiagnosis of DMDD.



P-01-033

Evaluation of neutrophil to lymphocyte ratio in Autism Spectrum Disorder

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Objective: Several studies emphasize the role of altered immune responses and neuroinflammation in the etiology of Autism Spectrum Disorder (ASD). Neutrophil to lymphocyte ratio (NLR) is a systemic inflammatory marker that can easily be obtained from a complete blood count. In this study, it was aimed to evaluate the NLR and the correlation between NLR and symptom severity in children with ASD.

Method: This retrospective study included 134 children with ASD between the ages of 2 to 5 (113 boys and 21 girls). NLR was calculated according to the complete blood counts concurrent with the time of diagnosis. Patients who had a history of acute or chronic disease with respect to the patients' records were excluded from the study. The symptom severity of ASD was evaluated with the Childhood Autism Rating Scale (CARS). The NLR of the ASD patients was compared with the NLR of the same age and gender group from a healthy population sample of another study.

Results: The mean NLR of the ASD patients was found lower than the healthy population sample mean (0.93 ± 0.60 ($p=0.000$) for the boys and 0.84 ± 0.42 ($p=0.03$) for the girls). There was no correlation between CARS scores and NLR in the ASD group ($p > 0.05$).

Conclusion: Decreased NLR may be an indicator of impaired immune response in autistic patients. However, we couldn't find a direct relationship between this finding and symptom severity in this study. Further studies in larger gender and age-matched patient groups are needed to explain the role of this difference in the multifactorial pathophysiology of ASD.



P-01-034

Alteration of gut microbiota in children with Autism Spectrum Disorder (ASD)

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Objective: Bidirectional communication pathway between gut bacteria and the central nervous system (CNS), microbiota-gut-brain axis, exerts a profound influence on key brain processes, synthesis of neurotransmitters, and modulation of complex behaviors such as sociability and anxiety. Although differences in richness and their diversity of gut microorganisms between ASD patients and controls have been reported by some studies, consistent findings between studies were not established. We aim to identify the distinguishing profile of gut microbiota in patients with ASD compared with normal controls and investigate the possibility that gut microbiota affects severity of symptoms and disease progression in Korean population.

Method: We collect feces samples obtained from 128 individuals including 64 ASD patients and 64 controls with normal neurodevelopment. After extracting DNA from samples, we amplify extracted components by 16S ribosomal RNA PCR and perform next generation sequencing (NGS). We carry out microbial composition analysis, α -diversity and β -diversity analysis in each groups. We also classify patient groups in different ways based on clinical data such as the severity of the symptoms, the type and dose of drug being administered, and then identify differences in microbial composition among the groups.

Results: Since October 2018, we have completed collecting samples from 24 individuals (18 ASD, 6 controls). Data for clinical characteristics were achieved from ASD group including age (Mean 6.53 ± 1.56), IQ (Mean 58.81 ± 18.62), social responsiveness scale score (SRS; Mean 83.23 ± 28.71), childhood autism rating scale score (CARS; 31.00 ± 3.78) and antipsychotics use (chlorpromazine equivalent dose; Mean 128.12 ± 57.37). The preliminary analysis of Microbiota is currently under way, and results will be reported along with an analysis of the additional samples in March 2019.

Conclusion: Our results will provide a clue for using microbiome as noninvasive biomarker and novel treatment target of ASD by revealing gut microbial characteristics which differs from the normal population.



P-01-035

Higher lactate level and lactate-to-pyruvate ratio in autism spectrum disorder

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Objective: Autism spectrum disorder (ASD) is a neuropsychiatric developmental disorder characterized by impaired social communication and a tendency for repetitive, solitary interests and behaviors. Mitochondrial dysfunction is considered as one of the pathophysiological mechanisms of ASD. The objective of this research is to evaluate biochemical markers associated with mitochondrial function in ASD in their unaffected family members.

Method: Lactate, pyruvate and lactate-to-pyruvate ratio were examined in the peripheral blood of probands with ASD, their biological parents and unaffected siblings. Lactate \geq 22mg/dl, pyruvate \geq 1.4mg/dl and lactate/pyruvate ratio $>$ 25 were considered abnormal range. The genetic and clinical variables were compared in the subjects with higher ($>$ 25) and lower (\leq 25) lactate-to-pyruvate ratio within affected individuals.

Results: Lactate, pyruvate and lactate-to-pyruvate ratio were examined in the peripheral blood of probands with ASD, their biological parents and unaffected siblings. Lactate \geq 22mg/dl, pyruvate \geq 1.4mg/dl and lactate/pyruvate ratio $>$ 25 were considered abnormal range. The genetic and clinical variables were compared in the subjects with higher ($>$ 25) and lower (\leq 25) lactate-to-pyruvate ratio within affected individuals.

Conclusion: These results suggest that the chemical markers related to mitochondrial dysfunction might be associated with pathophysiology of ASD.



P-01-036

Similar impairments on a brief neuropsychological test battery in adolescents with high-functioning autism and early onset schizophrenia: A two-year follow-up study

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Objective: Autism Spectrum Disorders (ASD) and schizophrenia are two disorders with different ages of onset, separate presenting characteristics and divergent developmental courses. However, both disorders have been conceptualized as neurodevelopmental disorders with a shared genetic architecture (Ionita-Laza et al., 2014; Lee et al., 2013; Lionel et al., 2013). In addition, there are indications of an overlap of clinical symptoms in the two disorders (Spek and Wouters, 2010; Tordjman, 2008). This study investigated the development of neuropsychological functioning in adolescents with Early Onset Schizophrenia (EOS) and adolescents with ASD.

Method: Adolescents with EOS (mean age 15.7) and adolescents with ASD (mean age 14.4) were assessed with a brief neuropsychological test battery, a global psychosocial functioning scale and a clinical symptom evaluation at baseline and after two years.

Results: Children in both the ASD group and the EOS group improved with age on most neuropsychological measures. We found no significant cross-sectional or longitudinal differences in neuropsychological functioning between adolescents with EOS and adolescents with ASD.

Conclusion: The finding suggests that it may be difficult to differentiate adolescents with EOS and ASD based on neuropsychological task performance. Our results support the notion of an autism-schizophrenia continuum. We also found improvement in global psychosocial functioning over time for the EOS group, but not for the ASD group.



P-01-037

Catatonia in adolescent with autistic spectrum disorder: Diagnostic challenges

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Objective: Recent studies have shown that catatonia can occur in patients with autism spectrum disorders (ASDs), but the similarity of the behavioral features among these disorders raises many diagnostic challenges. In clinical practice it is common to misinterpret catatonic symptoms, such as mutism, stereotypic speech, repetitive behaviors, echolalia, posturing, mannerisms, purposeless agitation and rigidity, as features of ASDs. Our aim was to review catatonia in autism spectrum disorders

Method: A case-report is presented and discussed

Results: Autistic disorder shares some symptoms with catatonia such as mutism, negativism, stereotypes. Catatonia in autism may therefore be a variant of the autistic condition..

Conclusion: Our report demonstrates that catatonia is recognisable in adolescents with autism spectrum disorders, although it faces diagnostic challenges.



P-01-038

Clinical and neurodevelopmental aspects of Autism Spectrum Disorders (ASD) and co-morbid conditions in adolescents

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Objective: Autism Spectrum Disorders (ASD) are neurodevelopmental disorders with an onset prior to 36 months and are characterized by developmental deficits, which are often debilitating. Only 9% of adults with average and above average cognitive abilities achieve full functional independence. The prevalence of ASDs is currently estimated at 1 in 68 individuals in the US. Neuro-developmental disorders often develop together, and these co-morbid states are estimated to occur in 70-80% of individuals with ASD. To assess adolescents 13–18 years old already diagnosed with ASD, in terms of clinical presentation, psychological development, functionality and development of comorbid states over a period of 2 years and to identify the factors linked to their developmental pathways.

Method: The study was a collaborative and prospective follow-up study of 33 adolescents 12–18 years old with confirmed diagnosis of ASD. Retrospective data and enrollment data were collected at the beginning of the study and 6 months later. They were assessed with age appropriate assessment tools (ADI-R, WAZI, CARS and Vineland II), as well as co-morbidities at each time point, discusses cultural issues with regard to diagnoses, and brings forth new research, particularly with regard to earlier screening and diagnosis.

Results: Our findings show that adolescents with ASD often have comorbidities (88%), challenging behavior in 36%, psychosis in 30%, ADHD in 18%, OCD and anxiety disorders in 24%.

Conclusion: Developmental and symptom changes of the autistic traits during developmental stages should not be overlooked and need to be assessed regularly, especially in adolescence in view of preventing and treating co-morbid states.



P-01-039

Adolescents on the Autism Spectrum want to date, too!

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Objective: Dating can be a challenge for everyone. A very small percentage of adolescents with Autism Spectrum Disorder (ASD) date and that's not always because they don't want to, but because they don't know how to. These adolescents can have limited access to reliable information on puberty and sexuality and the core symptoms of ASD can lead to problems in romantic and sexual functioning, like engaging in less appropriate sexual behaviour (e.g. masturbation and paraphilic sexual interests). Therefore, they could benefit from specialized training programs. The aim of this work was to learn about the state of the art in this area.

Method: A literature search was conducted on the PubMed database, using the terms “psychosexual”, “training”, “autism”, “spectrum” and “disorder”. The resulting 4 papers were then used to write a non-systematic review on this issue.

Results: Sexual education programs specifically addressing the needs of the ASD population are scarce. The only psychosexual training program that can currently be reviewed in literature is the Tackling Teenage Training (TTT) program. In it, adolescents with ASD receive psycho-education and practice communicative skills regarding topics related to puberty, sexuality, and intimate relationships. Psychosexual knowledge seems to significantly increase with TTT, as well as adequate insight in boundaries, both posttreatment and at follow-up. There was an increase in social responsiveness and a decrease in problematic sexual behaviour, which translated to a higher social functioning. These gains were greater for younger adolescents with ASD.

Conclusion: The TTT program seems to be an effective psycho-educational program for ASD adolescents, but further research on romantic skills improvement and prevention of problematic sexual behaviour and victimization is needed. Because ASD adolescents have the right to date, too, there should be a greater investment in sexual education programs specifically addressing the needs of this population.



P-01-040

Pediatric prolonged-release Melatonin for sleep in children with Autism Spectrum Disorder: Implications for caregiver's quality of life

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Objective: Insomnia is highly common in children with Autism Spectrum Disorder (ASD). We recently reported on efficacy and safety of pediatric prolonged-release melatonin minitablets (Slenyto[®]) treatment (13 weeks) vs placebo, for sleep in 125 children with ASD. The long term effects of this treatment on sleep and caregiver's quality of life were investigated. Here we report on the impact of Slenyto[®] on caregiver's quality of life, quality of sleep and satisfaction of the child's sleep in patients receiving 1 year of study medication.

Method: A prospective 9-months open-label follow up study of efficacy and safety of Slenyto[®] in 95 community dwelling patients with ASD who completed the 13-week placebo controlled study. Caregiver-related outcomes included the World Health Organization Well-Being Index (WHO-5), Pittsburgh Sleep quality index (PSQI) and Composite Sleep Disturbance Index (CSDI).

Results: By the end of the follow-up, caregivers of children who had been randomized to Slenyto[®] and treated continuously with Slenyto[®] for 52 weeks had significant improvements in sleep quality mean [SE] change from baseline in PSQI score -2.20 [0.517] units; $p < 0.001$, quality of life mean [SE] change from baseline in WHO-5 2.41 [0.836] units; $p = 0.006$, and CSDI-assessed satisfaction of their child's sleep patterns mean [SE] change from baseline, 1.95 [0.218]; $p < 0.001$.

Conclusion: Slenyto[®] treatment of insomnia in children and adolescents with ASD resulted in improved caregivers' satisfaction with their child's sleep, but also improved personal sleep quality, as well as an increase in their quality of life.



P-01-042

Hierarchical functional connectivity patterns during human motion perception as characteristic features of autism

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Objective: Disturbed imitation abilities which can be observed from young age on in ASD have been hypothesized to be causal to the characteristic deviant development of language and communication abilities. Disturbed perception of human motion might underlie those imitation impairments. Desynchronisation of alpha (so-called μ -) or low beta rhythms over the sensorimotor cortex are putative functional signature of human motion perception and may underlie a mirror neuron system. There is evidence for dysfunctional patterns in these networks in ASD. Combining DICS with RPDC, the directional synchronisation between EEG sources can be determined for specific frequency bands.

Method: We focus on coherent sources of μ - and low beta rhythms during the observation of human vs random motion in ASD and controls. The extracted features were used for SVM classification.

Results: Fewer sources were found for alpha and beta frequencies in ASD with lower mean coherence values between sources. Directional coherence was significantly weaker in ASD. Together, these abnormalities were highly sensitive in classifying ASD.

Conclusion: Human motion perception in ASD is maintained by a network that deviates in terms of structures participating and stability. These features may guide future diagnostics.



P-01-045

Medication prescribing for New Zealand children with Autism Spectrum Disorder – a national survey of child psychiatrists

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Objective: Autism Spectrum Disorder (ASD) is a significant lifelong developmental condition that has an impact on the individual's social interactions and communication skills. The current treatment approaches for ASD amongst children and adolescents in New Zealand are supportive, including a combination of behavioural, educational and prescribed medication. Medications are used to alleviate specific symptoms and improving co-morbid conditions such as anxiety and aggression. However, there is a limited evidence base regarding their effectiveness in this clinical population and a lack of clear guidelines for use by child psychiatrists.

Method: All child psychiatrists in NZ treating children and adolescents with ASD were invited to participate in an electronic survey between November 2018 and January 2019. Quantitative responses were analysed using statistical software in Microsoft Excel. Qualitative responses were categorised using content analysis.

Results: At the time of submission, results were not yet available as the project had not been completed. However, they will be ready for presentation by March 2019, well in time for the conference. The abstract can be updated at this stage if required.

Conclusion: The information from this study will be combined with an international literature review of prescribing to inform the development of new consensus and evidence-based clinical practice guidelines for New Zealand child psychiatrists. Key recommendations will be presented as these are likely to be of interest to an international audience.



P-01-046

Treating of children with Autism Spectrum Disorder – necessity of consciousness of self-sense integration

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Objective: Children with Autistic Spectrum Disorder (ASD) have communication difficulties. One is difficulty of understanding the meaning of experiences with the passage of time due to weakness of central coherence. Another is difficulty of reading others' intentions and emotions and to integrate their emotions with their own experiences. The purpose of this research is to consider how these difficulties change in the treatment.

Method: A was 13 years old boy diagnosed with ASD. He needed treatment, because he touched the crotch of another child in a nursing home. Parents of A were discontented, often fighting in front of A, sometimes wielding edged tools. They divorced and A was to be raised by his grandmother. But since she died of cancer, A entered a nursing home. A had many thoughtless speech and action among facility members. A could not perceive other's intention and emotion, therefore, others disliked him. Even though A had nothing but a subjective sense of "being cautioned unreasonably" and dissatisfied, A always seemed to feel nothing. In a course of treatment, A happened to told therapist with tears that he's having a feeling of discontent with parents, fear and despair. After that, although the persecutory cognition of being hated by others had increased, he seemed to be gradually trust and consider others by encouragement of seniors in the nursing home and supportive and concrete advice from adults close to him.

Results: From this case, it seemed that experience and emotion were integrated in the process of sweeping back his own past. In addition, it was observed that intersubjectivity added to subjective self-sense.

Conclusion: It is necessary to treat ASD with awareness of integrating self-feeling by linking fragmentary experiences.



P-01-047

Patern-reported internalizing and externalizing symptoms in boys with and without Autism Spectrum Disorder

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Objective: Children with autism spectrum disorders are more likely to experience behavioral and emotional problems. The aim of this research was to compare internalizing and externalising symptoms among Lithuanian boys in autism spectrum disorder (ASD) and typical developmental (TD) sample. A group of boys with autism spectrum disorder (n=74) and TD group (n=74) took part in this study. The control group consisted of boys with a median age of 10,45 and ASD group with a mean age of 10,16.

Method: Pervasive developmental disorders were identified according ICD-10-AM criteria by child and adolescent psychiatrist. IQ in ASD sample was estimated using Lithuanian version of the Wechsler Intelligence Scale for Children. Mothers or fathers of children aged 6-15 years completed the Lithuania version of the Child Behavior Checklist (CBCL). For nonparametric data statistical analysis was performed using Mann-Whitney test. T-test was used for statistical data, which followed a normal distribution. The differences were statistically significant if $p < 0.05$.

Results: Both groups involved in the study were homogeneous by age. Full scale IQ mean IQ 81.4 (SD=21.6). Boys with ASD scored significantly higher in all eight CBCL subscales compared with TD children. The scores of externalizing, internalizing and total problems were significantly higher in the ASD group than in the TD. It has been established that older boys with ASD are more likely to be withdrawn ($p=0,005$) and have more internalizing symptoms ($p=0,011$), but have less attention problems ($p=0,024$).

Conclusion: It is important to evaluate behavioral and emotional problems in boys with ASD for better understanding of comorbid psychiatric symptoms.



P-01-048

The peculiarities of intelligence in children with Autism Spectrum Disorders

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Objective: IQ has major importance for prognosis and treatment outcomes of autism spectrum disorder (ASD). The purpose of this study was to investigate the specificities of IQ for children with ASD in Lithuanian sample in order to improve understanding of the disorder and the possibilities for children's integration. A group of 55 children with ASD and clinical control group of 26 children without ASD took part in this study. The first group consisted of 43 boys and 12 girls with a median age of 10 years (8-12). The control group has 11 boys and 15 girls with a median age of 9 years (8-12). There were 20 children with autistic disorder (F84.0), 15 with Asperger's syndrome (F84.5) and 20 children with other pervasive developmental disorders (F84.8) in the ASD group. Control group has 11 children with external disorders (F90.0, F90.1, F91.3, F91.8), 13 with internal disorders (F43.2, F93.1, F94.8, F98.5) and 2 with mixed disorder of scholastic skills.

Method: Psychiatric disorders were identified according ICD-10-AM criteria by child psychiatrist. IQ was assessed using Lithuanian version of the Wechsler Intelligence Scale. A statistical analysis was performed using Mann Whitney test, as the data are nonparametric. The differences were statistically significant if $p < 0.05$.

Results: Both groups involved in the study are homogeneous by age. There was no statistically significant gender difference in the evaluation of intelligence results. Performance IQ ($p=0,026$) and Perceptual organization index ($p=0,012$) are higher in ASD group. Comprehension in the ASD group is lower than in the control group ($p=0,028$).

Conclusion: When evaluating children with ASD, it is important to pay attention not only to the full scale IQ, but also to WISC Index scores and comprehension subtest that more broadly reflect certain abilities of the children.



P-01-050

The Multiple Complex Developmental Disorder and the development of schizophrenia at adolescence

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Objective: the diagnosis of multiple complex developmental disorder (MCDD) describe children with affective dysregulation, social impairment and thought disorder. Studies had found a positive relation between MCDD and schizophrenia. However, such studies remain scarce. Aim: describe the evolution at adolescence of children diagnosed with MCDD

Method: A retrospective study, including children diagnosed with MCDD who were been followed until adolescence. The study was conducted in the outpatient unite of child and adolescent psychiatry in Monastir, Tunisia. We included all children diagnoses from 2003 to 2015. We excluded children with no follow up at adolescence. We explored the evolution and the clinical diagnosis at adolescence.

Results: we collected 47 cases of children diagnosis with MCDD. Only 21 had a follow up until adolescence. Seven children developed schizophrenia at adolescence. For four children filled diagnosis criteria of specific learning disorder at adolescence with no other comorbidity, one case of generalized anxiety, one of attention deficit/ hyperactivity disorder, one of depression and one of post-traumatic stress disorder. In two cases, the adolescent still meet the same criteria of MCDD and two had gained a very adapted general functioning. The severity of impairment of language and motor skills seems to be predictor to evolution to schizophrenia.

Conclusion: schizophrenia is the most common evolutionary course of MCDD. This result will comfort the neurodevelopmental theory of the pathology of schizophrenia. However, our results should be interpreted with caution given the multiple methodological bias



P-01-051

Altered developmental trajectories of the auditory mismatch response in 22q11.2 Deletion Syndrome

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Objective: The 22q11.2 Deletion Syndrome (22q11.2 DS) is one of the highest genetic risk factors for the development of schizophrenia spectrum disorders. The Mismatch negativity (MMN) is proposed as a promising neurophysiological marker for psychosis. Since the developmental trajectory of the auditory MMN is not well described in 22q11.2 deletion carriers, this longitudinal study examines the development of the mismatch negativity response from childhood to adolescence in patients with the rare 22q11.2 DS.

Method: Auditory evoked potentials were measured with high density EEG in the same sample of 16 patients with 22q11.2 DS and 14 age-matched controls at two time points: in childhood (time point 1; mean age 12 years) and adolescence (time point 2; mean age 16 years). We used an oddball paradigm with pure tone stimuli, 1000Hz - as standards and 1200Hz - as deviants, presented binaurally with an 8:2 ratio.

Results: We found significant decrease in mismatch response on fronto-central channels, only during adolescence in 22q11.2 deletion carriers. On the contrary, the healthy group exhibited preserved mismatch response from childhood to adolescence. In addition, the adolescents with 22q11.2 DS displayed a significant increase in amplitude over central electrodes during the auditory N1 component.

Conclusion: These results point towards functional changes within the brain network responsible for the MMN and suggest different developmental trajectories of auditory sensory processing in 22q11.2 DS that emerge during the critical period of increased risk for schizophrenia spectrum disorders.



P-01-052

School performance as predictors for later diagnosed psychoses, bipolar disorder and depression

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Objective: While school performance below and above average have been linked to psychiatric disorders, it is unclear whether there is a differential relationship for specific school subjects and later psychiatric disorders. The aim of the study was to investigate whether high and low grades in specific school subjects were associated with later psychoses, bipolar disorder and depression.

Method: We studied all live births in Finland in 1987 who by June 1, 2003 had not died, emigrated, been diagnosed with psychosis, bipolar disorder or depression, and who had completed compulsory elementary school subjects (mean age = 16; n = 51,157). School grades of Literature, Foreign language, Mathematics, Physical education, Music, Art and Handicrafts were retrieved from the Joint Application Register. Diagnoses of non-affective psychosis, bipolar disorder and depression in specialist health services up to 2015 (mean age 28 years) were retrieved from the Hospital Discharge Register. Linear and non-linear associations between school grades and later diagnoses were analyzed with smoothing splines.

Results: During the follow-up, 670 individuals were diagnosed with psychosis, 420 with bipolar disorder and 2879 with depression. In a multivariate models including specific school subjects and potential confounders, low grades in Physical education and Handicrafts showed the highest effect sizes in relation to later psychoses and bipolar disorders, but high grades in Arts were also independently associated with later studied diagnoses.

Conclusion: Low school grades predict major treated psychiatric disorders later in adolescence and young adulthood, but high grades in Arts are also associated with later diagnosed disorders.



P-01-057

Clonal pluralization of the self in childhood psychosis – case report

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Objective: Clonal pluralization of the self (Vörös et al. 2003) is a delusional misidentification in which the patient experiences its existence in plural identical copies of itself. The phenomenon is a rare psychiatric disorder. According to our knowledge, its occurrence in childhood has not been described by the scientific literature.

Method: Case report

Results: Our 15 year old patient was acutely admitted to the Pediatric Psychiatry Department in a psychotic state. During his admission, he described his belief of existing in an unlimited amount of numbers, that his selves are completely identical to him and that in a given moment they carry out the same action limitless number of times. Later not only did he believed himself to be existing in an unlimited number of selves, but he applied this to all surrounding individuals. Aside from the clonal pluralization, the patient believed he was able to see the future, he could influence destiny, and that he was chosen to build an object that would stop the destruction of the universe. Apart from the grandiose delusions, hypothyria, affective dullness and autistic regression were observed.

Conclusion: The study of delusional misidentification syndrome plays a crucial role in understanding the phenomenons of child and adolescent psychotic states. Reference: V. Vörös., T. Tényi, M. Simon, M. Trixler 2003.'Clonal pluralization of the self': a new form of delusional misidentification syndrome. *Psychopathology*,36,46-48. The study was supported by the National Brain Research Programme –II (NAP KTIA NAP-A-II/12) (2018-2022) and the National Excellence Programme (2018-2019)



P-01-058

At-risk adolescents and youth: Attenuated psychosis syndrome

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Objective: This work investigates, in at-risk youths, the presentation and responses to interventions of the early stages of the prodromic phase of psychosis, the newly introduced DSM-5 diagnosis of Attenuated Psychosis Syndrome (APS), included in Clinical High Risk State (CHR). Objectives (1) identify CHR symptoms in probands; (2) assess neurocognitive functioning both in probands and in, at least, two first-degree relatives, (3) formulate and implement a clinical intervention, and (4) develop a research model targeting clinical and cognitive indicators, in individuals at high risk of psychosis.

Method: Prospective study of patients between 12 and 28 years old, evaluated and followed every 6 months with Structured Interview for Prodromal Symptoms and Associated Prodromal Syndrome Scale (SIPS / SOPS), Global Assessment of Functioning (GAF) and neurocognitive evaluation (MATRICS). Comorbidity was defined by clinical evaluation.

Results: 27 patients completed the initial assessment and 14 finished a 3-years follow-up. Most patients fulfilled the APS symptoms, presenting comorbid ADHD, mood, anxiety or personality disorders. As described in other international cohorts, the probands and their first-degree relatives showed cognitive dysfunctions. On follow-up, 28,5% developed psychosis (75% developed schizophrenia and 25% psychosis in personality disorders), with a median follow up time of 546 days. The clinical interventions were: 100% psychoeducation, 64,2% psychotherapy, 100% pharmacological therapy (93% atypical antipsychotics, 71% antidepressants) and 29% omega-3 PUFA

Conclusion: The data will provide critical information on the clinical presentation and treatment of CHR in youths.



P-01-059

First report on the association of SCN1A mutation, childhood schizophrenia and autism spectrum disorder without epilepsy

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Objective: Mutations of the SCN1A gene are responsible for certain epilepsy syndromes and are also strongly associated with autism. No association between SCN1A gene mutation and comorbid psychotic illnesses in autism spectrum disorder has been reported.

Method: Case report

Results: A 13-year-old boy was admitted with serious anxiety, bizarre somatic hallucinations, delusions of persecution, loosening of associations and auditory hallucinations. The diagnosis of childhood schizophrenia was established according to the DSM-5. When he was 6 years old, the diagnosis of autism spectrum disorder with good functional skills was established. At the age of 10 years genetic test was performed. Based on the diagnosis of autism spectrum disorder, SCN1A sequencing was executed. It detected a c.4793A > T heterozygous mutation. Despite of the genetic testing results, epileptic symptomatology has never appeared, EEG registrations were normal.

Conclusion: No data have been reported yet on the association of SCN1A gene mutation and psychosis. The study was supported by the National Brain Research Programme –II (NAP KTIA NAP-A-II/12) and the National Excellence Programme (2018-2019).



P-01-061

Cognitive and clinical correlates of dynamic resting-state connectivity in 22q11.2 Deletion Syndrome

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Objective: Patients with 22q11.2 deletion syndrome (22q11DS) present both cognitive deficits and psychiatric disorders. For instance, the syndrome is associated to a mild mental retardation characterized by visuospatial difficulties, while verbal competences are relatively preserved. At the clinical level, the most frequent psychiatric disorders presented by children with 22q11DS are ADHD and ASD. In adults, the prevalence of these two diagnosis is lower while psychotic disorders prevalence reaches 42% (Schneider et al., 2014).

Method: Resting-state fMRI sequences are now commonly used to study the functional brain networks. However, given the complexity of neuroimaging data, it is challenging to identify relationships between brain networks alterations and clinical or cognitive scores. Here we extract brain networks dynamics from the 8 min resting-state fMRI acquisition of the Geneva 22q11DS longitudinal cohort. We use ICAPs (Innovation-driven co-activation patterns) to obtain dynamic network measures, like activity duration or co-activation time for each pair of networks (Karahanoglu et al., 2017). Patterns of brain networks alterations associated to clinical and cognitive scores are then obtained using a multivariate correlation method (Behavior Partial Least square correlation) (Zöllner et al., 2018).

Results: The aim to this study is to test whether we can identify brain network alterations that constitute a common ground for different clinical and cognitive manifestations associated to the syndrome. We also aim at identifying specific brain network patterns associated to each psychiatric disorder.

Conclusion: This study may shed light on the underlying mechanisms that lead to the emergence of specific clinical symptoms and may differentiate patients with different outcomes.



P-01-064

Reducing anxiety, mood temper and specific language deficit in autism children through a multi therapeutic methodologies. A case study

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Objective: As we know Children with Autism likely to have some behavioral features and as well language problem as remembering daily events, recalling previous occasions and with poor verbal organization to talk about where, when, why it happened. In addition, they cannot express their feelings especially autistic ones. We tried through this study to divide the therapeutic program between therapists and parent to solve the problem of anxiety, mood temper and expressive language defects using multi therapeutic methodologies to reduce anxiety, mood temper and expressive language deficit and to solve these problems.

Method: The study hired an Autism child aged (8) Yrs. In grade two in bilingual Arabic/American School. We focus in the multi therapeutic approach, which based-evidence assessment and treatment process to reduce anxiety, mood temper, focus, processing speed, modulating emotions, organizing ideas and recall events. Using variations of indoor and outdoor activities thru multi techniques. We involved in the program; both family members and schoolteachers as helpers and observers.

Results: The outcomes showed significant improvement in child psychological profile and language use. Both family members and schoolteachers notice sensible change in the child behavior and social language interaction toward daily events.

Conclusion: The important finding from this research that collaboration between therapist & parent by using variety of intensive traditional and nontraditional multi therapeutic methodologies provided during the psycho-speech –language sessions helped the child to change his behavior and overcome his problems and improve concentration, processing speed and recall daily events.



P-01-068

Assessment of language disorders in multilingual children: Non word repetition as a linguistic marker of language deficits in children who acquire a slavic language as first language and German as second language

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Objective: Bilingual children with immigrant origins can demonstrate linguistic profiles that superficially resemble those of children with Specific language impairment (SLI) (Engel de Abreu et al.2014). Non word repetition tests (NWRs) are less affected by language knowledge than other language assessments and are therefore effective for identifying SLI in multilingual children. Objectives of our study are to answer the question whether there are correlations between language abilities and NWR in two groups of children, namely children speaking either Russian and German or Bosnian-Croatian-Serbian (BCS) and German as first and second language.

Method: 20 children with Russian migration background and 30 children with BCS migration background in the age 4 to 6 years who scored in the average range on Ravens coloured progressive matrices (Raven 1971) and without hearing impairment will participate. Russian children will be evaluated with SRUK (Gargarina et al.2010) and PDSS (Kauschke, Siegmüller 2010). BCS children will be evaluated with a translation and retranslation of PDSS in BCS and PDSS. A software with nonwords in Russian, BCS and German developed by M.Tilis will be presented for gathering data on non word repetition in the three languages.

Results: First results concerning a correlation between language abilities and non word repetition will be presented.

Conclusion: Depending on the results language specific NWRs can be used as a screening procedure for identifying multilingual children with SLI.



P-01-069

Intervention programme for parents of children with speech development difficulties

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Objective: Therapeutic intervention and consultation to parents of children with speech difficulties is rare in the Greek clinical reality, although bibliographically it is considered the primary therapeutic choice. This announcement presents such a pioneering intervention programme in a public hospital and its initial results.

Method: Language development was evaluated with a test validated for the Greek population before and after the intervention programme. The programme involved meetings of parents and child with the therapists every 2 weeks. During the sessions, parents played with the child in different activities, while the therapists consulted and guided them with various methods, so as to improve the parent-child interaction and communication and consequently the child's speech development.

Results: The intervention involved 30 children (mean age 4.3) and parents in an initial period of six to nine months depending on individual needs. The mean score of the initial evaluation was at the 20th percentile of linguistic ability, rated low. The final score had risen to the 37th percentile, rated borderline. The increase is similar to data of children undergoing individual speech therapy for the same period of time, however there was a difference at pragmatics and narrative ability scales, which improved more through our programme.

Conclusion: Such interventions to parents of selected children with speech difficulties are more cost effective than individual speech therapy and also offer the benefit of improved parent-child relationship and a more natural way of speech development, as the increase in the pragmatics score indicates.



P-01-070

Predictors of early language development in a longitudinal cohort in Singapore

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Objective: Early Language development has a crucial influence on cognitive development and is affected by many factors such as home environment, bilingualism and parent child interaction. Maternal Postnatal Depression (PND) is known to affect quality of mother child interaction. We describe language outcomes at 18 months of age in a bilingual context of Singapore and study factors predictive of low language scores.

Method: Parents of children enrolled in the Growing Up in Singapore Towards Healthy Outcomes (GUSTO; n = 1152, birth cohort 2009–2010) study completed questionnaires on child's 18-month language skills (Ages and Stages Questionnaire, ASQ 0-60) and on home literacy environment (HLE, 0-15). Demographic, child and maternal factors including PND, HLE and caregiver languages were studied to determine effects on language. Maternal PND symptoms were identified using the Edinburgh Postnatal Depression Scale (EPDS 3-month cut-off = 13). Multivariate logistic regression was used to identify predictors of poor language scores (ASQ <2SD score = 13.06) at 18 months.

Results: 267 parents completed the questionnaires. English was the main caregiver language (34%) and 27% were bilingual. 4.8% had language scores < 2SD. At 18 months, 21% of households had a poor HLE score (0-2), 9.2 % of mothers had PND symptoms (Mean EPDS for ASQ <13.06 = 10 and ASQ > 13.06 = 6.1) and 3% of mothers had only a primary education. HLE score at 12 months (OR=0.76, 95% CI: 0.57-1; p=0.05), maternal PND (OR=5.29, 95% CI: 1.26-22.2; p=0.02) and maternal education (OR=10.1, 95% CI: 1.12-90.5; p=0.04) were independent risk factors for poor language scores.

Conclusion: Besides maternal education level, maternal depression and home literacy environment are independent risk factors affecting early language. At risk children may be considered for culturally appropriate interventions that promote mother-child interaction and home literacy environment to improve early language outcomes.



P-01-071

The factor structures of Japanese kanji abilities, and age and cohort effects on them

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Objective: The aim of this study is to examine age and cohort effects on the factor structures of kanji abilities in the Japanese general population.

Method: We investigated a large database of a popular kanji exam, the Japan Kanji Aptitude Test (Kanken), which a large number of Japanese take voluntarily or semi-voluntarily. From the entire dataset, this study focused on the level 2 data (mastery of kanji in everyday life usage) of 28,783 people aged 8-91 years in 2016, and 54,965 aged 9-106 in 2006. The Kanken was composed of ten subtests including reading and writing abilities of various facets. This study was approved by the Ethics Committee at Kyoto University.

Results: Exploratory factor analyses identified two factors labeled Semantic Comprehension and Correct Writing. Correlations between these two abilities increased from high school ($r = 0.659$) to university age ($r = 0.684$), as well as university age to early adulthood ($r = 0.732$) in 2006. In the 2016 data, similar increase of the correlations was also observed from high school ($r = 0.665$) to university age ($r = 0.692$). However, in 2016, the correlation did not differ between university age and early adulthood ($r = 0.710$). Additionally, though Correct Writing ability had reached a peak in early adulthood in 2006, further increase of the ability was observed from early to middle adulthood in 2016 ($p < .01$).

Conclusion: Our results suggest the possibility that the rapid spread of information devices in recent decades has been affecting the age-dependent acquisition of kanji abilities in Japanese.



P-01-072

Language delay in childhood

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Objective: Language delay is a frequent reason for consultation in child psychiatry. It may be a sign of a variety of psychiatric and/or somatic diseases. In this study, we aimed to investigate the demographic characteristics and the etiologies of speech delay in outpatients admitted to a child psychiatry department with a complaint of speech delay.

Method: Medical records of the patients who were admitted to the child and adolescent psychiatry department with complaint of « language delay » between January 2016 until August 2018 were retrospectively evaluated.

Results: The sample consisted of 120 children (mean age: 14,5 months) with male predominance (sex ratio : 3/1). Consanguinity rate in our sample was 23.3%. A family history of speech delay was reported in 23.3% of the cases. 26.7% of children were not going to kindergarten. Autistic spectrum disorder was the most frequent diagnosis (34.2%) followed by mental retardation (15%), specific language impairment (10.8%), global developmental delay (8.3%), emotional deprivation (5.8%), hearing impairment (3.3%) and genetic diseases (1.7%). An auditory brainstem evoked responses (BER) was demanded in 79.8% of the cases. Average duration of TV exposure in the first year of life was 5.1 hours per day. There were statistically significant differences between children with Autistic Spectrum Disorder and those with specific language impairment when compared in terms of TV exposure duration [$t=2.051$, $p=0.047$].

Conclusion: Different diagnoses lie under the complaint of language delay. We emphasize that it is important to evaluate these children by a multidisciplinary team in order to establish the appropriate treatment plan at an early stage.



P-01-073

What about the father? – The father's role in a clinical population of children followed in a child psychiatry department

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Objective: When compared with mothers, fathers continue to be dramatically underrepresented in developmental research on psychopathology. We thought it would be interesting to use the subjective impression that Portuguese fathers are often not present or active in children's life to study what is the father's role in Portuguese population. Objective To characterize the father's role and presence of a random Portuguese population of children followed in a Child and Adolescent Psychiatry department.

Method: Consider a random sample of children aged 3–12 years old ($n=160$), from the area of Lisbon, with first consultation at the Child and Adolescent Psychiatry department of Dona Estefânia Hospital, during 2018. With the data collected through a clinical interview in the first appointment, analyze the father's educational level, work situation, father's schedule, paternal psychopathology, psychiatric follow-up and father's physical illness. It will be analyzed quantitatively and qualitatively the contact that the child has with his father and the quality time spent. The family typology and the socioeconomic level will be also studied. All data collected will be analyzed by IPSS.

Results: At the time of the abstract submission we are still collecting the data and the results are still being evaluated.

Conclusion: Although the lack of attention given to the role of the father, paternal behaviors, personality characteristics and psychopathology seem to be significant sources of risk for child and adolescent psychopathology. It is necessary to change the paradigm and begin to value the father's role in the life and development of the child



P-01-074

Parental expressed emotion in youth psychopathology: Why and how to address it

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Objective: Expressed Emotion (EE) is characterized by attitudes of high criticism, hostility and emotional over-involvement of the caregivers of a patient having a psychiatric disorder. EE has been established as an exceptionally useful indicator of relapse in adult people with schizophrenia and depression. The aim of this work is to draw a comprehensive picture of the impact of Parental EE in the most frequent psychiatric conditions among child and adolescents while attempting to identify an appropriate approach for addressing it in an outpatient unit.

Method: A non-systematic review was conducted, with recent data collected from the literature published in PubMed in the last ten years, using the key words “parental expressed emotion”, “child psychiatry” and “family interventions”.

Results: Literature data suggest that higher levels of parental EE are linked to persistent mood symptoms in major depressive disorders and to the amplification of symptoms in eating disorders. Among adolescents with self injurious thoughts and behavior, it was shown that one specific component of EE - parental criticism - was strongly associated to symptoms relapse. In young children with ADHD, the results suggest that maternal criticism is associated to child oppositional problems and to the emergence of externalizing behaviors over time. Parental EE also predicts treatment outcomes. Among patients with high levels of parental EE, therapies focused on a familiar intervention show greater symptomatic improvements, suggesting that high-EE parents should be involved in their child's therapy.

Conclusion: Accordingly, a systematic therapeutic approach to parental EE should be included in the treatment of young patients with a psychiatric disorder.



P-01-075

Mothers' reactions when having a child with congenital anomaly: an overview of parental coping

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Objective: Examine mothers' emotional reactions and coping when a congenital anomaly (CA) is disclosed.

Method: Cross-sectional study conducted during outpatient pediatric exam including 33 mothers and children aged between 1 month to 3 years with detected CA. Mothers have responded to a self-questionnaire about emotions and cognitions concerning diagnosis announcement and expectations, and the Brief-Cope to evaluate coping behaviors and thoughts.

Results: The three higher mean scores in coping strategies were religion (7.28 ± 2.052), acceptance (6.38 ± 1.699) and active coping (5.41 ± 1.965). Mean score of positive reframing was 3.75 (± 1.753) in mothers who felt fear without significant correlation ($p=0.063$). A correlation was found between religion (4.25 ± 2.872) and the thought about sequelae ($p=0.001$). Mothers who did not report specific emotion at diagnosis' announcement used mainly planning strategy comparing to the other mothers ($p=0.011$). When mothers thought that CA could kill the child, they significantly used instrumental and emotional support (respectively $p=0.048$, $p=0.040$), venting (6.60 ± 1.342 ; $p=0.004$), behavioral disengagement (3.80 ± 2.490 ; $p=0.015$) and self-blame (5.60 ± 2.302 ; $p=0.031$). Acceptance (6.63 ± 1.644) was significantly correlated to mothers who did not think about the question of child death ($p=0.047$). Mothers who thought that their child will survive (4.90 ± 2.183) used significantly denial ($p=0.015$). Mothers who thought that CA could cause difficulties for child to create own family (5.60 ± 2.510) used significantly self-blaming ($p=0.019$). It also significantly used by mothers who did not think about having others babies (4.75 ± 1.832 ; $p=0.036$).

Conclusion: These findings emphasize the importance of a mother centered care approach to patients with CA.



P-01-076

Family burden as a specific target of psychosocial therapy of children and adolescents with Schizophrenic Spectrum Disorders

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Objective: Mental disorders can have a severe impact on child's family and affect caregivers' ability to engage in effective problem-solving and handle clinical needs of their children, and that predicts adverse clinical outcomes. Such aspects have negative effect on the family and parents' needs and demands are often underestimated. That results in parents playing less active role in rehabilitation process. Objective: assess family burden as a "target" of psychosocial therapy for parents of children with schizophrenic spectrum disorders.

Method: 140 children (8 – 17 years) and their parents (mainly mothers) took part in the survey. CGI, CGSQ, CGAS, PANSS and ILK scales were used at entry and after 1, 3, 6, 12 months. Psychosocial therapy was carried out in groups of 8 – 9 parents and consisted of eight 90-minutes sessions.

Results: The results show high levels of family burden, especially subjective, of families with children with schizophrenic spectrum disorders. Caring for these children leads to fewer social contacts, self-stigmatisation, health problems, worsening relationships with relatives, financial problems, and incurs subjective burden: guilt, anxiety, confusion and depressive concerns. Severity of burden is significantly correlated with low levels of social functioning of children and adolescents.

Conclusion: The study proved necessity of treating family burden as a separate "target" of psychosocial therapy and considering it when developing individualized treatment-rehabilitation programmes (modules) aimed at enhancing social functioning, quality of life and positive outcomes of children. It is worth using this indicator to assess the efficiency of psychosocial therapy with parents. Further controlled studies are required.



P-01-077

**The emotional experiences of parents of children with mental health problems:
A synthesis of qualitative evidence**

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Objective: Some child mental health interventions require direct parent involvement either as co-patients (family therapy) or as co-therapists (Cognitive Behaviour Therapy (CBT)), or direct focus on the intervention (parent training). Research highlights that these parents experience an 'emotional roller coaster'. To date, there has been little research on how these emotions impact their involvement in child mental health care and treatment. This review aimed at better understanding the emotional experiences of having a child with mental health challenges.

Method: A systematic literature search was carried out using CINAHL Plus, Cochrane Library, EMBASE, MEDLINE, PsycINFO and Web of Science databases. Studies were included if they utilised qualitative methods, discussed parents' emotional experience, and examined any involvement in care and treatment. Eligible papers were quality assessed and data were coded and then developed into themes.

Results: A total of 66 articles from sixty-five studies published between 2003 and 2018 met the inclusion criteria. The main categories of emotions described by parents were 1) Anxious and frustrated; 2) isolated and powerless; 3) blamed, guilty and ashamed; 4) empowered and respected; 5) relieved and hopeful; 6) exhausted and overwhelmed; and 7) distressed and sad.

Conclusion: Findings suggest that states of heightened affective arousal can be a barrier to parents' involvement in care and treatment, and that cognitive re-appraisal of the situation can facilitate parents' involvement. The findings of this review have implications for practitioners, policy-makers and researchers.



P-01-078

Verbal abilities of children with autistic spectrum disorder as determinants of mother's stress

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Objective: Children with autistic spectrum disorder express an delayed and deviant speech-language development. Their impairment in communication generally, and especially in verbal communication represents a great challenge for mothers everyday care of them and mine lead to a great level of stress. In previous studies it has been shown that mother's of children with autistic spectrum disorders experience a higher stress than mother of children with other developmental disorders. In our study we investigated which aspect of verbal abilities impact the mother's stress level. The sample consisted of 20 mothers of children with autistic spectrum disorder.

Method: The level of stress was measured by The Parental Stress Scale (Berry & Jones, 1995). We examined the stress level in relation to children's receptive language, expressive language and verbal communication abilities.

Results: Our results showed that children's expressive language ability represents a factor that has an impact of mother's stress level.

Conclusion: The mother's stress level can impact children's rehabilitation and social integration process and it is important to know which factors can lead to a greater stress level so adequate intervention programs for mothers mental health can be designed.



P-01-079

Prospective cohort study on the outcome of short-term-psychotherapy with children, adolescent people and their families in a psychiatric outpatient clinic

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Objective: The study explores the outcome of a 10-session-short-term-psychotherapy with children, adolescent persons and their families in a naturalistic design of a psychiatric outpatient clinic. The results will be a basis for further investigations about effective treatment factors and can help to improve psychotherapeutic care. We assume that a 10-session-short-term-psychotherapy achieves a sustained improvement of mental symptoms, behaviour, the subjectively perceived burden and quality of life.

Method: This quantitative cohort study was running from February 2017 to the end of October 2018 in a psychiatric outpatient clinic in Austria. 27 patients are included. The psychotherapists decide self-responsible about the methods and settings. The collection of data consisting of self-assessment questionnaires (CBCL: Child Behavior Checklist, YSR: Youth Self-Report, ILK: Inventory of Life-Quality) takes place at three times: pre therapy, post treatment and as follow up after 3 months.

Results: We are expecting significant results.

Conclusion: The evaluation is still in progress and will be finished in February 2019.



P-01-080

RISE Project: Prevention of child mental health problems in low and middle-income countries in Southeast Europe

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Objective: Children in low and middle-income countries (LMICs) face elevated risks of child mental health problems due to early exposure to adverse experiences. Parenting for Lifelong Health (PLH) is one of the first programs to extend early intervention parenting programs to prevent adverse childhood experiences in LMICs. The aim of RISE project (2018 – 2021) is to reduce child mental health problems and violence against children through adaptation, optimisation, testing, and extending PLH for young children in three LMICs in Southeast Europe, namely in FYR of Macedonia, Republic of Moldova, and Romania.

Method: The RISE project is implemented over 3 phases: 1) Preparation, 2) Optimization, and 3) Evaluation. It is the first study to use the Multiphase Optimization Strategy (MOST) framework to optimize a parenting program in LMICs. The Preparation Phase involves the adaptation and feasibility piloting of the parenting program for children 2 – 9 years. The Optimization phase examines the effectiveness, cost-effectiveness, and implementation of 3 program components (program length, supervision boosters, and engagement booster) using a cluster factorial experimental design. The Evaluation Phase is a multisite RCT of optimized program.

Results: The Preparation Phase has been completed in all three countries (N = 140 participants). Pre-post comparisons of the PLH adapted program showed significant reductions in child mental health symptoms and improvements in parenting skills.

Conclusion: Early intervention programs represent an efficacious and cost-effective approach to address key risk factors for chronic mental health problems and interventions which are culturally acceptable and transferrable across settings.



P-01-081

The connection between parental bonding and maladaptive schemas in adolescents

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Objective: According to the attachment theory, the quality of parent - child relationship plays an important role in the psycho-emotional development of the individual. Later forms of attachment are established depending on the preexisting experiences and the quality of the relationship with the parent. Similarly, childhood experiences can lead to configuration and stabilization of cognitive patterns, which play an equally important role in the development and organization of one's personality. The purpose of this study was to examine a) which dimensions of parental behaviour are related to early dysfunctional patterns as reported in the theory of schemas by Young and b) adolescents' age and gender differences in dysfunctional schema patterns.

Method: The study involved 136 adolescents, aged between 11 – 15 years, from different regions of Greece. Of the participants 54.7% were females and 45.1% were males, all of average socioeconomic status and all at the same educational level according to age. All participants completed a questionnaire on basic demographic data, the Schema Questionnaire for Children and the Parental Bonding Instrument.

Results: Results showed that frequency of dysfunctional schemas is affected by dimensions of attachment and that differentiations in dysfunctional schemas are related to adolescent's gender and age.

Conclusion: The study provided evidence that cognitive patterns formed in childhood are associated to different forms of parental attachment which, in turn, define the way of thinking and behaving in childhood and adulthood.



P-01-082

Evaluation of the nonverbal and verbal theory of mind among Tunisian children with Autism Spectrum Disorder

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Objective: To evaluate nonverbal and verbal TOM in Tunisian children with ASD with adapted tools.

Method: This is a cross-sectional case-control study including 30 children with ASD and 30 children with typically development. Children with ASD are between 7 and 15 years old. Control group consisted of children aged between 7 and 12 years. The children included had to have a verbal age greater than six years. The evaluation consisted of : assessment of the severity of autism by the CARS for the ASD group and for all by “ the Differential scales of intellectual efficiency (Tunisian version) and evaluation of nonverbal and verbal TOM using digital applications, validated in Tunisian population, respectively “The Picture sequencing Test” (PST) and “The Tunisian Social Situations Instrument “(TSSI).

Results: (Preliminary results) 23 children assessed in each group. For the ASD group: the mean age was 10.1 years, the mean age at the categorical analysis was 9.6 and at the verbal analysis 7.6 years. The overall score on PST Tom was 11.77 and 13.66 on the TSSI. For the control group: the mean age was 9.6 years, the mean age at the categorical analysis was 9.6 years and at the verbal analysis 10.5 years. The overall score was 16.88 on the PST and 21.13 on the TSSI. They was non-significant differences between the two groups for mean and categorical age ($p > 0.05$) and significant differences in verbal age and TOM ($p = 0.021$ and $p < 103$).

Conclusion: The results will be discussed in the light of literature.



P-01-083

Facial emotion recognition in Tunisian children with Autism Spectrum Disorder

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Objective: To evaluate the recognition of facial emotions in Tunisian children with ASD with a digital adapted tool.

Method: This is a cross-sectional case-control study including 30 children with ASD and 30 children with typically development. Children with ASD are between 7 and 15 years old. Control group consisted of children aged between 7 and 12 years. The children included had to have a verbal age greater than six years. The evaluation consisted of: assessment of the severity of autism by the CARS for the ASD group and for all by “ the Differential scales of intellectual efficiency (Tunisian version) and evaluation of the recognition of emotions using digital application, validated in Tunisian population: “The Recognition of Facial Emotions Tunisian Test for Children”.

Results: (Preliminary results) 22 children assessed in each group. For the ASD group: the mean age was 10.2 years, the mean age at the categorical analysis was 9.6 years and at verbal analysis was at 7.6 years. The overall score on the test was 28.56. For the control group: the mean age was 9.6 years, the mean age at the categorical analysis was 9.6 years and at verbal analysis was 10.5 years. The overall score on the test was 28.67. Preliminary results show a non-significant differences between the two groups for mean age, categorical age ($p > 0.05$) and emotion recognition ($p = 0.988$). On the other hand, they show significant differences concerning the age of verbal development ($p > 0.05$).

Conclusion: we will discuss the results according to the literature.



P-01-084

Research on children's understanding of death: Past tradition and future directions

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Objective: In Children's Palliative Care (CPC), it is generally recommended to discuss death in honest and unambiguous terms, according to the child's understanding level. However, evidence in this area is scarce, with International Children's Palliative Care Network recently pointing "Children's understanding of death and dying" as the top priority for global research into CPC. The aim of this study is to examine past research on children's understandings of death in order to identify key directions for future investigation.

Method: A literature search was conducted in MEDLINE, the main findings were abstracted and a narrative synthesis was performed.

Results: Literature has traditionally adopted a developmental perspective, bifurcated into studies of children's bereavement and studies of the cognitive bases of children's understanding of death, both assuming this understanding progresses linearly. However, recent studies show this process is more complex, recognizing that children may also come to understand death in religious or spiritual terms and that the combinations of models of death may vary by culture.

Conclusion: Children's understanding of death depends on several unstudied social, cultural, personal and emotional issues. Research on a more encompassing view of the multifaceted nature of children's understanding of death is needed, investigating the affective, cognitive and religious/spiritual dimensions in the same children, as well as considering an active and individualized socialization process.



P-01-085

Deployment of drawing skills in perspective in Tunisian children

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Objective: Describe the deployment of drawing skills in perspective in Tunisian children according to age and gender.

Method: 60 typically developing children from 6 to 12 years schooled in ordinary school with no delay are included in the study. Assessments consist of:

- First, the child is asked to take an imposed theme-drawing test: a house and a boat. For each age group, the average frequencies of perspective elements drawn, errors and successes are determined.
- Second, we present 10 pictures containing false perspectives. He has to criticize and to suggest corrections. One point is obtained for each correctly criticized and corrected picture.
- Third, we propose to each child to draw then to copy a cube. A score from 0 to 4 is assigned according to the "Test d'Organisation Perceptivo_Spatiale et d'Intégration Graphomotrice".
- An assessment of intelligence with the Differential scales of intellectual efficiency (Tunisian version)

Results: Preliminary results showed that, on the drawing of a cube in the sample, children did not show a slow improvement in the level of perspective acquisition. On the contrary, literature described a continuous progression of this competence from the age of 8 years, the adult perspective being established at 12 years. This difference in the acquisition of the notion of perspective between ethnic groups could be explained by the difference in pedagogical and cultural backgrounds.

Conclusion: Because cognitive style involved in perspective representation is also culturally determined, future research may reveal interesting cross-cultural differences in the acquisition of this competence.



P-01-086

SCP neurofeedback therapy for sleep onset insomnia in minors

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Objective: Aim of this research is to investigate SCP neurofeedback training as possible treatment alternative for sleep onset insomnia (SOI) in minors, with a second measure focus on the symptom complex of PTSD. The persistent reduction in sleep duration leads to an impairment of executive functions, disturbances in the internalizing and externalizing behavior, as well as attentional problems and affective disorders. Sleep disorders are often considered to be comorbid in PTSD, although new studies show a causal role in the etiology of psychological disorders and sleep problems. This study will be considered a pilot study that provides the foundational framework for future research.

Method: Children and adolescence (age 7–17) with chronic SOI will take part in 20 sessions of SCP neurofeedback training, starting in January 2018. SOI will be measured with the Pittsburgh Sleep Quality Index (PSQI) and an individual sleep diary. The Emotion Regulation Questionnaire (ERQ) and Child and Adolescence Trauma Screening (CATS) will provide secondary outcome measures. All data will be collected pre and post to the training, and after every fifth session.

Results: First results and trends regarding the effects of the SCP neurofeedback training on SOI will be presented.

Conclusion: The result will indicate whether SCP neurofeedback training is an effective treatment for sleep disorders and extend the understanding of the interrelationships between SOI and other mental health problems in minors.



P-01-087

Stable neuropsychological impairments in child and adolescent with psychosis risk syndrome

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Objective: Cognitive impairments were observed in young-adults with Psychosis Risk Syndrome (PRS) who later developed a psychotic episode. Few studies have focused on child and adolescent (CAD) populations, despite the importance of a neurodevelopmental perspective. The aim of this study was to determinate baseline cognitive differences between CAD with PRS who developed a psychotic disorder (PRS-P) and those who did not (PRS-NP).

Method: This is a multi-site, naturalistic and longitudinal sample of help-seeking children and adolescents with PRS and healthy controls (HC). Inclusion criteria were having one of the three clinical high risk criteria (positive attenuated psychotic symptoms, brief limited psychotic symptoms or genetic risk syndrome). General Intelligence, logical memory, visual memory, working memory, processing speed, visuo-spatial abilities, sustained attention and executive functioning were assessed at baseline and at 18 month follow-up. Linear mixed models were performed to show differences at baseline between PRS-P and PRS-NP.

Results: A total of 72 patients were included (HC=30; PRS-P=18; PRS-NP=24). Differences in socioeconomic status were found between the three groups, and introduced as a co-variable. PRS-P showed lower scores than HC and PRS-NP in speed processing (coding) (between-subjects $F=3.647$, $p=0.031$, $HC=PRS-NP>PRS-P$, $p=0.0027$), visuo-spatial memory (within-subjects $F=3.326$, $p=0.042$; between-subjects $F=5.012$, $p=0.009$, $HC=PRS-NP>PRS-P$, $p=0.002$) and attention (commissions) (between-subjects $F=3.952$, $p=0.025$; $HC=PRS-NP>PRS-P$, $p=0.022$). In contrast, PRS-NP showed lower scores than HC and PRS-P in immediate logical memory (between-subjects $F=5.012$, $p=0.009$; $CC=PRS-P>PRS-NP$, $p=0.017$) and verbal phonetic fluency (subjects $F=5.586$, $p=0.006$; $HC=PRS-P>PRS-P$, $p=0.008$).

Conclusion: Speed processing, visuo-spatial memory and attention had stable impairment in PRS-P compared to HC and PRS-NP. These results suggest different progression of cognitive deficits in patients who developed psychosis, highlighting the importance of cognitive assessment.



P-01-088

The cognitive-behavioral therapy for students at the end of adolescence suffering of psychological disorders and low academic achievement

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Objective: Many studies have shown the impact of low academic achievement on self-image of students; that can worsen to the point of suffering from psychological disorders. On the other hand, students with psychological disorders may have poor school results due to the lack of concentration and motivation. In our communication we will present the results of the literature review concerning the propagation of the psychological disorders in academic area and how psychological theories explain this phenomena.

Method: clinical cases is the method we choose to present different disorders (Language Disorder, TOC, PTSD, Depression, Borderline Personality Disorder and Social Anxiety Disorder), with low academic achievement of students at the end of adolescence from our clinical practice at the students psychological help center of Algiers university.

Results: cognitive behavior therapy was very efficient in helping those students to get rid of their psychological disorders and to achieve good results on the academic level.

Conclusion: this communication shows us the double suffering of these people, and how we were able to help them through the cognitive behavior techniques, to regain their psychological health and consequently their academic success.



P-01-090

Prevalence and characteristics of bullying and cyberbullying in adolescents with mental disorder: A cross-sectional study in Granada (Spain)

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Objective: Very few studies to date have investigated bullying conducts in psychiatric patients, although everything seems to indicate that they are a risk group. The main objective of this pilot study was to estimate the prevalence of bullying and cyberbullying behaviors in adolescents with mental health disorders, in order to develop a future bigger study.

Method: A cross-sectional study was carried out by means of a questionnaire which was offered to patients between 11 to 17 years-old who attended the Child and Adolescent Mental Health Unit of the Hospital Universitario Virgen de las Nieves of Granada (Spain). The sample included 90 patients with a psychiatric diagnosis.

Results: In this clinical sample, 21.1% of the patients were victims of bullying, 6.7% of cyberbullying, and only 1.1% (1 patient) are aggressors. Significant associations were detected between being a victim of bullying and studying in a public school, and between suffering cyberbullying and being a woman. Also, the prevalence of being a bullying victim was higher in the group of patients with an internalizing disorder rather than an externalizing one. No further differences were found by gender, age, performance or main diagnosis.

Conclusion: The prevalence of bullying seems higher in adolescents with mental health disorders than in the general population, especially in those with internalizing disorder. Further studies are warranted. Specific and multidisciplinary intervention protocols should be created, and they should include the participation of mental health professionals.



P-01-091

Clinical practices and critical needs for managing Severe Behaviour Problems (SBPs) in children across Europe. An inventory of mental health clinicians' first-hand experiences

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Objective: Efficacious treatments for Severe Behaviour Problems (SBPs) are available. However, barriers to children accessing this treatment have been highlighted. Identifying and diagnosing children with SBPs may also be challenging due to the high variability in presentations and causes. A first-hand account of actual practices for SBPs is missing.

Method: We gathered feedback from 138 psychiatrists, psychologists and psychotherapists from 24 European countries through qualitative interviews about diagnostic, decision-making and treatment tools used in practice.

Results: The first line treatment used according to involved clinicians was cognitive-behaviour therapy (CBT; 70.3%), followed by pharmacotherapy (70.3%) and behavioural management programs (42%), whereas highly recommended specific programs such as the Incredible Years (IY, 34.8%) and Triple-P (19.6%) were not used as widely. Main challenges to SBPs treatment included poor multi-agency collaboration (46.9%), stigma about SBPs (24%), lack of resources (19.8%), little support for teachers (14.6%), and poor responsibility taking across systems (13.5%). Clinicians' main calls for improvements included more prominent focus on early detection and prevention (23.3%), increased multi-agency collaboration (21.1%) and raising awareness of SBPs (15.6%). However, many clinicians (17.8%) also had a pessimistic vision of a future with little funding and no prioritization of SBPs (12.2%).

Conclusion: This study creates a first inventory of clinical practices and needs for SBPs through learning from practitioners. It supports the need for increasing availability and use of evidence-based interventions such as Incredible Years and Triple P. Finally, it highlights challenges that can further be tackled to improve the holistic understanding and treatment of SBPs.



P-01-093

Deficit of theory of mind in Oppositional-Defiant Disorder: Findings from a preschool clinical sample

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Objective: Theory of Mind (ToM) is the ability to attribute mental states to oneself and other people and it is crucial for social interactions: difficulties in understanding the other's mind may affect relationships among peers and might lead to aggressive behaviors. Children by the age of 4 are able to understand that people hold false beliefs about events. Despite a large body of literature on Autism Spectrum Disorder and other neurodevelopmental and psychopathologic disorders, only few studies have examined ToM in preschoolers affected by Oppositional Defiant Disorder (ODD). The aim of our study is to determine if children with ODD have difficulties in ToM that may impact their social abilities.

Method: Participants were 68 preschoolers aged 48-74 months affected by ODD (19), Internalizing Disorders (31) and typical developing children (18). False belief task created by Wimmer and Perner (1983) was used to assess the ToM abilities. Linguistic skills were tested with Peabody Picture Vocabulary Test and Test of Language Comprehension. Emotional and behavioral problems were valued using Child Behavior Checklist for ages 15 years (Italian version). IQ score and grapho-motor abilities were assessed in all participants using WPPSI and the VMI. Diagnosis was assessed using K-SADS and confirmed after a prolonged clinical observation.

Results: After having excluded cognitive and language impairments and differences in the distribution of the demographic variables, we proceed to compare the performances at the false belief task. We found that ODD children reported to fail the ToM task significantly more often than the rest of the clinical sample.

Conclusion: These results suggest that, since an early age, deficits in social cognition abilities may play a significant role in the emotional and behavioral impairments in children with ODD. An early intervention focused on ToM should be considered in order to improve evolutionary trajectories.



P-01-094

Pediatric dentists' perspectives regarding children of concern (kininaru-kodomo: KK) in Japan: Findings from hybrid concept analysis

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Objective: Kininaru-kodomo (KK) has been widely utilized to refer to children who are supposed to have mild developmental disabilities (DDs), child maltreatment, and /or other behavioral, emotional, or social problems (Ide-Okochi, 2016). However, problems with care assessment have been reported, because each professional perceives care assessment differently based on their experiences. Dentists in Japan legally participate in infant medical health check-ups, using a highly reputed standardized assessment system. This study aims to explore pediatric dentist definitions of KK for effective collaborations.

Method: We employed a hybrid concept analysis model (Schwartz-Barcott and Kim, 1986). This method has theoretical, fieldwork, and analytical phases to integrate the literature base with empirical knowledge. After a systematic literature review, semi-structured personal interviews were conducted for 27 pediatric dentists and dental hygienists at a university hospital in 2016. Data were analyzed based on a constant comparison approach.

Results: The working definition was children with special needs due to potential DDs, child maltreatment, and any developmental problems. In the fieldwork phase, the following core categories were identified: children with potential DDs; children under potential maltreatment, those possessing unusual rampant caries, etc.; children with behavioral and/or emotional problems, such as dental phobia, strange crying, and potential mental health problems. KK was finally defined as children who require special care due to both individual and environmental health risk possibilities and observed dental symptoms.

Conclusion: Pediatric dentist perceptions of KK have both similarities and specificities with other health professionals (Ide-Okochi, 2016). More research is necessary to develop KK screening tools and care strategies.



P-01-096

Self-directedness and personality development: Empirical findings and implications of an outpatient Dialectical Behavior Therapy (DBT) study

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Objective: Self-directedness (SD) proved to be an indicator for both maturity and disturbance in the personality development, as well as a predictor for the success of psychotherapeutic interventions in juvenile and adult samples. We present empirical findings regarding the relation between SD and psychopathology during the course of dialectical behavior therapy (DBT) for female BPD-patients in the late- and post-adolescence. We furthermore introduce a new group therapy program for the development of self-directedness, identity and mentalization for adolescents (“SELIMA”).

Method: 26 female BPD-patients received a one year outpatient DBT including individual therapy and skill training. We established two subgroups of patients, one with high and one with low SD at therapy beginning, to investigate the influence of SD on psychopathology at three measure points.

Results: Patients with low SD at therapy beginning showed more anxiety, alexithymia, interpersonal problems and less confidence in themselves and others. This higher symptom severity proved to be stable over time. In the longer-term intervention, looking at the total sample, SD improved significantly.

Conclusion: In conclusion, we found a significant relation between the degree of SD, the symptom severity, as well as interpersonal and attachment-related problems in female BPD patients in the late- and post-adolescence. Following these results, patients with a lower SD could benefit from early and specific interventions to strengthen their SD.



P-01-098

Auditory verbal hallucinations in outpatient youth with borderline personality disorder

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Objective: Auditory verbal hallucinations (AVH) occur in up to 50% of patients with borderline personality disorder (BPD). To date all studies examining AVH in BPD have focused on adults, even though adolescence and young adulthood is the sensitive period for the development, detection, and early treatment of both BPD and psychosis. This is the first study to examine the phenomenology of AVH and cognitive-affective determinants of voice-related distress in youth with BPD, compared to youth with a schizophrenia spectrum disorder (SZ) and youth with BPD no AVH.

Method: The sample included 68 outpatients aged 15-25 years. They were categorized into three groups; BPD+AVH (n=23), SZ+AVH (n=22), and BPD no AVH (n=23). Participants underwent a psychopathological assessment including interviews and questionnaires.

Results: Youth with BPD+AVH showed significantly higher levels of psychopathology than youth with BPD no AVH. AVH experienced by youth with BPD were phenomenologically indistinguishable from those occurring in youth with SZ. In addition, youth with BPD+AVH held stronger beliefs about supremacy of voices than youth with SZ+AVH. In youth with AVH (BPD, SZ), beliefs about supremacy of voices predicted higher levels of depression, mediated by more negative self-appraisals.

Conclusion: AVH are a characteristic of a more severe form of BPD. The use of disrespectful labels such as “quasi-” or “pseudo-hallucinations” to differentiate AVH in people with BPD from AVH in people with SZ is not appropriate. AVH and appraisals related to voice-hearing (i.e., beliefs about voices, self-appraisals) should be assessed in youth with distressing voices regardless of diagnosis, as they provide important targets for psychological interventions (e.g., cognitive behavioural therapy).



P-01-100

Borderline personality features in adolescents: Relations to self-harm and identity

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Objective: Borderline personality disorder is strongly associated with unstable sense of self and self-harm, though there is a lack of empirical research focusing on this relation. The aim of this study was to analyse the relation between borderline personality features, self-harm and identity development in clinical and general population groups.

Method: Borderline Features Scale for Children-11 (BFSC-11), Assessment of Identity Development in Adolescence (AIDA) and a questionnaire about self-harm experiences were used to assess the extent of adolescents difficulties.

Results: Adolescents from a clinical group (N = 73) experienced significantly more borderline symptoms, more identity development difficulties and reported more self-harm behavior than their peers from general population (N = 370). Those who reported self-harm experiences (23,5%) scored higher on borderline personality features in both groups. Among age groups middle and late adolescents from a clinical group reported more identity problems and borderline features than their younger peers. Borderline personality features correlated strongly with identity discontinuity, incoherence and identity diffusion. Identity diffusion and self-harm predicted borderline personality features. The model remained significant when we evaluated deliberate self-harm as a prognostic variable.

Conclusion: To sum up, identity development problems and self-harm were the most common among middle and late adolescents from a clinical group. Despite this, these constructs can be seen as contributing factors to the emergence of borderline personality features in both study groups. Our findings highlight the need to further investigate the possible risk factors for the development of borderline personality features.



P-01-102

An implicit theories of personalities intervention to prevent and reduce bullying and cyberbullying among adolescents

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Objective: Face to face bullying and cyberbullying are prevalent problems for children and schools around the world and they have important consequences for both victims and aggressors. Therefore, it is important to design and evaluate universal interventions to prevent and intervene in these types of behaviors. Previous studies have found that interventions aimed to teach that people can change (i.e., incremental theory of personality) are effective to reduce symptoms such as depression or stress. This study examines the effects of a single-session consisting of teaching the belief that people can change, on bullying and cyberbullying perpetration. Grade and testosterone levels were introduced as potential moderators.

Method: A total of 535 high school students (boys: 50.2%; age: 12 – 17 years) participated in a double-blind randomized controlled trial. Participants were randomly assigned to the experimental intervention based on an incremental theory of personality vs an educational control intervention. Their testosterone levels were measured at the beginning of the study, and their bullying and cyberbullying behaviors were measured at baseline, one-week posttest, and 6-month and 12-month follow-ups.

Results: Results of multilevel analyses indicated that the student's grade moderated the effect of the intervention on traditional bullying behavior change, with higher effectiveness among adolescents in Grade 8. With regard to cyberbullying, the student's testosterone levels moderated the effectiveness of the intervention, which largely reduced cyberbullying behavior among adolescents with low and medium testosterone levels.

Conclusion: The results of this study show promising evidence about the utility of this type of brief intervention among the youngest adolescents.



P-01-103

Efficacy of a brief intervention based on implicit theories of personality on adolescent aggressive behaviors toward the partner

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Objective: The first dating relationships that occur in adolescence are of great relevance for adolescents' socio-emotional development and mental health. The limited results of existing dating violence (DV) prevention programs in achieving behavioral changes highlights the need of new intervention approaches. Considering the promising results of interventions based on implicit theories of personality (ITP) on reducing peer aggression, the main objective of this study was to explore the effect of a brief ITP intervention on DV perpetration (DVP) and DV victimization (DVV).

Method: A randomized controlled trial with two parallel groups (experimental versus control) was conducted. From the 301 participants who completed the three assessment waves (pretest, 6-month follow-up, and 1-year follow-up), 40 had had a dating relationship in the last six months during the three waves of the study, and they constituted the final analytic sample of this study (65% females; Mage=15.11, SD=0.89).

Results: The interaction between time and condition was statistically significant for DVP, showing a significant decrease in both traditional and cyber dating abuse in the experimental condition. Post hoc analyses revealed that the decrease was statistically significant only in boys. The ITP intervention had no effect on DVV.

Conclusion: Our findings suggest that a brief intervention based on ITP decreases the perpetration of boys' aggressive acts toward their dating partner. Increasing our empirical evidence about the efficacy of a one-hour self-applied intervention is of great relevance for moving forward in the prevention of DV and improving adolescents' social and mental health.



P-01-108

Heightened responsibility in Obsessive Compulsive Disorder – a disguise?

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Objective: Background: Obsessive-compulsive disorder (OCD) is a mental disorder characterized by repetitive and intrusive worries, especially relating to taboo themes like sexuality or aggression. The interpersonal relationships and social attitudes of this patients are subject of controversy: according to psychodynamic approach, latent aggression lies at the core of the pathogenesis, however, the cognitive-behavioural understanding of OCD, emphasizes the pro-social aspects of heightened responsibility in the formation and maintenance of symptoms. Is it possible that pro-social attitudes are co-existent with traditional anti-social attitudes in OCD patients, how so? **OBJECTIVES:** The present study aims to provide an overview of the literature about interpersonal relationships in OCD.

Method: A nonsystematic review of the literature was performed in Pubmed and Cientific Journals using the terms: “interpersonal ambivalence” , “ attitudes and behaviours” and “OCD”.

Results: Steffen Moritz et al. (2012) found that OCD patients displayed higher scores on several indices of aggression and destructiveness than controls. In line with other studies, this patients displayed higher scores on both exaggerated pro-social attitudes as well as latent aggression and suspiciousness/distrust. A total of 59% of patients with OCD showed marked interpersonal ambivalence. Moritz S et al (2009) found a similar result: inflated worry/responsibility, latent aggression/calculating behavior and suspiciousness/distrust.

Conclusion: The present study suggests that research on interpersonal attitudes in OCD patients benefits from an in-depth investigation. Traits like responsibility may be overcompensated to hide latent aggressive attitudes and feelings. This knowledge may prove beneficial to clinicians regarding anger expressing and social management conflict.



P-01-110

The relationship between alopecia areata and psychiatric symptoms

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Objective: Alopecia areata (AA) is a skin disease that occurs at all ages and is characterized by non-scarring hair loss on the scalp and/or body, with an unpredictable and variable evolution. Various factors such as immunology, endocrine, genetic, infectious and psychiatric have been associated to its etiopathogenesis. On the other hand, hair loss can have psychosocial complications, including low self-esteem, depression, altered self-image, and less frequent and enjoyable social engagements. The present study aims to provide an overview of the literature regarding the relationship between AA and psychiatric symptoms in order to optimize its treatment.

Method: A nonsystematic review of the literature was performed using Pubmed database applying the Mesh terms: “alopecia areata”, “affective symptoms” and “psychophysiologic disorders”.

Results: Although the relationship between alexithymia and dermatological disorders are not fully understood, preliminary data shows that alexithymia could be associated with AA. Research suggests, alexithymia may be related with changes in sympathetic activity, immunity and brain activity. Some researchers link alexithymia with insecure parental attachment and adverse childhood experiences. Some studies also show a high prevalence of anxiety and depressive symptoms in AA patients.

Conclusion: In children, AA could impact their growth and development. Therefore, a patient with AA should receive both medical and psychological services. The Physician should explain the unpredictable nature and course of the condition. Mental health specialists must work with the patient in managing emotions and providing emotional support in cases of relapse.



P-01-111

Identifying children with anxiety disorders using brief questionnaires

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Objective: Effective treatments for child anxiety disorders exist, but only a minority of affected children access these treatments. In order for a child to access treatment, they need to be identified as experiencing clinically significant levels of anxiety. Existing identification tools are lengthy and time consuming to complete, thus limiting their potential for widespread application in community settings. This study aimed to develop a brief questionnaire to assess symptoms of anxiety disorders among 7-11 year olds using items from the Spence Children's Anxiety Scale (SCAS); and to evaluate the psychometric properties of the brief questionnaire, and its capacity to discriminate between a community and clinic-referred sample of children with anxiety disorders.

Method: A community sample (n=361) and clinic-referred sample (n=338) of children, and their parents and teachers completed the SCAS; and we examined the functioning of SCAS items to develop brief versions for children, parents and teachers. Psychometric properties of the brief SCAS were examined; and ROC analyses were conducted to establish sensitivity and specificity values associated with optimal cut-off scores.

Results: The brief SCAS scores displayed good psychometric properties, with similar internal consistency, agreement among reporters, and convergent/divergent validity to the full-length SCAS scores. The brief questionnaire also identified children in the clinical sample with a moderate-good level of accuracy (AUC = .7-.86), with acceptable sensitivity and specificity. Combining reporters improved sensitivity, but at the expense of specificity. Findings suggest parent report should be prioritised above either child or teacher.

Conclusion: This brief questionnaire has potential for use in community settings as a tool to improve identification of children with anxiety disorders. Further research is needed to evaluate the capacity of the new measure to discriminate between children with and without anxiety disorders in the community, and to evaluate the potential benefit of incorporating items that assess impairment.



P-01-113

Perspectives of youths, parents and professionals on a collaboration project between child and adolescent psychiatry and child welfare

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Objective: Collaboration is put forward as a promising strategy for optimization of services for the most vulnerable populations. It is, however, associated with considerable challenges resulting in collaboration projects that do not meet initial goals. The objective of this research was to explore how youths, (step)parents and professionals evaluate an intensive collaboration between a child welfare residential center and a tertiary child and adolescent psychiatry facility, aiming to optimize care delivery for adolescent girls with multiple and complex needs.

Method: In-depth interviews with nine youths and twelve (step)parents, along with focus groups with 44 professionals were conducted and analyzed using systematic tekst condensation.

Results: Several benefits were identified: (1) care delivery is better tailored to meet individual needs; (2) access to mental health services and therapy implementation and follow-up are ameliorated; (3) focus on integration into society as well as on psychiatric support; (4) capacity and efficiency of care delivery is enhanced. Pitfalls should be avoided by: (1) supporting agency of clients; (2) preserving identity of the collaborating partners; (3) safeguarding continuity of care; (4) supporting individual professionals and teams.

Conclusion: Findings illustrate the potential of cross-sectoral collaboration and highlight the importance of needs-centered services, and attention to professionals' needs.



P-01-115

Neuro-Cognitive Enhancement Training (Cog-Tr) for delinquents within a correctional facility in Japan

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Objective: There have been numerous reports that low IQ scores are a risk factor for delinquency or antisocial behaviors. Juveniles who are admitted to juvenile correctional facilities may have various neurocognitive deficits. Recently, CBT has become an accepted treatment. CBT underlies the broader neurocognitive functions. These improvements of the neurocognitive functions are important in order to make CBT more effective. A number of approaches to enhance neurocognitive functions in children and adolescents have been developed and studied in recent years. Those studies suggest that neuropsychological interventions for delinquents with low IQ could lead to improvements in their neurocognitive functions. If so, those interventions should decrease their antisocial behaviors, either directly or indirectly. The purpose of this study was to design interventions aimed at improving neurocognitive functions, to implement a cognitive training program (Cog-Tr) for juvenile delinquents with ID/BIF in a correctional facility, and to evaluate the program's effects.

Method: The participants were assigned to either a Cog-Tr group ($n = 30$) or a waiting list control group ($n = 30$). The Cog-Tr was conducted for 16 weeks, and both groups took part in pre-, post-, and follow-up testing.

Results: Compared to the control group, the Cog-Tr group demonstrated significant improvements in neurocognitive functions, and these improvements were maintained at 3-month follow-up.

Conclusion: These results suggest that juvenile delinquents with ID/BIF are responsive to neurocognitive training and that their ID/BIF was related to external factors such as a negative environment with stimulus deprivation and failure to obtain adequate special educational services.



P-01-116

Cultural and ethical factors affecting the self-injurious behaviour management of intellectually disabled persons at the Free State Psychiatric Complex in Bloemfontein, South Africa

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Objective: Background: There is limited literature, especially within the African context, concerning the cultural and ethical factors influencing the care of People with Intellectual Disability (PwID) who harm themselves. Aim: The aim of the study was to explore the cultural and ethical factors which have an influence on the management of PwID who displays Self injurious behaviour (SIB) as identified by the multidisciplinary team at the Free State Psychiatry Complex, Bloemfontein, South Africa, in order to ascertain the most important factors in order be able to amend the current policy statement.

Method: A mixed methods approach was conducted using the Nominal Group Technique (NGT). Ten professional health care providers, part of the multidisciplinary team with first-hand experience in caring for persons with ID were invited to participate. Eleven factors related to culture and twelve factors related to ethics were generated. Qualitative data related to each factor was generated during the discussion phase of the NGT. The participants prioritised and scored the five factors for culture and ethics respectively that they considered most important. Scores of all the votes were tallied and arranged in order of priority.

Results: The study emphasized the importance of understanding cultural backgrounds of PwID. It also recognizes the importance of communication, tolerance, acceptance and perceptual differences relating to gender, spirituality and level of education. Potential ethical dilemmas when acting in the patient's best interest were highlighted. The quantitative results provided a list of factors and their rated importance which will contribute to the policy revision of the institution.

Conclusion: Although it is often assumed that multidisciplinary team members have adequate knowledge needed to manage of PwID who harm themselves, certain cultural and ethical factors need to be kept in mind when caring for these persons in a diverse society having limited resources.



P-01-117

Mindfulness-based stress reduction course: Face-to-face versus online course

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Objective: Psychological distress is characterized by anxious and depressive symptoms, affecting between 5% to 27% of the general population. Mindfulness-based interventions seem to reduce the prevalence and severity of psychological distress. However, there are no mindfulness-based studies assessing differences in the type of delivery within the Spanish population. Objectives. 1) To explore the reduction of general psychological distress after a face-to-face versus an online Mindfulness-Based Stress Reduction (MBSR) course in a Spanish population; and 2) to study if attendance, adherence, and satisfaction differ between the courses.

Method: Allocation to courses was non-randomized, and each course lasted 8 weeks. Sample: face-to-face MBSR participants (n=109; 65.6% women), and online MBSR participants (n=264; 68.2% women). Psychological distress was assessed through the Brief Symptoms Inventory (BSI). Attendance, adherence, satisfaction with the course and sociodemographic variables were assessed. Statistical analyses: Paired t-test analyses for related samples were performed to evaluate pre-post treatment changes in psychological distress in both the face-to-face and the online MBSR courses. Independent t-test analyses for independent samples were performed to evaluate differences in the reduction of psychological distress, attendance, adherence, and satisfaction between the face-to-face versus the online MBSR course.

Results: Participants showed a significant reduction in general psychological distress after completing both courses ($p<0.001$). However, there were no differences between both courses ($p=0.31$). Attendance ($p<0.001$), adherence ($p<0.001$), and satisfaction ($p=0.02$) were significantly superior in the face-to-face course ($p<0.001$) compared to the online course.

Conclusion: The practice of a face-to-face or an online MBSR course reduces general psychological distress regardless of the course modality. Although attendance, adherence, and satisfaction seem to be higher in the face-to-face course, online interventions are an alternative to improve the accessibility of care for those unlikely to engage in face-to-face formats. Clinical implications and future directions are discussed.



P-01-118

“No curse on the next generation” – bridges between addiction prevention and treatment

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Objective: Early therapeutic interventions for caregivers and their children can decrease the risk of mental health problems. Earlier studies showed a strong relation between insecure attachment representations in children and difficulties of drug addicted caregivers in responding to the children’s emotional signals as a risk for developing mental health problems.

Method: The association “Dialog” managed to form and implicate a group intervention for mothers in opioid maintenance therapy and their babies (0-12 month) in order to support drug abuse prevention for children in a direct and helpful way from the very beginning of their life. Children from drug abusing parents living in foster care are in need of special interventions. Research interest and financial resources helped to implicate a group intervention program for foster children (8-10 years) from drug abusing families aiming to increase knowledge about drug addiction and enhancing social and affective skills in a professionally protecting ambiance (www.kleinerleuchtturm.at). This group intervention is funded by PHARMIG for a three years period (03/2017-12/2019).

Results: Both interventions are based on the concept of mentalization. The group intervention for foster children will be evaluated through a PhD-Project at the Faculty of Psychology (University of Vienna, A) named: “The impact of parental licit/illicit drug abuse background and the caregivers’ attitudes on mentalization processes in children living in foster care – an exploratory longitudinal follow-up study”.

Conclusion: The theoretical background, our experiences with those interventions and the PhD-Project will be presented in order to discuss difficulties and opportunities.



P-01-119

Conversion diagnosis, differential diagnosis, symptom interpretation

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Objective: The conversion as a means of symbolic expression of forgotten and conflict repressed subconsciously and psychological contents which a child fails to get rid of otherwise, are converted into physical symptoms.

Method: Review: N.N. 11 years. Problems dating two months back, “blocked hands and feet with numbness and pain with shortness of breath, without loss of consciousness, regardless of the period of day, lasts sometimes up to 2 hours and spontaneously stops”. Dysfunctional family atmosphere. Methods: Psychotherapy, parental counseling. Neurological and neurophysiologic examination, psychological testing, NMR, neat EEG finding after deprivation, EEG testing with provoked attack, recorded by camera.

Results: Registered and reported emotional and physical abuse of a girl in a family, through the process of intensive diagnostics and multidisciplinary treatment, there was a decrease in family dysfunctionality. She comes to counseling treatment accompanied by mother and family counselor, regularly takes prescribed therapy. She was counseled to participate in group work every day.

Conclusion: Significance of a multidisciplinary approach in diagnosis and treatment



P-01-120

Social sufferings in childhood: A psychoanalytic study of memories of an elderly woman

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Objective: This work aims to investigate psychoanalytically the affective-emotional impacts of social suffering on children's life. It's justified as a knowledge production that can bring subsidies to children's psychological care, focusing on Nazi violence as an emblematic example of social suffering, which calls the clinical psychologist to rethink theories and practices in face of situations of helplessness, humiliation and injustice.

Method: It's organized methodologically through the study of embroidery of an elderly Jewish woman, that depicts events lived in her childhood in the context of Nazism. The consideration of the embroidered scenes, under the perspective of the psychoanalytic method, allows the understanding that she gradually realized that her life and the lives of her relatives and of her neighbors were in danger.

Results: The material analyzed indicates the need to include the macro-social environment in the psychoanalytic understanding of situations of violence in which children are involved.

Conclusion: As a whole, this study shows the need to develop differentiated clinical settings for the care of children in social suffering.



P-01-123

Common oxytocin polymorphisms interact with maternal verbal aggression in early infancy impacting blood pressure and child's internalizing symptoms: The ABCD study

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Objective: Infancy is a highly critical period for brain development. Genetic predisposition of social sensitivity might affect vulnerability to alterations in biobehavioral regulation or psychopathology after early life stress exposure. We examined whether maternal verbally aggressive behavior in early infancy interacts with oxytocin polymorphisms in increasing resting cardiovascular outcomes at age 5-6 or in developing internalizing symptoms at ages 5-6 and 11-12.

Method: In the Amsterdam-Born-Children-and-their-Development-(ABCD)-study, a large observational, population-based birth cohort, maternal verbally aggressive behavior was assessed in the 13th postnatal week by a questionnaire (maternal self-report). Indicators of resting cardiac autonomic nervous system activity, heart rate, and blood pressure were measured at age 5–6. Internalizing symptoms were assessed by maternal report (N=969) at age 5–6 and by self-report (N=750) at age 11–12. Data on oxytocin receptor polymorphisms rs53576, rs2268498 and oxytocin polymorphisms rs2740210, rs4813627, were collected.

Results: If the child was carrier of the rs53576 GG variant or the rs2268498 TT/TC variant, exposure to maternal verbally aggressive behavior (10.6%) was associated with increased systolic blood pressure at age 5–6 (B=4.9 mmHg, 95% CI[2.2;7.7] and B=3.0 mmHg, 95% CI[1.0;5.0] respectively). If the child was carrier of the rs2740210 CA/AA variant, exposure to maternal verbally aggressive behavior was positively associated with general anxiety at age 5–6 and emotional symptoms at age 11–12 (p for interaction= 0.011 and p= 0.015). If the child was carrier of rs4813627 GG, exposure to maternal verbally aggressive behavior was negatively associated with anxiety sensitivity and emotional symptoms at age 11–12 (p for interaction 0.011 and 0.022). No significant interactions of maternal verbally aggressive behavior with oxytocin polymorphisms on heart rate or cardiac autonomic nervous system activity were found.

Conclusion: Oxytocin polymorphisms may partly determine a child's vulnerability to develop increased systolic blood pressure or internalizing symptoms after being exposed to maternal verbally aggressive behavior in early infancy.



P-01-124

Validation of a new battery of Tunisian social cognition tests

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Objective: Validate the tests in the general pediatric population and establish normative data according to age groups. Use the tools for cognitive remediation for children with atypical development, particularly those with autism spectrum disorder.

Method: The Research Unit 12 SP 20 has developed a battery of computerized social cognition tests that are adapted to the Tunisian Children. 1/The Tunisian Social Situations Instrument (TSSI) and the Picture Sequencing (PS) evaluate the theory of mind (TOM) 2/Tunisian Empathy Scale for Children (TESC) is a 26-item hetero questionnaire asked to parents measuring the different components of empathy. 3/Recognition of Facial Emotions: Tunisian Test for Children (RFE: TTC) consists of 114 photographs and 36 videos, assessing the 6 basic emotions and neutrality. We included 60 typically developed schooled children, aged between 7 and 11 years and speaking the Arabic language .

Results: 1/ TSSI: 20 students , Mean age: 9 years 40% of children achieved the tasks of emotional TOM, 75% correctly answered those of epistemic TOM first level and 85 % succeeded to identify social clumsiness. In addition, we have noticed that age influences the performance of children in the tasks of TOM. _PS: Ongoing results 2/ TESC :Parents of 46 students, sex-ratio 1, Mean age: 8 years. The total score of empathy was significantly higher among girls (Mean score (MS) for girls: 38.73, MS for boys: 35,25). There was a positive correlation between the empathic attitude and age ($r = 0.423$, $n = 46$, $p = 0.003$). 3/ RFE :TTC: 16 students, Mean age: 9 years. Significant correlation between AGE and number of correct answers for Joy ($p = 0.03$) and between AGE and number of correct answers for Sadness ($p = 0.01$)

Conclusion: Research on children's social cognition development is critically important in the design of social-cognitive training programs that will be effective in enhancing the social competences of children with autistic disorder.



P-01-125

The chronic disease. The child's and parent's challenges, hope, and shame

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Objective: OBJECTIVE: 22q11.2 Deletion Syndrome (DS) is one of the most frequent genetic syndromes in man, with an incidence of 1: 2000-4000 live births, caused by a micro deletion in chromosome 22q11.2. The syndrome has a highly variable phenotype including a variety of malformations and abnormalities. The aim of the study was to explore the families' life experiences when having child with 22q11.ds. Extended knowledge is crucial to confirm early identification of this disease and establish a multidisciplinary management base.

Method: Observations of 27 children and adolescent, age 4–26, were done. 27 mothers and 7 fathers were interviewed. Coding and analysis were carried out according to Grounded Theory methods. Analysis was done within the frame of social and gender theory.

Results: Three main concepts were explored: ALIENATION: Parenthood undergoes crisis through the journey towards diagnosis and development. DEPENDENCY: The child was dependent on health and social, psychological, and pedagogical service delivery throughout childhood, adolescence and in adulthood. The parents' struggled to receive the fragmented service was common, though the service was granted economically and socially by Public Health laws. However, the service was not always available in small communities. FAMILY CONCERNS: A child with complex syndrome influences the life of the family. Gender roles and the relation to siblings were challenged, families economy suffered as a consequence of the extended burden of caring for the sick child. LIMITATIONS: In this study mainly, mothers were interviewed. To have broader insight, also the father's and the children's voices should be heard.

Conclusion: Children with 22q11.ds need tailored treatment from a multidisciplinary team of professionals through childhood, adolescence, and in adulthood. Through the years, parents were the children' secure base and advocate.



P-01-127

Functional magnetic resonance imaging in pediatric patients with obsessive-compulsive disorder during the Stroop Task Paradigm: A prospective study

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Objective: Abnormalities in response inhibition is commonly described in obsessive-compulsive disorder (OCD) etiopathology. The aim of this study was to investigate abnormalities in brain regions mediating response inhibition by assessing the basic demanding status by using functional Magnetic Resonance Imaging (fMRI) during performance of Colored-Card Stroop Task in children with OCD.

Method: OCD children and the healthy controls were in between ages of 8-15. Diagnoses were evaluated by the Turkish version of Schedule for Affective Disorders and Schizophrenia for School Age Children – Present and Lifetime Version (K-SADS-PL). Turkish version of the Dimensional Yale-Brown Obsessive-Compulsive Scale (DY-BOCS) was applied to the OCD group for severity measures. Block-design fMRI was used to compare brain activation during a Stroop task that measures response inhibition in study groups.

Results: Mean ages of the study groups were 10.4 ± 3.3 (N:7) and 10.2 ± 2.8 (N:8) for the OCD and control subjects, respectively. Bilateral regions of superior frontal gyri, insular cortices, parietotemporal regions, and posterior cingulate gyri showed significantly decreased activation for the OCD group during the simple attention task ($p < 0,05$). When we compared the simple attention task condition with the response inhibition condition, the OCD group showed significantly decreased activation only during the response inhibition task in the bilateral regions of middle frontal gyri, orbitofrontal cortices, and anterior cingulate cortices ($p < 0,05$).

Conclusion: The results of present study support the hypothesis that frontostriatothalamic regions and anterior cingulate cortex play effective role in inhibitor control in childhood OCD.



P-01-129

Case of joint consultation and treatment adolescent with social maladjustment

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Objective: Nowadays it is very important to follow individual approach to diagnostic, psychotherapy and treatment of adolescent with suicide behavior by multidisciplinary team. We have a case-study of common observation by psychotherapist, psychologist and psychiatrist of 13 years old girl with social maladjustment and behavior disorders and suicide attempts. Description the case of 8 month observing adolescent with behavioral problems and suicide attempts.

Method: Systemic psychotherapy, experimental psychodiagnostic investigation, psychopharmacology treatment

Results: First period (2 months) of psychotherapy was done in Paris by russian speaking specialist without stable positive result. Girl went to Moscow with a recommendation to psychologists and psychiatrists. Conclusion of clinical psychologist after examination of cognitive functions and personality - consultation of psychiatrist and hospitalization in connection with the severity of the condition and suicidal behavior. Immediately after the consultation, the girl was urgently hospitalized in the children's psychiatric hospital department of the Mental Health Research Center. The hospitalization lasted about 2 months. She was examined by psychologist several times during this period while on psychopharmacological therapy. Her behavior changed seriously since first meeting when she used foul language, demonstrated self-harm and threatened suicide, showed negative relationship to her mother and grandmother. The diagnose of psychiatrist: schizotypal disorder (F21.4). During treatment her behavior improved in relationships with relatives, suicidal threats disappeared, and she thought about real future plans. These changings were reflected in the results of the final psychological investigation. After discharge, she was recommended to continue treatment and psychotherapy.

Conclusion: Currently, the girl lives in Moscow and consults with a psychotherapist online for 4 months. Her condition has improved significantly; however, some motivational impairments and learning difficulties remain. The case shows the effectiveness of the well-coordinated work of a team of psychotherapists, psychologists, psychiatrists in helping a teenager with suicide behavior.



P-02

Poster Session Day 2

P-02-002

Congenitally missing teeth (hypodontia) in children with ADHD can cause severe speech production – a case study

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Objective: Some of children with ADHD likely to have “Congenitally Missing Teeth” which caused sever speech production. The effect of dentition on speech becomes more complicated when a child has both an articulation disorder, an incorrect bite (e.g., “open bite”). We tried to reduce the ADHD symptoms and severe speech deletion, which effect his self-esteem, communication, behavior, academic performance and quality of life. We introduce alternative method in speech-language session using multi-therapeutic techniques in therapy setting with structural behavioral rules amid ADHD child, who is struggling to produce a clear word or sentence and minimize speech default.

Method: The study investigated a child aged 6.3 Yrs. in first grade bilingual American School. The program settled for three times weakly in the clinic with collaborate with home and school setting to improve his speech construction and behaviour as well.

Results: The outcomes of the multi-therapeutic programs proved that ADHD child he involved in the program had made greater improvement in using significant speech production in bilingual.

Conclusion: This study gives a great opportunity for more collaborative researches to assimilating the therapy goals and orthodontist to collaborate on a therapy plan or timeline. Furthermore, we open a wide discussion, if there is a gene defect-affecting some children with ADHD, which led to congenital missing teeth and sever articulation in many cases?



P-02-003

A randomised, double-blind, placebo-controlled efficacy study of an omega-3/6 dietary supplement in Italian children with mild to moderate inattentive ADHD

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Objective: ADHD treatment is based on behavioural and pharmacological approaches (1). Recently there has been a growing interest in dietary supplementation of omega-3/6 fatty acids, which seem to be deficient in ADHD individuals (2) and moderately effective (3). Objectives: To evaluate the clinical efficacy of omega-3/6 fatty acids and effects on EFA plasma levels.

Method: The study was a randomised, double-blind, multicentre, placebo-controlled efficacy trial of Omega3/6 dietary supplement in children (6-12 y) with mild/moderate ADHD-I. The study included a 6 month phase I double blind evaluation of Omega3/6 vs placebo and a further 6 month phase II open label treatment with Omega3/6 in all patients.

Results: 160 drug naïve ADHD Italian children were enrolled. At baseline EFA's levels, did not show a statistically significant correlation with clinical severity. At the end of phase I, a similar slight clinical improvement was observed in both groups and the slight (not statistically significant) reduction in omega6/3 ratio was measured in active treatment group. After 12 months a further mild similar improvement in global functioning and in inattentive symptoms was observed in both groups, as well as a slight (not statistically significant) reduction in Omega6/3 ratio in the group taking active treatment only during the phase II. No significant changes were found in relation to symptoms of depression, anxiety and specific learning abilities.

Conclusion: In our sample, plasma Omega6/3 ratio was not related to ADHD clinical severity nor to clinical improvement, suggesting a crucial role for other variable such as diet or ethnicity.



P-02-004

To provide an evidence based, best practice exercise based assessment and intervention for patients/children with ADHD in a group environment using the activity of gymnastics

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Objective: South Wexford Paediatric Psychiatry / Child and Adolescent Mental Health Service (CAMHS) was the worst resourced service in Éire. It had very poor facilities and a staff complement less than 25% of that needed. The occupational therapist (O.T.) had no facilities and decided to provide a group gymnastics intervention for patients / children who had to wait for 1:1 OT intervention. Medically it allowed efficient assessment of patients in monitoring medication etc. For the OT and other MDT members it allowed assessment of social skills and motor coordination skills.

Method: The project was a partnership approach and involved an 8 Week Gymnastics Group. 5+ trained gymnastics coaches and 2+ psychiatry multidisciplinary team members ran the group each week.. All patients / children had diagnoses of ADHD. The children were aged 8 to 12. A graded approach to regular gymnastics was adopted.

Results: Child evaluation: 94% "Happy face" "Happy", "Excited", "Energetic", "Friendly" Parent evaluation: "It made her happy. She enjoyed it and looked forward to it every week..... Ate better, slept better and was calmer.... He realised he is not alone with ADHD and this in itself is very empowering" Coach evaluation: "Great learning experience for all involved from planning to implementation and evaluation...any questions we had, 100% answered and supported throughoutI would like to think that many of the children would have the confidence to join in to a mainstream group class and have an enjoyable experience"

Conclusion: Experience of success! Children achieved positive outcomes in new mainstream activity. Partnership – New learning for staff and coaches. Skill development: learning a new occupation in a graded way. Efficiency – the use of optimum resources to yield maximal benefits for children . Acceptability: Attending the group was a positive experience for children and families. Sustainability: 25% of the children are attending or wait listed to attend mainstream gymnastics with the club.



P-02-006

Examining the effect of maternal antenatal anxiety and depressive symptoms on neurodevelopmental outcomes in children aged 7-to-10 years: A prospective cohort study

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Objective: Maternal antenatal anxiety (MAA) and depressive symptoms have been linked to altered neurodevelopmental outcomes in children. A drawback of the existing literature is that many studies measure a single facet of neurodevelopment, such as behavioural issues, which has limited the potential findings in this area. This study aimed to examine the effects of MAA and depression symptoms on a range of child neurodevelopmental outcomes in children aged 7 – 10 years old.

Method: MAA and depression symptoms were self-reported in women (n=27) in the 25th week of gestation. At follow-up, which was between 7 – 10 years post initial participant, both mother and child were assessed on neurodevelopmental outcomes (restricted and repetitive behaviours, schizotypal and psychotic traits, and social responsiveness).

Results: It was found that MAA symptoms were associated with elevated social and psychiatric difficulties in children. Specifically, maternal antenatal depression symptoms were associated with child social responsiveness difficulties ($\beta=.475$, $p=.02$, 95% CI = .15, 1.4, $d=1.1$). Maternal antenatal depression symptoms were associated with child social awareness difficulties ($\beta=.437$, $p=.04$, 95% CI = .14, 4.1, $d=1.0$). MAA symptoms were associated with child social cognition difficulties ($\beta=.424$, $p=.04$, 95% CI = .07, 2.9, $d=0.9$). Mother and child neurodevelopmental outcomes were strongly associated with one another.

Conclusion: This study demonstrated that exposure to maternal antenatal anxiety and depression symptoms may have a negative effect on neurodevelopment in children aged 7 – 10 years old. Specifically increasing the likelihood of social and psychiatric difficulties in children. Our results point towards an association between mother and child neurodevelopmental outcomes.



P-02-007

Stability of treatment effects after neurofeedback training and PC-supported cognitive training for children and adolescents with ADHD assessed by the Behavior Rating Inventory of Executive Function (BRIEF): A six-months follow-up

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Objective: Possible sustainability of treatment effects is a major argument in favour of non-pharmacological interventions for ADHD. The evaluation of long-lasting treatment effects in ADHD is usually based on ADHD symptom ratings. However, as PC-supported cognitive training and certain aspects of neurofeedback training aim at the improvement of executive functions (EF) rather than at ADHD symptoms, these aspects might be better captured by rating scales for EF.

Method: Children and adolescents with ADHD (8-16 years) participated in neurofeedback training of slow cortical potentials (N=36) or in individualized PC-supported cognitive training (N=37). Treatment allocation was randomized (Minder et al., 2018). Here, we present the results of a six-months follow-up of EF problems in everyday life assessed by the Behavior Rating Inventory of Executive Function (BRIEF). Participants were rated by parents and teachers before (T1) and after (T2) the three-months training course and six months after the end of the treatment (T3). A BRIEF short-form was used for follow-up.

Results: Parent-rated improvements remained stable over six months on the Metacognition Index but showed a decline on the Behavioral Regulation Index. Teacher-rated overall treatment effects were only significant by trend, but effect sizes were larger for effects between T1/T3 than between T1/T2, indicating a consistent tendency toward improvement. Long-term effects were not significantly influenced by the type of treatment

Conclusion: Both treatments seem to lead to long-lasting positive effects on cognitive aspects of executive functioning according to parents. EF ratings provide relevant information on treatment outcome.



P-02-008

Adolescents' experiences of living with ADHD and medical comorbidity

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Objective: Adolescents with ADHD have higher prevalence of medical comorbidity than adolescents without. Medical comorbidity includes epilepsy, asthma, headache, migraine, obesity, enuresis, gastrointestinal problem, and allergy. Research on ADHD and medical comorbidity is sparse, and the existing literature emphasizes the need for improving hospital services towards the needs and preferences of adolescents with ADHD and medical comorbidity. Therefore, the aim was to explore how adolescents experience living with ADHD and medical comorbidity.

Method: A qualitative interview study. Data was collected through 10 semi-structured interviews with adolescents aged 13 to 17 years with ADHD and medical comorbidity. A thematic analysis was conducted to identify, analyse and report patterns within data.

Results: Preliminary results: Adolescents experience ADHD and medical disease differently. ADHD is who they are, as ADHD symptoms are experienced as personal characteristics. A medical disease is something they have, and which interferes with their life. Furthermore, the adolescents experience the medical disease and not ADHD causes problems in life. However, the analysis reveals that the medical disease and ADHD are related, as management of ADHD affects the management of medical disease and vice versa. Furthermore, the adolescents strive for autonomy in disease management, except at hospitals where they leave responsibility and decision making to parents and professionals.

Conclusion: The preliminary results point in the direction that hospital services should be based on patient involvement to support adolescents in taking part in decision making. Furthermore, hospital services should be patient centred in order to capture the complexity in adolescents' perceptions of ADHD and medical comorbidity.



P-02-010

Empathy skills, recognition of emotional facial expressions and peer bullying in children and adolescents with Attention-Deficit and Hyperactivity Disorder

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Objective: Children with ADHD are at risk for bullying due to social insufficiency. Deterioration of functions such as empathy skills and recognition of emotional facial expressions are risk factors for the interpersonal relationships problems of children with ADHD. In this study, it was aimed to compare the empathy skills, recognition of emotional facial expressions and peer bullying in children and adolescents with ADHD and control group.

Method: Study population consists of 65 children and adolescents aged 8 to 16 who were diagnosed with ADHD. Control group consists of 60 healthy children and adolescents in a similar age group. Diagnoses were established by using the K-SADS-PL. Empathy skills were evaluated by KASI Empathic Tendency Scale-Child and Adolescent Form. Recognition of Emotional Facial Expressions was evaluated by Reading the Mind in the Eyes Test. Peer bullying was evaluated by Peer Bullying Scale.

Results: Empathy skills were lower in ADHD group than control group in adolescents. There was no difference between the ADHD group and the control group in recognizing emotional facial expressions. Verbal bullying was more frequently detected in adolescents with ADHD and they were more exposed to bullying than the control group. There was a negative correlation between cognitive empathy skills and bullying and victimization in adolescents. There was a negative correlation between recognition of emotional facial expressions and bullying in adolescents.

Conclusion: During the clinical evaluation of children with psychiatric disorders, it is necessary to question the peer bullying and victimization. Implementing anti-bullying intervention programs for children and adolescents and providing education for the development and strengthening of empathy skills is also important.



P-02-011

Navigational memory in children with Attention Deficit Hyperactivity Disorder (ADHD)

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Objective: Human navigation involves several different cognitive abilities, in particular executive function (EF), such as attention, working memory, and planning. EF are proposed as the core deficit of ADHD symptomatology, in fact these children show impairments in inhibitory control, regulation of attention, planning and working memory. The aim of this study is to evaluate the navigational memory in children with ADHD.

Method: 15 children (8-10yrs) with diagnosis of ADHD-C are compared to 15 typical developmental children of the same age. The Walking Corsi Test (WalCT), a large-scale version of the Corsi Block-Tapping Test, was used to assess navigational memory. Participants performed two different tasks: 1) Topographical Short-Term Memory (TSTM), in which a square span was obtained 2) Topographical Learning (TL), in which a supra-span sequence (span + 2), were presented (for a maximum of 18 trials) until the child was able to reproduce for three times the correct sequence.

Results: Children with ADHD performed significantly worse than controls in TSTM (Hedges' g : -1.67 (large effect)) and in the TL task (Hedges' g : -0,99 (large effect)), they made more perseverative errors in executing the square-sequence ($\chi^2(1)= 8.889$, $p<.01$) and took on a significantly higher number of repetitions (Hedges' g : 1,14 (large effect)) to learn the route than control group.

Conclusion: ADHD seems to be associated with impaired topographical short-term memory and learning probably due to the core deficits of the disorder, in particular attention and impulsivity deficits. Furthermore, ADHD committed more perseverative errors during TL task, suggesting a difficulty in shifting mental set.



P-02-012

The influence of the parent-child relationship on the behavior of children with ADHD

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Objective: Nowadays the exact nature of ADHD syndrome still remains unclear. It is considered as a multifactorial disease. This research reflects the influence of such social-psychological factor as a negative parent-child relationship in intensifying the ADHD symptoms. The research aim is studying the familial influence on the characteristics of behavior of a child with ADHD.

Method: The research sample includes 80 pairs “mother-child”. The age of children is from 5 to 10 years. The experimental group includes 50 children with ADHD diagnosis, the control group includes 30 healthy children of the same age. The methods applied in the research are the Analysis of the Family Relationship of Eidemiller& Yustizkiy; the Sobchik’s ITO Test and the Drawing of the Family Test.

Results: The mothers of the experimental group demonstrate a high level of sensitivity (79%), which in some cases has a neurotic structure (15,8%). This leads to a high level of anxiety (68%). The mothers of the experimental group have tendency to compulsive fears, panic reactions and the state of maladjustment. Those fear and anxiety radiate to the child and hence the behavioral problems become worse. Such issue of parent-child relationship as overprotection is statistically more often seen in the experimental group.

Conclusion: Thus, the mothers of the experimental group can be described as having high sensitivity and anxiety as well as over-protective comparing with the mothers of healthy children. The problems of parent-child relationship effect negatively the child’s behavior and strengthen the ADHD symptoms.



P-02-013

A double-blind randomized placebo-controlled pilot study of *Lactobacillus rhamnosus* GG (LGG) in youths with Attention-Deficit/Hyperactivity Disorder (ADHD)

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Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is nowadays the most prevalent neurodevelopmental disorder. Due to possible harmful side effects of the currently recommended treatment, alternative therapy should be considered. The main purpose of the present study was to examine the probable efficacy of probiotic strain *Lactobacillus rhamnosus* GG (LGG) (ATC 53103) on the values of the selected blood parameter analyses and symptoms in youths diagnosed with ADHD.

Method: 32 participants (aged 4-17 years, 23 boys and 9 girls) participated in a 90-day study, 18 were administered LGG ($>10^{10}$ CFU). Serum samples were analyzed for shift in biochemical markers (CRP, Fe, transferrin, ferritin, B-12, folate) and cytokines (IL-1B, IL-2, IL-4, IL-6, IL-8, IL-10, IL-12 p70, IL-17, IL-18, TNF- α). Changes in symptoms were rated by ADHD Parent Proxy-Report Rating Scale-IV: Home Version, Child and Parent Report of the Pediatric Quality of Life Inventory™ (PedsQL™), 4.0 Generic Core Scale and Achenbach System of Empirically Based Assessment (ASEBA), Child Behavior Checklist for Ages 6-18 for Parents (CBCL/6-18) and Teacher's Report Form (TRF).

Results: Outcomes of LGG group showed a significant decrease of proinflammatory cytokines, notably IL-12, and improvement in CBCL/6-18 and PedsQL™ 4.0 Parent Proxy-Report Emotional Functioning score. The measurements between the two groups showed significant improvement in PedsQL™ 4.0 Child Self-report total scale score, predominantly School functioning scale score, in favor of LGG.

Conclusion: Our findings suggest that supplementation with *Lactobacillus rhamnosus* GG could partially reduce symptoms and proinflammatory cytokines in youths with ADHD.



P-02-014

Socio-demographic and clinical characteristics of children with ADHD: A retrospective tunisian study

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Objective: To determine the clinical and sociodemographic profile of the children and adolescents followed for ADHD in child and adolescent unit of the psychiatric department of Monastir-Tunisia, between 2006 and 2016.

Method: It is a retrospective and descriptive study. It interested the children and adolescents diagnosed with ADHD in the child and adolescent outpatient unit of Fattouma Bourguiba Hospital between 2006 and 2016. The diagnosis of ADHD was done according to the DSM criteria. The socio-demographic and clinical data were collected from medical files using a preestablished index card. The statistical analysis was realized by the SPSS 21.

Results: Our population was composed of 241 patients. Their mean age was $8,1 \pm 2,2$ years in the first consultation with a sex-ratio of 7.03 with a male predominance. The majority live in urban area and have an average socioeconomic level. The ADHD prevalence was 3,8%. Behavior problems and academic difficulties were the mean motives for consultation. Enuresis was present in 24 % of cases, oppositional defiant disorder and conduct disorder in 10,3% of cases and specific learning disorders in 7% of the cases. The combined type of ADHD was the most diagnosed in our population. The number of the patients with ADHD increased significantly, accompanied by a progressive increase in annual prevalence, without modification of the sex ratio between 2006 and 2016.

Conclusion: Our study is the first in clinical population with ADHD in Tunisia. It revealed an increase of the prevalence of ADHD. Other studies are required to study the causes of this evolution.



P-02-016

A Raynaud phenomenon in a patient on methylphenidate leading to disimmune or genetic disorder diagnosis?

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Objective: Thanks to its well-known efficacy and safety profile, Methylphenidate has been a mainstay of treatment for Attention-Deficit Hyperactivity Disorder (ADHD). However rare side effects lead us to suspect complex underlying disorders. Our objective is to discuss the investigations to be done in a patient with ADHD showing rare side effects.

Method: Illustration by case report then review of the literature by research carried out on the Pubmed databases using the following keywords: "methylphenidate", Raynaud phenomenon, "attention-deficit hyperactivity disorder", "vasculopathy", "dose -related side effect", "vascular sensitivity", "autoimmunity".

Results: A 6-year-old boy with ADHD and mild intellectual deficiency and phenotypical particularity (hypopigmentation of the forehead) explored by a pretherapeutic investigation (EEG, ECG, brain MRI, dermatology) treated by methylphenidate at 1 mg/kg/j, showed a Raynaud phenomenon, leading to the degeneration of the posology. At 0,3mg/kg/j he presented lipothymia. Anamnesis and follow up showed multiple reactions to diverse medications as well as food allergy. Subsequent hypothesis included the exploration of genetic and immunology etiological hypotheses. This investigation is justified by data from literature where Raynaud syndrome is rare as a side effect of methylphenidate, but indicated investigation of the immune status of the patient.

Conclusion: Physicians should be aware of this rare symptom when prescribing psychostimulants for the treatment of ADHD, especially that ADHD is a neurodevelopmental disorder.



P-02-017

Effects of medication combined with play-based intervention on executive functions in children with Attention Deficit Hyperactivity Disorder

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Objective: This study aims to investigate the effects of medication (i.e., methylphenidate) combined with play-based intervention (Wilkes, Cordier, Bundy, Docking, & Munro, 2011) on executive functions in children with attention deficit hyperactivity disorder (ADHD).

Method: This study follows a randomized design with pretest and posttest assessments, which are 7-week apart. Children with ADHD aged 6 to 9 years are recruited and randomly assigned to one of the following groups: (1) medication (Med) alone group or (2) medication combined with play-based (Med+PBI) intervention group. In the Med group, children with ADHD take their medication regularly for 7 weeks. In the Med+PBI group, children with ADHD are required to receive play-based intervention for 40 min/session, once per week for 7 consecutive weeks in addition to taking their medication regularly. Behavioral data (i.e., omission errors, commission errors, reaction time [RT], and reaction time standard errors [RTSE]) measured by the Continuous Performance Test (CPT) at pre- and post-intervention are collected and analyzed using a two-way ANOVA test with the within-subjects factor of Time (pre- vs. post-intervention) and the between-subjects factor of Group (Med vs. Med+PBI group).

Results: Sample estimation: The sample size of this current study is estimated using the parameters including Cohen's f of 0.25, power of 0.80 and significant level of 0.05. The sample size calculation results in a total sample size of 24 (i.e., 12 participants for each group).

Conclusion: Anticipated outcomes: We hypothesize that children with ADHD receiving medication combined with play-based intervention improve more on inhibition and attention than do those receiving with medication alone.



P-02-018

Characteristics and correlates of co-morbid psychiatric disorders among ADHD children differs from early to middle childhood in a sample attending the child psychiatry clinic of Suez Canal University Hospital

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Objective: In children with ADHD, comorbid disorders are more common than not; prevalence rates of 67% and 69% were reported. The present study aimed at identifying mental disorders comorbid to attention-deficit/hyperactivity disorder (ADHD) in children and adolescents.

Method: In this research we will study the comorbidities of ADHD in a sample of Egyptian children aged 4-12 years, who attended the child psychiatric outpatient clinic in Suez Canal University teaching hospitals, diagnosed with ADHD according to DSM-V diagnostic criteria (the sample size was equal to 33 cases). Children aged (4-12) years old who met the criteria of ADHD according to DSM 5. Both boys and girls were included. Assessment done using:

- Child Behaviour Check List (CBCL)
- The Conners' Behavior Rating Scales

Results: Anxiety or depressive disorders (internalising symptoms) were more in younger ADHD children while conduct disorder (externalising symptoms) were more in relatively older children.

Conclusion: The study shows that in this sample, comorbidity with ADHD varies according to age. Thus early detection and intervention can prevent drastic externalising behaviours that can illicit a wide range of emotional and behavioral problems beyond the core symptoms of inattention and impulsivity/hyperactivity.



P-02-019

Who can provide the treatment for ADHD children? – Report from Japan

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Method: Review of Japanese CAMHS's situation.

Results: In Japan the number of child and adolescent (age < 19) is about 21 million. Only 348 psychiatrists are certificated by the Japanese Society for Child and Adolescent Psychiatry. But about 350 pediatricians also certified as a provider of CAMHS by the Japanese Society of Psychosomatic Pediatrics or the Japanese Society of Pediatric Psychiatry and Neurology. In addition, about 1000 pediatricians are certified as a gatekeeper of CAMHS by the Japan Pediatric Association. There was no cooperative relationship between them for a long time, we are now establishing new system to make the cooperative relationship between both of them. For the doctors who are neither a psychiatrist nor a pediatrician, our government provides an educational program which raise gatekeepers of CAMHS.

Conclusion: In Japan, it seems that pediatricians are more active than psychiatrists to contribute CAMHS. To improve CAMHS with low number of staff, of course we have to cooperate with doctors in other areas. Depending on the educational method, pediatricians may provide treatment as appropriate as CAP.

Background: Some countries have a problem of insufficient numbers of staff for child and adolescent mental health services (CAMHS). In order to provide appropriate service in these countries, they have to make special efforts not seen in other countries. Japan is one of such country which has low number of child and adolescent psychiatrists (CAP). With learning the devices in Japan, it can be expected to improve CAMHS in everywhere.



P-02-021

A virtual reality game-based training for adolescents with ADHD: Preliminary results

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Objective: Virtual reality (VR) is used in psychology and psychiatry to enhance traditional therapeutic approaches. In particular, VR is increasingly used as a computerized training tool, as it provides authentic settings, with a high degree of control for the health professional as well as the possibility to include game-based narratives for motivational purposes. This study aims at testing the VR-schoolyard – a game-based VR training tool for adolescents with a diagnosis of ADHD.

Method: Eleven boys and girls aged 11 to 18 were trained over 10 sessions with the VR-schoolyard. The current tool consists of four modules in the form of mini-games that focus on response inhibition, focused attention/distractibility, vigilance, and working memory. All modules contain several adaptive training levels (moderate, severe, extreme). The program was evaluated before and after the training using symptom screenings and health-related quality of life (HrQoL) measures for adolescents and their parents, computerized measures of cognitive abilities, as well as a global assessment of functioning rated by a clinician.

Results: After completing 10 sessions with the VR-schoolyard, over 80 % of participants showed significant improvements in main domains regarding symptom severity and HrQoL, as well as concerning the clinician rating.

Conclusion: Results indicate that the VR-schoolyard can be an effective training tool for adolescents with ADHD diagnosis. Further research should include RCTs and gender-specific analyses. Moreover, limitations and challenges of VR technology in therapy will be discussed.



P-02-022

Functional impairments of children with oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder

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Objective: Many studies have demonstrated similar comorbidities, overlapping symptoms, and shared risk factors among Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD). The purpose of the present study was to compare the functional impairment of subjects with ODD and ADHD.

Method: A total of 177 children and adolescents aged from 6 to 14 years were enrolled in this study: 64 Controls; 65 ADHD; 20 ODD; 28 ADHD+ODD. Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) was used for the diagnosis of ODD and ADHD. Child and Adolescent Functioning Impairment Scale (CAFIS) was used to measure the functional impairment of the subjects. The parent-administered CAFIS (CAFIS-parent) consists of 4 subscales (Family Relationship, Teacher Relationship, Peer Relationship, Academic Achievement) and the teacher-administered CAFIS(CAFIS-teacher) consists of 3 subscales (Teacher Relationship, Peer Relationship, Academic Achievement). Analysis of variance were conducted to compare the scores of CAFIS between the groups.

Results: On the CAFIS-parent, both scores of Parent and Teacher Relationship were significantly higher in the ODD and the ADHD+ODD group compared to the ADHD group. On both the CAFIS-parent and the CAFIS-teacher, subjects with ADHD (ADHD, ADHD+ODD) showed higher scores in both Peer Relationship and Academic Achievement compared to the control group. However, the ODD group showed no significant difference on both subscales compared to the control group.

Conclusion: The present study showed that subjects with ODD and ADHD have similar, but distinct patterns of functional impairment. The subjects' relationship with the family and the teacher were worsened by the existence of ODD. Peer relationship and academic achievement were more affected by the existence of ADHD than ODD.



P-02-023

What does it look like? A cohort study of the early development in children with ADHD

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Objective: Interventions targeting preschool children with ADHD have shown to be effective. Inclusion of children into intervention programs at an early age requires knowledge about which symptoms to react on. However, knowledge about the early signs of ADHD is still uncertain, although many parents state that they have been aware of their child's difficulties since the child's first years of life.

Method: A cohort of 6,000 Danish children born in 1995 has been followed until age 18. Throughout the years, the mothers and later the youths themselves have been interviewed about daily life and tested. SDQ scores have been collected at age 7, 11 and 18 together with self-reported diagnoses of ADHD. When the children were 6 months and again when they were 3 years of age, the mothers participated in comprehensive interviews about the child's development and temperament. By comparing information about the children with ADHD with information about the rest of the cohort, it is possible to obtain more knowledge about possible early signs of deviant development in children with ADHD.

Results: The results of the analysis will be ready for presentation at the conference

Conclusion: If children with ADHD very early show signs of deviant development, knowledge of these early symptoms may improve primary healthcare services possibility to detect and initiate interventions earlier than today.



P-02-024

Testing of humoral factors in children with ADHD in relation to children with dyslexia and children with typical development

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Objective: ADHD is a group of multifactorial disorders where both genetic and biochemical factors play a significant role in its etiology, whose main features are: lack of attention and hyperactivity, early start, presence in all situations and persistence throughout the time. Research suggests that the mental health problems of children are increasing in the last two decades, where 5–12% of children in the world have this disorder. Dyslexia is one of the more common co morbid diagnoses with ADHD. The objective of the study is to establish individual biochemical parameters of the subjects with ADHD and the control group of the regular development, i.e. the control group of the examinees with dyslexia.

Method: Methods: neurological, psychiatric, neurophysiologic, psychological examination, biochemical parameters.

Results: By reviewing the results of the research so far, the basic question is whether the biochemical status analysis can detect certain deviations from the assumed norms in children in the ADHD population and whether variations in functional status, including behavioral characteristics and speech-language abilities, can explain these deviations.

Conclusion: The analysis of the biochemical status of ADHD children was observed through the association of results obtained with certain biochemical analyzes and functional status of ADHD children, in comparison to the control group of children with typical development and control group of children with dyslexia.



P-02-025

MSBR course for parents of children with ADHD

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Objective: Treatment of ADHD typically involves the use of psychostimulant medication and referring parents to parenting programmes for the management of the child's behavioural difficulties. A specific focus on parent own mental health or stress level is often not explicitly part of the treatment offered, despite the salient role of parenting in determining outcomes. Parental stress and over-reactivity contribute to additional conduct problems and less self-control, whereas, more thoughtful and appropriate parenting responses have a positive impact. Given the growing evidence base of Mindfulness Based Interventions, the aim of this study was to adapt a generic 8 week MSBR course specifically for parents of youth with ADHD.

Method: Adaptation of the standard 8 MSBR course, originally designed by programme developed by Dr Jon Kabat-Zinn. Standard enquiry content and examples have been modified to include scenarios and difficulties linked to over activity, inattention and impulsivity. General behavioural and school related problems are also included as they typify common situations encountered in parenting a child with ADHD.

Results: An 8 week course was modified and delivered by a qualified Mindfulness practitioner. This followed the format of 8 weekly two hour long session, and a one day silent retreat. The focus of the sessions was to increase awareness and self compassion, to approach scenarios in a non-judgmental open way and to recognise the differences between reacting and responding. Given the salience of personal practice between sessions, time was given to promoting and reviewing homework activities.

Conclusion: Adapting MSBR courses specific to ADHD might allow its use to become standard as adjunct treatment in CAMHS. Further research is necessary to identify areas of particular relevance to this cohort.



P-02-027

The relation between the characteristic behavior of the children and maternal attachment: Comparison between mothers of children with ADHD and controls

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Objective: OBJECTIVE: My previous studies suggest that mothers of children with ADHD are likely to have a strict and reproachful parenting style as a result of a lack of maternal attachment with the child. This study examined that the characteristic behavior of children with ADHD are associated with maternal attachment in comparison with mothers of typically developed children attending regular school classes (controls).

Method: MEHODS: Eighty-nine mothers of children with ADHD (mean age 9.68y) and the same number controls (mean age 9.82y) were involved in this study. The following measures were used ADHD Rating Scale (ADHD-RS), oppositional defiant disorder (ODD) Scale, conduct disorder (CD) scale and Maternal Attachment scale. Data was analyzed using Pearson correlations.

Results: RESULTS: There were significant statistical differences between ADHD's mothers and controls in the characteristic behavior and maternal attachment by the unpaired t-test. ADHD-RS, ODD scale, CD scale were significantly higher in mothers of children with ADHD. And maternal attachment scale was significantly lower in mothers of children with ADHD. As for the ADHD group, the inattentive scores of the ADHD-RS, ODD scores and CD scores were correlated with the maternal attachment scores. As for the control group, CD scores was correlated with the maternal attachment scores.

Conclusion: CONCLUSIONS: The characteristic behavior of CD was related to maternal attachment in both groups, while the characteristic behavior of inattentive and ODD were related to maternal attachment in the ADHD group.



P-02-028

Comparing parental stress levels between fathers and mothers of boys with ADHD

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Objective: Many parenting stress studies of children with Attention Deficit Hyperactivity Disorder (ADHD) rely on maternal reports. Information about paternal stressors is minimal. This study investigates differences in parental stress levels between mothers and fathers of boys with ADHD. We hypothesise that mothers, typically the main caregivers, experience more parental stress.

Method: A total of 15 fathers and 15 mothers (of children aged 6 to 19, diagnosed with ADHD at an outpatient psychiatric clinic) filled up the Parental Stress Scale (PSS) and Patient Health Questionnaire–9 (PHQ-9), a depression screener. Children of father respondents were matched to gender (all boys) and Clinical Global Impression-Severity (CGI-S) rating to control for parental stress attributable to gender differences and severity of functioning. Their responses were compared using an independent sample T-test.

Results: There is no significant difference in parental stress levels ($t(28)=1.726, p=.095$) and depression scores ($t(28)=-1.066, p=.295$) between fathers and mothers overall, although there is a trend towards fathers experiencing more stress ($M(\text{father})=49.47, M(\text{mother})=44.40$). Fathers hold a significantly less optimistic future outlook than mothers ($t(28)=2.646, p=.013$) and appear to experience more financial-related stress ($t(28)=1.804, p=.082$). Fathers also tend to find their children less enjoyable ($t(28)=1.775, p=.087$).

Conclusion: Mothers and fathers of boys with ADHD experience similar parental stress levels and mood overall. However, fathers report significantly less optimism for the future and show a propensity for higher stress than mothers in several areas. A larger sample size would possibly yield more significant results. Recommendations include appropriating clinical services for this population.



P-02-029

To assess the number of paediatric patients presenting with a self harm or suicide attempt to a general hospital in a mixed urban/rural town in the Republic of Ireland who were diagnosed diagnosis with ADHD

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Objective: The author was struck by the apparent impulsivity of many of the paediatric patients presenting acutely in a paediatric hospital with self harm and suicide attempts and wondered as to what the prevalence of ADHD would be in these patients.

Method: A database was developed prospectively and anonymised details regarding presenting complaint, diagnosis and other parameters were recorded.

Results: 315 patients were seen and assessed after an acute presentation of a deliberate self harm attempt or a suicidal attempt. Of these 136 received no ICD 10 axis I diagnosis, 14 had Conduct Disorder, 26 had Oppositional defiant disorder, 54 had ADHD Combined Type, 14 had ADHD predominantly inattentive type, 12 had ADHD predominantly hyperactive-impulsive type (8) 19 had autism, 47 had depression. 36 had Disorders due to substance abuse and 8 had Post Traumatic Stress Disorder

Conclusion: 25.4% of patients attending a paediatric hospital after an attempt at self harm or suicide had a diagnosis of ADHD. Equally 15% had a diagnosis of depression. Given the morbidity and mortality of both these medical psychiatric illnesses, it is important to assess and treat these illnesses and to distinguish these patients from those who may be presenting with psychosocial difficulties which require a different (generally non medical) approach. All patient presenting should also have a toxicology screen as 11% of patients had a substance misuse disorder. 6% of patients had autism which also has to be borne in mind regarding assessment and treatment.



P-02-030

A possible explanation of the high rates of ADHD in the “Bucharest Early Intervention Project” from a breastfeeding medicine perspective

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Objective: Studies have documented that children in institutional care are at greater risk of developmental psychopathology. In 2000, The Bucharest Early Intervention Project (BEIP) was initiated in order to understand the consequences of early psychosocial deprivation and the influence of high quality intervention on it. The longitudinal follow-up of children over a 12 years of time revealed that unlike internalizing disorders, attention deficit/hyperactivity disorder (ADHD) rates were high and unresponsive to foster care intervention. It has been defined as an unexplained outcome. On the other hand, several studies have well demonstrated that children with ADHD have inadequate breastfeeding duration in infancy. We aimed to explore the findings of BEIP from the breastfeeding-ADHD link perspective.

Method: The maximum possible breastfeeding duration of the BEIP study group was compared to the findings of the relevant previous research.

Results: The average age of placement to institution in the BEIP was taken as the maximum possible breastfeeding duration (3.03 months, SD = 4.14 months). It is significantly lower than the typical population characteristics of breastfeeding ($P < 0.0001$) mentioned in the literature.

Conclusion: Based on the BEIP articles and relevant references, this study found that high rates of ADHD that is impervious to intervention may be convincingly explained by breastfeeding medicine perspective. Breastfeeding deprivation constitutes one of the most serious components of early psychosocial deprivation.



P-02-031

The Lillehammer Neurodevelopmental Follow-Up study (LINEUP)

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Objective: The Lillehammer Neurodevelopmental Follow-Up study (LINEUP) is a longitudinal study of persons with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASD). The overall aim of this 10-year follow-up study is to investigate cognitive development, mental health and functional outcome from childhood into young adult age in persons with ADHD and ASD compared to typical developing (TD) individuals. The focus will be on identifying early predictors of later disabilities, and investigating the association between clinical symptoms, cognitive function and functional outcome.

Method: This study is a 10-year follow-up of the participants included in the research project “Emotional and cognitive development in children and adolescents with neuropsychiatric disorders” which was conducted in 2009-2015 (baseline/T1 and two year follow-up/T2) at Innlandet Hospital Trust, Norway. In the LINEUP study, all participants included at T2 (ADHD: n = 77, M = 14 years; ASD: n = 37, M = 14 years; TD: n = 50, M = 14 years) will be reassessed with a neuropsychological test battery, and clinical semi-structured interviews similar to the assessment at T1 and T2. Assuming 20% attrition, the achieved power is estimated to be $>.95$, detecting a medium effect size, when applying repeated measures ANOVA (sample size: n = 131).

Results: Reassessment of participants will take place from 01.01.2019 to 01.06.2020.

Conclusion: Preliminary data will be presented



P-02-032

Tunisian military children with Attention Deficit Hyperactivity Disorder (ADHD)

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Objective: Children's mental health is affected by a number of stressors experienced by the family; and influenced by the parents' mental well-being. As ADHD is one of the most common pediatric mental health disorders and we have noticed a significant increase in the number of ADHD patients whose parents serve in the military, we decided to orient our work towards the prevalence of the disorder in offspring associated with military service.

Method: Retrospective cohort study of children aged 1-16 years in the Military Hospital of Tunis (2017–2018) compared to the same study conducted in the University Hospital of Mahdia (2016–2017).

Results: Results have shown that 75 out of 371 children were diagnosed with ADHD in the Military Hospital (21%), whereas only 20 out of 257 children were diagnosed in the University Hospital (7%). It is essential to mention that the age demographic and gender equilibrium were unaltered in both groups. We have also discerned the military offspring as more vulnerable and negligent to their medication. This dominant behavior accentuated ADHD into a case of depression, as 10 out of 75 ADHD military-associated patients were diagnosed with depression.

Conclusion: Throughout our study, we realized that children diagnosed with ADHD, whose parents are in military service, are triple the number of those whose parents aren't. This can be due to several factors which will be thoroughly discussed. In this respect, curative and preventive measures must be taken in order to restrict the expansion as well as the potential complications of the disorder.



P-02-035

Maternal vitamin D levels and the risk of offspring ADHD

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Objective: Recently evidence has been growing of the importance of vitamin D on the development and functions of the central nervous system and mental health. Some studies have shown an association between maternal vitamin D (25(OH)D) deficiency during pregnancy and offspring autism and ADHD while other studies have reported contradicting results. This study is the first to examine maternal 25(OH)D levels in early pregnancy and ADHD diagnosed in the offspring in a large nationwide sample.

Method: In this population-based study, 1067 ADHD cases born between 1998 and 1999 and diagnosed according to the International Classification of Diseases and 1067 matched controls, were identified from Finnish nationwide registers. Maternal 25(OH)D levels were measured using quantitative immunoassay from maternal serum specimens, collected during the first and second trimesters of pregnancy and archived in the national biobank.

Results: There was a significant association between decreasing log-transformed maternal 25(OH)D levels and offspring ADHD (OR 0.61; 95% CI 0.49-0.76).

Conclusion: This study demonstrated an association between a low maternal 25(OH)D during pregnancy and an elevated risk for offspring ADHD.



P-02-038

Child abuse cases from public persecution and its legal consequences: Study from Oman

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Objective: Child law in Oman published in 2014 which was aiming to ensure the wellbeing of the children and to protect their rights. From that time there was an increase in the awareness level between the legal personal

Method: The aim of the study to look for the outcome of the legal system and its correlation with the use of smart phones for the crime

Results: Total of 285 cases of sexual abuse were reported to the public prosecution. 43% of these cases were convicted and charged and 14% were found not guilty. Furthermore, 43% of the cases were filed for no enough evidence.

Conclusion: The legal system needs to be more aware about the nature of the child sexual abuse and its psychological impact



P-02-046

Exposure to Adverse Childhood Experiences (ACEs) and stress among the urban pediatric population in South Korea

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Objective: This study aimed to investigate the impact of exposure to adverse childhood experiences (ACEs) and stress among the urban pediatric population in South Korea.

Method: In 2017, a secondary analysis was conducted on 3,937 children and adolescents in an urban area in South Korea based on the impact of an actual traumatic experience, addiction, and mental health. The collected data were analyzed by applying cross-sectional analysis and correlation analysis, using the SPSS 22.0 program.

Results: Among the respondents (mean age=13.77), males were 43.1% (N = 1523) and females were 56.9% (N = 2024) of the study group. Overall, 23.5% (N=835) reported at least one ACE and 1.8% (N=63) reported experiencing four or more ACEs. Emotional abuse (13.2%) was the most commonly reported ACE, followed by abandonment (7.7%) and physical abuse (7.5%). Additionally, self-reported measures of stress were associated with the ACE scores.

Conclusion: These findings are meaningful as this is the first study of self-reported ACEs from a community-based pediatric population in South Korea. The study demonstrated the impact of ACEs and the importance of preventing and treating mental health issues among the urban pediatric population. This prospective survey of ACEs broadens our understanding of trauma and stress among children and adolescents in South Korea. Keywords: Adverse Childhood Experiences, ACEs, Stress, Pediatric population, Mental health Acknowledgments: This study was supported by a grant from the Korean Mental Health Technology R&D Project, Ministry of Health & Welfare, Republic of Korea (HM15C1058).



P-02-047

Family, violence and uprooting: Trans-generational transmission of violence

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Objective: Considering the negatives consequences of violence in the relationship of mother and child, this research has two axes. The first one is to investigate the self-representation of women (mothers) victims of domestic violence in contexts of cultural uprooting. The second one is to analyze the imaginacy of women about trans-generational transmission of violence

Method: The clinical material was collected from the Drawings-and-Stories procedure (DS) and semi-structured interviews organized by transcultural transferential narratives. This method offers the possibilities to women to connect whit her owns histories, childhoods and adolescences.

Results: Preliminary analyzes indicate a present tendency in practically all participants to inherit violence experienced by the mothers themselves; to experience uprooting as an escape from violence; to repeat the process of violence after uprooting.

Conclusion: Finally, understanding the process of the trans-generational transmission of violence it is important to propose a differentiated transcultural clinical setting to take care of these uprooted women, represented in different states of suffering, including their childhood and teenage lifetime. It's also necessary to prevent the transmission of violence and the consequential risks to the next generations. In methodological record, the heuristic fecundity of the DS is highlighted.



P-02-049

Sleep deprivation of primary caregiver increase the risk of infant injury

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Objective: Since sleep deprivation impairs daytime cognitive function and mental health, it might lead to inadequate parental supervision and higher risk of infant injury. Therefore, the aim of this study was to determine the association between infant injury and the sleep quality of primary caregivers.

Method: A cross-sectional self-administered questionnaire survey was conducted at pediatrics clinic in 2017-2018. Primary caregivers of infant aged two months were recruited to provide information on health status, supervision, substance use, sleep quality, and injury of infant in the previous month. Stepwise logistic regression was used to evaluate the association between sleep quality of caregiver and infant injury.

Results: Of 644 participated families, 134 infants were reported with injury in previous month (21%). The percentage of bad sleep quality/ daytime sleepiness were significant higher in caregivers of injured infants than non-injured groups (90% vs. 77%, 62% vs. 50%). After controlling for drink history (AOR:1.66, $p=0.0243$), gender of caregivers (AOR:1.83, $p=0.0032$) and health status of infants (AOR:2.42, $p=0.004$), the risk of infant injury in the groups of primary caregivers with bad sleep quality was 2.38 times higher than the normal sleep quality groups (AOR:2.38, $p=0.0047$) in stepwise logistic regression.

Conclusion: The anticipated study results will help to understand the mechanism of infant injury and develop tailored preventive strategies for sleep deprivation of caregivers and infant injury.



P-02-053

Post-traumatic stress disorder in childhood and adolescence: An overflow of psychiatric consequences

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Objective: Discussing a clinical case, this presentation aims to review and present the most relevant literature regarding Post-Traumatic Stress Disorder (PTSD) in Childhood and Adolescence, transposing its applicability to the clinical practice and reflecting on the transitional challenges between Child and Adolescent Psychiatry and Adult Psychiatry.

Method: A structured and integrated psychiatric interview was applied with an 18 years old patient in follow-up. A non-systematic review of the literature was performed using a combination of terms: “PTSD”, “childhood/child and adolescence/adolescent”, “trauma” and “psychiatry”.

Results: This clinical case demonstrates the psychiatric consequences of a traumatic event experienced by a 10 years old child in the Madeira Island floods of 20/02/2010. PTSD is a disorder that can develop at any age after exposure to a traumatic event; patients develop evicition symptoms and relive the trauma in a recurring fashion, causing distress. There are approaches to PTSD that have been proven useful, such as pharmacology and psychotherapy. The exposure to traumatic and adverse events in childhood can result in a complex clinical picture that can include PTSD, self-regulatory disorders, but also insidious consequences in adulthood.

Conclusion: Post-Traumatic Stress Disorder has a deleterious psychosocial effect. Its diagnosis implies the disclosure of a traumatic exposure. Discussing PTSD, promoting its screening and therapy after potentially traumatic events, and pursuing an integrated approach is necessary.



P-02-054

Post traumatic stress disorder (PTSD) and pharmacotherapy in children and adolescents: Considerations and challenges

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Objective:

1. Recognition of PTSD in children and adolescents
2. To have an overview of available evidence based psychotherapies
3. To have knowledge of current (limited) research examining the efficacy of pharmacotherapy in PTSD in children and adolescents
4. To know the considerations to come to a decision in the use of medication in collaboration with the child and his/her parent(s)/caretaker(s)

Method:

1. In the workshop we will discuss shortly the core symptoms of PTSD and the more specific symptoms and behavioral changes in young children, children and adolescents
2. A short elaboration on available psychotherapies (TF-CBT, EMDR, KID-NET, IPT, BEPP) will be given. First choice in treatment of PTSD is psychotherapy
3. An overview of current research on the efficacy of pharmacotherapy, which has focused on interventions within four classifications (Selective Serotonin Reuptake Inhibitors (SSRI's), antiadrenergic medication, second-generation antipsychotics and mood stabilizers and others)) will be given
4. Guidelines in when and how to come to the use of medication will be given. A treatment algorithm, based on clusters of symptoms (intrusions, avoidance and alterations in arousal and reactivity) will be presented and discussed

Results: A call for more cooperation (across borders) in order to collect data and formulate more 'expert-based- evidence

Conclusion: Take home messages:

- High prevalence of PTSD
- Changing and more diffuse presentation of symptoms in children and adolescents as compared to adults
- Little to no evidence for efficacy of pharmacotherapy
- Despite this lack of evidence, the choice for medication is best done by focusing on a cluster of symptoms



P-02-055

Posttraumatic symptoms and lifestyle in disaster-area and non-disaster-area after the 2011 Japan earthquake and tsunami

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Objective: To measure psychiatric symptoms and lifestyle (sleep patterns and breakfast consumption) of children in Ishinomaki City (disaster-area) and those of Ichikawa City (non-disaster area), Japan, the former area was damaged by the 2011 earthquake and tsunami, at 68 and 80 months post-tsunami to investigate different symptoms in two areas.

Method: Prospective data were collected from children in elementary school (4th grade at the time of 68 months post-tsunami) and in junior high school (7th grade as above) of two areas. In total, 15114 PTSSC-15 (total scores, post-traumatic stress disorder (PTSD) factor subscores, and depression factor subscores) and lifestyle (sleep patterns and breakfast consumption) surveys were analyzed.

Results:

1. In elementary school children, PTSSC-15 score, PTSD factor score, and depression factor score were significantly improved in Ishinomaki City and not so much in Ichikawa City. On the 68 month survey, PTSSC-15 score was significantly higher in Ishinomaki City, whereas on the 80-month survey PTSSC-15 score was not so significant in the area
2. In Junior high school children, PTSSC-15 score, PTSD factor score, and depression factor score were significantly worsened in Ishinomaki City and not significantly improved in Ichikawa City. On the 68 month survey PTSSC-15 score was not significantly, whereas on the 80-month survey PTSSC-15 score was significantly higher in Ishinomaki City.
3. Percentage of non-breakfast consumption is significantly higher in Ishinomaki City in all grades

Conclusion: These findings shows that the mental health status of elementary school children has improved, whereas that of junior high school children has not.



P-02-060

Which interventions are effective to address mental health problems in unaccompanied minor refugees? Discussion of current settings in different European countries in relation to experience in a swiss outpatient clinic

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Objective: Prevalence of PTSD and general mental health difficulties among unaccompanied refugee adolescents (URAs) are known to be elevated (Kien et al. 2018). 3 years after the “refugee crisis” experts need to evaluate different psychotherapeutic interventions for URAs (Demazure et al. 2018). We focus on the subgroup of male URAs living in the host country for more than one year. Some have continued psychotherapy in group or single sessions. Others do present at first time in our clinic with PTSD, prolonged grief, self harming or aggressive behaviour. In our workshop we discuss possibilities and difficulties of interventions.

Method: Literature research (Pubmed) and case reports from group and single psychotherapeutic interventions with different methodological background (KID-NET, CBT, transcultural psychotherapy) will be discussed. Input of participants is very welcome.

Results: Almost all of the male URAs referred to our clinic were highly focussed on presenting themselves as mentally sane. Mistrust in psychiatric institutions was impairing process of interventions. Much effort was put in establishing a transculturally sensitive environment of confidence as well as psychoeducation. Specific interventions were started in a later phase if adolescents were able to commit to it. Prolonged grief and hopelessness were strongly present compared to newly arrived URAs

Conclusion: We promote to address mental health of URAs via a highly individualized transcultural based approach adapted to the specific biography of the young adolescents. The setting ranges from non specific low-threshold approach in the residential home to regular psychotherapeutic sessions including psychotraumatology in specialized mental health care institutions.



P-02-062

The prevalence of ACE at Serbia sample

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Objective: An adverse childhood experience (ACE) describes a traumatic experience in a person's life occurring before the age of 18 that the person remembers as an adult.

Method: The study was conducted on representative Serbian sample of 2671 adults aged 18-65 years. As in a number of other ACE studies, the respondents answered self-report instruments concerning socio-demographics, exposure to various ACEs before the age of 18 and self-perceived health outcomes and risky behaviors.

Results: Four or more ACEs were present in about 40% , according to less severe criterion (any ACE), and in about 20% of participants according to more severe ACE criterion (frequent ACE). Males were more likely to experience different ACEs: more likely to be victims of bullying, be involved in physical fights, witness community violence and witness collective violence. Women were more likely to experience living with a person with depression.

Conclusion: Preventing ACEs can improve health across the whole life course, enhancing individuals' well-being and productivity. Health, social, criminal justice and educational systems are all likely to see better results for the Serbian population if ACEs are prevented. The research findings are aimed at decision-makers and practitioners responsible to design and deliver violence prevention and protection policies and programmes. Research findings provide evidence on the scale of the problem in Serbia as an advocacy basis for further investments into violence prevention.



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P-02-064

SICC: Stress levels in Consultants in CAMHS in Ireland

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No abstract submitted in time



P-02-070

The association between posttraumatic stress disorder and subsequent disclosure in child victims of sexual abuse

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Objective: Children subjected to sexual abuse may face multiple obstacles to adequate disclosure. It is argued that posttraumatic stress disorder (PTSD) symptoms may interfere with children's ability to recall and describe their experiences. This study examined the relation between PTSD and child disclosure during forensic interviews.

Method: Data were collected from forensic psychiatric reports of child sexual abuse victims who underwent forensic psychiatric evaluation at two hospitals in Southern Taiwan from 2010 to 2017. All cases were divided into categories of full or nonfull disclosures. All children also underwent a diagnostic interview for PTSD.

Results: Ninety-six cases (89.6% females) in the age range of 2–16 years (7.03 ± 3.53 years) were included. Among the 96 cases, 70 (72.9%) were full disclosures, and 19 (19.8%) were diagnosed as having PTSD. The association between the two variables is not statistically significant.

Conclusion: The current study showed no association between PTSD and full disclosure. Due to the differences in resources of the cases and backgrounds of the evaluators among multiple studies, direct comparisons with previous studies must be treated with caution.



P-02-072

Mentalization and emotion regulation in disruptive behavior disorders and somatic symptom disorders during the middle childhood

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Objective: A growing body of research suggests the presence of mentalization deficit and emotion dysregulation in children with mental problems as Disruptive Behavior Disorders (DBD) and Somatic Symptom Disorders (SSD). However, only a few studies have explored these dimensions in middle childhood, an important age due to the cognitive and emotional changes that occurs in the transition from childhood to adolescence. Objectives: 1) To examine whether children with DBD and SSD exhibit different patterns of mentalization (i.e. Reflective Functioning, RF) and emotion regulation (ER); 2) To examine the relationship between RF and ER in middle childhood.

Method: Participants were 85 children (age: $M=11.19$, $SD=1.98$) diagnosed with DBD ($N=40$) and SSD ($N=45$). Measures were: Child and Adolescent Reflective Functioning Scale to examine mentalization; Emotion Regulation Questionnaire for Children and Adolescents to assess the use of ER strategies (Expressive Suppression and Cognitive Reappraisal).

Results: Children with DBD showed lower RF scores (General-RF: $t(83)=4.16$, $p<.001$; Self-RF: $t(83)=4.62$, $p<.001$; Other-RF: $t(82)=2.44$, $p<.05$) and a greater use of Expressive Suppression ($t(81)=2.89$, $p<.01$) compared to SSD children. No differences were found regarding Cognitive Reappraisal. Associations between mentalization and Expressive Suppression (Gen-RF: $r=-.346$, $p<.001$; Self-RF: $r=-.282$, $p<.05$; Other-RF: $r=-.342$, $p<.001$) were found.

Conclusion: The results showed that mentalization and emotion regulation differed in specific clinical groups. In particular, a broader mentalization deficit was present in DBD as well as a greater use of the Expressive Suppression strategy. Finally, mentalization and Expressive Suppression were associated in middle childhood. Clinical implications are discussed.



P-02-075

Child psychiatric assessment results after accusations for child neglect or abuse

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Objective: In Greece, after an accusation for child abuse or neglect is made on an anonymous telephone line, the district attorney orders the local clinic to assess the relevant child for indications of such events. This study presents the results of the child psychiatric assessment of those cases.

Method: We examined the files of all the above mentioned cases of our clinic during the last 5 years and analyzed the demographic characteristics, the reason for the allegation, the findings of the assessment, the proposals to the district attorney etc

Results: Our clinic received 33 orders by the district attorney, involving 33 families, for the psychiatric examination of 62 minors in total. The accusation referred to neglect or inadequate care in 15 cases, physical and verbal abuse in 14 cases and only verbal/ emotional abuse in 4 cases (29, 27, 6 children respectively). However, the child psychiatric assessment revealed indications of mild physical or emotional abuse in only 4 families (7 children) and signs of neglect in 2 families (3 children), in total 16% of the children examined. Only 1 child was moved to foster care due to parental inadequacy, while in the other cases regular parental consultation was proposed to strengthen parental abilities.

Conclusion: Despite their undoubted role in the fight against child abuse, the allegations made through anonymous helplines require better screening from the social and judicial services before they are addressed to a mental health service, since in most cases it is an unnecessary and rather traumatic process.



P-02-076

Play as an anxiety reliever before a child psychiatric assessment

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Objective: Play has an established role in the physical, emotional, social and cognitive development of the child and also acts as a reliever in situations of stress, anxiety or fear. This announcement presents how play can lower children's anxiety before a mental health examination.

Method: A total of 40 children visiting a clinic for an assessment of learning difficulties were split into 2 groups. Children of one group were given only crayons during waiting time before the appointment, while the rest had access to a variety of games, toys and creative materials. Anxiety levels were measured at the arrival at the clinic and after the end of the appointment, with a specific inventory.

Results: The sample consisted of 40 children (24 boys, 16 girls) with a mean age of 10,2 years. While anxiety in the initial measurement was similar in both groups (mean score of "crayons" group was 42, mean score of "games & toys" group was 40 in a 20-60 scale), it had reduced more significantly in the second group at the final measurement (mean score of 31) compared to the "crayons" group (mean score of 38).

Conclusion: The opportunity for various activities of playing before a mental health appointment seems to reduce the anxiety of the child, thus improving his cooperation and spontaneity and leading to a more integral assessment by the specialist.



P-02-078

Rare genetic disorders: Experiences from child and adolescent psychiatry unit in Croatia

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Objective: A rare disease is any disease affecting less than 5 out of 10000 individuals. Most of the rare diseases (80%) are genetic, severe and chronic, with functional deficits leading to some degree of invalidity. There is a large clinical and genetic heterogeneity, but many genetic disorders include range of psychiatric manifestations as part of the phenotype. Firstly, it is an imperative to recognize those patients whose mental disorder is the result of a genetic condition, and to get the correct diagnosis and correct medical care.

Method: In this paper we reported several extremely rare childhood syndromes observed at our Child and Adolescent Psychiatry Unit in Osijek: Neuhauser syndrome, Cornelia de Lange syndrome, Landau-Kleffner's syndrome and Incontinentia pigmenti (Bloch-Sulzberger syndrome).

Results: Overlapping symptomatology included irritability, low frustration tolerance, attention deficits, learning disabilities, hyperactivity, impulsivity, reduced intellectual ability, regressive behavior, aggressiveness.

Conclusion: We would like to highlight the importance of multidisciplinary approach, cooperation between pedo-psychiatrists, pediatricians and other collaborative professionals. The aim should be making definitive diagnosis as early as possible, referring patients to specific treatment and preventing the occurrence of irreversible physical and neurological complications.



P-02-079

Development of the child personality and mental health screening questionnaire, second version in Korea

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Objective: The purposes of the current study were to develop a new mental health screening questionnaire which can be used for parents and teachers with elementary school children in Korea.

Method: The newly developed questionnaire, CPSQ-II, was tested for reliability and validity using nationwide data from 2,662 elementary school students. Excluding 4 cases, remained data of 2,658 participants were entered into analyses. The CPSQ-II consisted of 65 items with 2 major domains including the Personality Domain the Mental Health Problems Domain. Parents of children in the 1st and the 4th grade of elementary school responded their children's status over the last three months.

Results: The correlation coefficient for the test-retest reliability was 0.83 and the Cronbach's alpha was 0.88, respectively. In the current questionnaire, using McDonald's Omega-hierarchical coefficient in psych package of R language for factor analysis [3], we suggested 6 personality factors including Self-efficacy, Openness, Sincerity, Interpersonal Understanding, Proactivity, and Sense of Community. In addition, 5 factors for the Mental Health Problems Domain in the CPSQ-II were proposed including External Factors, Inattention, Anxiety/Depression, Academic/Social Difficulties, and the Irritability/Oppositionality. The sum of each factor in the Mental Health Problems Domain in the CPSQ-II showed significant correlation. In addition, the sum of each factor in the Mental health Problems Domain was significantly correlated with 5 domain score of the Korean version of the Strengths and Difficulties Questionnaire. When we sought the correlation between the Child Behavior Checklist and the current questionnaire, most subscales except thought problems in the Child Behavior Checklist were significantly associated with those in the CPSQ-II.

Conclusion: In the current study, we presented reliability and validity of the CPSQ-II. We hope that the CPSQ-II will be used as a useful and reliable tool to screen for mental health problems in elementary school children in Korea.



P-02-081

Diagnosis and management of social phobia in gender non-conforming adolescents

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Objective: Gender dysphoria is becoming an increasingly common phenomenon as younger generations embrace diversity and fluidity within the gender spectrum. Nonetheless, there continues to be widespread discrimination and social ostracism for adolescents who embody a gender variant identity. This can lead to a level of social phobia and social avoidance.

Method: This theoretical paper has been informed by clinical experience, literature review and community consultation with transgender, non-binary, gender non-conforming, gender questioning and gender dysphoric youth in a Canadian academic hospital's gender diversity clinic.

Results: There is a high rate of co-morbidity between gender dysphoria and social phobia in adolescents. This may be related to the developmental phase of identity development, development of community, and a more fixed sense of self. This leads to high rates of social avoidance behaviour including school refusal particularly in the context of the cognitive fear of being misgendered. As well, many gender non-conforming youth report limited in-person social contacts and heavy use of technology in order to connect with other people in the LGBT community and for social connection.

Conclusion: Gender dysphoric youth within Canada are further marginalized due to high rates of social isolation and behavioural avoidance. This may be a direct result of social phobia. Despite medical transition support this population requires specific attention to treatment of social phobia to support optimization of clinical outcomes.



P-02-084

Instruments for the assessment of coparenting: A systematic review

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Objective: Coparenting -defined as the interparental relational dynamics when caring for children- has been recognized as an independent dimension, differentiated from the individual parenting and from the marital relationship. It has been demonstrated to be an important factor linked to parent adjustment, parenting quality, and child psychological adjustment, with or without the marital dissolution of the parental couple. coparenting emerges as a crucial dimension so as to evaluate children mental health. In this study, we present a systematic review of the available measures for the assessment of coparenting.

Method: Studies were identified through a systematic search of electronic databases, following the PRISMA Statement. Search terms included on the title, abstract and key words were: assessment, evaluation, questionnaire, inventory, co-parent* and coparent*. From the 868 records identified, 16 instruments were found eligible after duplicate removal and screening, including 13 self-report questionnaires and 3 observational measures.

Results: The results show that there is an increasing number of published instruments for the assessment of coparenting, and that some instruments are more suitable to be used in clinical contexts based on their time-efficiency characteristics, psychometric properties, and dimensions assessed.

Conclusion: This study reinforces the importance of coparenting and the importance of developing a measure that allows for the assessment of new family structures, moving from instruments that assess one single aspect to instruments that include different dimensions, and is applicable in both clinical and research contexts.



P-02-087

A pilot study of sense of coherence, self-esteem and social support among international university students

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Objective: Sense of Coherence is a psychological resource which explains successful coping with stressors and enables people to overcome difficulties. Self-esteem is a self-reflexive attitude resulting from understanding self as an object of evaluation. Social support is a moderator for stress in life, the belief that someone has to be cared for and loved. Scientific evidence shows that these factors are related to well-being and protect against negative health consequences. The aim of our pilot study was to test the above factors in a sample of international students.

Method: The sample was composed of university students (N=15), mean age was 26,53 years (SD=7,98). The participants completed self-assessment questionnaires: Sense of Coherence Scale (SOC-29 (score range: 29–203), Rosenberg Self Esteem Scale (RSES) (score range: 0-30) and Multidimensional Scale of Perceived Social Support (MSPSS) (score range: 1-7).

Results: Mean scores of SOC-29, RSES and MSPSS were all within the normal range compared to the literature (SOC-29: 131,13+22,48; RSES: 21,14+5,2, MSPSS: 5,51+0,75). Sense of coherence was higher in males, in age interval of 32–41 years, and more educated people. Self-esteem was better in females, more educated and older age group (32-41 years). Subjective social support was perceived as more helpful in females, in younger age group (19–26 years) and in lower educated group. The three scores did not correlate with each other.

Conclusion: Based on the pilot study it seems that the three concepts are independent protective factors of well-being. There are differences in sense of coherence, self-esteem and perceived social support related to gender, age and level of education. We plan to study their effectiveness and relation to quality of life in a younger sample in the future.



P-02-088

Clinical evaluation of integrative practices in care units for children with typical or atypical autism

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Objective: This research project is part of a program aiming to evaluate therapeutic approaches in child psychiatry in France. It takes place units that have developed “integrative technique” programs. These tailored approaches take into account recent studies informing clinical care, educational and behavioral methods. The evolution of autistic children is studied in order to determine their validity.

Method: This is an observational, prospective and multi-centric research over a one-year period, for ninety children between 3 and 6 years with typical ASD F84-0 or atypical ASD F84-1 according to ICD-10. Developmental evolution using the Psycho Educative-Profil (PEP-3) scale between month 0 (M0), ie. enter point and month 12 (M12) (one year of program) will be the primary outcome measure. Secondary outcome measures include assessments in the area of language, motor skills, and specific symptomatology linked to ASD, by comparing scales between M0 and M12 (autistic behaviours scale : ECA-R, CARS, balance sheet in speech therapy and psycho-motricity ...). Parental views regarding the evolution of their child and the quality of the relationship with the care unit was collected by questionnaire both at M0 and M12.

Results: We found a positive evolution of children’s development on the PEP-3 verbal and preverbal communication (CVP) and affective expressions (EA) criteria, supported by the overall evolution of all PEP-3 subtests and all scales used. The family questionnaires uphold this positive evolution.

Conclusion: This clinical research shows encouraging results for integrative practices with children affected with ASD that need to be better understood and perhaps useful to other settings.



P-02-090

Social networks and mental health of children receiving mental health services

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Objective: Children's development is embedded in complex social networks. On one hand, social networks provide a social resource to deal with mental health crises, on the other hand they can be a source of stress themselves. Various theoretical models, e.g. the diathesis–stress model, social support models and others can be helpful to predict the impact of personal social networks on the children's mental health development. Objective: Do patients with psychiatric diagnoses (PG) show smaller social networks compared to non-clinical controls (CG)? Do PG vs. CG report fewer social resources and more network burdens? Do self-reported social network resources/burdens correlate with internalizing or externalizing symptoms reported by care takers?

Method: A consecutive sample of children receiving mental health services in Berlin, Germany (n=56, Age=9.4 [AM], 62% male) and a non-clinical control group (n= 66, Age = 8.5 [AM], 48% male) was individually interviewed with the Social-Relationship-Inventory for Children (SoBeKi-R, Roos et al., 1995; Titze 2016) to assess personal social networks. Psychiatric diagnoses were assigned by clinical investigators and symptoms were measured by primary caregivers using the questionnaires CBCL/4-18 and SDQ.

Results: The social networks' structure differed significantly between PG and CG (total size: 13.7 vs. 16.3 persons, $p < .010$). The PG reported less network resources than the CG ($p = .029$), but not more burdens ($p > .05$). Internalizing symptoms were positively correlated with smaller networks ($r = .28$), but externalizing symptoms were not.

Conclusion: Exploring the personal social networks from the child's subjective appraisal seems to provide useful clinical information for therapy and research, but some limitations must be considered.



P-02-091

Stability and change in personal social networks of school aged children

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Objective: Children are living in dynamic social networks that projects beyond the family relationships. However, for therapy and clinical purpose only a few assessment inventories provide a compact access to these personal networks from the child's subjective appraisal. Probably this is because younger children are considered to have difficulties making valid statements about their networks and because their extrafamilial peer relationships are considered to change frequently. Referring to social network models, we assumed that structural and functional aspects of the networks consistently influence the stability in the child's social relationships.

Method: 142 children at the age of six to twelve years were interviewed in a test-retest-study (mean retest interval 3.5 weeks) with a revised form of the Social-Relationship-Inventory for Children (German: Sozialer Beziehungstest für Kinder, SoBeKi-R, Roos et al., 1995; Titze 2016).

Results: The stabilities of the child's relationships are related to functional aspects of the relationships (e.g. resources and burdens) and vary among different subsystems (e.g. family and peers).

Conclusion: Over all, in terms of test-retest reliability the SoBeKi-R has been proven to be reliable - however, some limitations due to children's social perception must be considered.



P-02-092

Definition of multiple and complex needs: Delphi study in Flanders and international survey

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Objective: Multiple and complex needs in children and adolescents jeopardize their development and pose significant challenges to the different professionals they meet. There is no agreed-upon definition of this vulnerable population. The objective of this research project is to develop a definition of 'Multiple and complex needs in children and adolescents' that is meaningful for all professionals involved in care delivery for this population.

Method: A cross-sector, multidisciplinary and geographically spread panel of 47 experts representing mental health, youth care, juvenile justice and education in Flanders participated in an online Delphi study. Qualitative analysis of answers in the first round yielded 4 definition possibilities that participants then ranked in the second round. In the last round, participants rated their agreement with the highest ranked definition. An additional survey asked 25 international experts to rate and comment their agreement with the final definition.

Results: Response rates to the three Delphi rounds were 76.6%, 89.1% and 91.3%. The definition was widely endorsed among Flemish (93.2% agreement) and international experts (88% agreement).

Conclusion: The resulting agreed-upon definition of Multiple and complex needs can be valuable for optimizing care delivery and conducting research.



P-02-093

Infant insomnia: Investigation of a population of frontline consultants

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Objective: To determine the prevalence of insomnia in children under 3 years of age in a population of consultants in a primary healthcare facility.

Method: This study was conducted between January and May 2018 at the Intermediate Center of Marsa. It is a cross-sectional study of a population of children aged 12 to 36 months, who consult the intermediate center, through a questionnaire for parents after obtaining their consent to participate in the study. Children who were followed for chronic or acute pathology were excluded from the study. The survey includes a socio-demographic, clinical and developmental data sheet and two self-reports translated into Arabic for this study: the Children's Sleep Habits Questionnaire (CSHQ) and the Brief Screening Questionnaire for Infant Sleep (BSQ), which explore the sleep of the very young child. We used Challamel et al's definition to define insomnia as: total sleep time (CHSQ8) <13 hours, sleep time (BISQ6 and CHSQ2) > 30 min at least 3 days / week and number of awakening (BISQ4 AND CHSQ25) > 1 at least 3 times / week with prolonged awakenings (BISQ5) > 30 minutes.

Results: Our population consisted of 87 infants, 19.5% (n = 17) had insomnia with an average age of 17 months, and a sex ratio M / F = 1.83. These children had no psychiatric history and 12% were followed for iron deficiency anemia. The average sleep duration was 9 hours and 16 minutes, divided into 8 hours and 8 minutes on average at night, and 3 hours and 15 minutes on average during the day. The average number of waking was 3 / night with extremes ranging from 1 to 5/ night. Of these children (n = 17), mothers only complained about their child's sleep problems in 65% of cases

Conclusion: The insomnia of the child engenders a qualitative and quantitative disruption of the child's sleep, consequences on the health, the well-being of the child and his family.



P-02-094

The prevalence of co-sleeping in Tunisian infant

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Objective: Determine the prevalence of Co-sleeping and the different bedtime rituals.

Method: This study was conducted from January to May 2018 with the collaboration of the Child Psychiatry Department of Mongi Slim Hospital and the Marsa Intermediate Center. This is a cross-sectional study that will be conducted with a population of parents of children aged 12 to 36 months. After obtaining their consent to participate in the study, they answered on 2 self-questionnaires translated into Arabic: a questionnaire concerns socio-demographic and developmental data and Brief Screening Questionnaire for Infant Sleep (BSQ).

Results: Of the 87 infants, we found 75 infants (86%) co-sleeping with an average age of 18 months and a sex ratio of 1.27. Infants were benjamins in 47% of cases and unique in 24% of cases. They had no personal history except for 13% followed for iron deficiency anemia and asthma. Regarding socio-demographic data, 47% lived in a 2-room dwelling, 40% in a medium-sized dwelling (S + 2 or 3). Their family situation is essentially marked by a present father (90.5%) and a housewife mother (52%) in most cases. In most cases, these infants slept in the parents' room on different beds the same (46%) and 40% of the cases shared the same parent's bed. The child was doing several bedtime rituals at the same time in the Co-sleeping such as taking a bottle (68%), being rocked (21.5%), being restrained (28%). A transitional object was present in 15% of cases

Conclusion: Co-sleeping practice should be thoroughly explored in child psychiatry consultation and can inform us about different psychological aspects of the child, mother or parents.



P-02-095

Baby talks – an infant mental health project in a prison nursery

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Objective: The Infant Mental Health Unit of the Dona Estefânia Pediatric Hospital is dedicated to the clinical study of psychopathology and the caregiver-baby relationships, focusing on a preventive as well as therapeutic approach. “Baby Talks” was a project created by the Infant Mental Health Unit in order to raise awareness among young people on issues related to the infants and toddlers development, based on the promotion of good parenting practices. This project was replicated for the present study in the a prison nursery. Following previous studies carried out in Portuguese (and other European) prisons that hold mothers with babies, it was intended to ascertain the impact that the formative presentation (given by pedopsychiatric doctors and a specialist mental health nurse) has on the set of technicians, caregivers and other prison staff who deal daily with the infants attending the prison nursery.

Method: The project consists of a presentation about 45 minutes long, in which themes such as neurodevelopment, attachment and emotions of the babies are approached. At the beginning and at the end of the session all mothers and educators answer a questionnaire about the infants’ emotions and feelings, as well as about mothering.

Results: With the obtained data, it will be described the impact of the project on the knowledge of mothers and prison educators on the infancy emotional development.

Conclusion: The importance of mental health promotion programs in the population at risk.



P-02-096

Mental health characteristics in internationally adopted children

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Objective: According to previous studies, being adopted is a vulnerable condition which can imply higher risk of mental health impairments and require specific mental health care. The aim of this study is to describe the socio demographic characteristics of the adopted children attending the International Adoption Unit, focusing on the mental health aspects.

Method: A cross-sectional study was conducted including children under 5 years old attended at the International Adoption Unit placed at the paediatric and public Hospital Sant Joan de Déu, (Barcelona) from March 2016-2018. Data was obtained retrospectively from the medical records registered at the hospital computer system.

Results: 242 children were recruited (52% females) coming mainly from Russia, Mali and Ethiopia. First medical assessment at the International Adoption Unit was carried out between the 1st and the 3rd month after landing in Catalonia, being their average age of 25 months (SD=17). In a 16,53% of the sample, perinatal toxics exposure were registered. Regarding mental health, 34,71% of the sample were being treated at some mental health centre. A total of 26% of the patients were diagnosed with a psychiatric disorder, being the most frequent: Foetal Alcohol Spectrum Disorder (15,70%) and Attention Deficit and Hyperactivity disorder (14.81%). According to our results, psychiatric disorder diagnosis are more frequent in children with perinatal toxic exposure, male gender and older age of adoption.

Conclusion: Internationally adopted children show high rates of mental health disorders and neurodevelopmental impairment. Gender, toxic exposure and age of adoption should be taken into account during assessments.



P-02-097

Kleptomania: Integrating the impulse

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Objective: The present work aims to provide an overview of the scientific knowledge regarding kleptomania, its psychodynamic and intrafamilial context and potential therapeutical interventions.

Method: A clinical case is presented in which a female child, with a family history of the condition, fulfills the DSM-5 diagnostic criteria for kleptomania. A nonsystematic review of the literature was performed using a combination of the terms: “kleptomania”, “childhood”, “child”, “psychiatry” in Pubmed.

Results: The description of kleptomania can date back to the 19th century. It was defined as “a habitual and impulsive disorder” in ICD-10. The DSM-5 classified the disease as “destructive, impulsive control and conduct disorder”. It is characterized by recurrent episodes of stealing, with an inability to refrain the urge to steal things independent from their material value and without necessity. The incidence of kleptomania is very low in the general population, standing at about 0.3%–0.6% and the female-to-male ratio is about 3:1. Genetic, familial, personality, neurophysiological and social factors must all be considered. Psychotherapy is the first line of treatment and management of children who present with kleptomania. Psychopharmacologically, selective serotonin reuptake inhibitors (SSRI) that contain antidepressant features besides anticomulsive qualities can be used. In the present clinical case, a psychodynamic interpretation was attempted and a cognitive-behavioural approach with parental psychoeducation was pursued.

Conclusion: Kleptomania is an often romanticized condition, with an intense mediatic representation. However, scientific studies which could shed light on the etiology and treatment of this condition are lacking. Although evidence showed that pharmaceutical and psychosocial interventions are often effective for kleptomania, large-scale control studies have yet to be conducted. Comparative trials to demonstrate the standard of treatment are also unavailable.



P-02-099

Assessing maternal-fetal attachment in high risk pregnancies

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Objective: Maternal – fetal attachment (MAF) refers to the unique emotional relationship that develops between the mother and her fetus and was shown to be a good predictor of the early mother-infant relationship. The aims of this study was to examine the psychometric properties of the Tunisian translation of the Prenatal Attachment Inventory (PAI), a questionnaire used to investigate MAF, and to address the role of obstetric and sociodemographic factors on MAF.

Method: A cross-sectional study was conducted on 95 women in their late pregnancy, hospitalized, in an obstetrics and gynecology unit, in a public hospital in Tunis, for the management of high-risk pregnancies. The PAI was administered after using the forward-backward method to translate it into Tunisian dialect. Internal consistency was investigated using Cronbach's alpha coefficient and the construct validity was examined using exploratory factor analysis (EFA).

Results: The Cronbach's alpha coefficient of the Tunisian version of PAI was 0,8. EFA and the screeplot diagram examination were in favor of the unidimensionality of the instrument since 21% of the variance was contained in the first component. The PAI mean score was 57,21 (SD= 9,04) and was negatively correlated with parity ($p=0,003$). A stable employment status of the husband was associated with higher PAI scores ($p=0,001$) while lower scores were associated with a disrupted marital relationship ($p=0,002$) including physical and verbal abuse. Significant differences in PAI scores were found between wanted and unwanted pregnancies ($p=0,04$) with a higher score when both parents desired the pregnancy (PAI means: 58,6 vs 50). No associations were found with maternal age, previous miscarriages, fetal sex and no correlations were found with duration of hospitalization.

Conclusion: The Tunisian version of the PAI has psychometric properties similar to the original version that could be used to assess the MAF and identify and follow up pregnant women with low prenatal attachment.



P-02-100

Children with chronic liver diseases: A tunisian study of patients' quality of life and parents' mental health

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Objective: Assess health related quality of life (QoL) among Tunisian children with chronic liver disease (CLD) and disease's impact on the parents' mental health.

Method: Cross-sectional study involving 12 children aged from 3 months to 12 years with CLD diagnosed for at least 3 months and their parents during the outpatient exam or hospitalization since October 2018. Children aged 8 to 12 years responded to five dimensions (Physical, emotional, social and school functioning) of PedQol 4.0 Generic Core Scales to assess their QoL; a higher score indicates better QoL. Parents responded to parent's report of PedQol 4.0 Generic Core Scales to share their perception of children's QoL. Parents' coping was measured by BRIEF-COPE and their depressive and anxious symptoms with the Hospital Anxiety and Depression Scale (HADS).

Results: Five children were followed up for Autoimmune Hepatitis (AIH), one for Wilson and five for cholestatic diseases (CD). For the four children aged over 8 years, mean QoL score was 72.83 (± 16.7). Parental mean perceived children's QoL (87.57 ± 14.11) was significantly correlated to children QoL ($p=0.011$). Coping strategies most used by parents were religion (mean score: 7.00), acceptance (mean score: 6.23) and use of emotional support (mean score: 6.00). HADS' anxiety score was 10.38 (± 5.47) under cut-off of anxious symptoms. HADS' depressive dimension score was correlated to instrumental use ($p=0.009$). No correlation was found between CLD's type and parental perception of children QoL, parental coping or HADS scores.

Conclusion: These findings emphasize the importance of an interdisciplinary, biopsychosocial and family centered care approach to patients with CLD.



P-02-101

How does the announcement of a congenital anomaly affect the parental mental health?

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Objective: Assess mothers' mental health after diagnosis' announcement of congenital anomaly (CA) within their child.

Method: Cross-sectional study conducted during outpatient pediatric exam including 33 mothers and children aged between 1 month to 3 years with detected CA. Mothers have responded to a self-questionnaire concerning emotions and cognitions at diagnosis announcement, the Brief-Cope to evaluate coping behaviors and thoughts and the Hospital Anxiety and Depression Scale (HADS) to measure depressive and anxious symptoms.

Results: HADS' mean score was 19.16 (± 8.198). The mean score of depressive and anxious dimensions was respectively 8.81 (± 3.692) and 10.61 (± 5.064). In postnatal CA diagnosis, the mean score of HADS depressive dimension (9.90 ± 3.878) was significantly higher than prenatal condition (6.82 ± 2.359) ($p=0.023$). According to anomalies' type, the HADS' mean score was 20.79 (± 9.752) in cases of visible anomaly versus 17.82 (± 6.673) in cases of no visible anomaly without significant correlation ($p=0.325$). The thought that doctors could make a mistake in CA's diagnosis was significantly correlated to mothers' mean score at anxious dimension of HADS (14.33 ± 4.967) ($p=0.043$). Those mothers used more coping strategies like self-blaming ($p=0.003$) and denial ($p=0.022$). Five mothers thought that the CA would cause difficulties for the infant to create his family. Their HADS' mean score was 22.2 (± 11.345) versus 21.93 (± 8.25) for mothers who did not think about the question with a significant correlation ($p=0.028$).

Conclusion: The disclosure of a CA suddenly and unexpectedly disrupts parental expectations of a healthy infant, leading mothers to experience different adjustment difficulties.



P-02-102

Mother-infant interaction when a congenital anomaly was announced

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Objective: Evaluate the mothers' coping and mothers'-infant bonding with their children diagnosed with a congenital anomaly (CA).

Method: Cross-sectional study conducted during outpatient exam including 33 mothers and children aged between 1 month to 3 years with detected CA. Mothers have responded to: self-questionnaire concerning emotions and cognitions at diagnosis announcement, Brief-Cope to evaluate coping behaviors and thoughts, Post-Partum Bonding Questionnaire (PBQ) to estimate mother-infant bonding (a high score indicates bad mother-infant bonding).

Results: Twelve diagnosis (36.4%) were made in prenatal period and twenty-one in postnatal period (63.6). Mothers' mean score at PBQ was 17.9 ± 6.999 in prenatal period versus 17.9 ± 11.529 in postnatal period without significant difference. Visible, cardiac and neurological anomalies were respectively most found in fifteen, nine and seven children without significant correlation between anomaly's type and PBQ score. Regarding coping strategies, PBQ score was correlated to culpability ($p=0.017$) and denial ($p=0.012$) while it was inversely correlated to acceptance ($p=0.006$). The mean score of PBQ for mothers who thought that the CA could cause scholar difficulties was $26.167 (\pm 11.514)$ versus $17.625 (\pm 9.959)$ for mothers who did not think about the question with significant difference ($p=0.032$). Concerning job difficulties, the mean score of PBQ for mothers who thought that CA could cause troubles was $25.0 (\pm 11.314)$ versus $21.571 (\pm 12.574)$ for who did not think about it with a significant correlation ($p=0.048$).

Conclusion: Attention to the mother-infant relationship in clinical care improve development of children with congenital anomaly.



P-02-103

The influence of breastfeeding on mother-infant attachment security

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Objective: The purpose of this study is to examine the association between breastfeeding and mother-child attachment security, and whether the duration of breastfeeding effects this association.

Method: This is a cross sectional study conducted in public schools in Monastir (Tunisia). Study approval was obtained from both the school principal and education authority. Children were asked to complete the Arabic valid form of the Kern's Security Scale (KSS), a 15 items questionnaire assessing the extent to which the child believes the attachment figure is responsive and available. Mothers received questionnaire about socioeconomic status, post-partum conditions and duration of breastfeeding in months. Statistical analyses were performed using Statistical Package for the Social Science (SPSS) 21.

Results: Our population included 90 children aged from 8 to 14 (mean age= 11.14, sex ratio = 0.83), and 90 mothers aged from 30 to 54 (mean age= 41.56). 19% of children were breastfed under 6 months, 23.3% were breastfed between 6 and 12 months and 57.7% for more than 12 months. We found that in fact, a longer breastfeeding (> 12 months) was statistically associated with security attachment ($p=0.008$).

Conclusion: Our findings support a positive association between breastfeeding and secure attachment. Specifically, a longer duration of breastfeeding increases the security of attachment among children. While the nutritional and physical health benefits of breastfeeding are well established, a large-scale prospective longitudinal study are needed to assess the psychological effects in both mothers and their children.



P-02-107

A follow-up study on cognitive functions among the children born very and extremely low birth weight

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Objective: In recent years, the survival rate of very low birth weight (VLBW) and extremely low birth weight (ELBW) infants has been improving rapidly according to the progress of perinatal medical care. However, many researchers reported higher rate of neurodevelopmental disability among VLBW/ELBW children. Clinicians caring VLBW/ELBW children would like to know how low birth weight affect their cognitive functions. The aim of this study is to examine how low birth weight affect the cognitive development of VLBW/ELBW children at the age of six and at the age of nine years and how we should support the cognitive development of them.

Method: The subjects were 166 VLBW/ELBW children (78 boys and 88 girls) born at Yamagata Prefectural Central Hospital (YPCH) from 2000 to 2010. The parents of the subjects gave written informed consent to participate in this study. The subjects were administered Wechsler Intelligence Scale for Children 3rd Edition (WISC-III) at the age of 6 years and at the age 9 years as a part of the annual follow up examinations. The mean birth weight was 1017.5 gram and the mean gestational age was 28.1 weeks.

Results: The mean scores of Verbal IQ (VIQ), Performance IQ (PIQ) and Full Scale IQ (FIQ) at the age of 6 years (n=166) were 107.9 (range 74-145), 97.2 (range 64-131) and 103.1 (range 74-136) respectively. The mean scores of VIQ, PIQ and FIQ at the age of 9 years (n=121) were 107.9 (range 74-145), 97.2(range 64-131) and 103.1 (range 74-136) respectively. VIQ was significantly higher than PIQ at six and nine.

Conclusion: These results suggested that FIQ among VLBW/ELBW children at six and nine was within normal limits. However, we should pay more attention to low PIQ among ELBW/VLBW children and consider educational and psychological supports for ELBW/VLBW children with low Performance IQ.



P-02-108

Mother's subjective experiences of preterm birth and the developing relationship with their baby. A secondary data and qualitative analysis of early maternal experiences in the NICU

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Objective: Preterm birth may be a traumatic experience for parents. Infants born very preterm experience significant stress. The parent-infant relationship may be compromised by separation and anxiety. The aims of this ongoing study are to explore mothers' experiences of the developing relationship with their very preterm infant, to understand these experiences and improve developing relationships between the dyad, family and service. The novelty of this in-depth qualitative study lies in the secondary data analytic approach and the richness of data collected through interview with mothers following the birth during the infant's time in the NICU.

Method: The study received ethical approval and informed consent was obtained from participants. The study was underpinned by a psycho-social approach and involved a secondary analysis of data originally collected as part of a previous study conducted in a level III Neonatal Intensive Care Unit in Ireland. In total ten (10) face to face interviews, audio-recorded and transcribed, were conveniently obtained from the original data set and pooled for thematic analysis. The data set was inductively read and re-read. Codes were identified from semantic and latent content. All data extracts were coded, tabulated and themes were generated through this process. By identifying the essence of the data set and understanding each aspect, we organised all themes in a thematic map. Themes were then reviewed, defined and named.

Results: The preliminary findings of the thematic analysis are presented in two major themes: mothers' relationships with babies and mothers' relationships with the service. Participants describe ambiguous feelings about the connection with the baby after birth, themes of loss, trust, powerlessness and detachment are described.

Conclusion: This study helps to understand maternal experience of preterm birth, the importance of communication between professionals and patients and the necessity to develop individualized interventions following the uniquely stressful experience of preterm birth.



P-02-109

Portuguese children's sleep habits: Results from a cross-sectional study in a child and adolescence psychiatry unit population

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Objective: Introduction: Sleep is a vital physiological function and is known to be crucial to physical and mental health in children. Large epidemiological studies have found that about 30% of children suffer from sleep problems. Sleep disorders are frequently undervalued complaints in children. In Portugal there are few published studies about children's sleep habits and the ones existing are frequently based on non-valid questionnaires. Objective: Study the prevalence of sleep disorders and possible associated psychopathology, in a population of children aged three to twelve years old attended in a Child and Adolescence Psychiatry unit in Lisbon, Portugal.

Method: Children's Sleep Habits Questionnaire validated for the Portuguese population (CSHQ-PT) was applied to parents of children (3–12 years old) during their first doctor's appointment in Dona Estefânia Child and Adolescent Psychiatry Unit from November 2018 to April 2019 (6 months).

Results: At the time of the abstract submission we are still collecting the data and the results are still being evaluated.

Conclusion: Given the risk of significant organic and behavioral morbidity, it is crucial to evaluate sleep problems in clinical practice.



P-02-111

Integration process of a newly developed child psychiatric unit into a provincial city social structure

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Objective: The Child and Adolescent Psychiatric Department was founded in the General Hospital of Volos in July 2011 as an outpatient clinic to offer services to a provincial city of 100,000 people. This presentation aims to examine the process and the degree of integration of the clinic in the local social structure after 7 years of service.

Method: We examined the data collected during the initial phone interviews of appointment request from July 2011 to June 2018 and analyzed the demographic characteristics, the reason for appointment, the method of referral etc

Results: In 7 years of service, 2256 appointment requests were received in total. The vast majority of requests relates to speech delays or difficulties (48%), while the rest include emotional and anxiety difficulties (14%), oppositional-type behavior (13%) and developmental delays and difficulties (12%). There is a gradual increase in appointment requests from just 13 in the first semester of service to 279 in the latest one. The most important finding is the increase in self-referrals from 28 to 50% and referrals from schools from 9 to 28%, and the drop in referrals from private therapists from 40 to 9%.

Conclusion: The findings support that the local society has gradually gained knowledge and trust in the service offered by the clinic, however there can be improvement in the collaboration with the social and law services (minimal referrals) and a greater opening of the department to the rural areas around the city.



P-02-112

Patients not appearing at their first appointment: Comparing data from a major city and a provincial town clinic

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Objective: Occasionally people addressing a public clinic never appear at their first appointment after their initial phone request, reducing the speed and efficiency of the offered service. This announcement examines the characteristics of these patients and the reasons for non-appearance and compares data from two clinics situated in different types of residential areas.

Method: The archives of both clinics of the years 2014–2017 were researched for the above cases and specific data were collected. Then a random sample of these families answered a specifically designed questionnaire during a telephone communication.

Results: The major city clinic received 5983 new appointment requests, but 16% of the families never appeared in their first scheduled appointment. In the provincial town clinic, there were 1481 requests with 11% non-appearances. The main reasons for addressing the first clinic included academic difficulties (45%) and speech problems (25%), compared to speech difficulties (48%) and emotional and behavioral problems (27%) in the second clinic. The main reasons for their not appearing is the delay at the arrangement of the appointment and addressing to other services, while in 15% of the cases, the problem was solved without intervention, with characteristic differences between the clinics.

Conclusion: The shorter waiting time, the lack of other public services or enough private therapists and the more personal connection with the service in the tighter social structure of a provincial town influence the results of this study. A more profound understanding of the problem could improve the effective use of mental health services.



P-02-113

Holding the center: Does it take magic to bring us together?

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Objective: As child clinicians, we straddle polarities. In human development, we acknowledge opposites and advocate the healing space between. But in our professional discourse we tend not to acknowledge such polarities, much less the restorative center. Here we review these opposites and how to cultivate what lies between them.

Method: Observe and summarize polarizations in child psychiatry.

Results: We may define and treat disorders or appreciate normal development. We make categorical diagnoses in individuals, on one hand, or strive for assessments that are contextual, developmental, and dimensional. We may emphasize what are taken to be fixed features of people, or factors that evoke growth and healing. Practice may be split between pharmacotherapy and psychosocial treatment, between care focused on an episode (“stabilization”) or on long-term adaptation and growth. Do child psychiatrists “stand apart” from other disciplines, speaking only of biology and medication, or do we aim to develop together a comprehensive assessment and plan? Are parents at the table or away? Organizationally, should “behavioral” healthcare be separated (“carved out”) or integrated with the rest of healthcare? Should we focus on the most impaired, those with definable disorders, or on the general population?

Conclusion: Those holding one position may be unaware of the other, or speak of it only disparagingly. They may have no idea how both sides contribute, restoring whole-ness to our patients’ lives and to our profession. Bringing together what’s been split apart, may not take magic, as Schiller famously wrote, but a kind of directed play.



P-02-115

Help-seeking patterns and barriers to accessing services prior to referral child and adolescent psychiatric outpatient services

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Objective: Studies have shown that a large proportion of children and adolescents with psychiatric symptoms are in simultaneous contact with different services across service sectors. A lack of coordination between the different services, can potentially lead to an increased burden on both the public sector and the families in need of help and can lead to delayed referral of children and adolescents in need of specialized child and adolescent psychiatric services (CAP). Objectives: To investigate which factors that influence help-seeking patterns and access to services prior to referral to CAP outpatient services.

Method: Families referred to outpatient CAP services in the Northern Region of Denmark from July-December 2018 are invited to participate in this clinical descriptive observational study. Referral letters are systematically reviewed. Socio-demographic data are collected together with the parent-report version of the Strength and Difficulties Questionnaire (SDQ). Telephone interviews are conducted with a primary caregiver, using the Children's Services Interview guide, to collect data on service use prior to referral to outpatient CAP services as well as barriers to accessing services.

Results: We expect close to 200 families to be included, corresponding to a response rate of 23%. Data on help-seeking patterns and barriers to accessing services will be examined with respect to sociodemographic status, externalizing vs. internalizing symptomology in the referred child/adolescent and severity of symptoms based on the SDQ.

Conclusion: The study will provide knowledge about help-seeking patterns prior to referral to outpatient CAP services as well as current barriers to accessing services.



P-02-118

Evaluation of the use of the Ages and Stages Questionnaire (ASQ-3) for developmental screening in Singapore

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Objective: Background: The estimated prevalence of developmental delay (DD) is 5–15% .Only 30% of DDs are identified without the use of standardized screening tools. This leads to a delay in early intervention services which are critical for optimal outcomes. AIM: 1) To evaluate the reliability and validity of the Ages & Stages Questionnaires, Third Edition (ASQ-3) in a longitudinal cohort of 649 low-risk Singapore children at 9,18 and 24 months and compare it with scores in US and Korean children. 2) To determine risk factors for Positive Screen results i.e. children needing further evaluation

Method: The current study was part of a larger parent- offspring cohort, the Growing Up in Singapore Towards healthy Outcomes(GUSTO) research project. Sociodemographic and ASQ 3 data were analysed using SPSS v20. Reliability, validity , mean ASQ and cut-off scores were computed

Results: Mean birth weight and gestational age of our cohort was 3158gms and 39 weeks respectively ASQ-3 showed acceptable to good internal consistency (0.49-0.83) and medium level of correlations (0.22-0.59) between the five domains but our cohort showed significant differences compared to the ASQ-3 normative data from U.S. and Korea. Using local cutoff scores, 12.6-13.6 % of the cohort had a Positive Screen in \geq 1 domain at any of the 3 ages. ASQ-3 screening categorization was very consistent, with only 1- 11% children showing change in categorization across 3 time points. Using a logistic regression model, low family income (OR 3.3-9.42) and low maternal educational level (OR2.65-3.03) were consistently predictive of Positive screen test across domains and age intervals.

Conclusion: ASQ 3 is a useful, valid screening tool in Singapore with well-defined risk factors for a Positive screen. Further research is needed to analyze its concurrent validity and comparison with gold standard psychometric tool.



P-02-120

The inventory of school attendance problems: Development and validation of a new screening tool for school absenteeism

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Objective: The heterogeneous phenomenology of school attendance problems (SAPs) and their negative impact on psychosocial functioning continue to challenge researchers and clinicians. Comprehensive assessment instruments are needed to identify symptoms and risk factors associated with SAPs. This study documents the development of the Inventory of School Attendance Problems (ISAP), which assesses both the quality and the function of SAPs by first asking students to rate the intensity of symptoms prior to or at school and then to rate their impact on school attendance.

Method: An empirically generated pool of 124 items addressing emotions and cognitions prior to or at school was analyzed (explorative factor analysis) in a clinical sample of $N = 245$ students with SAPs (53.5% male; Mage: 14.4). The Youth Self Report, a German version of the School Refusal Assessment Scale, and the extent of school absenteeism were used to determine construct validity.

Results: The resulting 48 items loaded on 13 factors. The 13 scales assess symptoms related to SAPs (depression, social-/performance-/separation anxiety, agoraphobia/panic, somatic complaints, aggression, school aversion), including emotional distress due to problems in the school or family context (problems with teachers/peers, dislike of the specific school, problems within the family/with parents). All scales showed good internal consistencies ($\alpha > .74$). Their correlations with the YSR and the SRAS indicated convergent and discriminant validity. Positive associations between most of the scales and the extent of school absenteeism were obtained.

Conclusion: The results support the usefulness of the ISAP for a comprehensive assessment of SAPs in clinical settings.



P-02-121

The role of personality traits as determinants of sadistic tendencies in adolescence

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Objective: Present study aims to investigate possible predictors of sadistic tendencies in Bulgarian adolescents, and focuses on assessment of subclinical sadism, referred as the tendency to engage in cruel and demeaning behavior for excitement and pleasure seeking. As in literature data exist, that components of Dark Triad are correlated with sadism, the aim of the study is to confirm that results in Bulgarian sociocultural context, and to reveal other relevant personality traits – an “alternative” triad.

Method: Research is conducted with Bulgarian versions of self-report methods on two separate adolescent samples, aged 14 to 18, Study 1 (N=624), and Study 2 (N=698). In Study 1 a model of socially aversive personal traits - Dark Triad, assessed with Short Dark Triad, as determinants of sadistic tendencies in adolescence is tested. In Study 2 effects of other personality traits are assessed: spitefulness, fearlessness (a newly constructed scale), and Honesty-Humility dimension from HEXACO. Sadism is evaluated with Comprehensive Assessment of Sadistic Tendencies, and Assessment of Sadistic Personality.

Results: In Study 1, as expected, psychopathy reveals as a key predictor of sadistic tendencies, however Machiavellianism, and narcissism showed weak or no effects, depending on measurement used. In Study 2 spitefulness was identified as the main precursor of everyday sadism; fearlessness shows weaker significant effects, and honesty-humility-negative effects, close to non-significant value.

Conclusion: Compared, the model, derived in Study 2 shows better explanatory potential as the model in Study 1, and confirms a possibility of indirect assessment of everyday sadism with identified personality determinants.



P-02-122

Children with haemophilia A: The characteristics of intrapersonal conflicts

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Objective: Although state-of the-art medicine allows reducing the symptoms of haemophilia A to minimum the children having this disease still demonstrate the difference from their peers in the emotional sphere. The research aim is studying the internal conflicts of children with Haemophilia A.

Method: The research sample are 58 children from seven to ten years old, the control group includes 28 children with the diagnosis Haemophilia A and the experimental one consists of 30 children without any somatic or mental disease. The research methods include: Lipkina's technique the Three Evaluations (1976); the Tree Test (Lampen, in adaptation of Ponomarenko, 1999); the Technique Wonderland of Feelings (Grabenko et al., 2006); the Draw-a-Person Test (Machover, 1946).

Results: The research shows that in the control group such intrapersonal conflict as avoidance of anxiety either by be absorbing in activity or by finding external evidence of their worthiness dominates, whereas the main conflicts in the experimental group are the fear of new failures and giving up the struggle. The statistically significant difference in the last two conflicts is found: they can be seen in 44% cases in the experimental group and in 23% in the control one.

Conclusion: In general, the children with haemophilia A refuse to set new aims for themselves and do not try to overcome unfavourable circumstances more often than their healthy peers. We suppose that this fact is connected with the familial upbringing children with a chronic somatic disease, but this consideration needs a future research.



P-02-124

Aspects of the specific psychological diagnostics within the Forensic Examination Center for Children and Adolescents (Forensische Kinder- und Jugenduntersuchungsstelle - FOKUS)

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Objective: Abuse of children and adolescents is associated with various psychological disorders, an increased risk for medical conditions and a decreased life expectancy. Studies highlight the need for early interventions to decrease the severity of traumatic stress reactions, forensic-psychological diagnostics is essential to identify the needs of affected children and adolescents. The aim of the study was to evaluate the use of psychological diagnostics and other psychological interventions for abused or neglected children of the forensic examination center for children and adolescents during a period of 24 months.

Method: The retrospective analysis of the records from 125 patients included demographic data, type of suspicion and frequency of forensic-psychological interventions as well as the occurrence of mental health issues.

Results: Ages of patients ranged from 0 to 18 years, gender distribution revealed more female patients (61.6%). Suspicion of sexual abuse was most frequent (65.5%), followed by physical abuse (23.2%). 58.5% of the patients were diagnosed with posttraumatic stress disorder. The Child Behavior Checklist (CBCL) revealed in 51.5% clinically relevant internal symptoms, in 29.8% external symptoms and the global value of symptoms was clinically relevant in 57.4% of the examined patients.

Conclusion: The present findings reveal the importance of early forensic-psychologic diagnostics in the case of suspected sexual abuse, physical abuse or neglect.



P-02-125

Oral fluid as an alternative matrix for therapeutic drug monitoring

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Objective: Therapeutic drug monitoring (TDM) is becoming increasingly important in the drug therapy of childhood and adolescent psychiatric disorders. Particularly with regard to mentally unstable patients and children, the question arises whether there is a painless alternative of the sampling. The examination of saliva can help to improve the cooperation of the patients and the quality of the therapy significantly. This study gives an overview of the current state of the literature and shows the results of our own investigations.

Method: In this study, the drug levels in serum and saliva were compared to determine whether saliva is a new matrix. For this purpose patient serum as well as saliva was taken. The concentrations of venlafaxine, citalopram, quetiapine, aripiprazole and methylphenidate as well as their metabolites, measured in saliva and serum were measured. The serum and salivary concentrations of citalopram / escitalopram were measured by HPLC or LC-MS.

Results: With the exception of aripiprazole and its metabolite, all substances could be determined very well in the saliva, with some very good correlations to the serum value.

Conclusion: From the results so far, it can be concluded that therapeutic drug monitoring from saliva can be a viable and inexpensive alternative to TDM from serum.



P-02-126

Psychopathology in subjects with psychiatric problems other than depression in the ‘Suicidality: Treatment Occurring in Paediatrics’ (STOP) Study – response to Aripiprazole and Risperidone

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Objective: To study whether Aripiprazole and Risperidone can improve psychopathology in young people affected by psychiatric problems other than depression over an 8-week period.

Method: The impact of low-dose Aripiprazole or Risperidone in subjects enrolled as part of the ‘Suicidality: Treatment Occurring in Paediatrics’ (STOP) project who had psychiatric problems other than depression, over an 8-week period was analysed. The changes in the four psychopathology subscale scores of the Profile of Neuropsychiatric Symptoms (PONS), a validated scale (Santosh et al., 2015), (‘Neurodevelopmental Disability’, ‘Behavioural and Emotional Dysregulation’, and ‘Anxiety and Depression’, and ‘Psychoses and Personality Dysfunction’) was examined. The scores between the two time points were compared and evaluated for statistical significance.

Results: All study participants showed a reduction in the mean scores over an 8-week period. Both the patients treated with Aripiprazole and Risperidone showed an improvement in emotional and behavioural dysregulation, anxiety and depression, and psychoses and personality dysfunction. However, only those on Aripiprazole showed an improvement in neurodevelopmental symptoms.

Conclusion: Both Aripiprazole and Risperidone improved psychopathology across a variety of areas over an 8-week period. However, aripiprazole (but not risperidone) specifically improved neurodevelopmental symptoms (which includes ADHD symptoms). Theoretically, this could be arising from the difference in action of the two antipsychotics. Low-dose aripiprazole acts as a partial dopamine agonist, which can theoretically reduce ADHD symptoms. Low dose aripiprazole and risperidone improved psychopathology in subjects recruited in the STOP Study.



P-02-128

Psychiatric contribution to management of children with autoimmune Encephalitis presenting to a paediatric ward

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Objective: Background Autoimmune encephalitis (AE) is rare but increasingly recognised in children and adolescents. Children may present initially with behavioural changes, or these may occur later, after the first presentation of neurological abnormalities. We have acquired significant expertise in managing AE in view of involvement in cases at a regional referral centre for childhood acute paediatric diseases. Objectives: To describe the psychiatric contribution to assessment, diagnosis, and intervention and post inpatient care.

Method: Method: A case series of children with AE and account of psychiatric input to management.

Results: Results We describe the psychiatric role in 3 phases of management: Assessment: in relation to delineating abnormal behaviours and emotions, whether the abnormalities are organic or functional. Treatment Phase: inputting to the multidisciplinary treatment team focussing on interventions to manage aggressive and disturbed behaviours using environment, psychosocial and pharmacological approaches. Post-Acute phase: advising on further community based assessments and interventions that may be appropriate Case examples illustrate the above phases of intervention.

Conclusion: Conclusion Further research is needed to assess the efficacy of the various interventions. It is hoped sharing the above knowledge and experiences will increase participants competence in managing cases of AE.



P-02-130

Risk assessment for quality assurance in mental health nursing at the Psychiatric Hospital for Children and Adolescents, Zagreb, Croatia

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Objective: The critical point of any health care quality control program is to identify individuals at risk. During assessment, each risk factor is identified separately and directed interventions are provided to prevent adverse events. Recognized risk leads to increased quality of care. Full assessment includes list of problems and outcome goals. The first goal is to identify urgent problems, but continuous monitoring of somatic and mental state is necessary in order to identify risks and prevent adverse events. The aim of this study was to present adverse events at the inpatient unit for children and adolescents, their prevalence and type.

Method: Retrospective medical records review of the patients hospitalized during 2018 at the inpatient unit of the Psychiatric Hospital for Children and Adolescents, Zagreb, Croatia, was performed and data on adverse events were collected.

Results: During 2018, at the inpatient unit nurses identified 79 adverse events. The most common were physical aggression to another patient, staff and inventory.

Conclusion: Systematic evaluation of adverse events at the inpatient unit provides insight into the quality of risk assessment and interventions. In the overall health care through the nursing process, the nurse performs systematized assessment and interventions aimed at maintaining and optimizing the health condition and safety of child and adolescent patients at the inpatient unit by preventing the occurrence of all adverse events. This requires knowledge and skills that need to be continually improved in the best interest of the patient and the nursing staff.



P-02-131

The “Bündner Standard” as an efficient CIRS-System in adolescent psychiatry – clinical experiences

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Objective: Every institution, be it a clinic, a home institution or a counseling center, has to deal with proximity/distance issues. On the one hand, this is part of the nature of the matter and the mission, namely how to deal with children, adolescents and families. On the other hand, there are multiple interfaces and proximity/distance issues in each professional interpersonal interaction. Exceedances are expected in both directions and ultimately should not hit an institution unprepared.

Method: In this context, a transition from elaborate and reactive ad hoc solutions to guideline orientation has emerged in the last 10 years, which can combine response and prevention. A response to individual cases has systematically prepared for possible scenarios, with interdisciplinary aspects increasingly being given more consideration.

Results: On the basis of the so-called Bündner Standard, which has been developed in Switzerland, such an approach is presented and its implementation in the existing guideline system of an institution that works both as a home institution as well as a hospital and focuses on severe chronic comorbid adolescent psychiatry in males.

Conclusion: Positive developments and critical aspects are worked out by way of example in the facility of SOMOSA. The practicability and the influence on the staff are discussed.



P-02-132

Whole hospital approaches: Introducing Schwartz Rounds to Paediatric Hospitals in Ireland

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Method: Methods : The data was collected from professionals attending SR using feedback forms that participants filled immediately after the round, quantitative analysis was performed in SPSS, qualitative analysis of the comment section was done via thematic analysis.

Results: Between September 2017 and March 2018, Temple Street held five Schwartz rounds for a range of professional groups in both clinical and non clinical roles. There was no significant difference between the professional groups. In 95% (n=189) of the returned forms, views of the rounds were positive, and these were shown to be highly correlated to each other (Cronbach's alpha = 0.89). When asked 'I would recommend Schwartz Centre Rounds to colleagues', 90% (n=178) selected 'Completely agree'.

Conclusion: Burnout is a pressing issue in Ireland, and it is crucial that importance that the Irish health system takes a proactive approach. This is the first paediatric setting to introduce SR in Ireland. Almost all of the commenting participants agreed that SR was a helpful intervention in some form. The rounds are an ongoing intervention. No long-term impact of SR could be evaluated with the data available. Another limitation is a possible flaw in the standard feedback form design. Around 30% of respondents did not fill in an overall rating for the rounds.

Background: In 2017, Schwartz Rounds (SR) were introduced at Children's University Hospital Temple St. SR are a multi-disciplinary intervention that aims to support clinical and non-clinical healthcare professionals in their work. Originally set up as a way of aiding staff to provide compassionate care, by providing them with an outlet for the pressures of their work, they have evolved into an initiative that helps support the mental wellbeing of staff. Sites across the UK and US have adopted them, and they are evidenced both regarding the rates and consequences of burnout in healthcare professionals.



P-02-135

For each other with each other – the exchange programme of the European Federation of Psychiatric Trainees

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Objective: Introduction: The European Federation of Psychiatric Trainees (EFPT) is an independent, nonprofit umbrella organization for European national psychiatric trainees' associations. EFPT is currently representing psychiatric trainees from 37 countries. It is organized in 7 working groups where trainees from all over Europe work together for the improvement of psychiatric training and other common goals. Objectives: This innovative Exchange programme initiated by the European federation of Psychiatric Trainees (EFPT) in 2011 is the first European short-term exchanges programme, that has been evolved from psychiatric trainees for psychiatric trainees. The programme aims to provide psychiatric trainees from different European countries with the possibility of intercultural professional experience and simplified exchange processes.

Method: Methods: The programme offers the opportunity for observatory internships with an observer status of 2–6 weeks in a psychiatric training clinic. The satisfaction of the participants is evaluated online using a standardized questionnaire, after each exchange phase. A database is used to register the nationality of the participants, the participating host countries, and the number of applicants per exchange and demographic data. Annually a total of two exchange phases takes place, for which the interested trainees can apply via online platform.

Results: Results: Since the pilot phase in the period from January 2012 to July 2012 that started with exchanges in the countries Denmark, France, Great Britain, Ireland, Croatia, Portugal and Spain, the programme has grown to include 65 programs in 16 countries and covering all major fields in psychiatry. By the middle of 2018 a total of 260 psychiatric trainees had completed at least one exchange period. Currently the exchange programme is in its 14th exchange phase and just closed 15th selection period.

Conclusion: A total of 197 questionnaires, evaluating the exchange experience, were completed by participants. 90% of them rated the exchange experience as very useful for them.



P-02-136

The implementation of parenting programs for life long health

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Objective: Severe adverse experiences and low emotional regulation in early childhood, as well as rising up in economically deprived circumstances present threads to the lifetime mental and physical health and wellbeing. The burden that those risk factors impose to the society is long lasting and accounts for diverse types of costs- social transfers, costs due to poor physical and mental health, as well as crime.

Method: There is growing evidence that supporting parents through encouraging the strong relationship with their children and their use of positive discipline promotes children's emotional competence and ability to self-regulate, as well as enhances their social development and competence. The use of predictive, positive discipline skills reduces children's behavioural problems and enhances their compliance with adult's requests. Positive parenting supports their attention, motivation and leads to higher academic achievements, even after being controlled for the differences in their intellectual abilities.

Results: The society is thus facing a great challenge to response to the growing evidence of efficiency of early evidence-based interventions to support healthy emotional and social development of children. Those interventions can be implemented as general or targeted prevention – when offered to families of high risk children, such as victims of child maltreatment, families whose children are exposed to several adverse experiences. The cost efficiencies of those interventions have been clearly proved. However, they should not be the leading reason for the society to take actions.

Conclusion: Finally, an example of the implementation trial of an evidence-based parenting program in a middle-income European country will be presented. In Slovenia, in a country with two million inhabitants, ten regional centers have been established to deliver the program. Since 2015 more than 800 parents have participated in the program through participating 16 – 18 weekly group sessions. The evaluation outcome will briefly be presented and critical steps recognised for the successful implementation of an early intervention parenting program will be reviewed.



P-02-137

Traumatic grief reactions in children and adolescents: An update

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Objective: The death of a loved one is among the most common and stressful events that a child or an adolescent can experience . Losing a loved one in childhood or adolescence is associated with psychological distress and mental health disorders, including behavioral disorders, anxiety disorders, depression, somatization disorders, and posttraumatic stress disorder. Bereavement among youths may further impact longitudinal development and global levels of functioning by decreasing an adolescent's competence in work, peer relations, career planning, and educational aspirations. It is estimated that 5 to 10% of children and adolescents experiencing the loss of a loved one will develop clinically significant psychiatric difficulties.

Method: Although normative and complicated grief reactions have been studied primarily in adults, difficult and disturbed patterns of grief, often referred to as Complicated Grief (CG) or Prolonged Grief Disorder (PGD), traumatic grief, or pathological grief, have received increasing recognition in children. The inclusion of Persistent Complex Bereavement Disorder (PCBD) in the DSM-5 Task Force and Work Groups' section entitled "Conditions for Further Studies" illustrates the existing literature about, as well as the growing interest in, pathological grief among youths and adults, alike (American Psychiatric Association 2013).

Results: In this poster, we will present the most recent data on the definition, epidemiology, clinical features, comprehensive models and validated treatment approaches of grief reactions in children and adolescents, especially concerning Children Traumatic Grief in which trauma symptoms have an impact on children's optimal adaptive grieving process.

Conclusion: Although some data suggest that certain aspects of complicated grief in adults can be transposed to children and adolescents, specificities do exist. Much remains to be done, especially concerning comprehensive models of prolonged grief in children and adolescents and its treatment.



P-02-138

Child abuse: A survey on a clinical population in Tunis, Tunisia

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Child abuse is a major public health problem characterized by its magnitude, its serious consequences on the physical and psychological health of children as well as its high cost. Objective To assess the impact of the different forms of child abuse on the mental health of children and determine whether the widely held assumptions about child abuse (harmfulness, nonequivalence, specificity and nonuniversality) are valid. Methodology It is a cross-sectional survey realized on a clinical population at the Child Psychiatry department of Mongi Slim Hospital. Out of a total of 321 parents that were approached to participate in the survey, 316 questionnaires have been conducted. We used the ISPCAN Child Abuse Screening Tool (ICAST- P) adapted to Tunisian dialect. Results Our study reinforced the assumption of the harmfulness of abuse and partly joined the assumption of specificity. we found out that:

- Physical violence was associated with a high risk of presenting sleep disorders, behavioral disorders and anxious manifestations
- Psychological violence was associated with a high risk of developing cognitive disorders
- Children who are victims of sexual violence were more likely to develop sleep and eating disorders, anxiety, and addictive behaviors
- Neglect has been associated with sleep disorders, behavioral disorders, mood disorders, social behavior disorders and a high risk of developing addictive behaviors

However, we found that the 3 types of non-sexual violence have comparable effects thus challenging the non-equivalence assumption. Moreover, our results do not support the hypothesis of non-universality, at least with regard to sex.



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P-02-139

Oxidative stress and inflammation in schizophrenia pathophysiology: Add-on trial with N-acetyl-cysteine in early psychosis patients, towards biomarker guided treatment

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No abstract submitted in time



P-03

Poster Session Day 3

P-03-001

Examining the associations between the digital game addiction, attachment quality and anxiety levels in adolescents

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Objective: To investigate the relationships between digital game addiction, attachment security and anxiety levels in adolescents.

Method: The study was conducted on 642 adolescents aged between 12 and 17. Digital game addiction scale for children (DGASFC), inventory of parents and peer attachment (ippa), and state trait anxiety scale for children (stai-c) were used. The correlation coefficients between the scales were analyzed with Spearman's rank order correlation test. Multivariate linear regression analysis was used to evaluate the predictive effect of attachment security and anxiety levels on the development of digital game addiction.

Results: DGSASFC scores were positively correlated with trait anxiety scores, and negatively correlated with ippa scores. Multivariate linear regression analysis indicated that high anxiety levels and insecure attachment style significantly predict the digital game addiction.

Conclusion: The results of this study revealed that focusing on attachment quality and high anxiety levels may improve the treatment success of the therapeutic interventions for digital game addiction in adolescent population.



P-03-002

Mental health problems in a representative sample of adolescents with chronic somatic diseases – a case for prevention efforts

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Objective: Chronic somatic diseases may have a negative impact on different aspects of life, like school performance, friends, and family and may increase the risk for mental health problems. The aim of this study was to assess the degree of mental health problems in a representative nationwide sample of adolescents with and without chronic somatic disorders.

Method: 3610 adolescents aged 10–18 years were recruited from 261 Austrian schools. Additionally, unemployed adolescents (n=39) and inpatients from child and adolescent psychiatry institutions (n=137) were included representing hard-to-reach samples. The Youth Self-Report (YSR) was used to assess internalizing and externalizing problems and the participants were asked to report chronic somatic diseases.

Results: The point prevalence for at least one chronic somatic disease was 11.6% in the whole sample, whereby allergies, migraine, asthma, and orthopedic diseases were most frequent. This prevalence was significantly ($p<.001$) higher in child and adolescent psychiatric patients (30.5%) compared to pupils reached in schools (11.3%) or unemployed youths (18.4%). Adolescents with chronic somatic diseases had a significant higher YSR total score than adolescents without somatic diseases. Differences unfavorably for those with somatic disease history were found in anxious/depressed and delinquent behavior, somatic complaints as well as regarding social and thought problems (all p -values $<.01$). Suffering from multiple chronic somatic diseases significantly increased the occurrence of internalizing and externalizing problems ($p<.001$).

Conclusion: Adolescents with chronic somatic diseases are a high-risk group for mental health problems. Early access to effective prevention programs is needed to reduce risk and strengthen mental health.



P-03-003

Adolescent video games use: A descriptive study

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Objective: Video games are an ubiquitous part of almost all adolescents' lives. The vast majority of researches on using video games have stated that "Gaming" can lead to serious negative effects including addictive use. Objective :To investigate and to describe the use of video games by adolescents.

Method: An anonymous survey was completed by students recruited in a public middle school in Tunis. Video games use was evaluated using the Game Addiction Scale (GAS) and to categorize it monothetic and polythetic scoring schemes were adopted.

Results: One hundred and nine adolescents were recruited ,only ninety five were included in the study. Their average age was 13,3 years and the sex ratio:1/1. Video games are used in 74,5% of cases and fighting games are in the first rang (54.9% of cases). 46,5% of adolescents have been using video games for more than 3 years.in 71,8% of cases they use them on their phones. Only 19,7% of participants use video games daily. In 70,4% of cases,they use them the most on weekends. 93% of adolescents use them the most at night. the average duration of use per day is 3 hours. When using monothetic scoring scheme, video games problematic use was found in 13.1% of cases.No correlation was found between school results and addictive use ($p=0.884$).

Conclusion: The role of parents in Limiting playing time and monitoring game selection according to developmental level and game content is important to limit the risk of adolescents' addictive use of video games.



P-03-004

Adolescent video games use and parental education styles

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Objective: Playing video games is now a major leisure activity among children and adolescents in many parts of the world leading sometimes to negative effects including addictive use. Recently, the factors which influence players' use of video games have been scientifically studied. Environmental factors and specifically parental education were implicated in these behaviors. Objective: To investigate the relationship between adolescents' use of video games and parental education styles.

Method: An anonymous survey was completed by students recruited in a public middle school in Tunis. Video games use was evaluated using the Game Addiction Scale (GAS) and to categorize it monothetic and polythetic scoring schemes were adopted. Eigna Minnen Beträffande Uppfostran for children (EMBU-C) was used for the assessment of adolescents' perceptions of their parents' rearing behavior. The EMBU-C provides four dimension derived subscale measures: Emotional warmth, Rejection, Over protection and Favoring Subject.

Results: One hundred and nine adolescents were recruited, only ninety-five were included in the study. Their average age was 13,3 years and the sex ratio: 1/1. Video games were used in 74.5% of cases (fighting games were in the first rang). Addictive video games use was found in 13.1% of cases when using monothetic scoring scheme. A positive correlation was found between the global scores of GAS and the 4 dimensions of EMBU-C but statistical significance was not reached. Mother's overprotection scores were higher among adolescent playing fighting games ($p=0.033$). Paternal and maternal emotional warmth were significantly associated with adventure gaming (respectively $p=0,012$, $p=0,027$).

Conclusion: An advanced study on parental attitudes toward gaming and parental gaming behavior may be interesting to better explore the role of parental education and of the parent-child relationship in problematic videos games use .



P-03-006

Effectiveness of a mindfulness based intervention for older adolescents: A randomized controlled pilot trial

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Objective: There is increasing evidence that adolescence is a period of special sensitivity to stress due to changes in physical, behavioral, emotional and cognitive development. That is why the learning of stress reduction techniques, such as mindfulness, is especially important among youth, providing the opportunity to carry out interventions to prevent the development of psychological problems.

Method: A randomized control trial was conducted with 95 first year college students. Participants were randomized to the intervention group (n=48) or to a waitlist control group (n= 46). Intervention consisted of the use of a universal mindfulness program, Learning to BREATHE (L2B), adapted to Spanish culture and designed to match the developmental tasks of college transition. The adolescents completed measures of different psychological problems and resilience factors at pretest and posttest, including depression, anxiety, sleep issues, somatic symptoms, resilience and self-concept.

Results: Participation in the pilot intervention was associated with significant increase in students' resilience and social and emotional self-concept, and significant decrease in interpersonal difficulties and some maladaptive schemas.

Conclusion: Mindfulness based interventions may be an effective way to favor healthy adaptation strategies to new changes and to enhance an adequate transition into college.



P-03-008

The associations between metacognitive problems, attachment characteristics and alexithymia in adolescents

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Objective: To investigate the relationships between metacognitive problems, attachment security and alexithymia in adolescents

Method: The study was conducted on 614 adolescents aged between 13 and 17. The metacognition questionnaire for children (mcq-c), short form of inventory of parents and peer attachment (s-IPPA), and 20 item Toronto alexithymia scale (TAS-20) were applied to participants. Pearson product moment correlation test was used to evaluate the correlation coefficients between the scales. Binary linear regression analysis was used to determine the predictive effect of attachment levels and metacognitive problems on alexithymia development.

Results: Tas-20 scores were positively correlated with mcq-c scores, and negatively correlated with s-ippa scores. Binary regression analysis revealed that metacognitive problems and attachment levels significantly predict the alexithymia.

Conclusion: Psychotherapeutic interventions aiming to improve attachment security and decrease metacognitive problems may increase the treatment success in adolescent with alexithymic personality traits.



P-03-009

Non Suicidal Self Injury (NSSI) in a clinical sample of Italian Adolescents: Personality traits, depressive symptoms and emotional dysregulation

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Objective: NSSI is included in DSM 5 as condition for further study and is a common concern among hospitalized adolescents.

Method: The aim of this study is to describe clinical features and diagnostic correlates of an Italian sample of hospitalized adolescents (N=40, 38 females, 2 males; mean age 14.03 yrs) fulfilling DSM 5's criteria. Self report (Youth Self Report, Junior Temperament and Character Inventory, Deliberate Self-Harm Inventory – short version) and clinician report scales (Shedler, Westen Assessment Procedure for Adolescent and Global Assessment of Functioning) were administered. Two specific YSR profiles were obtained: Deficient Emotional Self-Regulation (45% subjects) and Dysregulation Profile (45% subjects).

Results: 52.5% subjects have personality disorder, 47.5% eating disorder, 10% mood disorder. Mean GAF score is 47.25; YSR's mean scores suggest depressive symptoms. 97.4% altered SWAP Emotionally Dysregulated Q Factor. JTCI identifies a disengaged pattern.

Conclusion: Adolescent inpatients with NSSI are characterized by diagnostic heterogeneity and common features as severe functional impairment, depressive symptoms, emotional dysregulation.



P-03-010

Adolescent health decision-making: Understanding the decision-making process

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Objective: Preventable risky behaviour contributes to adolescent morbidity and mortality globally. Many health interventions target changing preventable health-risk behaviours of adolescents. From the perspective of the Transtheoretical Model of Behaviour Change (TMBC), however, it is the decision-making process that is engaged in which moves an adolescent from pre-contemplating behaviour change toward action and maintenance of health-promoting behaviour. However, how adolescents make health-related decisions has often been overlooked in interventions targeting health-risk behaviours. The current study aimed to examine how adolescents make health-related decisions. More specifically, the study examined decision-making about alcohol and illicit substance use, physical activity, nutrition, sexual debut and condom use, intimate partner violence, mental health and self-harm.

Method: Sixteen adolescents were identified using purposive sampling among secondary schools in the Western Cape, South Africa. Data were collected using individual, semi-structured interviews. Interviews were conducted in both English and isiXhosa, were translated and transcribed. Transcribed data were analysed using NVivo 11 by way of thematic analysis.

Results: The results suggest that adolescents often engaged in a process of evaluating all possible alternatives when making health-related decisions. The study highlights the sources of information which adolescents use to inform their health-related decisions. The sources of information include the presence of familial persons, knowledge about consequences of behaviour, constructions of the future and stability, as well as legal consequences. These challenge the common belief that peer pressure is the main predictor of adolescent health choices and around which many peer-led health interventions are designed.

Conclusion: The study highlights the sources of information which informs adolescent health-related decision-making. The sources of information could inform future health interventions aimed at promoting adolescent health and well-being from the perspective of the TMBC.



P-03-011

Identity development and childhood traumatic experiences in adolescents with nonsuicidal self-injury – the preliminary results of a clinical population study

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Objective: Childhood traumatic experiences and problems in identity formation have been hypothesized to play an important role in the emergence and maintenance of self-harming behaviours among adolescents. The aims of the study were to examine clinical characteristics, presence of childhood traumatic experiences (physical abuse/neglect, sexual abuse, emotional abuse/neglect) in hospitalized adolescents with NSSI, differences in identity development between inpatients with NSSI and school adolescent population, and differences in identity development between inpatients with and without traumatic experiences.

Method: The participants were adolescents aged 11 to 18 years of both gender. Clinical sample (n=31) included inpatients in whom NSSI was present 6 months before hospitalization. School sample (n=294) consisted of elementary and high school students. All adolescents completed the Assessment of Identity Development in Adolescence. Inpatients with NSSI also completed the Childhood Trauma Questionnaire and the Deliberate Self-Harm Inventory.

Results: Patients dominantly used multiple types (54.9 % > 5 types) and repetitive form of NSSI (93.5% > 5 episodes). Adolescents with NSSI had a higher total score of Identity Diffusion than students (M =121.8>75.6), and t-test results showed statistically significant difference between the groups (t = 8.73, p = 0.00). We found that 21 (67.7%) inpatients with NSSI had traumatic experiences. There was no statistically significant difference in identity development between inpatients with and without childhood traumatic experiences (t = 0.25, p > 0.05).

Conclusion: These results may indicate that problems in identity development and childhood maltreatment can contribute to increased adolescents vulnerability to NSSI. Further research on the interactions between factors that affect the vulnerability to NSSI could contribute to a better understanding of this significant mental health problem in adolescents.



P-03-014

Profiling of children and adolescents with gender dysphoria at the child psychiatry unit at Barros Luco Trudeau public hospital (HBLT) in Chile

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Objective: The worldwide prevalence of Gender Dysphoria is estimated to be 1–10 cases per 100,000 hab. Studies about the subject in Chile are scarce and national prevalence is yet to be determined. Meanwhile, gender identity is a relevant matter in public debate and a law promulgated in November 2018 allows people over 14 years old to change their legal gender. Objective Determinate demographic characteristics of children and adolescents with Gender Dysphoria.

Method: This study consists on a retrospective medical record review of a sample of seven children and adolescents with Gender Dysphoria, attending to the Child Psychiatry Unit at Barros Luco Trudeau hospital, between November 2015 and August 2018.

Results: The first mental health appointment was at 13 years old, matching with the appearance of secondary sexual characters. The average time between admission and diagnosis was five months, below the six-month threshold as pointed by DSM5. 71% of the cases were transgender males. All the cases refer a social name matching their gender. Links to mental health disorders were high in this sample: major depressive disorder or self-injury disorder were present in 71% of the cases, suicidal behavior disorder was present in 85,7% of the cases.

Conclusion: Further investigations of Gender Dysphoria in Chile is needed, given its association with mental health disorders and its relevance in current public health discussions.



P-03-015

Baseline characteristics of pediatric-onset psychogenic non-epileptic seizures

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Objective: Five to fifteen percent of children and adolescents referred to epilepsy centers are diagnosed with psychogenic non-epileptic seizures (PNES). A misdiagnosis of epilepsy can result in potentially harmful treatment, whereas a misdiagnosis of PNES can result in lack of treatment and risk of multiple epileptic seizures. In spite of the potential consequences of a misdiagnosis, little is known about pediatric-onset PNES, and the patients are often neglected and incorrectly treated. This present study is the first conducted on a nationwide cohort of children and adolescents with incident PNES. The aim is to investigate baseline characteristics of pediatric PNES by utilizing the Danish healthcare registries and medical records.

Method: Firstly, we will confirm the diagnosis of PNES in a nationwide sample of medical records from patients (age 5-17 years, both included) registered with one of the following ICD-10 diagnoses: F44.5 (Dissociative seizures) or R56.8G (Other and unspecified convulsions, non-epileptic) in the period 1996-2014. Secondly, based on these findings, we will use the criteria from the International League Against Epilepsy (ILAE) to define an epidemiological cohort of children and adolescents with childhood-onset of PNES. The cohort will be thoroughly described regarding a wide range of clinical characteristics, including psychiatric comorbidity, family history of illness, negative life events, daily level of functioning and seizure semiology.

Results: The detailed study design and preliminary results will be presented at the conference.

Conclusion: This study contributes with unique new results describing characteristic features at onset of childhood PNES. This knowledge will support the ability to identify this challenging disorder in the clinical setting, which will be important in future strategies for the management of pediatric-onset PNES.



P-03-016

Resilience and its determinants in a sample of young chronic renal failure patients on hemodialysis

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Objective: Resilience is currently recognised as a multidimensional construct including personal characteristics and skills (e.g., active problem solving) as well as external protective factors such as a supportive family and social environment. In ESRD and hemodialysis,

Method: This is a descriptive, cross-sectional study. Participants recruited were all hemodialysis patients, at Suez Canal University Hospital dialysis unit, under 18 years of age. Socio-demographic variables such as age, gender, etc... were assessed using a questionnaire developed by the investigators. Resilience was assessed using "The Child and Youth Resilience Measure (CYRM) (Leidenberg et al, 2013). CYRM was originally designed as a 28-item measure for youth aged 9 to 23 years old. We also implemented the Strength and Difficulties Questionnaire (SDQ). Participants were also interviewed for the presence of any psychiatric disorder

Results: The majority of our sample did not experience mental health disorders. Those who did not suffer any psychiatric disorder were reported good relationship with Primary Caregiver either on the physical or psychological caregiving domains.

Conclusion: These results thus emphasise the critical nature of resilience and its role in patients suffering from major adverse life events as being an ESRD patient on Hemodialysis and the importance of delineating and strengthening these resilience factors so as to prevent patients from deteriorating both physically and psychologically



P-03-017

The relationship of psychopathology between a parent and child; a transgenerational trend

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Objective: Research data show that parental mental illness greatly influences the attachment and cognitive, social, emotional and behavioral development of a child. Children of parents with mental illnesses often develop insecure type of attachment. These children have an increased risk of developing a mental illness in childhood, adolescence and adulthood. Other risk factors in children of psychiatric patients are: family instability and violence, divorce, dysfunctional relationships, economic and social adversities. We present a case report of a family with four children treated at the Psychiatric Hospital for Children and Adolescents, Zagreb, Croatia.

Method: Data on parents' and childrens' psychopathology were collected at the Outpatient Unit of the Psychiatric Hospital for Children and Youth. Parental psychopathology (affective disorder, personality disorder, alcoholism and addiction, psychotic disorders) was assessed at the adult psychiatry and data from medical records were collected.

Results: Children underwent comprehensive multidisciplinary assessment (child and adolescent psychiatrist, clinical psychologist, speech and education specialist, EEG and neuropediatric specialist). Mental health problems of children and parents are presented using qualitative and quantitative approach.

Conclusion: This case report shows the detrimental effect of parental mental illness on the development, mental health and welfare of the child and suggests the importance of early detection and intervention. Other factors related to parental mental illness also contributed to the development of mental disorders in children such as economic and social difficulties. Therefore, multidisciplinary approach in assessment and treatment of families with parents with mental illness is required (health, social welfare, education and justice system, police).



P-03-018

Clinical characteristics of adolescents with self-harming behaviors in a Korean inpatient sample

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Objective: Self-harming behaviors in adolescents are recently increasing in Korea. The aim of this study was to investigate the clinical characteristics of adolescents with self-harming behaviors in a Korean inpatient sample.

Method: The sample consisted of 67 patients, aged between 12 and 18 years, who were admitted for self-harming behaviors to a psychiatric closed ward for past 3 years. Retrospective chart review was conducted for the investigation of known risk factors for self-harming behaviors and reasons for self-harm.

Results: The median age of onset is 14 years. Risk factors for self-harming behaviors observed in our subjects were child-parent relational problems (66%), psychiatric familial loading (51%), past suicidal behavior (51%), childhood trauma or abuse (34%), negative life events (31%), bullying (30%), parental conflict (22%) and family history of complete suicide (9%). The reasons for self-harming behaviors were affect regulation (61%), help-seeking or manipulation (21%) and induction of positive feeling (18%).

Conclusion: The findings support the importance of familial environment as risk factor for self-harm. We also found that emotional regulation was most common reason for self-harm. Taken together, family focused approach and improving emotional regulation may helpful to adolescents with self-harming behaviors.



P-03-019

Evaluation of adolescent resource centre: A community-based treatment model for adolescents with addictive behaviors in Latvia

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Objective: Adolescent Resource Center is a community-based mental health service for adolescents in Latvia. It was set up in 2017 at the Psychiatric Clinic at Children's University Clinical Hospital in order to create an evidence-based treatment for the adolescent population with behavioural and substance addiction risk. This paper will evaluate the results of a 10-month pilot phase.

Method: The outcome was evaluated within the behavioural change paradigm. A behaviour change measurement was provided by parents or caregivers at 3 months cut-off point with follow-up at 6 months. The retention rate in voluntary treatment for at least 1 month was also measured.

Results: In total, 63 patients (age 11-18) were referred to the Adolescent Resource Centre in the respective period. The prevalent presenting difficulties were problematic Internet use and video gaming, alcohol and illegal substance use and conduct disorders. Results showed 86% reported changes in behaviour at 3 months, with 41% reporting minor and 45% significant changes. The patient retention rate in treatment was 76%. We also discuss common factors which might be essential to the successful implementation of this treatment model, including strong adolescent focus, patient and family involvement, behavioural therapy components and multi-disciplinary approach.

Conclusion: The paper concludes that the pilot-phase has shown promising results for our treatment model and discusses future challenges and research directions for implementing this model on a nationwide scale.



P-03-020

Risk factors and baseline characteristics prior to diagnosis in pediatric-onset bipolar disorder: A nationwide cohort study

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Objective: To describe and characterize prodromal symptoms of pediatric-onset bipolar disorder diagnosis (BD).

Method: A nationwide random sample of 25% of all medical charts from patients diagnosed with incident BD between 1995 and 2014 in Denmark were reviewed for diagnostic accuracy. Included were all charts where chart-reported symptoms leading to a BD diagnosis were confirmed. 48 charts (24 females/24 males) with a confirmed diagnosis of BD were accessed and the information was systematically entered into a case report form.

Results: Mean age at index diagnosis was 16.4 years (SD 1.6). Before BD diagnosis, more than two thirds had a history with symptoms of irritability (70.8%, n= 34), hyperactivity (62.5%, n=30) and anhedonia (79.2%, n=38) only a few, however, had experienced spending sprees (16.7%, n=8). Psychotic symptoms were found in 1 out of 5 prior to BD diagnosis, presenting as auditory hallucinations (20.8% (n=10)), visual hallucinations (22.9% (n=11)) and delusions of persecution (20.8% (n=10)). Furthermore, ADHD was comorbid in 14.6% (n=7). Divorce between parents was reported by 58.3% (n=28), 29.2% (n=14) reported having changed schools three or more times, and 25% (n=12) reported being victims of bullying. Moreover, 22.9% (n=11) had occasional cutting, 50% (n=24) had suicidal thoughts and 8.3% (n=4) had attempted suicide. Substance abuse prior to BD diagnosis was found in 20.8% (n=10).

Conclusion: Patients presenting with a later pediatric-onset BD diagnosis showed a specific presentation of symptoms and characteristics, which could aid in earlier detection and treatment, and – in specific – aid in defining high risk persons.



P-03-021

Is it possible to prevent weight gain in young, newly diagnosed patients with schizophrenia or bipolar disorder? A systematic review of the effectiveness of lifestyle interventions

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Objective: Patients with schizophrenia or bipolar disorder have an increased risk of cardiovascular disease and type 2-diabetes, partly due to anti-psychotic or lifestyle-induced weight gain. A majority of previous studies of interventions, aiming at reducing cardio-metabolic diseases in psychiatric patients, have focused on patients, who were already at high risk. This systematic review gathers knowledge from studies on early interventions aiming at preventing weight gain in young, newly diagnosed patients.

Method: Included in the review are studies on non-pharmacological interventions aiming at reducing weight gain in young, newly diagnosed patients, age 15–25 years. Five bibliographic databases are searched, and reference lists of included studies are checked.

Results: The work is ongoing. The initial searches have identified 2761 references. Titles and abstracts have been screened against inclusion criteria, and 60 relevant references were found. The full texts of theses have been screened, and eight papers are included in the review.

Conclusion: If it is possible to prevent or reduce weight gain in young patients with schizophrenia or bipolar disorder, it may also be possible to reduce the risk of cardio-metabolic diseases and thus the increased mortality due to physical illness among mentally ill.



P-03-022

North West London New Models of Care Project (NMOC) – improving inpatient care for adolescents

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Objective: Inpatient care for adolescents is commissioned and managed by NHS England (NHSE) and provided by public as well as independent sector. The access to beds has been managed nationally with young people admitted far from home. There were capacity issues identified in London. To address these concerns, NHSE piloted organisations working in partnership to co-design and establish new models of care. This is one of the first of such projects, set up to manage the budget for adolescent beds on behalf of NHSE and change the way of managing and monitoring admissions.

Aims:

- To reduce length of inpatient stay
- To admit young people as close to home as possible
- To build capacity and capability for clinicians to manage young people in crisis in the community more effectively

Method: A number of changes were introduced, including engagement of community and inpatient clinical staff, early review meetings at inpatient units, and repatriation to units closer to home. The implementation has been closely monitored by the project manager and clinical group. The clinical group included representatives from all organisations involved.

Results: After two years, young people are admitted to hospitals closer to home and the length of inpatient stay has decreased by 15%. The number of admissions have decreased by 9%. Overall budget savings achieved (25%) are being reinvested in community crisis services and more specialist community services

Conclusion: There have been considerable benefits of multiple organisations working in partnership to improve patients care. The success of the project has created further opportunities for development of specialised community services to improve the quality of care for adolescents and reduce the need for psychiatric admission.



P-03-025

An international comparison of happiness in foreign children in Japan, Japanese, Finnish, and Mongolian children (2): Analysis of the sentence completion test on sense of happiness

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Objective: Recently, there has been an increasing number of studies on happiness in Japan; however, only Oyama (2012) reported using a qualitative method when comparing adults' happiness in seven countries. It is equally important to clarify children's sense of happiness from a qualitative viewpoint. In this presentation, the result of comparison on the sentence completion test (SCT) performed by Finnish, Mongolian, Japanese and foreign children in Japan is reported.

Method: Participants: From the participants of Presentation (1), 946 children, including 469 Japanese, 110 foreign children in Japan, 247 Finnish, and 120 Mongolians were drawn. Questionnaires: Responses to the SCT, "I feel happy when..." were analyzed. Analysis: Quantitative text analysis (Higuchi, 2014) was used. Ethics: The Institutional Review Board of Nagoya University approved this research.

Results: It was revealed that coexistence with family and friends is a common factor in the happiness of children. Japanese and foreign children in Japan expressed many descriptions about daily life activities such as playing and eating, although some foreign children responded "I don't know". While Finnish children had many descriptions related to achievement such as things working well. Mongolian children's responses were characterized by statements about family members and academic achievements.

Conclusion: As in the adult studies, our findings suggest that there are universal as well as culturally unique factors in children's happiness. The sense of happiness of foreign children was somewhat similar to that of Japanese children, but it is necessary to also take happiness scores and factors defining unhappiness into consideration.



P-03-026

An international comparison of happiness in foreign children in Japan, Japanese, Finnish, and Mongolian children (3): Analysis of the sentence completion test on sense of unhappiness

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Objective: One of the elements of happiness is “not being unhappy” (Oyama, 2012). Learning about the factors that define children’s sense of unhappiness will provide meaningful insights in discussing children’s happiness and mental health. In this presentation, we report the results of international comparison of sense of unhappiness in children as a part of the research on happiness in children.

Method: Participants: From the participants of Presentations (1) and (2), 886 children, including 439 Japanese, 97 foreign children in Japan, 103 Mongolians, and 247 Finnish children were drawn. Questionnaires: Responses to the SCT, “I feel unhappy when...” were analyzed. Analysis: Quantitative text analysis (Higuch, 2014) was used. Ethics: The Institutional Review Board of Nagoya University approved this research.

Results: The results showed that friendship related problem was a common factor in the sense of unhappiness of children. Japanese children expressed many descriptions related to academic activities and “getting scolded” by others; on the other hand, the responses of foreign children in Japan comprised more statements such as “being excluded” and “being called names” by others. In addition, Finnish children’s descriptions included many statements related to things not going well, negative moods, death, and illness, while Mongolian children’ responses were characterized by references to loneliness.

Conclusion: Our findings suggest that while there are universal factors that make children feel unhappy, there are also cultural differences in children’s unhappiness, as in the adult studies.



P-03-027

Recidivism rate and correlated factors of life-course-persistent and adolescence-limited antisocial behavior: Focusing on a children's self-reliance support facility (CSRSF) in Japan

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Objective: The purpose of this research was to examine (1) the rates of adolescence-limited (AL) and life-course-persistent (LCP) antisocial behavior in children at a children's self-reliance support facility (CSRSF) in Japan, (2) to clarify the recidivism rates of AL and LCP, and (3) to clarify the factors that influence LCP.

Method: We examined the juvenile records of 292 male children admitted to the CSRSF and conducted a statistical test regarding the reasons for admission, rates of AL and LCP, and recidivism rate.

Results: As a result, the rate of LCP was 62.3%, while the rate of AL was 37.7%. One year after leaving the CSRSF, the rate among the good prognosis group was 73.3%, while the rate among the poor prognosis group (institutionalized at the Juvenile Training School) was 26.7%. Our results found significant relationships between LCP and theft (OR = 5.48, 95% CI; 2.02–14.85), ADHD (OR = 2.57, 95% CI; 1.34–4.96), LCP (OR = 2.00, 95% CI; 1.07–3.73), petty offense (OR = 0.43, 95% CI; 0.23–0.80), and age of discharge (OR = 0.57, 95% CI; 0.41–0.80).

Conclusion: From the above results, it was shown that LCP, ADHD, and theft predict long-term prognosis. Meanwhile, 67.6% of LCP cases were still within the good prognosis group, and early intensive intervention was considered to have a therapeutic educational effect.



P-03-029

Sexuality in adolescents and adults with the 22q11 deletion syndrome

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Objective: Chromosome 22q11.2 deletion syndrome (22q11DS) is a neurogenetic disease characterized by learning disabilities and impaired social functioning. Romantic relationships and sexuality is a major concern among parents of young people with 22q11DS but so far no literature exists on this topic. Studies on adolescents and adults with cognitive deficits suggest a high risk of being the victim of physical, emotional and sexual abuse. Indeed, in this population, there is a lack of knowledge about the topic of consent. Our objective is to provide knowledge specific to this syndrome that could be useful in accompanying families with the sexuality of their children in the context of the 22q11DS.

Method: Fifty-seven participants (33 with 22q11DS) aged 21.91 ± 5.32 were interviewed. We used the Sexken-ID questionnaire in the form of a semi-structured interview conducted by a trained psychologist. This tool explores seven topics (friendships, romantic dates, sexual education, sexual intercourse, sexual activities, contraception, and masturbation) and assessed 4 areas: knowledge, needs, feelings, and experiences.

Results: Our results suggest that participants with 22q11DS have significantly less knowledge about sexuality than control participants in every topic. In terms of experience, feelings, and needs, our results do not reveal a difference, potentially due to a lack of statistical power ($n = 57$). Individuals with 22q11DS have less experience in friendship (e.g. frequency of their friend meetings). The level of experience on the subject of sexual relations is generally lower among the participants with 22q11DS compared to the controls. About a third of individuals with 22q11DS did not know how to react in front of a threat of sexual abuse, and would not know how to deal with it adequately.

Conclusion: This work shows us how important it is to provide sexual education that is individualized and appropriate to developmental age and intellectual functioning. We noted the importance of visual and realistic aids as well as a practical dimension of teaching.



P-03-030

Is there an interaction between states of empathy, brain circuits and alcohol use in adolescents?

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Objective: Adolescence is a particularly sensitive period, where brain maturing together with the social challenges can contribute to a wide range of risky adolescent behaviors associated with negative health consequences. In this context, rapid escalation of individual drug abuse patterns, in particular of the „social drug“ alcohol, into clinical significance has been observed. In this study, we evaluate possible interactions between empathy, social status and environmental daily life influences and alcohol consumption in adolescents and determine the role of brain circuits.

Method: The adolescents (14-16 years; N=60) underwent a heartbeat detection task, the EmpaToM task and the Cyberball task during psychophysiological recording to measure internal and external empathic processes. Different questionnaires for social status, dominance and alcohol use were implemented, as well as structural and resting state brain imaging. We use interaction modeling with regression and mediator analyses and test for subgroups effects.

Results: We expect to map individual psychophysiological profiles, with a main effect of empathic concern on alcohol use behavior, which is mediated by the social status and age.

Conclusion: The results may deliver critical factors in social life, which could lead to higher alcohol use in adolescence and set the course for developing addiction in later life. They could be used for development of more adequate prevention programs and modules in therapy of alcohol use disorders.



P-03-031

Mental health, coping strategies, family environment and social support in a large sample of 12–14 years-old children in Italy

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Objective: This study aimed to examine associations among family environment and social support, coping strategies, and emotional and behaviour problems in a large school-based community sample of Italian preadolescents.

Method: A school community sample of preadolescents attending the last year of the 33 middle schools of Monza-Brianza district in the northern Italy and their parents were invited to participate reporting on a set of multidimensional measures exploring family environment, social support patterns, coping strategies, emotional and behaviour characteristics.

Results: 1218 students aged 12–14 and their parents participated. Poorer social support was negatively associated with emotional and behavior problems, and was positively associated with coping. SES index also was negatively associated with emotional and behavior problems, but not with coping strategies, and positively associated with internalizing problems and social support. Moreover, subjects with pathological scores on behavior problems measures were more likely to show poorer coping strategies and less likely to be female.

Conclusion: Findings implicate the role of coping and social support in the relationship between family environment and emotional and behavior problems in preadolescents.



P-03-032

The impact of socioeconomic status on adolescent identity formation through family characteristics

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Objective: Research shows that socioeconomic status is associated with a wide range of cognitive and socioemotional outcomes in children and adolescents. The aim of this study was to investigate the relationship between socioeconomic status (SES), family characteristics and identity development on the sample of Hungarian adolescents.

Method: 256 adolescents (131 male, 125 female) participated in our study, with the average age of 16,81 (SD=1,1). Subjects filled the Hungarian version of the following questionnaires: Socioeconomic Status Scale, the Family Rituals Questionnaire, the Do you know scale for measuring the knowledge of family history, Inclusion of Ingroup in the Self Scale for measuring the identification with family. Identity development was measured by Utrecht-Management of Identity Commitments Scale (U-MICS).

Results: The socioeconomic status showed significant relationship with family factors, while family factors significantly correlated with the factors of identity formation. Based on these results the mediating role of family factors in the link of SES and identity was examined by pathway analysis. SES was the predicting variable, mediating variables were family rituals, knowledge of family history and identification with family. The final outcome variables were the identity formation processes. The Model-fit indices proved to be appropriate.

Conclusion: According to our results different aspects of family life have a significant association with identity development in adolescence. Our model implies that through the examined characteristic of family, SES has an influence on identity development.



P-03-033

Tactile massage as a nursing intervention in child and adolescent psychiatry: Nurses' experiences

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Objective: There is limited research on Tactile Massage in child and adolescent psychiatry and no studies investigating experiences of providing Tactile Massage in child and adolescent psychiatry were found. The aim was therefore to describe nurses' experiences of providing Tactile Massage as a nursing intervention in child and adolescent psychiatry.

Method: Ten nurses trained in Tactile Massage and employed at five different child and adolescent psychiatry clinics in Sweden participated in a qualitative study. Semi-structured interviews were conducted, transcribed verbatim and analysed by qualitative content analysis.

Results: Three categories emerged from the analysis. "Confirming body and mind", "Building a trusting relationship" and "Instructing next of kin in Tactile Massage". Attentiveness to and respect for the integrity of the children and adolescents were essential for creating a trusting relationship with them. Tactile Massage was found to trigger various physical and mental processes in the children and adolescents. The nurses reported that children and adolescents who had a high level of tension and anxiety, regardless of their psychiatric diagnosis, were able to calm down and relax in body and mind. The nurses reflected on the impact of Tactile Massage on their nursing and on themselves as a person, stating that it had led to the development of self-reflection and attentiveness. The nurses described instructing next of kin in the use of Tactile Massage, which they believed could serve as a tool at home, mainly as a way for next of kin to help their children to relax, fall asleep more easily and to deepen connectedness.

Conclusion: Tactile Massage addresses the individual's emotional and physiological responses and could therefore bring holistic nursing to child and adolescent psychiatry. It might also enhance attentiveness and sensitivity on the part of child and adolescent psychiatry nurses when acknowledging the needs of children and adolescents in psychiatric care.



P-03-034

Cinetics of changes during inpatient stay in child and adolescent mental health service: A multiple informants approach

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Objective: The aims of the current study are to understand how the patients and clinicians consider the timing of improvement of youths' psychosocial difficulties during an inpatient stay in child and mental health service (CAMHS), and which consistencies and discrepancies exist between both perspectives.

Method: 297 adolescents aged from 12 to 17 years old (mean=15.29; SD=1.34) rated the self-rated form of the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) each week during an inpatient stay (alongside with admission and discharge assessments). The clinicians also filled out every week the clinician-rated form of the HoNOSCA.

Results: We observe that, from both points of view (patient's and clinician's), there is a significant decrease of the HoNOSCA scores between admission and discharge ($p < .001$). The week-by-week analyses revealed two different patterns of changes during the inpatient stay (i.e., when rated by the adolescents or by the clinicians). We also observed that patients reported more difficulties in school attendance, concentration, self-injury, substance misuse, physical illness, hallucinations and somatic disturbance compared to clinician-rating. Moreover, clinician rated more difficulties in emotion, peer relationships and family relationships compared to patient-rating. These differences are observed both at admission and at discharge.

Conclusion: Patients, as well as clinicians, perceive that inpatient treatment helps patients to alleviate their difficulties. However, the time-course of changes and the improvements are considered differently from both points of view. According to this, it seems important to take into account both perspectives, which should help us to better define the objectives of an inpatient treatment.



P-03-035

Early developmental history in children with gender nonconformity/same-sex attraction born to mothers with thyroid dysfunction in pregnancy

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Objective: Recent evidence suggests that there may be an association between maternal thyroid dysfunction in pregnancy and gender nonconformity/same-sex attraction in the offspring. Maternal thyroid disease may adversely affect early development in the offspring. In this study, we aimed to explore early developmental history in children with gender nonconformity/same-sex attraction born to mothers having thyroid dysfunction in pregnancy. Significant events in that period were also noted.

Method: The files of the children identified in a previous study and the files added to them with snowball technique afterwards were reviewed for the objectives of the study. The children aged 8 to 17 years were recruited. Children with certain disorders were excluded.

Results: In the final sample, there were 5 girls and 17 boys (n=22) with gender nonconformity/same-sex attraction born to mothers with thyroid dysfunction during pregnancy. In all but one cases, there was no significant early developmental delay. In that one case, the child had Transient Congenital Hypothyroidism which had required 2 months of thyroid replacement in infancy. Three boys had a history of undescended testis which is highly significant (P=0.0044). Preterm birth and abnormal birth weight were found in 5 boys (29%). No abnormal event had been reported for the girls.

Conclusion: No significant deviation from early developmental milestones was observed in this sample. Early developmental events, such as undescended testis and preterm birth/low birth weight deserve attention. Hormonal imbalances caused by maternal thyroid dysfunction may be the underlying mechanism.



P-03-036

Cyberbullying among middle and high schools Tunisian adolescents: About 158 cases

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Objective: Cyberbullying is the act of using unjustified aggression to harm or harass via digital devices. This widespread phenomenon has serious consequences for individuals and societies. The aim of our study was to evaluate the nature and the extent of Cyberbullying in Tunisian adolescents.

Method: This study was developed by the Child Psychiatry Department of Mongi Slim Hospital, (Tunis, Tunisia). Pupils enrolled in middle and high schools in the governorate of Tunis (Tunisia) completed the Tunisian adaptation of the Second Revised Cyberbullying Inventory (RCBI-II). The approval of the local Ethic Committee of the Hospital was obtained.

Results: A sample of 158 adolescents aged between 11 and 19 years old (average age: 16.2 years old) completed the questionnaire. The sex ratio was 0.58. Seventy-five pupils (47.5%) reported having cyber-bullied others or having been cyber-bullied for at least twice in the last 6 months. The results reveal that 22.8% (n = 36) were pure cybervictims, 10.8% (n = 17) pure cyberbullies, 13.9% cyberbully-victims (n = 22), and 52.5% (n = 83) not involved. There were significant gender differences in cyberbullying. Boys were significantly more likely to carry out cyberbullying than girls ($p=0,011$; $\chi^2=6,427$; $df=1$) ; whereas girls were more likely to be cybervictims ($p=0,014$; $\chi^2=5,981$; $df=1$).

Conclusion: Our findings show that cyberbullying is considerably prevalent among Tunisian adolescents. Increased awareness and interventions are now required within schools to tackle this escalating phenomenon.



P-03-037

School bullying in middle and high schools Tunisian adolescents: About 158 cases

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Objective: Bullying behaviors represent a serious problem in our schools with deteriorous effects on youths. The aim of our study was to determine the prevalence of school bullying among tunisian adolescents and to describe sociodemographic characteristics of this phenomenon.

Method: Adolescents enrolled in middle and high schools in the governorate of Tunis, Tunisia, were asked to complete questionnaires assessing traditional bullying. Approval of the local Ethic Committee of the Hospital was obtained.

Results: A sample of 158 adolescents aged between 11 and 19 years old (average age: 16.2 years old) completed the questionnaire. The sex ratio was 0.58 . The average age of both bully and victim students was 13.5 years old. The minimum age reported of the beginning of victimization was 6 years old. The minimum age reported of the beginning of bullying reported was 10 years old. Prevalence rates of participants having been bullied at school were 33.6% (12 .7% physically, 20.9% verbally). The percentage of participants having bullied others (physical or verbal) was 13.9%. Boys were more likely to be bullies, whereas girls were more likely to be victims. Boys were involved in more bullying (physical or verbal) but less victimization. The average duration of both bullying others and being bullied was 11 months.

Conclusion: Our findings demonstrate that school bullying is a phenomenon that can occur not only among adolescents but also among children. Bullying evaluation strategies and anti-bullying interventions should target the different educational stages of students.



P-03-038

Youth internet use among Tunisian adolescents

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Objective: Over the last decade, there has been increased interest in the addictive potential of the Internet. The current study aims to examine patterns of Internet use among tunisian students, a population considered to be especially vulnerable.

Method: Patterns of Internet use among tunisian students, enrolled in middle and high schools in Tunis, Tunisia were investigated through the administration of questionnaires assessing demographic characteristics and Internet use patterns. This study was developed by the Child Psychiatry Department of Mongi Slim Hospital, (Tunis,Tunisia). Approval of the Ethic Commitee of the Hospital was obtained.

Results: A sample of 158 adolescents aged between 13 and 11 years old (average age : 16.2 years old) completed the questionnaires with a feminine predominance (63.3%). The large majority of the sample (96.8%) reported having a smartphone. Our results show that 48 % of the participants reported average daily Internet use higher than 6 hours per day in a casual day whereas 70.2% spent more than 6 hours per day on the weekends. Across our sample of Internet users, browsing the social networks was the most time-consuming activity followed by browsing the web and email. The most used social network used was Facebook (91.8%) followed by Instagram (80.4%) and Snapchat (46.8%). Parents of 31.6% of the participants control their adolescents' internet daily use and 60.1% of them talk to their adolescents about the problematic use of Internet.

Conclusion: Our findings support that it is reasonable for mental health and school professionals to explore the Internet behavior of their students.



P-03-039

Cyberbullying and suicide: A descriptive study of 43 Tunisian adolescent patients

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Objective: cyberbullying is a new form of violence, causing difficulties in adolescent's mental health expressed through depressive symptoms, suicidal ideation and suicide attempts. The objective of this study is to describe the involvement of cyberbullying in suicidal behavior in a sample of tunisian adolescent patients referred for suicide attempt.

Method: A retrospective study of 43 adolescent patients referred to the departement of child and adolescent psychiatry at Mongi Slim hospital in Tunis (Tunisia). the Revised Cyebullying Inventory was used.

Results: The mean age was 14 years 9 months. Eighty eight percent of the cases were adolescent girls. Thirty three percent of patients were victims of cyberbullying, all of them were girls. In the group of victims of cyberbullying , the mean age was 15 years old. Depressive disorder was present in 100 % of the subjects. Fifty percent of the patients had one suicide attempt, 36 % had 2 attempts and 14 % had 3 attempts. Ingesting drugs was the most prevalent suicide method followed by wrist cutting. Cyberaddiction was present in 21 % of the cases. Thirty six percent of the subjects had a history of parental maltreatment.

Conclusion: Cyberbullying is an important risk factor of suicidal behavior in adolescents. Cyberaddiction and history of parental maltreatment are commonly associated.



P-03-040

“Rivers of experience” qualitative analysis of patient stories to improve patients experience

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Objective: The Burrows is a 10 bedded inpatient open unit for children and adolescents. Every year there is a focus group who reflect upon their patient journey and suggest improvements.

Method: On the day of the focus group the children are separated from their parents. Each of our clients and each pair of parents are asked to draw their inpatient journey like a river. We give them some tips i.e. the start of the river is the start of the journey and the river ends in discharge. They can use words to top up what they are feeling. However they can also creatively express this by showing that the river is constricted. There are rocks in the river. People drew themselves drowning. Bridges people pulling them back onto boats. And the river narrows and broadens according to whether they have had an easy journey or a difficult one. At the end of this patients and dear parents are asked to comment present their stories. Staff are present to ask questions clarify themes Themes or times that patient found difficult then noted. And fed back to the focus group were asked to come out with ways of doing it differently which would be helpful to all. This is noted and changes are made to the ward.

Results: the patients and their parents suggested changes such as they found the ward round very onerous and the number of people present their very unhelpful. As a result of which we have separated the patient’s review from the staff clinical review. communications are poor .Now weekly ward round as well as CPA meetings communicated in writing. Incidents are reported next day. Information at the time of discharge was found to be inadequate. a discharge plan is generated by everybody.

Conclusion: patient satisfaction is extremely high and we have been rated by CQC as outstanding and being credited by Qnic.



P-03-043

School shootings in the German empire

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Objective: Just two days after an eighteen-year-old student in his penultimate year at Saarbrücken Gymnasium had fired gunshots at two classmates from short distance a local newspaper wrote on 27 May 1871: “Every now and then American students’ ideas also flourish on German soil.” Until recently, researchers assumed that the first occurrence of such an incident on German soil happened in the 1990s. In contrast to more recent school shootings, more elapsed offences have largely been unexplored. The present study aims at filling the gap.

Method: Following casuistic research approaches, a qualitative analysis of numerous archive collections has been performed. The research results were subsequently compared with two other, more recent school shootings in Germany and in the United States.

Results: Various new files could be retrieved so that, for the first time, the perpetrator’s life can now be reconstructed until his death in 1912. The crime shows clear parallels with more recent school shootings.

Conclusion: The present study disproves the widespread assumption that school shootings first appeared on German soil in the 1990s. Contrary to recent crimes, however, the lust for fame and media attention played no role at the end of the 19th century. In addition, in light of the new findings, the assumption made by other scientists of a narcissistic personality disorder needs to be revised. The fact that the perpetrator failed in his later development in all relevant aspects of life argues in favour of a chronification of his symptoms and the presence of a life-defining disease.



P-03-047

Predictors and moderators of the clinical outcomes after an inpatient stay in child and adolescent mental health service

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Objective: This study aims to determine predictors (i.e., pre-treatment severity, social functioning, patients's alliance, cooperation with parents, the mode of admission to hospital) and moderators (i.e., genre, number of stressful life events-SLE) of the clinical outcomes after inpatient stay in child and adolescent mental health service.

Method: Data were collected on 297 patients aged from 12 to 17 years. The Nation Outcome Scales for Children and Adolescents (HoNOSCA) rated by patients and clinicians (multiple-informant scores were used as dependent variables) to assess the clinical outcomes. Moderators and predictors were rated by the clinician at admission (gender and mode of admission) or at discharge (SLE, social functioning, cooperation with parents, and patient's alliance).

Results: Results indicated a diminution of the HoNOSCA scores from admission to discharge from patients' and clinicians' points of views ($p < .001$). Regression analyses have indicated that externalizing symptoms were predicted by the interaction between social functioning and SLE ($p = .017$) as well as between pre-treatment severity and gender ($p = .033$). Internalizing symptoms were predicted by the interaction between social functioning and SLE ($p = .001$), social functioning and gender ($p = .013$), the mode of admission and SLE ($p = .027$), patient's alliance and gender ($p = .041$).

Conclusion: This study identifies some important factors predicting or moderating the clinical outcomes (patient's alliance, social functioning, pre-treatment severity, the mode of admission, gender and SLE). These factors could be used to refine therapeutic strategies to improve the efficiency of care delivered to adolescents.



P-03-048

An international comparison of happiness in foreign children in Japan, Japanese, Finnish, and Mongolian children (1): Analysis of happiness scale

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Objective: Recently, the number of foreign residents in Japan has surged. However, research on the well-being of foreign children living in Japan is scarce. In order to examine the well-being of children in different cultures and environments, it is important to understand the children's sense of happiness. The purpose of this study is to clarify the sense of happiness of foreign children in Japan, compared with Japanese, Finnish, and Mongolian children. This presentation focuses on the children's happiness scores.

Method: Participants: Participants were 954 children including 476 Japanese, 112 foreign children in Japan, 247 Finnish and 121 Mongolians. Age: Their ages were between 10 to 12 years old ($M=11.01$, $SD=1.03$). Questionnaires: (1) Sentence complete test; We asked children to complete these statements: ① "I feel happy when...", ② "I feel unhappy when...", ③ "I think that happiness is..." (2) Happiness Scale: We asked children to rate their happiness on a five point scale. Ethics: The Institutional Review Board of Nagoya University approved this research.

Results: We compared the average happiness scores of foreign children in Japan, Japanese, Finnish and Mongolian children. We found that foreign children in Japan scored significantly lower than Japanese children. Also, the characteristics of each group were revealed from the description of their responses.

Conclusion: It is necessary to consider the influence of the environment and culture when examining the feeling of happiness among children. Improving the well-being of foreign children in Japan is therefore a pertinent issue in the field of education.



P-03-051

Causality and mutuality of predictors in children along a 12-year period: Dysregulation profile impacts on sleep problems

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Objective: This study explored the reciprocal relationship between general sleep problems and an established emotional, behavioural and cognitive dysregulation profile as a broad syndrome in childhood and adolescence.

Method: Young people from the large community cohort Raine Study (N = 1625) were followed over 13 years. Sleep problems and a dysregulation profile as defined within deficiency of self-regulation in affective, behavioral and cognitive functions were assessed at ages 5, 8, 10, 14 and 17 years. The presence of developmental pathways was assessed using a series of autoregressive cross-lagged models tested using an exploratory approach.

Results: The longitudinal stability of both sleep problems and dysregulation profile were reflected by consistently high autoregressive paths in the model, especially for the dysregulation profile. Concurrent associations between those two domains were high (0.40 – 0.59) for each assessment panel. Overall, after controlling for cross-sectional correlations and autoregressive effects over time, the dysregulation profile consistently accounted for significant variance in subsequent sleep problems.

Conclusion: Our findings provide evidence of temporal precedence, which is important in considering potential causality. The dysregulation profile should be considered and treated as a primary factor for clinical interventions related to concurrent problems in sleep and dysregulation.



P-03-052

Whole-body-vibration added to TAU is effective in the treatment of adolescent depression and independent of motivational aspects

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Objective: In adult depression there is growing evidence over the beneficial effects of exercise in the treatment of depression. In adolescents clinical studies are still scarce. In a 2-year clinical trial we investigated clinical, motivational, neurobiological and immunological effects.

Method: The intervention groups were randomized and fulfilled a vigorous supervised training for 6 weeks. The parameters were analyzed before intervention, after 6 weeks exercising and then after week 14 and 26.

Results: The intervention groups responded faster and more effectively in depression scores, measured by DIKJ. This was independent of motivational aspects, measured with two instruments.

Conclusion: Exercise treatment added to TAU is effective in treatment of adolescent depression, also as passive exercise with WBV. Motivational parameters seem without influence.



P-03-054

Mentalization skill deficit versus autism spectrum disorder in anorexia nervosa

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Objective: It is a well known fact that the prevalence of mentalization skill deficit is higher in anorexia nervosa (AN), than in the average population, but there is no evidence in the literature that it is the cause or the consequence of the disease. The comorbidity of autism spectrum disorder (ASD) with AN is also large, but there is a lack of experimental evidence in which the diagnosis of ASD is based on evidence methods. Hypothesis: We suppose that the mentalization based group therapy can be effective for our patients suffering from AN without ASD, but it is not effective for the ones who have a comorbid ASD. We are measuring the mentalization skills of adolescents suffering from AN before and after mentalisation based group therapy and we also examine the prevalence of ASD in AN with evidence based methods.

Method: We are examining the mental skills of patients with AN (n=30) and in an average clinical population (n=30). 12 adolescent girls with AN diagnose have been randomly selected for a year-long mentalization group therapy. We examine the improvement of their mentalization skills as a result of the therapy. ADOS and ADI-R tests are taken with all the girls who have clinical feature of ASD.

Results: Our examination is in progress, we are planning to summarize the results later.

Conclusion: If our hypothesis is correct, ASD diagnosis with evidence based methods is extremely important in AN, because in case of ASD comorbidity, the complex AN treatment (including mentalization group therapy) has to be completed with autism specific therapy, including also social skills training.



P-03-055

**Intracranial hypertension due to avitaminosis A in a case of pediatric avoidant/
restrictive food-intake disorder**

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Objective: Avoidant Restrictive Food intake disorder (ARFID) is a psychiatric condition which occurs in approximately 3 in 100 mostly male toddler. Is manifested by persistent failure to meet appropriate nutritional needs associated with one of the following: significant weight loss, nutritional deficiency, dependence on enteral feeding or oral supplements and marked interference with psychosocial functioning. Autism spectrum disorder (ASD) has been also associated with eating disorders in the context of heightened sensory sensitivities related to food.

Method: A 10-year-old male was evaluated by the Emergency clinic due to abrupt loss of bilateral visual acuity and oppressive headache. In the presence of suspected intracranial hypertension it was decided to enter the Pediatric inpatient room. He had a selective and rigid feeding behavior since the early childhood consisting of eating exclusively fried chicken, fries and onion rings.

Results: Physical examination: overweight, growth failure, papilledema, intraconjunctival keratinization and corneal opacity. Laboratory findings: protein malnutrition, multiple hypovitaminosis (mainly A and D). Psychopathology: chronic food refusal, persistent social communication deficits. Treatment: enteral feeding and vitamin supplements. He was diagnosed with ARFID and ASD. The psychological treatment for the first condition included behavior therapy, systematic desensitization with gradual exposure to food with secondary generalization and it was carried out in a day hospital of Mental Health. The patient recovered of his malnutrition and improved his ARFID getting a balanced diet. The second condition required a specific approach in an ASD unit.

Conclusion: Patients diagnosed with ARFID are at risk for persistent malnutrition with severe multi organic consequences. They require a specialized treatment which includes psychological issues as well as medical aspects to provide optimal care. Day hospitals of Psychiatry ensure this multidisciplinary treatment (nutritional care, weigh restoration, behavior therapy) for ARFID. Male patients with ASD are at high risk for ARFID. The detection of eating disturbances in early childhood is mandatory to offer an early onset and effective treatment to avoid chronicity.



P-03-056

Adolescent patients with Anorexia Nervosa watching pictures of high and low caloric food – a fMRI study

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Objective: The aim of the study is to compare cerebral activation in adolescent patients with Anorexia Nervosa (AN) and healthy controls, during watching pictures of high- and low-caloric food. The hypothesis is that activation patterns in fMRI in the AN group will change after therapy.

Method: An experiment was designed as an event-related fMRI setting with blocks of high- and low-caloric food images, at a 3T MR-Scanner. Analysis was done with software SPM12 (Wellcome Trust Centre for Neuroimaging, London, UK). On the group level two-sample t-tests were used, on the second level ANOVA and paired t-tests. A total number of 19 patients and 18 healthy controls completed the study. Study inclusion criteria: Female adolescents older than 14, who fulfill the criteria of AN for DSM-IV, with BMI cut-off <17,5 or normal BMI 19-24,9.

Results: We report here the results of the comparison between 18 healthy controls and 19 patients, who attended pre-therapy fMRI examination. Preliminary results indicate, that when compare findings of watching high-versus low-caloric food pictures by patients, there is an enhanced activation in orbitofrontal cortex, medial temporal cortex, dorsolateral cortex and anterior cingulate cortex. There is a plan to compare results of pre- and post-therapy, as well as 18 matched healthy female adolescents.

Conclusion: Like adult patients, adolescents with AN showed an altered cerebral processing in response to high-caloric food images. Similarly, main parts of limbic system are involved, however the insular cortex was not a key region in this group.



P-03-057

Eating disorders are not skinny white girls problems

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Objective: Introduction: Skinny, White, Affluent, Girls, summarizes the stereotype of individuals with eating disorders (EDs). These leads to disparities in treatment and diagnosis. EDs are underdiagnosed with only one third of individuals ever receiving treatment. These occurs especially in men, minorities, normal/higher weight individuals and those who are not affluent. Females are approximately twice as likely as males to be diagnosed with an ED. Studies began to suggest that males potentially account for up to 10% of individuals with EDs. Objectives: To evidence the importance of investigate EDs in male gender.

Method: A nonsystematic review of the literature was performed in Pubmed using the terms: “Eating disorders”, “male”, “gender” and “child/adolescent”.

Results: Males with EDs typically have a later age of onset than females, are more likely to report a previous history of being overweight/obese and are more likely to present with psychiatric comorbidities (substance abuse, psychosis or personality disorder). Males with EDs appear to experience different symptoms to women such as less desire to lose weight, a greater focus on exercise and specific sexual difficulties. They may pose additional physical risks due to delays in accessing treatment. Research suggests that using body weight as an indicator of severity and medical risk may be less reliable in male patients.

Conclusion: EDs are universal and the implementation of universal screening to all patients, regardless of background, race, ethnicity and weight status should be a priority. No specific clinical guidelines exist for the physical assessment of males with EDs. Further studies are needed.



P-03-058

Grab a bite – what do we know about Pica?

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Objective: Introduction: Pica is the persistent ingestion of non-nutritive substances for more than 1 month at an age at which this behaviour is deemed inappropriate. It has been observed in communities all over the world, especially in areas of low socioeconomic status. Objectives: To provide an overview of what we already know about pica in order to optimize the its diagnosis.

Method: A nonsystematic review of the literature was performed in Pubmed using the terms: “Pica” and “child/adolescent”.

Results: It occurs most commonly in children, in patients with learning disabilities and in pregnancy. Studies suggest pica can be present in 5% to 25% of children with learning difficulties. Pica is also common in pregnancy, occurring in up to 28% of cases. It typically occurs in younger women in their first pregnancy. The aetiology of pica is poorly understood and is probably multifactorial. An association between pica and micronutrient deficiencies has been described. Pica in children has also been associated with deprivation, parental neglect and malnutrition. Pica often remits spontaneously in pregnancy and younger children. In those with learning disabilities, however, pica may persist into adulthood. Numerous complications of the disorder have been described, including iron-deficiency anemia and lead poisoning. Complications can be life threatening.

Conclusion: Clinical assessment can be difficult. Management strategies should involve a multidisciplinary approach and interventions are primarily behavioural in nature. There is limited evidence to support pharmacological interventions in the management of children with pica. Some recent evidence supports including pica in the obsessive-compulsive spectrum of disorders.



P-03-060

A mixed-method evaluation of the PiLaR carer Support programme

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Objective: Bodywhys, The Eating Disorder Association of Ireland, was established in 1995 to provide support to people affected by eating disorders in Ireland. Bodywhys, as the support partner to NCPED, works nationwide to provide education, understanding and emotional support to families of those attending public services. In 2014 the organisation identified a need for structured, educational and emotional support for families and the PiLaR programme (Peer-Led-Resilience), a free four-week programme was developed. In 2018 Bodywhys and the HSE/NCPED joined with University College Dublin (UCD) Child and Adolescent Psychiatry, to carry out a mixed-method evaluation of the PiLaR programme delving into the detail of the benefits families gain from their attendance.

Method: Action Research methodology using qualitative and quantitative data.

Results: Over 650 family members have attended, identifying benefits of the programme in the early days of diagnosis and during the waiting period for treatment to commence. Findings also document challenges and how a programme of this nature can play a role in building resilience in carers as they support their child towards recovery from an ED.

Conclusion: Families who are supporting a person with an ED require support themselves due to the impact on their own physical and mental well-being. Interagency programmes such as PiLaR can play a crucial role in supporting and building resilience in carers, regardless of the age of the person with an ED, or their point on the recovery journey.



P-03-061

Adaptation and validation of the Hungarian version of the Yale Food Addiction Scale for children

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Objective: Childhood obesity proves to be an important public health issue and food addiction could also serve as an important etiological factor. We aimed to adapt and validate the Hungarian version of the Yale Food Addiction Scale for Children (H-YFAS-C).

Method: A total of 191 children were assessed with the H-YFAS-C and the Eating Disorder Inventory (EDI). The following psychometric properties were analyzed: internal consistency, construct validity, convergent, and discriminant validity.

Results: A good construct validity was revealed by confirmatory factor analysis (RMSEA=0.0528, CFI=0.896, χ^2 value=279.06). Question 25 proved to have no significant effect on its group and was removed from further analyses. The Kuder-Richardson 20 coefficient indicated good internal consistency (K20=0.82). With the use of the eight EDI subscales, a good convergent and discriminant validity could be determined. Food addiction was diagnosed in 8.9% of children. The mean symptom count was 1.7 1.2 (range: 0-7). Females were more often diagnosed with food addiction than males ($p=.016$; OR=3.6, 95% CI: 1.2-10.6). BMI percentiles were significantly higher in children with diagnosed food addiction ($p=.003$).

Conclusion: Our results show that H-YFAS-C is a good and reliable tool for addictive-like behavior assessment. The study was supported by the National Brain Research Programme – II (NAP KTIA NAP-A-II/12) (2018-2022) and the National Excellence Programme (2018-2019)



P-03-063

Carer burden during hospitalization description of a clinical cohort of all children admitted to a paediatric hospitalisation for medical stablization over a one year period

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Objective: Carer burden is common amongst parents of medically hospitalized children with eating disorders. Carers often are the first to recognize the first signs of illness in their children, initiate treatment and play an integral role in the weight restoration process (Matthews et al., 2018). As key players in their child's recovery, carers often are separated from other members of their family and previous commitments. Our Lady's Children's Hospital Crumlin (OLCHC) is Ireland's largest paediatric hospital. The Psychiatry Consult Liaison Service plays an integral role in the assessment, diagnosis and management of children with eating disorders. To describe a cohort of patients who were admitted to OLCHC for medical stabilization of an eating disorder and more specifically to examine the extent and nature of carer burden.

Method: A case-note review of children diagnosed with an eating disorder and admitted to OLCHC for medical stabilization over a one year period (2018).

Results: Clinical details will be presented on diagnosis, degree of medical complications, weight-for-height, length of admission, duration of 1-1 nursing and role of parents during admission.

Conclusion: Caring for a hospitalized child with an eating disorder can have a substantial effect on the psychological and physical health of carers. Providing support for carers through the development of interventions to meet their needs is necessary in order to alleviate the burden placed on this population.



P-03-069

And what happened next? Longtime course in former male patients with eating disorders in childhood and adolescence

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Objective: The aim of the study was a comprehensive status survey to determine whether former male patients, despite possible indications of a possibly still existing eating disorder, currently exhibit similar accompanying psychopathological abnormalities as is the case with regard to the female sex. In addition, a retrospective association between stressful psychosocial factors and the development of an eating disorder in this patient group was investigated.

Method: The catamnestic study ($M = 5.19$ years; $SD=3.10$) included 14 male participants formerly treated in two child and adolescent psychiatric hospitals who had suffered from anorexia nervosa or bulimia nervosa in its typical or atypical form at an average age of 20.37 ($SD=3.23$) years. In addition to recording the medium-term anamnesis, current psychopathology and overall life situation, a comprehensive physical examination including hormonal and other laboratory parameters was performed.

Results: At follow-up, a total of eleven of the participants with a family history of obesity were of normal weight, three former patients were classified as pre-adipose or obese. Five subjects stated that they were still eating in a controlled manner. With regard to psychopathology, apart from a comparatively high state and trait anxiety as well as a predominantly existing perfectionism among the former patients, an increased aversion to one's own body was observed.

Conclusion: The results of the present study suggest that physical and/or mental illnesses within the family of origin also promote the occurrence of eating disorders in male patients. In particular, an increased perfectionism and a negative relationship to one's own body seem to outlast the acute eating disorder for a longer period of time in a manner similar to that of female patients.



P-03-073

Eating disorders in the era of social media

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Objective: While traditional media, such as television and magazines, have been examined extensively in regards to its contribution to eating disorders, research in this area has recently turned to a different form of media, such as the internet and social media. In this research, we aim to review the current literature regarding the relation between internet and social media and the promotion and maintenance of an eating disorder.

Method: Literature review in the database PubMed over the last 5 years, using the key words “eating disorders”, “internet”, “social media”, “psychiatry” and “adolescent”.

Results: Major results will be presented. Social media use focusing on eating, weight and body image was strongly associated with high degrees of distress and dysfunction, eventually leading to the development of an eating disorder. Among the attributes that make social media particularly relevant to eating disorders, we highlight its extremely visual trait, its capacity to tailor itself to a person’s interest and its interactive nature.

Conclusion: Among the various internet platforms that are used nowadays, photograph-based apps and pro-eating disorders websites have been considered to play an important role in the promotion and maintenance of eating disorders. In this regard, it could be useful for clinicians to explore their patients’ use of internet and social media and consider its impact on the treatment. Also, online behaviours and patterns could be targeted in prevention programs. This association should be further explored, concerning the frequency, volume and specifications of the internet use involved in this problematic.



P-03-074

Impact of an online and a workshop intervention for carers of patients with anorexia nervosa on high expressed emotions

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Objective: This study investigates High expressed emotions (HEE) in caregivers of adolescents with Anorexia Nervosa (AN), measured from a carer's and children's view, after they participated in a support group, which was either provided online or as workshop.

Method: SUCCEAT (Supporting Carers of Children and Adolescents with an Eating Disorder) is a specialized program, which equips caregivers with knowledge and skills to change maintaining factors for AN. We compared an online (n=51) and a workshop support group (n=52) in a randomized controlled trial. HEE were measured pre and post intervention and at 1 year follow-up applying the "Family questionnaire – FQ" for caregivers and the "Family Emotional Involvement and Criticism Scale – FEICS" for adolescents.

Results: Regarding post intervention results, the evaluation showed a significant decrease in HEE from a parents view in both groups whereas effect sizes are to classify as medium (online $p < .001$, $d = 0.44$; workshop $p < .001$, $d = 0.61$). There was no significant difference between the online and workshop intervention. The effects maintained to the 1-year follow-up. There is a significant reduction in the online support group regarding the subscale "criticism" and, in both groups, regarding the subscale "emotional over-involvement" at both time points. From a children's perspective, there was no significant change in HEE at any time point in both groups.

Conclusion: A sustainable reduction in HEE can be achieved in both support groups. Thus, carer support groups should be implemented in the treatment of AN as they have potential to improve communication styles in families and may promote recovery of children.



P-03-075

Aripiprazole in the treatment of children with Tourette's syndrome

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Objective: Children living with Tourette's syndrome often experience severe motor and/or vocal tics, that may interfere with their everyday functioning. Thus in these cases, besides other types of treatment, pharmacotherapy is needed. However, in case of Tourette's syndrome, the number of approved drugs are limited in Hungary, and sometimes they do not appear to be effective and may cause serious adverse effects. There are a number of studies reporting the positive effect of the use of aripiprazole in tic disorders. Aripiprazole works as a partial dopamine agonist, and according to the literature, patients with tic disorders using aripiprazole may become even completely symptom-free. Since in Hungary tic disorders are considered as an unapproved indication for the use of aripiprazole, it can only be administered as an off-label drug.

Method: From 2016 to 2018 there were 11 patients at our department with severe combined motor and vocal tics, who we decided to treat with aripiprazole.

Results: During our observation and follow-up, 5 patients experienced complete, and 6 patients experienced highly significant partial remission in their symptoms. There were no serious adverse effects reported.

Conclusion: According to our results, aripiprazole is an effective agent in the treatment of severe childhood Tourette's syndrome, and it comes with a favorable adverse effect profile. The study was supported by the National Brain Research Programme – II (NAP KTIA NAP-A-II/12) (2018-2022) and the National Excellence Programme (2018-2019)



P-03-076

Semantic connectivity map of clinical and laboratory test variables in Pediatric Acute-onset Neuropsychiatric Syndrome (PANS)

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Objective: Paediatric acute onset neuropsychiatric syndrome (PANS) is a clinically heterogeneous disorder presenting with abrupt onset of obsessive compulsive disorder or severe eating restrictions and concomitant cognitive, behavioural, or affective symptoms. Different aetiologies and pathogenetic factors of the disorder have been proposed, included specific autoimmune mechanisms.

Method: The present study describes a clinical sample of 40 children (M26/F13, mean age 11.1; SD=3.5) diagnosed with PANS. The clinical data were analysed with a fourth-generation artificial neural network: the Auto-CM system, which is able to identify consistent trends and associations among variables, creating a semantic connectivity map. The matrix of connections, takes into account nonlinear associations among variables and captures connection schemes among clusters.

Results: In our map a close link between the main PANS symptomatic dimensions (anxiety, obsessive-compulsive symptoms, irritability, sleep deterioration and restricted food intake) was observed. A very strong relation between the Natural Killer cell number and the symptoms severity was also found. Moreover, a significant reduction of the peripheral blood Natural Killer cells (NK) counting, among the lymphocyte subsets, was measured in almost all the children of the sample. On the contrary, a relatively weak connection between symptoms and other laboratory variables such as Antistreptolysin-O (ASO), Antinuclear Antibodies (ANA) and other inflammatory markers aroused from semantic map.

Conclusion: The semantic map may provide a valid support for identifying the significant clinical characteristics of the disorder and better defining the boundaries of PANS diagnostic construct.



P-03-078

Alcohol use among adolescents in Europe and Portugal – a systematic review

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Objective: Consumption of alcohol in large quantities and on a regular basis in adolescence is one of the risk factors for the development of alcohol use disorder in adulthood. It is known that Europe is the continent where there are higher levels of alcohol consumption before the age of 18. The aim of this work is to draw a comprehensive picture of juvenile alcohol consumption throughout Europe and Portugal, in adolescents with ages between 11 and 18.

Method: Recent international data including European School Survey Project on Alcohol and Other Drugs, the Health Behaviour in School-Aged Children Study, the cross-national research-project “Alcohol Abuse among Adolescents and “Adolescent alcohol-related behaviors: European Region, 2002–2014” were analyzed and compared to portuguese data collected from the DICAD, the Portuguese Centre for Intervention in Addictive Behaviors.

Results: The results reveal that alcohol use has declined among adolescents in Europe. In 2002, 46% of 15-year-olds interviewed in 36 Europe countries had started drinking alcohol at age 13 or earlier. This percentage decreased to 28% in 2014, with the lowest frequency in girls (25%) compared to boys (31%). Portugal was among the European countries where a smaller percentage of girls (4%) consumed alcohol weekly. On the other hand, portuguese boys (11%) tend to consume more alcohol weekly than girls.

Conclusion: The awareness of alcohol-use patterns across European countries can be helpful for assessing the relevance of policies on the one hand and traditions on the other for explaining adolescents' substance use, thus helping the countries to regulate alcohol consumption.



P-03-081

Implementation of tele child psychiatry within the region of the 2nd Greek National Health District (2nd YPE)

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Objective: The above project started on February 2016 directed from the General Hospital of Syros to the Health Units of the Aegean Islands

Method: Description

Results: The sample consists of 413 sessions with 326 cases, age 2 – 20 years old , average 8,88 and median 6 years. 243 of the sample were male and 83 female (ratio 3:1). Diagnoses according to ICD 10 were established for the 279 cases (85,6%). The majority of the diagnoses consisted of childhood disorders of psychological development (F80-F89) with 185 cases (66,3% – 10 of the them on the autism spectrum disorders) , 59 cases (21,15%) of hyperkinetic and behavioural disorders (F90-F98) and 17 cases (6,1%) of mental retardation (F70-F79). Referrals to speech (194 cases), occupational (66 cases), special education therapists (83 cases) and psychologists (48 cases) were made when available at the respective island of residence. In 39 cases behavioral-cognitive, counseling and family and individual psychotherapy was offered through the telemedicine media.

Conclusion: The demand from the islands is mostly evaluation in cases of young children with disorders of psychological development. Factors that influence the successful implementation of the system include the use of the tele mediator, the individualized sessions with the adolescent population and the acknowledgement of the specific cultural and pragmatic conditions of each island. The incorporation of telemedicine training in the child psychiatrist specialization for countries with similar territorial specificities is suggested .



P-03-083

Effects of chronic stress on overweight and obesity in children and adolescents

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Objective: The prevalence of overweight and obesity in Europe and around the world has surged significantly during the last decades and is nowadays among the most important issues on the public health agenda. Also, childhood obesity reached alarming levels in developing and developed countries. Overweight and obese children and adolescents are at greater risk of developing the various chronic disease later in life. Because of low self-esteem, poor self-image and social stigma, there is a link between obesity and mental health problems. There are numbers of reasons why people become overweight or obese such as sedentary lifestyle without physical activity, bad eating habits, hormonal imbalance, and genetic factors. One of the proposed environmental factors is chronic stress. This scientific poster will provide information about the connection between chronic stress and obesity in children and adolescents.

Method: Systematic literature review

Results: Chronic stress is one of the factors that affect weight gain in children and adolescent population.

Conclusion: This scientific poster will provide information about connection between chronic stress and obesity in children and adolescents.



P-03-084

Between parental factors and child overweight: Investigating the mediation roles of child screen-viewing

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Objective: Studies on Western cultures indicated that childhood obesity could be caused by long screen-viewing time. Children's screen-viewing behavior is influenced by parents' own screen-viewing hours and the parental rules set for screen-viewing time. However, whether childhood obesity is associated with these three factors has not been widely investigated in Chinese populations. In this study, we examined the relationships between parental rules, parental screen-viewing, child screen-viewing, and child overweight.

Method: Questionnaires were distributed to parents of children at two elementary schools in an Eastern Taiwan City. We collected the data on children's health states, the length of screen-viewing time, and whether parental rules of screen-viewing time have been set ($n=1005$). A series of models, with controlling of age, gender, and physical activity of the participants, were carried out to examine the mediated effect of child screen-viewing.

Results: Results of model testing showed that child screen-viewing could be a mediator in the associations between parental rule and child overweight (parental rule: coefficient = -0.177 , $p < 0.001$); and between parent screen-viewing and child overweight (parent screen-viewing: coefficient = 0.072 , $p < 0.001$).

Conclusion: These findings suggested that parental factors (rules and little screen viewing time) effectively decreased the level of children screen-viewing time and the child screen-viewing time could mediate the association between parental factors and child overweight in Chinese population. Future studies are needed to confirm the effect of promoting parental factors on child screen-viewing behaviors and childhood obesity.



P-03-085

Exploring the association between weight-related self-stigma and mental health for overweight/obese children in Hong Kong

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Objective: This study aimed to test the differences of weight-related self-stigma and mental health condition between overweight (OW) and non-OW children in Hong Kong. Also, the correlations between weight-related self-stigma and mental health condition are examined.

Method: Children aged 8 to 12 years (n=367; 198 boys) completed questionnaires on weight-related self-stigma (Weight Bias Internalization Scale [WBIS] and Weight Self-Stigma Questionnaire [WSSQ]) and mental health condition (Brief Symptom Rating Scale-5 [BSRS-5]).

Results: Compared with non-OW children (n=241; 143 boys), OW children (n=114; 55 boys) had higher weight-related self-stigma in WBIS (26.49 ± 8.68 vs. 21.58 ± 7.54 ; $p < 0.001$) and WSSQ (26.36 ± 8.98 vs. 21.91 ± 8.71 ; $p < 0.001$) scores. No significant difference was found in mental health condition in BSRS-5 (4.29 ± 4.35 vs. 4.44 ± 4.16 ; $p = 0.761$) score.

Conclusion: BSRS-5 was significantly associated with WBIS. OW children tended to have a higher level of self-stigma, while those with a higher level of weight-related self-stigma present had more mental health problems.



P-03-087

Anxiety, attachment and neuroendocrine biomarkers in obese children

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Objective: The quality of the relationship between a child and his primary caregiver affects the child's emotion regulation and stress response. Extreme stress responses associate with dysregulation of physiologic systems involved in emotion and energy balance, which could be associated with emotional and/or behavioural disorders, and obesity. If research confirms associations between quality of mothering and neuroendocrine biomarkers, then mental health and obesity, prevention interventions might emphasize on the quality of maternal–child relationships. Objectives: Identify associations between anxiety, depression and neuroendocrine biomarkers in obese children, exploring attachment and family functioning as intermediary variables.

Method: A convenience sample of 104 obese children, mean age 10.9 years, was recruited at a childhood obesity clinic of a tertiary hospital in Lisbon. Neuroendocrine biomarkers were measured. Symptoms of anxiety and depression, attachment strategies and family functioning were assessed.

Results: A significant, negative correlation ($r_s = -0.78$; $p = 0.003$) between cortisol in obese girls and their mothers' anxiety symptoms was found, limited to high functioning families. Obese boys scored significantly higher than girls on mother-reported internalizing symptoms but not on self-report. Type A, avoidant attachment strategies, had significant negative association with cortisol levels (β -estimate = -0.015 (95%CI: -0.028 to -0.001); $p = 0.036$).

Conclusion: These findings suggest that processes involved in development of the Type A attachment strategy may affect the regulatory mechanisms of the stress axis. In obese children, different attachment strategies are associated with diverse metabolic profiles. Family functioning, parental mental state and child's gender, should be considered when investigating neuroendocrine biomarkers in obese children associated with anxiety and depression in the family.



P-03-088

Evaluating parent training programmes for self-harm – a five year investigation of the effectiveness of the SPACE (Supporting Parents and Carers) programme

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Objective: The family plays a pivotal role in the prognosis of young people who self-harm. However, parents and carers often feel ill-equipped to help their young person and need support from clinicians and community. The SPACE (Supporting Parents And Carers) programme, a psycho-educational intervention, was developed by Children's University Hospital, Temple Street to empower parents to support their children through education, peer-support and skills development. The aim of this study was to evaluate the effectiveness of the SPACE programme over a five year period.

Method: A within-groups, real-world design with 264 participants was employed. The effectiveness of SPACE was evaluated using five measures: psychological distress, parenting satisfaction, family communication, perceived social support, and parent-rated strengths and difficulties of the child. Measures were administered at baseline, post-intervention and at three-month follow-up.

Results: Data revealed significant reductions in participant psychological distress and parent-rated difficulties of the young person. Analysis also showed an increase in parental satisfaction and perceived social support, while family communication scores remained unchanged throughout.

Conclusion: The data provides evidence supporting the SPACE programme as an effective intervention to reduce parent/carer psychological distress, and increase parenting satisfaction and social support. While informal qualitative data suggests that participants experienced an improvement in family communication, statistical analysis did not support this. Future research should focus on examining the nature of this discrepancy.



P-03-090

Clinical characteristics of children and adolescents with suicidal attempts and Nonsuicidal Self-injury (NSSI) at emergency department

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Objective: This study was conducted to understand the characteristics of suicide and NSSI of children and adolescents who visited the emergency department(ED).

Method: We conducted a retrospective analysis of medical records of adolescents aged 12 – 18 years who visited the ED of one tertiary hospital from December 2017 through November 2018. All visits for suicidal ideation, attempted suicides or self-injurious behaviors were included. We collected information of gender, age, reason for visiting emergency room, major stressor, past history of psychiatric disease, patient disposition.

Results: During the past year, 54 adolescents visited emergency room for suicidal ideations, attempts or self-mutilating behaviors. The mean age was 15.98 years and 45 cases were female (83.3%). The most common method of suicidal attempt was drug intoxication (61.8%), followed by wrist cutting (14.7%), falling down (8.8%) or CO poisoning (2.9%). The most common way of NSSI was wrist cutting (78.9%), followed by cutting of the other part of the body (15.8%). The most common reason for NSSI was coping with distressing negative affects, especially anger (78.9%), followed by help-seeking(21.1%). The main stressor was parent-child relational problem (59.3%), problem in peer relationship (22.3%) and academic stress (13.7%). A psychiatric disorder was coded for 77.8% of patients, with depression(61.1%), sexual abuse (5.6%) and PTSD (3.7%). Only 20.4% of visiting adolescents were admitted to the psychiatric unit, 51.9% were followed up at OPD and the others refused to get treatments.

Conclusion: Results suggest that a substantial portion of adolescents who visited ED for suicidal attempts or NSSI discharged against a doctor's opinion. Those who refused to get treatments may be at greater risk of further suicidal attempts or NSSI. Therefore we need to develop standard guidelines and procedures for adolescents with the collaboration of ED and psychiatry departments.



P-03-093

Family factors related to suicidal behaviour in a sample of adolescents

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Objective: Adolescents with insecure attachment or neglectful parenting, or with a family history of mental health disorders or suicide attempts, have a higher risk of suicidal behaviour (Donath C, Graessel E, Baier D, Bleich S, Hillemacher T. Is parenting style a predictor of suicide. *BMC Pediatrics*, 2014, 14:113; Sheftall AH, Schoppe-Sullivan SJ, Bridge JA. Insecure attachment and suicidal behavior in adolescents. *Crisis*, 2014; 35:426–30). With the present study we want to investigate family factors that are related to an increased risk of suicidal behaviour in a sample of adolescents.

Method: Data for the study will be gathered from 12–17 year-old adolescents admitted to the Sant Joan de Déu Hospital because of suicidal behaviour (suicidal ideation or threats, preparatory acts or suicide attempts). Sociodemographic and clinical data, as well as information regarding family variables, will be collected from the clinical interview and from various questionnaires (C-SSRS, CBCL, FACES, CAMIR-R and PBI). We will present results from an initial sample of approximately 40 adolescents admitted to the ward between May 2018 and March 2019.

Results: Preliminary results show that 80% of the adolescents are women, with a mean age of 15 years. The most common reasons for admission are suicidal ideation (40%) and suicide attempt (40%). 85% have a personal history of mental illness and 70% have a family history of mental illness.

Conclusion: If we can find specific family functioning profiles that are related to an increased risk of suicidal behaviour in adolescents, we could do some prevention work to diminish such risk.



P-03-095

How do refugee children and teenagers experience transition and integration? A pilot project in the context of the special contingent project for IS victims from Northern Iraq

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Objective: Background: The state government of Baden-Württemberg initiated a special contingent project for particularly vulnerable women and children from northern Iraq for the first time in 2015/2016. Based on initial experience with this innovative contingency solution of the current refugee policy, resources and burdens of the responsible health care providers should be recorded and the prevalence, protection and risk factors of secondary traumatization should be identified. As part of this, a limited-time pilot project specifically directed to refugee children and adolescents was initiated for the follow-up investigation of this project in autumn 2018. Objective: The pilot project for children and adolescents should answer the questions of how they experience transition in the context of flight as well as integration. For this purpose, images have been used as a possible medium of expression.

Method: The project started in October 2018 for one month. The children and adolescents participated in two sessions. In which they had, after a previous introduction and measures in the sense of adherence, received the tasks of dealing with the topics of transition during flight and integration. The purpose was to express this in the form of images. The respective units have been recorded on audio and then evaluated qualitatively and descriptively.

Results and Conclusions: Currently still open, first results will be available until the ESCAP Congress 2019 and will be presented there.



P-03-096

National medical child protection helpline: An evaluation of the first 1000 calls

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Objective: Often diagnosis of maltreatment is missed by health care professionals. According to the European report on the prevention of maltreatment, WHO assumes that 90% of all cases of abuse are missed by health care institutions. The objective of this analyses was to assess, what are the needs of healthcare professionals in issues of suspected maltreatment, which barriers prevent healthcare professionals from effectively protecting children at risk.

Method: A national, round-the-clock helpline for all medicals professionals was implemented to offer peer counsel in cases of suspected maltreatment. Professionals calling for advice are asked to anonymously present their case to a medical doctor in the helpline. The requests of the first 1000 calls to the helpline were analyzed descriptively.

Results: Most request are how a suspicion of abuse can be confirmed and how a child at risk can be protected effectively. Furthermore questions medical regarding medical handling of the case, like diagnostic tests such as skeletal surveys, swabs etc are common requests to the helpline. While two third of callers were from the field of pediatrics and child and adolescent psychiatry, the last third were health professionals who treat adults. 80% of the persons who called were women.

Conclusion: The utilization of the helpline was high and revealed many insecurities of professionals in the field of child protection which should be targeted by improved education and low-threshold support such as the helpline.



P-03-101

Transitional and adolescent psychiatry in Austria: A pilot study on the attitudes of experts

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Objective: This study intended to establish baseline data on the current situation of transition processes in psychiatry in Austria. We also sought to gather information on specific problems and needs for change concerning the transition of mentally ill adolescents from child and adolescent to adult psychiatry (Pollak et al., 2018).

Method: Professionals (psychiatrists, psychologists, psychotherapists) working in Child and Adolescent Psychiatry and Adult Psychiatry (n=86) were assessed by means of an online survey about their experience with the transition of young adults.

Results: Almost all (98.8%) of the subjects investigated (n=86) considered the current system inappropriate. The majority (70.9%) thought that patients would not tolerate transition from youth to adult psychiatric institutions well. Only 16.3% reported a structured transition protocol being implemented at their workplace and 83.7% expressed the need to improve collaboration between Adolescent and Adult Psychiatry.

Conclusion: Austrian health care professionals describe large deficits regarding transitional issues in psychiatry. There is an urgent need to establish structured protocols for transition, especially since experiences in this vulnerable period are crucial for young people's mental health later in life. Pollak, E., Kapusta N.D., Diehm, R., Plener, P. L. & Skala K. (2018). Transitions- und Adoleszenzpsychiatrie in Österreich: Eine Pilotuntersuchung zur Sicht von Expert(innen). Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie 46, pp. 325-35.



P-03-103

Interactions between FKBP5 variation and environmental stressors in adolescent major depression

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Objective: Major Depression (MD) results from a complex interplay between environmental stressors and biological factors. Previous studies in adults have shown that adverse life events interact with genetic variation in FKBP5, a gene implicated in the stress-response system, to predict depressive symptoms and MD. This is the first study to investigate interactions between FKBP5 variants and a range of environmental stressors in adolescents with a clinical diagnosis of MD.

Method: 148 male and female adolescents with MD and 143 healthy controls (13-18 years) were included in the present study. Self-reported environmental stressors were classified as mild, moderate and severe according to their perceived stressfulness as indicated by the adolescents. Sociodemographic stressors were assessed via parental-report.

Results: Depending on the number of sociodemographic, moderate and total number of stressors, participants carrying at least one copy of the FKBP5 CATT haplotype or at least one minor allele of various FKBP5 SNPs had the highest risk for being in the MD group. No genetic main effects were found. Sociodemographic stressors as well as self-reported mild, moderate, and severe stressors were more common in depressed than in healthy adolescents.

Conclusion: This is the first study to show interactions between genetic variation in FKBP5 and environmental stressors in a sample of clinically depressed adolescents. The current study provides important starting-points for preventive and treatment efforts and highlights the need for a fine-grained analysis of different forms and severities of environmental stressors and their interplay with genetic variation for understanding the complex etiology of (youth) MD.



P-03-105

Outcome reporting in treatment studies of adolescent depression; a systematic review

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Objective: While randomized controlled trials (RCTs) are the gold standard for generating evidence, poor outcome measurement is common in the mental health literature. The purpose of this study was to assess the selection, measurement, and reporting of outcomes in RCTs of therapies for major depressive disorder (MDD) in adolescents.

Method: We systematically searched multiple databases to locate RCTs evaluating interventions for MDD in adolescents published between 2008 and 2017. Two reviewers completed screening and data extraction independently. Descriptive data on outcomes was synthesized (e.g., number and types of outcomes, outcome definitions, measurement tools). The quality of outcome reporting was also assessed.

Results: The database search yielded 2688 unique articles, of which 40 met inclusion criteria. There were 382 outcomes (median 7, range 2-30 per RCT) measured using 97 different measurement tools (median 4, range 1-18). Change in depressive symptom severity and frequency of treatment response were the most commonly reported outcomes. Definitions of outcomes ranged widely. Less than half of RCTs (n=18) had an identifiable primary outcome; reporting multiple outcomes as 'primary' was common. Key information about the primary outcome necessary to facilitate reproducibility and critical appraisal was often lacking.

Conclusion: The high level of heterogeneity of outcomes found in published RCTs in adolescent MDD demonstrates the urgent need to standardize outcome selection, definitions, measurement, and reporting in this field. The development of a core outcome set promises to help reduce heterogeneity between RCTs, increasing the usability of research which will ultimately improve patient outcomes.



P-03-106

Increased right inferior frontal activity during behavioral inhibition task in young adults with history of suicide attempt: A pilot study

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Objective: Adolescent and young adult suicide is a major public health concern worldwide. In-vivo brain imaging is a promising tool for identifying neurological abnormalities associated with suicidal risk. We hypothesized young adults with a history of suicide attempts possess functional abnormalities linked to behavioral inhibition process.

Method: Adolescent and young adult suicide is a major public health concern worldwide. In-vivo brain imaging is a promising tool for identifying neurological abnormalities associated with suicidal risk. We hypothesized young adults with a history of suicide attempts possess functional abnormalities linked to behavioral inhibition process.

Results: No significant differences in depression severity, degree of hopelessness, or SSRT scores between the SA and NA were observed. Moreover, the right inferior frontal cortical activation during the response inhibition task was significantly greater in the SA than in the NA (non-corrected $P < 0.05$).

Conclusion: No significant differences in depression severity, degree of hopelessness, or SSRT scores between the SA and NA were observed. Moreover, the right inferior frontal cortical activation during the response inhibition task was significantly greater in the SA than in the NA (non-corrected $P < 0.05$).



P-03-108

The examination of therapeutic success of the psychodrama game techniques on the alexithymia, depression and trait anxiety levels

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Objective: To examine the effects of group practice which is performed using psychodrama game techniques on depression, alexithymia and anxiety levels of the adolescents

Method: Both case and control groups were consisted of 10 female adolescents aged between 14 and 15. Psychodrama group games one of which lasted for 70 minutes were applied to case group once a week for 10 weeks. 20 item Toronto alexithymia scale (TAS-20), Child depression inventory (CDI) and trait part of the state trait anxiety inventory for children (STAI-C) were used for both experimental and control groups. The statistical analysis was performed with Wilcoxon paired t test.

Results: Depression levels improved, but alexithymia and trait anxiety levels were stable after 10 psychodrama sessions in case group. Considering the control group, depression, alexithymia and trait anxiety levels did not differ after 10 weeks.

Conclusion: Psychodrama game techniques may be useful in the multi-modal treatment of adolescents depression. However, considering the alexithymia personality characteristics and trait anxiety levels, we suggest that further studies are needed.



P-03-109

Dispositional mindfulness as a moderator in the relationship between stressors, maladaptive schemas and depression

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Objective: This study, grounded on a transactional perspective of psychopathology, aimed to examine whether the acting with awareness component of dispositional mindfulness moderates the bidirectional long-term predictive associations between stressors, maladaptive schemas, and depressive symptoms in adolescents. It was hypothesized that in adolescents high in dispositional mindfulness, the predictive bidirectional associations between stressors, maladaptive schemas, and depressive symptoms would be lower.

Method: The final sample consisted in 1190 high school students (49.3% girls) from the Basque Country (Spain), who participated in a 2-wave longitudinal study spaced two years apart. They were all between 13 and 18 years old ($M = 15.16$, $SD = 0.95$). The participants completed a mindfulness measure at wave 1, and measures of stressors, disconnection/rejection schemas, and depressive symptoms at both waves.

Results: Results indicated that mindfulness reduced the predictive associations between disconnection/rejection schemas and depressive symptoms at the follow-up. Furthermore, mindfulness predicted lower scores on schemas at follow-up and buffered the stability of schemas over time. Additionally, mindfulness predicted fewer stressors in the follow-up. Finally, mindfulness buffered the association between stressors and increased depression over time only in girls.

Conclusion: These results suggest that mindfulness can act as an important resilience factor that protects adolescents from the vicious circle of maladaptive schemas, depressive affect, and new stressors. Therefore, mindfulness training could be integrated with other approaches aimed at reducing depressive symptoms.



P-03-110

The effect of a brief universal preventive intervention on depressive symptoms, cognitive schemas and hypothalamic-pituitary-adrenal axis hormones in adolescents

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Objective: Depression rates increase dramatically in adolescents. The aim of this study was to test the effects on depressive symptoms, cognitive schemas, and Hypothalamic-Pituitary-Adrenal Axis Hormones of an intervention focused on teaching an element of an incremental theory of personality, namely, the belief that people can change. We also examined whether grade level moderated the effects of the intervention.

Method: A double-blind, randomized, controlled trial was conducted with 900 Spanish adolescent participants (51.2% boys, grades 8–10) randomly assigned to an incremental theory intervention ($n = 473$) or an educational control intervention ($n = 427$). The adolescents completed measures of depressive symptoms and negative cognitive schemas at pretest, at 6-month follow-up, and at 12-month follow-up. A subsample of 535 adolescents provided salivary samples for cortisol testing and DHEA-S.

Results: In grade 8, adolescents who received the incremental theory intervention displayed a greater decrease in depressive symptoms and cognitive schemas and a lower increase in DHEA-S. Surprisingly, the effects of the intervention were in the opposite direction among adolescents in higher grades.

Conclusion: These data indicate that a brief universal intervention could prevent depressive symptoms under some conditions, but developmental characteristics can moderate the effectiveness of this approach.



P-03-111

Mindfulness facets relate directly with lower levels of depression and aggressiveness

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Objective: Being a victim of aggressiveness is a risk factor for depression, and mindfulness could counteract this effect among adolescents. **Objectives:** The current research aimed to study the role that mindfulness facets play in the relationship between the victimization of bullying and cyberbullying and depression among adolescents.

Method: Methods: Adolescents from Basque Country, Spain, (N = 953; mean age = 14.30; SD = 1.05; 48.2% female) answered measures of bullying, cyberbullying, and depression, as well as the Five-Facet Mindfulness Questionnaire-Short Form.

Results: Results: Despite several mindfulness traits were directly related to lower bullying and cyberbullying victimization and lower depression, Observe facet of mindfulness worked in the opposite direction. In addition, only Act with awareness facet of mindfulness moderated the relationship between cyberbullying victimization and depression. Among adolescents with lower levels of cyberbullying victimization, those with higher levels of Act with awareness showed less depressive symptomatology. However, there were no differences in depression depending the level of Act with awareness among adolescents with higher levels of cyberbullying victimization.

Conclusion: Conclusions: Some mindfulness facets encourage and counteract depression in victims of aggression.



P-03-112

Multiple sclerosis in children and adolescents: A rising neurological diagnosis with psychiatric implications

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Objective: Multiple sclerosis (MS) in children and adolescents is a quite novel clinical diagnosis with patient numbers rising steadily due to increased clinical awareness and the evolution of medical knowledge and technology. Children have similar initial symptoms as adults but more frequent relapses. This announcement aims to present 3 cases of this still unusual diagnosis that were referred to our clinic last year and the psychiatric implications of this condition.

Method: Based on the clinical material and psychological testing, we present the cases of 3 girls aged 14 and 15 with anxiety and depression symptoms after a diagnosis of MS.

Results: After different initial symptoms including fatigue, numbness and walking difficulties as well as optic neuritis, and the following thorough neurological investigation, the girls were diagnosed with MS. All three developed anxiety, sleeping difficulties, low mood and loss of interest. In Beck Depression Inventory II, they scored 18,19 and 24 points. Depression and anxiety symptoms could be core symptoms of MS, side-effects of the medication or psychological consequences of the condition. Their treatment presented a challenge for the psychiatrist and it involved psychotherapy and medication.

Conclusion: Pediatric MS presents numerous psychological challenges for the child and the family, concerning the diagnostic procedures, the relapses and the progress of the condition, the treatment dilemmas. As in the case of adult patients, the role of the child psychiatrist will prove crucial in the support and treatment of the increasing number of minors diagnosed with MS.



P-03-113

Thalassaemic adolescents and depressive symptoms: Comparing findings a decade apart

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Objective: Thalassaemia major, as a chronic physical condition with its demanding treatment, presumably places a severe psychosocial burden on the patient, causing emotional distress, low self-esteem and interpersonal difficulties. This study investigates the potential changes on these difficulties between adolescent patients of 2008 and 2018.

Method: The 2018 sample consisted of 27 thalassaemic adolescents, designed to match the similar original sample of 2008. Two specifically designed questionnaires, as well as the Culture Free Self Esteem Inventory and the Children's Depression Inventory (CDI), were administered and completed during transfusion, in both samples.

Results: In the 2008 population, the CDI total depression score was average in 46,7%, below average in 33,3% and above average in 20% of the adolescents. However, the negative mood and the interpersonal problems scores were above average in 33,3% and 36,7% respectively of our sample. Characteristically, 73% of these adolescents never discuss about their condition with their friends and 47% have not revealed their illness or their transfusions to them. In 2018, the last two percentages have significantly dropped to 48% and 21%. Relating to this finding, the CDI total score did not reveal major changes, however the negative mood and the interpersonal problems scores were above average in 26,7% and 20% of the sample, lower than the 2008 numbers.

Conclusion: The gradual destigmatization of this chronic condition and the increased openness of adolescents to their social circle about it seems to relate to the improvement in their emotional and interpersonal difficulties results.



P-03-114

Sleep study in youths with bipolar disorder

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Objective: Bipolar disorder (BD) and attention deficit/hyperactivity disorder (ADHD) share several clinical features. The aim of the present study was to perform polysomnography in pediatric patients diagnosed with either BD or ADHD and in healthy controls (HC) in to identify possible sleep differences.

Method: A total of 26 patients (BD = 13 and ADHD = 13) were compared to 26 sex- and age-matched healthy controls ([HCBD] = 13 and [HCADHD] = 13). All participants underwent polysomnography. Participants in the two clinical groups also completed a semi-structured interview to confirm the diagnosis and to identify any coexisting comorbidities. The clinical participants also completed measures of depressive, anxiety, and manic symptoms.

Results: Compared to the HCBD group, participants in the BD group presented a shorter stage N2 duration. The BD group had higher (non-significant) REM density (REMd) scores than controls. The ADHD group had a lower REMd score than controls. The comparison between the clinical groups showed that, compared to the ADHD group, participants in the BD group presented a shorter stage N2 and longer first REM sleep duration (R1) and REMd.

Conclusion: Our findings show that three variables – N2 stage, REMd, and R1 – can reliably differentiate patients with BD from those with ADHD and healthy controls.



P-03-115

**Quality of life and social support of women with psychological disorders in Nepal:
A qualitative interview study**

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Objective: This study investigated determining factors of quality of life (QOL) and their association with social support of women with psychological disorders in Nepal. In Nepal, psychiatric medical services and psychosocial support network providers are scarce, despite there being a high prevalence of psychological disorders, such as depression and anxiety particularly amongst women.

Method: A semi-structured interview survey was conducted on Nepali female participants (n = 12) who were diagnosed with depression, schizophrenia or other psychological disorders in the Kaski district of Nepal. The interview questionnaire included open-ended questions about their QOL, belief about mental illness, and coping strategies. Received social support and its providers were also assessed. Content analysis was implemented to analyze the responses.

Results: Results indicated that QOL was negatively affected by poverty, heavy workload, fear of relapse, and loneliness. On the other hand, financial independence, and satisfaction from child rearing contributed to maintaining their QOL. Most of them rated significantly lower emotional support than instrumental support from their family, while overall social support received from neighbors and relatives was less than that from family. Participants tended to use more emotion-focused, isolated coping methods compared to stress-focused coping.

Conclusion: Our findings suggest that social isolation of women with psychological disorders is caused by difficult life circumstances, and stigmatization of mental illness is associated with participants' social and psychological withdrawal, which results in their lower QOL. However, child rearing provides them with emotional support and life satisfaction, which affect greatly to their QOL. Implications to the clinical field were discussed.



P-03-116

Sleep quality and childhood onset depression – a comparison study of young adults with histories of depression, high risk siblings and healthy controls

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Objective: Sleep disturbance and depression has a well founded relationship. Insomnia and/or hypersomnia is a symptom of depression as well but the two disorders are commonly comorbid. The long term effect of depression on sleep function is less frequently studied. The aim of the present study is to examine sleep dysfunction in a sample of young adults with histories of depression and compare with high risk depression free siblings and a healthy comparison group.

Method: The sample consisted of N=269 young adults with childhood-onset depression (probands), N=308 full siblings without lifetime depression and N=174 healthy controls. Sleep quality were measured by a self-report form, the Pittsburgh Sleep Quality Index (PSQI). Demographic variables and various characteristics of sleep were compared among the groups.

Results: Mean ages in the three groups were 25.5 years (SD 2.6) for probands, 25.4 years (SD 5.0) for siblings and 21.6 years (SD1.6) for controls. Overall sleep dysfunction were highest in the childhood depression group. High risk siblings experienced more disturbance than healthy controls but less than probands with depression histories. All 3 groups showed significant differences from each other. Specific sleep problems (eg. sleep latency, sleep efficiency, etc) displayed variations in the same direction. Number of depressive episodes negatively affected sleep dysfunction.

Conclusion: Sleep dysfunction is present in young adults with histories of depression even in the absence of depressive disorder. High risk siblings without depression show signs of disturbed sleep more frequently than average healthy population.



P-03-117

Ketamine in treatment resistant depression in adolescents

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Objective: Ketamine is just making its way as an alternative for treatment resistant depression in adults. This treatment however, is in a rudimentary stage for use in adolescents. At present, treatment resistance in pediatric depression ranges from 30%-40%. It is the aim of this case presentation to give support to using ketamine for pediatric treatment resistant depression. Specific learning objectives also include: understanding the mechanism of action, indications, risks/benefits and possible adverse effects of ketamine use. To protect the patient the study authors have removed identifying and protected health information from this presentation.

Method: A severely suicidal teenager with treatment resistant psychotic depression, languishing in inpatient treatment for a year and a half due to multiple failed pharmacological and psychotherapeutic approaches, was treated with ketamine infusions. Pre- and post-infusion Beck's suicidality rating scales, and Children's Depression Inventories were obtained along with mental status exams. This initial treatment episode consisted of six separate IV infusions spread over a four-week period. Each infusion lasted approximately 40 minutes at of dose of 0.5 mg/kg.

Results: Rating scales for depression and suicidality showed improvements in all aspects. Clear positive response to treatment was seen four weeks after the last ketamine infusion. Depression rating scales, mental status exam findings and clinical observations of the patient with her family and treatment staff all showed significant improvement. These clinical gains were still present six months after the last ketamine infusion.

Conclusion: Ketamine in this case was safely administered to an adolescent with psychotic depression, and significantly reduced both psychotic and depressive symptoms. It appears that using ketamine may be helpful for other patients that have exhausted therapeutic options in treatment-resistant and psychotic depression. These findings need to confirmed with randomized controlled studies.



P-03-118

Psychopathology in subjects with depression in the 'Suicidality: Treatment Occurring in Paediatrics' (STOP) study – response to Fluoxetine or Cognitive Behaviour Therapy (CBT)

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Objective: To study whether Fluoxetine and CBT can improve psychopathology in young people with depression over an 8-week period.

Method: The impact of Fluoxetine or CBT in subjects enrolled as part of the 'Suicidality: Treatment Occurring in Paediatrics' (STOP) project who had depression, over an 8-week period was analysed. The changes in the four psychopathology subscale scores of the Profile of Neuropsychiatric Symptoms (PONS), a validated scale (Santosh et al., 2015), ('Neurodevelopmental Disability', 'Behavioural and Emotional Dysregulation', and 'Anxiety and Depression', and 'Psychoses and Personality Dysfunction') was examined. The scores between the two time points were compared and evaluated for statistical significance.

Results: All study participants showed a reduction in the mean scores over an 8-week period. Fluoxetine improved neurodevelopmental symptoms, emotional and behavioural dysregulation, anxiety and depression, but not psychoses and personality dysfunction. CBT only improved anxiety and depression symptoms and did not change the other symptoms.

Conclusion: Fluoxetine and CBT differentially improved psychopathology across a variety of areas over an 8-week period. Unlike Fluoxetine, CBT only improved anxiety and depression symptoms and did not impact the other domains. Theoretically, Fluoxetine's impact could be arising from pharmacological modulation of serotonin, leading to improvement in all the domains except the psychosis and personality dysfunction domain. CBT helps only the domains that are addressed in therapy. Conclusions: Fluoxetine and CBT produces differential improvement of psychopathology in subjects recruited in the STOP study.



P-03-119

Do temperamental differences or similarities influence the well-being of adopted children and adoptive mothers

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Objective: Many studies have shown that temperament characteristics in children associate with wide range of developmental patterns including psychopathology. Less is known about the potential effects of mismatch of temperament characteristics between parents and children. The goodness of fit is a concept defining the compatibility of temperamental characteristics and a coherent framework for understanding the interplay of infant characteristics and parental behavior in the context of explaining variations in developmental outcomes. The aim of our study was to explore the associations between the mental well-being and the differences and similarities of the temperament of adoptive mothers and adoptees.

Method: Data (n= 56, mean age 9.0 (SD 3.5) years, boys 69%) were derived from the ongoing Finnish Adoption (FinAdo) follow-up study. To assess the temperament, we used Rothbart's temperament questionnaires. To assess parental depressive symptoms, we used the General Health Questionnaire (GHQ12). To measure children's behavioral/emotional problems we used the Child Behavior Checklist (CBCL).

Results: A difference in the maternal and child temperament characteristics of negative affect was related to internalizing symptoms ($p=.002$) and the difference in maternal and child surgency/extraversion was associated with externalizing symptoms in adopted children ($p=.020$). Maternal depression was associated with a difference of negative affect in the child and mother ($p=.005$). Associations were robust to potential confounding factors in child's background and adoptive family.

Conclusion: Adoptive mothers' and adoptees' temperament differences are associated with externalizing and internalizing symptoms of the adoptees and maternal depressive symptoms.



P-03-120

Teacher's reports on internalizing and externalizing problems in middle childhood and attachment style dimensions as predictors of adult adjustment

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Objective: Teachers may detect the early signs of child distress. The quality of attachment style is one of the potential indicators of risk or resilience mechanisms during development. The aim of this study was to investigate teachers' reports on children's internalizing and externalizing problems in middle childhood as well as adult attachment style dimensions as predictors of adult adjustment.

Method: This study is part of a larger longitudinal study conducted in Tampere, Finland. A normal population sample of firstborn children has been followed up from pregnancy to adulthood. Teachers completed the Teacher's Report Form (TRF) questionnaires when the children were 8 years old. The firstborns ($n = 86$) completed Attachment Style Questionnaire, Short Form (ASQ-SF) and Adult Self Report (ASR) questionnaires at the age of 27 years. ASR internalizing and externalizing problems were used as outcome variables in adulthood. TRF internalizing and externalizing problems as well as ASQ-SF secure (Confidence) and insecure (Discomfort with Closeness, Relationships as Secondary, Need for Approval, and Preoccupation with Relationships) attachment style dimensions were included in stepwise regression models as explanatory variables.

Results: TRF internalizing problems as well as Need for Approval and Preoccupation with Relationships in adulthood predicted ASR internalizing problems. TRF internalizing problems and Preoccupation with Relationships predicted ASR externalizing problems.

Conclusion: The results of this study emphasize the value of teachers as informants concerning child adjustment. To enhance resilience during the course of development, interventions aimed at supporting the development of a secure attachment style merit further research.



P-03-121

Depressive symptomatology among a non-clinical population of adolescents and its associations with age and gender, and familial socio-economic status

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Objective: Depressive disorders in adolescence have a prevalence of up to 8%. The etiology is multifactorial, but there are numerous studies that relate various family factors, such as weak or insecure affective ties, permissive parenting styles or too harsh disciplines, high levels of criticism, poor supervision, or conflicts and severe discord with parents, with depressive symptomatology. The aim of our work was to analyze the relationships between depressive symptomatology in a non-clinical population of adolescents, and some personal (age and gender) and familial (socio-economic status) characteristics.

Method: A cross-sectional descriptive study was carried out on a population of 1076 adolescents, aged 10 to 19 years-old, in which participated students of Secondary Education Centers from the provinces of Granada and Jaén (Andalusia, Spain), chosen for convenience (availability of academic authorities). Those students with difficulties to understand the questionnaires and those who refused to complete them were excluded. We passed the CDI (Childhood Depression Inventory) and other questionnaires (in other poster).

Results: The variables of gender, age and socioeconomic level were related to depressive symptomatology, such that women, older ages, and low socioeconomic level, were associated in a statistically significant way with greater depressive symptomatology.

Conclusion: The prevalence of depressive symptomatology was higher in women, as in the existing literature on gender differences. Some of the factors that contribute to this differences can be the greater need for more emotional connectivity in girls, certain cultural roles, or suffering a greater number of environmental stressors. The relationship with older age is congruent with the higher prevalence of depression in adolescents compared with children. A lower socioeconomic level is related to chronic stress, higher probability of discord and family conflicts, lack of support from parents, greater exposure to environmental risks, less social support, etc, all of them variables related to depressive symptomatology.



P-03-122

Depressive symptomatology among a non-clinical population of adolescents and its associations with familial dysfunction and perceived family support.

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Objective: Depressive disorders in adolescence have a prevalence of up to 8%. The etiology is multifactorial, but there are numerous studies that relate various family factors, such as weak or insecure affective ties, overly permissive parenting styles or too harsh disciplines, high levels of criticism, poor supervision, conflicts and severe discord with parents, hostility, or lack of affection and empathy, with depressive symptomatology. The aim of our work was to analyze the relationship between depressive symptomatology in a non-clinical population of adolescents, and their familial dysfunction and the family support perceived by them.

Method: A cross-sectional descriptive study was carried out on a population of 1076 adolescents, aged 10 to 19 years-old, in which participated students of Secondary Education Centers from the provinces of Granada and Jaén (Andalusia, Spain), chosen for convenience (availability of academic authorities). Those students with difficulties to understand the questionnaire and those who refused to complete it were excluded. We passed the CDI (Childhood Depression Inventory) and the APGAR (Questionnaire on perceived family support) and analyzed the data on the existing correlations between them.

Results: There is a positive correlation between depressive symptomatology and perceived family support. The perceived family support is lower in adolescents who belong to lower socioeconomic levels, as well as in older adolescents. The relationship between gender and family support is not statistically significant.

Conclusion: There is a relationship between depressive symptomatology and perceived family support, which favors the development of lines of research focused on the family, which can allow improving the prevention and treatment of depression in adolescents.



P-03-124

The higher rate of deliberate self harm and suicidal ideation among adolescents versus lower rate of help seeking behaviour

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Objective: A large proportion of adolescents, report about autoaggressive behaviour. Many of them have suicidal ideas and have attempted suicide prior to referral. Unfortunately, the majority of adolescent with these behaviours do not come in contact with mental health service. Our aim is to improve our understanding of non-suicidal autoaggressive behaviours, suicidal ideation, their psychopathological foundation among adolescents, the help-seeking behaviour and attitude towards potential benefit from professional help.

Method: We performed a cross-sectional study of community and clinical sample of 150 adolescents, males N=69, females N=81, 14–18 years of age, and compared the data on autoaggressive behaviour between these two samples, matched for age and gender. Self-rated questionnaires used in routine practice, Youth Self Report and a general questionnaire developed for everyday clinical practice, were used.

Results: Autoaggressive behaviour is more common in clinical population compared to community, 14.5% vs. 5.8% ($P=0.15$) for males, 43.2% vs. 4.9% ($P<0.01$) for females respectively. Suicidal ideations are even more common in both samples 23.2% vs. 10.1% ($P=0.06$) for males, 45.6% vs. 16.1% ($P<0.01$) for females, respectively. More than a half of the adolescents in the clinical sample felt positively about potential usefulness of professional help, but none of the males and 25.9% females sought help for their psychological problems. 23.53% of males and 27.66% of females are ambiguous about professional help benefits.

Conclusion: Autoaggressive behaviour and suicidal ideation are frequent in clinical sample of adolescents. Mental health professionals have an opportunity to develop activities which would encourage troubled adolescents to approach mental health services more often, despite the negative influence of internal (developmental stage) and external (self-devaluation, peer stigmatization) circumstances.



P-03-126

School bullying and academic performance correlations in a sample of students in Greek secondary schools

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Objective: Bullying has been associated with school problems. This study aims to investigate correlations between bullying behavior and academic performance in a sample of students in secondary schools, in Thrace.

Method: The study population consisted of 899 students in compulsory secondary education, aged 13–18 (452 girls, 447 boys, median age = 14 years). Data was collected through the Revised Olweus Bully/Victim Questionnaire for Students-Senior and Youth Self-Report (Achenbach).

Results: Among the cohort, 172(19.1%) students were victims, 95(10.6%) students were bullies and 68(7.6%) students were bully/victims. Academic achievement was lower in involved compared to uninvolved participants in bullying (2.49 ± 0.62 vs 2.33 ± 0.57 , $p < 0.001$). 50% of victims and 46.5% of uninvolved students reported a positive school perception, compared to bullies or bully/victims (31.6% and 36.8%, respectively, $p = 0.011$). Truancy was more frequent among students involved in bullying related to uninvolved (36.1% vs 23.9%, $p < 0.001$, OR=1.8, 95% CI=1.3-2.4); truancy was reported 36.1%, 31.4%, 37.9% and 45.6% from the uninvolved, victims, bullies and bully/victims, respectively ($p < 0.001$). Fear at school was more frequent in students involved in bullying compared to the uninvolved group (16.7% vs 4.4%, $p < 0.001$, OR=4.3, 95% CI=2.6-7.1); fear was indicated in 4.4%, 16.9%, 11.6% and 23.5% uninvolved, victims, bullies and bully/victims ($p < 0.001$). The relationship between victimization and academic achievement, truancy and fear at school remained significant after taking into account the following possible confounders: gender, place of residence, ethnicity, parental education, percentage of minority students, type of school.

Conclusion: Bully/victim problems among school children are a matter of considerable concern, associated with lower academic achievement.



P-03-130

Knowledge of the German national clinical guidelines for NSSI in adolescents among health care professionals”

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Objective: With a prevalence rate of approximately 4% non-suicidal self-injury is a wide spread psychopathological behavior among adolescents. So it seems of crucial importance that health care providers know about NSSI and evidence-based treatment hereof. In 2015 the German treatment guidelines for NSSI of children and adolescents were published to provide information to health care professionals. However, guidelines often lack dissemination in the practical field.

Method: From August 2018 until June 2021 an online survey of health care providers is being conducted to assess the current state of dissemination of the guideline, knowledge and attitudes about NSSI as well as needs and preferred ways of information with regards to guideline content.

Results: Intermediate data analyses show that the majority of health care professionals encounter many cases of NSSI in their professional context, but only around 50% know about the guidelines. Skills are estimated being on a medium level. Most participants consider professional training about NSSI for themselves as necessary, specifically on therapeutic/ medical procedures, legal aspects, communication skills and management of suicidality.

Conclusion: There is a need of systematic dissemination strategies of the treatment guidelines for NSSI to improve professionals' knowledge and skills about NSSI so that evidence-based treatment for those affected can be provided.



P-03-131

Strategies used by Tunisian parents in rearing their children

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Objective: The aim of our study was to determine strategies used by Tunisian parents in rearing their children.

Method: Our sample included 195 children (mean age = 11 years) attending public schools in Monastir (Tunisia). Children completed the Arabic form of the parental authority questionnaire, which is a 30-item test developed to assess parental authority or disciplinary practices from the child's point of view and reflects the three basic parenting styles: authoritarian, permissive, and authoritative. Scores range from 10 to 50 for each style.

Results: Our results revealed that authoritative was the main parenting style among our population. In fact, 3.6% of children reported a permissive style, 32.8% reported an authoritarian style and 63.6% of them revealed an authoritative one. Mean scores for authoritarian and authoritative style were above the average ($M= 35.54$, $SD= 7.82$ and $M= 29.38$, $SD= 7.14$ respectively), but not for the permissive style ($M= 22.42$, $SD= 7.17$). Although girls reported more authoritarian (51.56%) and authoritative style (56.45%) and boys revealed more permissive styles (57.14%), there was no significant effect of sex on the parenting style ($p= 0.383$). Furthermore, authoritative parenting styles was positively associated with higher levels of student achievement ($p= 0.033$).

Conclusion: This study provides evidence that parenting styles are associated with child achievement. More researches are needed to replicate and explain these patterns.



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Managing violence in a camhs inpatient unit (a practicum)

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Objective: this presentation describes the methods of dealing with aggression in an inpatient ward that have got us an outstanding rating with the care quality commission and accreditation with quality network for inpatient CAMHS

Method: The factors affecting violence in inpatient wards can be divided into

- 1) pre-admission and admission factors- it is important to give the patient a feeling of calm relaxed control from the moment they are in contact with the team on the ward
- 2) patient factors these are factors which affect individual patients. They include mental illness (diagnosed). Previous history of violence. Reaction to ward environment. Patient staff interaction. Individual treatment of patients
- 3) staff factors-this includes state safer staffing levels. Training of staff. Inter staff factors. Training as a team. Rest and recreation. Reaction of staff to what is happening on the ward
- 4) environmental factors. This includes milieu of the ward, ward policies. Hospital policies weekly timetabling
- 5) care plans – these are individualized plans for the management of patients. They are patient-centric. Reviewed at least daily and after each incident. Flexible to the needs of the patient. And prepared after consultation between patient and staff
- 6) emergency management procedures- including seclusion procedures. Procedures for physically engaging with patients. verbal de-escalation techniques. non-verbal de-escalation techniques. Rapid rationalization and the role of medication. Safeguards against harm during these procedures

Results: Violence on the ward initially may be due to patient confusion and mental state at the time of admission however violence subsequently is often a result of the interaction of the patient and the ward and the staff on the ward these procedures help in decreasing the violence after the third day of admission. The violence on the initial day is more difficult to reduce

Conclusion: there is a marked decrease in the aggression in the ward with the seclusion room only being used twice in the last six months



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Mentalization and psychological symptoms in children with primary headache

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Objective: The aim of our work was to study mentalization (i.e. Reflective Functioning), psychological symptoms, and headache severity in a sample of children with primary headache.

Method: Fifty children, aged 8 to 18 years ($M = 12.66$, $SD = 2.83$), with primary headache were enrolled in the study. The following tools were administered: Child and Adolescent Reflective Functioning to test mentalization; Children's Somatization Inventory, Multidimensional Anxiety Scale for Children, Children's Depression Inventory, and Symptom Checklist-90-Revised to test psychological symptoms; Visual Analogue Scale and Pediatric Migraine Disability Assessment to assess headache severity.

Results: Our study showed low levels of mentalization and high levels of psychological symptoms in children with primary headache. Mentalization deficit correlated directly with anxious traits, and psychopathological symptoms.

Conclusion: Preliminary results of our study showed link between mentalization deficit, psychological symptoms and primary headache in children. Clinical implications are discussed.



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The use of cannabis and alcohol, the beliefs associated with these psychoactive substances: Research among adolescents and young adults in Serbia

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Objective: The use of psychoactive substances in countries in transition should be regarded beyond the hedonism paradigm, as it is often perceived in terms of “fleeing” from oneself and from society which is faced with many socioeconomic challenges. The aim of this paper was to obtain data on the consumption of cannabis and alcohol among adolescents and young adults and on their beliefs about the impact, i.e., positive or negative effects of it.

Method: The sample included 292 respondents (163 male, 129 female) aged 14 to 24 years. The questionnaire, which consisted of 26 questions, was constructed for the purpose of this research.

Results: 12.6% of respondents tried and/or used cannabis and 93.8% used alcohol. Cannabis, as well as alcohol, are consumed most often several times a month (60%), most often in groups, at gatherings, parties or in clubs. Over 20% of respondents consume 4 and more than 4 drinks per occasion. The reported reasons for the use of cannabis were: “relaxation”, “euphoria” and “creativity”, while over 40% of young people think that there is no positive effect. As concerns alcohol use, positive beliefs were mainly related to “courage,” “belonging to a group” etc, while 17.8% of the respondents think that alcohol has no positive effects.

Conclusion: The attitudes that come from the social and family context can significantly affect the prevalence and the intensity of consumption. Alcohol use is usually tested at an earlier age compared to cannabis. Also, we found the indicators of binge drinking.