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# IACAPAP 2018

UNDERSTANDING DIVERSITY  
AND UNIQUENESS

23–27 JULY 2018  
PRAGUE, CZECH REPUBLIC



23<sup>rd</sup> World Congress of the International  
Association For Child and Adolescent Psychiatry  
and Allied Professions



## ABSTRACT BOOK



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## LIST OF ABBREVIATIONS

PL	Plenary lectures
SoA	State of Art lectures
RS	Research Symposia
AP	Academic Perspectives
WS	Worskshops
MT	Media Theatres
SG	Special Interest Study Groups
FP	Free Papers symposia
P	Poster sessions

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## PLENARY LECTURES



## Plenary lectures

23 July 2018, 16:00 - 16:55, Congress Hall

PL 01

### Action Through Prevention: Rethinking Children's Mental Health

J. Hudziak<sup>1</sup>

<sup>1</sup>The University of Vermont, Department of Psychiatry- Department of Pediatrics, Burlington, USA

The perfect storm for positioning the field of child and adolescent mental health to the forefront of health care reform is upon us. If we embrace the power and scope of health promotion and illness prevention, our field will become central to the care and wellbeing of all children and families. Change agents include rapid advances in the understanding of genetics, epigenetics, and structural and functional neuroimaging studies of large populations of children across development. This research allows our field to understand the unique vulnerabilities and opportunities that occur during the epoch of brain development. With the explosion of interest in, and evidence from the Adverse Childhood Experiences (ACEs) study, it is now clear that the same factors that place children at risk for anxiety, depression, and substance abuse also contribute to similarly elevated risk for obesity, diabetes, and hypertension (and many other general medical problems). This plenary session will review the considerable data undergirding this new approach to children's mental health. It will then describe ways in which we are already implementing this science into programs that change children's and families' life trajectories for the better. The specific implementation examples described have the potential of being widely scaled up across the country and indeed around the world: 1) the Vermont Family-Based Approach, 2) the University of Vermont Wellness Environment (WE), and 3) the WE App, for promoting student health, and reducing alcohol and drug use.

23 July 2018, 17:05 - 17:25, Congress Hall

PL 02

### The history of child and adolescent psychiatry and the history of IACAPAP

H. Remschmidt<sup>1</sup>

<sup>1</sup>Philipps University, Clinic for Child and Adolescent Psychiatry, Marburg, Germany

„The Prehistory“: In the beginning, the history of child and adolescent is the history of childhood, education, philosophy, and psychology – it is only later that it becomes the history of psychiatry and pediatrics and only very late when it actually becomes the history of child and adolescent psychiatry.

Attitudes towards children underwent a significant change during the 18th century in the context of tremendous social and technical revolutions. But only in the 20th century, children were looked upon as independent beings with their own needs, rights, and also duties. There are several theoretical concepts with impact on the development of child and adolescent psychiatry. In the 20th century, developmental theory, psychoanalysis, learning theories, and neuropsychological approaches became dominant.

In the 20th and 21st centuries, child psychiatry in Europe and also in other parts of the world has evolved from four traditions: (1) The neuropsychiatric tradition going back to its roots in neurology and psychiatry in the 19th and 20th centuries, from which child psychiatry has evolved in several places, (2) the tradition of therapeutic education (remedial pedagogics) which

developed mainly in pediatric settings in Austria, Germany, and Switzerland and can be considered as a precursor of the departments of psychosomatics in pediatric hospitals, (3) the psychodynamic-psychoanalytic tradition which goes back to the beginning of psychoanalysis, and (4) the empirical-epidemiological tradition. This approach was established in the 1960s and 1970s, influenced to a great extent by empirical researchers from the UK and the USA.

The roots of IACAPAP as an umbrella organization for national and regional mental health organizations go back to 1935 when a group of European child psychiatrists started off to establish and expand contacts between psychiatrists working in the new medical field of child psychiatry. In 1937, the first international congress of child psychiatry took place in Paris, organized by Georges Heuyer (1884-1977) and Moritz Tramer (1882-1962). An interruption of this development for several years was caused by the Second World War and in 1948, the second international congress took place in London under the presidency of John Rawling Rees (1890-1969). During the following years, an international IACAPAP congress was organized every four years, and since 2008, every second year, a IACAPAP world congress has taken place.

During the last two decades, IACAPAP as an international organization has made remarkable progress, including the following achievements: (1) The foundation of training activities, including the Donald Cohen Fellowship Program and the Helmut Remschmidt Research Seminars, (2) the eTextbook, (3) implementation of iCAMH, (4) implementation of the ATLAS project, a global review of child and adolescent mental health resources, (5) the WPA Presidential Program on mental health in cooperation with WHO, (6) the publication of 15 declarations and statements on different aspects of child mental health and their distribution to governments and NGOs since 1992 with a worldwide impact by some of them.

As far as the future development is concerned, the members of the IACAPAP Executive Committee proposed the following activities: (1) The training activities should be continued, including the MOOC, and supported more widely. (2) Aside from the eTextbook, other publications could be prepared and distributed online. The current generation of trainees are very eager to learn, especially by using digital media. One of these publications could be a series of case studies. (3) Further development and implementation of iCAMH. (4) IACAPAP needs to expand further its role as an advocate for children, adolescents, and families in relation to their mental health. This will, however, require an active policy that goes beyond preparing declarations. (5) Regional IACAPAP coordinators should try to find volunteers in the countries and form active working groups in collaboration with IACAPAP. (6) A crucial issue is the development of a sustainable system for funding international research projects, training seminars, and study groups.

The members of the IACAPAP EC found that working for IACAPAP was a very rewarding experience and a huge challenge, especially regarding activities in developing countries.



24 July 2018, 09:40 - 10:25, Forum Hall

PL 03

### Gerald Caplan lecture: Planning the future of child and adolescent psychiatry

B. Falissard<sup>1</sup>

<sup>1</sup>University Paris-Sud, Paris, France

Child and adolescent psychiatry is experiencing in all country a period of growth and of huge tensions. Indeed, we are at the crossfire of many paradoxical injunctions: lot of young patients with severe mental disorders are not treated while there is a pressure to provide cognitive enhancers to children and adolescents without real problems; science is supposed to show the way but it is not possible to have a global theoretical framework including genes, mind, body and culture; the words "mental health" appear everywhere while "psychiatry" disappears progressively; health insurances require efficient treatments but do not allow to take the time that is necessary for such treatments... To solve the puzzle, we have to select clear priorities, those that will really improve the situation: fighting against violence (in particular within families); training parents and teachers; organizing health care systems in an efficient way from primary care to highly specialized departments; making difficult choices: who should be screened and treated and who do what; never stopping the effort of research, to find evidence based and sustainable treatments.

24 July 2018, 14:00 - 14:45, Forum Hall

PL 04

### Overlap between attention deficit hyperactivity disorder and autism spectrum disorders: new perspectives

J.K. Buitelaar<sup>1</sup>

<sup>1</sup>Radboudumc & Karakter Child and Adolescent Psychiatry University Centre, Donders Institute for Brain- Cognition and Behaviour - Department of Cognitive Neuroscience, Nijmegen, Netherlands

Autism Spectrum Disorders (ASD) and Attention-Deficit / Hyperactivity Disorders (ADHD) are neuropsychiatric developmental disorders that frequently co-occur (Rommelse et al., 2010). The frequent comorbidity of both disorders is likely due to substantial overlap in genetic factors, cognitive dysfunctions, and functional and structural brain characteristics between ASD and ADHD (Rommelse et al., 2011). Both disorders are also hypothesized to share a common precursor, i.e. early deficits in executive attention (Johnson et al., 2015; Visser et al. 2016). In this lecture, I will review the evidence for shared and unique genetic, cognitive and neural factors that are involved in ASD and ADHD and will argue that ADHD and ASD may be both manifestations of one overarching neurodevelopmental disorder. Among others, I will review and contrast the structural MRI correlates of ADHD and ASD as reported by the respective ENIGMA working groups, present the results of a causal discovery analysis (Sokolova et al. 2017), and put the ASD and ADHD overlap within a life-span perspective (Hartman et al. 2016; Rommelse et al. 2017)

The last part of the lecture will discuss clinical implications of this view and outline further approaches for research, including interventions and prevention.

#### References

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Analysis of the Comorbidity Between Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). *J Autism Dev Disord*. 2017 Jun;47(6):1595-1604.

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Rommelse NN, Geurts HM, Franke B, Buitelaar JK, Hartman CA. A review on cognitive and brain endophenotypes that may be common in autism spectrum disorder and attention-deficit/hyperactivity disorder and facilitate the search for pleiotropic genes. *Neurosci Biobehav Rev*. 2011 May;35(6):1363-96.

Rommelse NN, Franke B, Geurts HM, Hartman CA, Buitelaar JK. Shared heritability of attention-deficit/hyperactivity disorder and autism spectrum disorder. *Eur Child Adolesc Psychiatry*. 2010 Mar;19(3):281-95.

25 July 2018, 09:40 - 10:25, Forum Hall

PL 05

### Synchrony and the neurobiology of human attachments; trajectories of well-being and psychopathology from infancy to adolescence

R. Feldman<sup>1</sup>

<sup>1</sup>Interdisciplinary Center, Simms-Mann Professor of Developmental Neuroscience, Herzliya, Israel

Synchrony – the coordination of biological and behavioral processes between attachment partners during social contact - provides the basis for social affiliation in mammals and charts a central mechanism for stress management, empathy, and the development of the „affiliative brain“ in humans. In this talk, I will present our model on the neurobiology of human attachments and detail the contribution of the extended oxytocin system to the development of social synchrony at the genetic, brain, hormonal, and behavioral levels across the individual's multiple attachments bonds. Research on the parental brain will be discussed as the junction of evolutionary progress and as a template for species-continuity and sociality of the young. Following, I will present findings from several birth-to-adolescence cohorts involving disruptions to parent-infant bonding, including the long term effects of premature birth, maternal post-partum depression, and chronic trauma exposure on children's brain, behavior, the capacity for empathy, and stress- and affiliation-related neuroendocrine systems. The talk will conclude by addressing the implications of the model for the construction of targeted early interventions and expanding the discussion on the mind-brain polarity

25 July 2018, 14:00 - 14:45, Forum Hall

PL 06

## Temperament and the emergence of social anxiety in childhood: the roles of reactive and proactive cognitive control

N. Fox<sup>1</sup>

<sup>1</sup>University of Maryland, Department of Human Development and Quantitative Methodology, Maryland, USA

Temperament refers to individual differences in reactivity that can be identified in the first years of life. One such temperament, Behavioral Inhibition (BI), is marked by strong physiological, behavioral, and emotional responses to unfamiliar people and contexts. Data suggest that BI is a risk factor for development of social anxiety disorder. Despite this increased risk for psychopathology, only about half of inhibited children manifest clinically significant anxiety by late adolescence, suggesting that temperament constrains, but does not rigidly determine, developmental outcome. Our research examines the roles of both reactive and proactive cognitive control in exacerbating or mitigating risk for psychopathology in children with a history of BI. Reactive control involves processing information in an automatic, stimulus-driven, and reflexive way whereas proactive control involves more future-oriented and planful strategies. Our data suggest that children with a history of BI who are high in reactive control as indicated by strong physiological responses to immediately present cues signaling incompatible stimuli (inhibitory control), as well as unexpected, erroneous responses (error-monitoring), show particularly high levels of anxiety and impairment in social skills. In contrast, children with a history of BI who perform relatively well on planful cognitive control tasks show less anxious behavior. My talk with outline links between both types of cognitive control and emergent adaptive and maladaptive social behavior.

### Learning objectives:

1. Understand the temperament of behavioral inhibition and its link to anxiety disorders
2. Understand differences in reactive and proactive cognitive control and its measurement
3. Understand the moderating roles of both reactive and proactive control between temperament and anxiety

26 July 2018, 09:40 - 10:25, Forum Hall

PL 07

## The persistent impact of being bullied during childhood and adolescence: Implications of policy and practice

L. Arseneault<sup>1</sup>

<sup>1</sup>King's College London, Institute of Psychiatry- Psychology and Neuroscience, London, United Kingdom

### Learning Objectives

To learn about the implications for policy and practice of research on the pervasive and long term impact of childhood bullying victimization.

### Workshop Description

This presentation aims to provide a review of the evidence for an independent contribution of childhood bullying victimisation to the development of poor outcomes throughout the life span, and discuss the implications for policy and practice. Three sets of evidence will be presented and discussed: (1) being

bullied in childhood is associated with distress and symptoms of mental health problems; (2) the consequences of childhood bullying victimisation can persist up to midlife and, in addition to mental health, can impact physical and socioeconomic outcomes; and (3) some factors can predispose children to be targeted by bullying behaviours. While considerable efforts are in place to reduce bullying behaviours and limit its impact on the victims, efforts and funds should also be invested in interventions focused on limiting distress and adjustment difficulties among young victims and possibly by the same token, preventing long-lasting problems in later life. Further work is needed to understand why and how young people's aspirations are often cut short by this all too common adverse social experience. In parallel, we must develop effective strategies to tackle this form of abuse and its consequences for the victims. Addressing bullying in childhood could not only reduce children's and adolescents' mental health symptoms but also prevent psychiatric and socioeconomic difficulties up to adulthood and reduce considerable costs for society.

26 July 2018, 14:00 - 14:45, Forum Hall

PL 08

## Childhood depression in children and adolescents: Where have we been and where are we going?

G.A. Carlson<sup>1</sup>

<sup>1</sup>Stony Brook University School of Medicine, Professor of Psychiatry and Pediatrics, Stony Brook, USA

Developmental disorders begin in childhood and may attenuate with age. Mood disorders, on the other hand, are generally considered "adult" disorders they begin by late childhood or early adolescence (Kim-Cohen et al., 2003) in over half the cases (Kim-Cohen et al., 2003). They are often not recognized as such, however. Much of the effort over the past 50 years has been in unmasking depression, separating the mood from comorbid disorders and ascertaining the degree to which the mood symptoms are primary, enduring and continuous with adult mood disorders. Insofar as the symptoms are impairing in youth, they are worthy of uncovering etiology and developing treatment regardless of whether they presage or are continuous with adult psychopathology, either homotypically or heterotypically. This keynote address will review where the field has been and where we need to go with regard to phenomenology and treatment.

27 July 2018, 09:40 - 10:25, Forum Hall

PL 09

## Population neuroscience of the adolescent brain: observing to change

T. Paus<sup>1,2</sup>

<sup>1</sup>University of Toronto, Toronto, Canada  
<sup>2</sup>Child Mind Institute, New York, USA

Population neuroscience endeavors to identify environmental and genetic factors that shape the function and structure of the human brain; it uses the tools and knowledge of genetics (and the "omics" sciences), epidemiology, and neuroscience. By understanding the processes driving variations in brain function and structure across individuals, we will also be able to predict an individual's risk of (or resilience against) developing a brain disorder. In the long term, the hope is that population neuroscience will lay the foundation for personalized preventive medicine and, in turn, reduce the burden associated with complex, chronic disorders of brain and body. In this talk, I will introduce the basic concepts of population neuroscience and illustrate this approach



using data collected in the Saguenay Youth Study, the IMAGEN Study and ALSPAC. I will talk about our recent work on gene-expression profiles of sex and stress hormones, the relationship between income inequality and brain maturation, and polygenic risk score for schizophrenia, cannabis use and brain maturation. I will close by outlining possible strategies for translating knowledge obtained by such observational sciences into stratified preventive strategies aimed at changing health behaviors and, in turn, preventing common disorders of the brain and body.

**27 July 2018, 14:00 - 14:45, Forum Hall**

**PL 10**

**E. James Anthony's lecture: Insights from developmental research for the practicing child psychiatrist**

**A. Harrison<sup>1</sup>**

*<sup>1</sup>Cambridge Health Alliance-, Harvard Medical School, Cambridge, USA*

Current research has documented the essential function of the caregiving relationship in modulating risk factors due to both heredity and the environment. Reciprocal communication of affect and intention between infant and caregiver creates a sense of safety and enjoyment within the infant that promotes the exploration of the world and the generation of meanings about self and other. Self-regulation and a sense of agency grow from this mutual exchange. Similar reciprocal processes – largely communicated through the body and the “musical” elements of speech – take place between an older child and the child psychotherapist. An understanding of these developmental processes enriches psychodynamic and psychoanalytic theory and is useful to a child psychiatrist when functioning as the child’s psychotherapist and also when serving as a consultant to parents or as a member of a clinical team. The presentation provides videotape demonstrations of how this development perspective can be useful in child psychotherapy and also how the developmental perspective can play a role in training health workers caring for infants and their parents.

**Educational Objectives:**

1. After attending this lecture the participant will be able to name three adverse child experiences modulated by a responsive caregiving relationship.
2. After attending this lecture the participant will be able to explain how nonverbal communication is important in creating a sense of safety and agency in psychotherapy.
3. After attending this lecture the participant will be able to discuss how child psychiatrists can use their expertise to train health workers in preventive mental health in developing countries.

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## STATE OF ART LECTURES





## State of Art lectures

24 July 2018, 12:15 - 13:00, Forum Hall

SoA 01

### Diversity and uniqueness in ASD

J. Fuentes<sup>1,2</sup>

<sup>1</sup>*Policlínica Gipuzkoa, Child & Adolescent Psychiatry Unit, Chief, Donostia / San Sebastian, Spain*

<sup>2</sup>*Gautena Autism Program in the Gipuzkoa region, Spanish Basque Country, Research Consultant, Spain*

Autism Spectrum Disorders (ASD) are neurodevelopmental conditions that are more common than accepted. They challenge the way individuals interact with others and the world around them, and the core symptoms involve difficulties for complex social communication; sharing empathy and coping with unexpected changes. These persons tend to focus on narrow personal interests and often have sensorial dysfunctions. This condition is a mixture of strengths and limitations, and is often comorbid with diverse psychiatric disorders. In recent years, the diversity present in the spectrum has been acknowledged; with people located in the neurodiversity arena, and others frankly entering a disability situation. This calls for careful consideration of both, symptoms and their generated - or not - negative impact, in terms of health, education, employment, social inclusion and self-determination. In other words, symptoms alone do not define a disorder; and a negative impact on the person has to be established, meriting then diagnosis and intervention.

This combination of respecting diversity and supporting those in need can be difficult for many clinicians. We do know many key aspects about comorbid conditions and about the strategies that promote a good quality of life in many of these citizens, but uniqueness is an essential characteristic in ASD. Personalization thus is mandatory, and although we have significant knowledge and practice in identifying, diagnosing and treating those with the more classic autism, we are missing information, experience and resources to support those who do not fit in our restricted schema. Therefore, child and adolescent psychiatry and allied professions have great opportunities to develop our field and to improve our communities.

24 July 2018, 12:15 - 13:00, North Hall

SoA 02

### Risk and resilience in children born to parents with severe mental illness – what do we know and what can we do?

A.A.E. Thorup<sup>1,2</sup>

<sup>1</sup>*University of Copenhagen, Faculty of Health and Medical Science- Institute of Clinical Medicine, Copenhagen, Denmark*

<sup>2</sup>*Research Unit at Child and Adolescent Mental Health Center, Denmark*

Background: For decades familial high-risk studies have informed us about genetic and environmental risk factors for schizophrenia and bipolar disorder. Results from familial high-risk studies can help inform us about developmental psychopathology, early markers of mental illness and possible protective factors and resilience.

Method: The Danish High Risk and Resilience Study – VIA 7 is a prospective cohort study of 522 7-year old children, 202 of them born to at least one parent diagnosed with schizophrenia in the Danish registries, 120 of them born to a least one parent diagnosed with bipolar disorder and 200 of them born to parents without any of these diagnoses. A comprehensive battery has been used

combining assessments from several domains for both parents and children.

Results: Results show that children born to parents with schizophrenia and to some extent also bipolar disorder show early signs of vulnerability that may influence their daily functioning already at age 7 compared to controls. Results concerning psychopathology, neuro-cognition, motor functioning and language development will be presented together with data on attachment and environmental factors, including the home environment.

Discussion: Results from the first assessment in VIA 7 indicate that many children and families have unmet needs and problems. This unique cohort is currently being followed-up at age 11 and simultaneously we have evolved an early, integrated, specialized and family based intervention, called VIA Family, aiming to prevent or ameliorate the development mental health problems in individuals born to parents with severe mental illnesses. Perspectives and first experiences will be discussed.

24.07.2018, 12:15 - 13:00, South Hall 2A

SoA 03

### Child and adolescent psychiatry through the lens of infant psychiatry

M. Keren<sup>1</sup>

<sup>1</sup>*Tel Aviv University, Geha Mental Health Center- Infant Mental Health Unit, Petah Tiqva, Israel*

Continuity and discontinuity from infancy to adolescence is still a major issue in pediatric psychiatry. The major difference between the developmental psychopathology viewpoint and the traditional perspective of psychiatry is its conceptualization of mental disorder not as an inherent trait that resides in an individual but as something that emerges from the dynamic interplay between intraindividual and extra-individual contexts. The parent-infant relationship is one of these contexts where the infant's own biological protective and risk factors are in a complex interplay with the parent's biological and psychological strengths and weaknesses. In this lecture, we suggest to look at maladaptive behaviors in childhood and adolescence through the lens of this interplay, and we will end with an illustrative vignette.

24.07.2018, 12:15 - 13:00, South Hall 2A

SoA 21

### Moving Treatment Planning

G. Harper<sup>1</sup>

<sup>1</sup>*Harvard Medical School, Boston, USA*

In treatment planning we take clinical information and make a treatment plan. Though more complex than individual diagnosis and treatment, it is often not discussed. Treatment planning should get moving, should reflect the movement of children and youth, as they learn and grow, and should use language that is emotionally moving and experience-near. Here we define treatment planning, review conventional approaches and their limitations, and offer a more dynamic, inclusive approach based on consensus-based focal treatment planning.

24 July 2018, 12:15 - 13:00, South Hall 2B

SoA 04

### Right to mental health: opportunities and challenges for child and



## adolescent psychiatry on the way to its realization

**D. Puras<sup>1</sup>**

<sup>1</sup>*Vilnius University, Vilnius University Hospital- Child Development Center, Vilnius, Lithuania*

The lecture will provide modern understanding about:

- obligations of states and other stakeholders with regard to realization of the right to health and other related human rights;
- practical application of human rights based approach in the field of child and adolescent psychiatry;
- challenges and opportunities for child and adolescent psychiatry on the way to expanding human rights friendly and effective services for child and adolescents.

Mental health is increasingly recognized as a new priority of the 21st century. This is a unique opportunity globally, regionally and nationally to invest in child mental health through effective promotion of emotional well-being of everyone and through effective services based on modern human rights based and public health approaches.

In this regard it is important to critically assess practices that are being provided and funded globally so far. Many of them need to be replicated as good practices. However, there are many practices worldwide that are not based on modern human rights and public health principles. They may do more harm than good and should be discontinued. For example, neglect of basic principles may lead to institutionalization, coercion, excessive medicalization. Examples of such practices, as well as good practices will be provided.

**24 July 2018, 12:15 - 13:00, Terrace 2A**

**SoA 05**

## Borderline intellectual functioning - children in the gray zone

**K. Munir<sup>1</sup>**

<sup>1</sup>*Boston Children's Hospital- Harvard Medical School, Developmental Medicine Center, Cambridge, USA*

"Borderline Intellectual Functioning" (BIF) is a complex clinical entity represented in the DSM5 by a descriptive "v code". Many children and adolescents falling within this construct remain in a "gray zone," not only in terms of lack of consensus on definition of their limitations, but due to ineligibility for services for them. BIF is characterized by cognitive functioning falling between minus 1 standard deviation (85) or 16th percentile to minus 2 standard deviations (71) or 2nd percentile of the full-scale intellectual quotient (IQ). About 14 percent of the general population falls within this range. However, IQ is considered an outmoded concept and DSM5 currently emphasizes measures of 'executive functioning', e.g., reasoning, planning, consequential thinking, attention, and self-regulation, as more meaningful indicators of Intellectual Disability/Intellectual Developmental (ID/IDD). The DSM5 no longer specifies an IQ range for definition of BIF. Further research is needed to develop better international consensus on the BIF construct. More specific tools ought to be developed to screen those children and adolescents at highest risk and in need of additional diagnostic assessments. One categorical question is whether BIF ought to be promoted to status of mental disorder or simply eliminated altogether by combining it with expanded ID/IDD category that implies risk and defines service eligibility. Clinical and epidemiological evidence will be presented to further discuss the risk of poor health and health behaviors associated with BIF: in terms of mortality, mental health, obesity and smoking, as well as exercise levels. In addition, higher risk of exposures to social determinants of poorer health such as Adverse Childhood Experiences (ACEs) and cumulative (multiple) exposures across the lifespan will be considered. Children and adolescents

with BIF, as those subjects with mild ID/IDD, face significantly higher co-occurrence levels of mental disorders than those in the general population. Early detection of BIF plus risk needs to be incorporated within the health, education, and social care sectors. Additional research is urgently needed to address the concerns facing this risk group given the heightened challenges in society with the growing complexity and dependence on information technology in everyday life. This is also paramount in increasing use of AI and how it further differentially degrade employment options for this important population segment.

**25 July 2018, 12:15 - 13:00, Forum Hall**

**SoA 06**

## Self-harm and suicidal behavior in adolescents

**M. Kaess<sup>1</sup>**

<sup>1</sup>*University of Bern, Bern, Switzerland*

Adolescent self-harm is a common phenomenon that according to the DSM-5 can be distinguished by intent to die into nonsuicidal self-injury and suicidal behavior. Both nonsuicidal self-injury and suicidal behavior are commonly associated with the development of various mental disorders but are also closely related to each other. While they show distinct characteristics, there is a growing body of evidence for a so-called continuum of self-destructiveness and a potential cascade of severity that leads from nonsuicidal self-injury to suicide attempt. This lecture will present current knowledge on the prevalence and phenomenology of adolescent self-harm, give an overview on potential pathways leading to those behaviors and also leading from one behavior to the other. Finally, latest data and knowledge on the prevention and treatment efforts for adolescent self-harm will be presented.

**25 July 2018, 12:15 - 13:00, North Hall**

**SoA 07**

## What can we do to prevent severe mental illness in children at risk

**R. Uher<sup>1</sup>**

<sup>1</sup>*Dalhousie University, Department of Psychiatry, Halifax, Canada*

Severe mental illness includes some of the most disabling chronic diseases: schizophrenia, bipolar disorder and major depression. Most cases of severe mental illness have onset in adolescence or early adulthood. If we can identify risk of severe mental illness in childhood, pre-emptive interventions may prevent disability. I will outline recent developments towards early indicated prevention of severe mental illness, including the Families Overcoming Risks and Building Opportunities for WellBeing (FORBOW) study of youth at risk. Youth aged 1-21 years have been enrolled through identified parents and followed up annually with diagnostic and risk assessments. One in two eligible youth are randomly selected to be offered the Skills for Wellness (SWELL), a personalized skills-learning intervention based on cognitive-behavioral therapy. A combination of antecedents including affective lability, anxiety, psychotic symptoms and basic symptoms accurately predicts new onsets of severe mental illness and allows effective selection of individuals for early intervention. SWELL is highly acceptable to youth and effectively targets these antecedents. Ongoing projects aim to answer questions about personalization, timing and the long-term effects of early interventions on mental health.

### Learning objectives:

- Evaluate the implications of heterotypic continuity of developmental psychopathology for the timing of prevention.
- Describe developmental antecedents to severe mental illness.

3. Discuss the potential of pre-emptive early interventions to reduce the risk of several mental illness.

**25 July 2018, 12:15 - 13:00, South Hall 2A**

**SoA 08**

## The pharmacological treatment of anxiety and depression - from research to clinical practice

B. Birmaher<sup>1</sup>

<sup>1</sup>University of Pittsburgh Medical Center, Department of Psychiatry, Pittsburgh, USA

Depressive and anxiety disorders are common conditions that significantly affect the child emotional and psychosocial development and increase the risk for suicide, substance abuse, and other psychiatric disorders. Most of the extant treatment studies concerning the treatment of these disorders include psychosocial and/or pharmacological management. For Major Depressive Disorder (MDD), cognitive behavior therapy (CBT) and Interpersonal Psychotherapy (IPT) and the antidepressants, mainly the Selective Reuptake Inhibitors (SSRIs), have been found beneficial for the acute and the prevention of depressive relapses. There are no maintenance treatment studies for the prevention of recurrences in youth with MDD, but there is consensus that some youth especially those with recurrent and severe illness require years of treatment to avoid recurrences. For anxiety disorders, existing literature indicates that the use of SSRIs, CBT and in particular the combination of these two treatments are very efficacious for the treatment of these disorders in youth. As in depression, after a youth has responded to treatment they should be continue the treatment for at least 6-12 months to avoid relapses or recurrences. Although the antidepressants are useful for the treatment of these disorders, their use has to be weighed against their potential side effects, particularly the small, but significant association between SSRIs and suicidal behaviors. At this presentation participants will be acquainted with the existing literature regarding randomized controlled trials for youth with MDD and anxiety disorders. In addition, participants will be knowledgeable about the side effects of SSRIs

**25.07.2018, 12:15 - 13:00, South Hall 2A**

**SoA 22**

## Treatment of Anxiety and Depression in Children and Adolescents

J. Walkup<sup>1,2</sup>

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<sup>2</sup>Northwestern University Feinberg, Child and Adolescent Psychiatry, Chicago, USA

Learning objectives: At the end of the presentation the participant will:

1. be able to discuss the reasons why anxiety disorders are often unrecognized and under treated across the lifespan.
2. be able to discuss the relevant studies from the evidence based that support the efficacy of medication and psychotherapy for teen depression,

Objective: Anxiety and depression in children and adolescents are high prevalence conditions for which there are well established treatments. Yet, the promise of these treatments are not always realized for the large number of affected children.

Methods: Review of the current treatment literature.

Results: 1. The anxiety disorders begin in childhood and their presentations evolve across the lifespan with significant implications for recognition and treatment planning. 2. Much controversy surrounds the pharmacological treatment of children and adolescents with depression. Understanding of the limitations of meta-analytic approaches to the depression evidence base and a focused review of high quality treatment studies suggest a more positive view of pharmacological treatment of teen depression.

Conclusion: Appreciating the evolution of anxiety and depressive symptom patterns overtime, understanding of the high quality treatment studies and adjusting treatment accordingly offers great hope for affected children and adolescents.

**25 July 2018, 12:15 - 13:00, South Hall 2B**

**SoA 09**

## Child and adolescent mental health in the SDG era

C. Servili<sup>1</sup>

<sup>1</sup>World Health Organization, Department of Mental Health and Substance Abuse, Geneva, Switzerland

Abstract not available

**25 July 2018, 12:15 - 13:00, Terrace 2A**

**SoA 10**

## Modern technologies in diagnostic and cares in autism

D. Cohen<sup>1</sup>

<sup>1</sup>University Pierre et Marie Curie, Child and Adolescent Psychiatry, Paris, France

The number of studies focusing on the use of information and communication technology (ICT) and robotics for individuals with autism has been rising steeply over the last 15 years. In this lecture, I summarize the hopes but also the current challenges raised by these methods distinguishing the following domains: (1) the search for automatic tools to produce diagnostic measures; (2) the computation of serious games aiming at training specific skills (e.g. emotion recognition; social interaction; literacy); (3) interaction with robotic platforms. To illustrate these domains, we will detail some paradigmatic examples taken from projects in which my group worked as a partner (see references). I conclude that the potential benefits of the use of ICT and robotics for individuals with autism is enormous given what has been achieved in less than 15 years. However, limitations are numerous and clinical validation is often lacking. BOUCENNA S et al. Cognitive developmental robotics: How robots learn to recognize individuals from imitating children with autism and other agents. Scientific Report 2016; 6: e19908 COHEN D et al. Do motherese prosody and fathers' commitment facilitate social interaction in infants who will later develop autism? PlosONE 2013; 8(5): e61402 DELAHERCHE E et al. Assessment of communicative and coordination skills of children with pervasive developmental disorders and typically developing children using social signal processing. Research in Autism Spectrum Disorders 2013; 7: 741-756. GROSSARD C et al. Serious games to teach social interactions and emotions to individuals with autism spectrum disorders (ASD). Cognition and Education 2017; 113: 195-211.



26 July 2018, 12:15 - 13:00, Forum Hall

SoA 11

### Decomposing ADHD diagnosis across the life cycle

L. Rohde<sup>1</sup>

<sup>1</sup>*Federal University of Rio Grande do Sul-, ADHD outpatient Program- Hospital de Clinicas de Porto Alegre, Petrópolis, Brazil*

In this presentation, major issues regarding the validity of AttentionDeficit/Hyperactivity Disorder (ADHD) as a unified construct or as a heterogeneous syndrome will be critically discussed from an evidence-based perspective. Main areas reviewed are: The psychometric problems that are clinically relevant in the current ADHD construct; ADHD types, presentations or different disorders? The case of ADHD without hyperactivity; ADHD and Sluggish Cognitive Tempo: Different disorders? ADHD and comorbidities: a possible way of decomposing ADHD construct? Trajectories of ADHD: Is late-onset ADHD a new disorder? ADHD in the RDoC era; the implications in decomposing the ADHD construct.

26 July 2018, 12:15 - 13:00, North Hall

SoA 12

### My parent has bipolar disorder; am I at risk? Brain imaging and clinical studies of bipolar offspring.

T. Hájek<sup>1,2</sup>

<sup>1</sup>*Dalhousie University, Department of Psychiatry- Faculty of Medicine, Halifax, Canada*

<sup>2</sup>*National Institute of Mental Health-, Klecany, Czech Republic*

Bipolar disorders (BD) typically develop in late teens or early 20s and follow a recurrent course. The combination of early age of onset and life-long course make BD one of the leading causes of morbidity and disability worldwide. While heritability estimates for BD are as high as 89%, there are no widely accepted biological markers of the disorder and diagnosis is made based on behavioural symptoms. This complicates clinical work and contributes to the fact that correct diagnosis of BD often lags behind symptom onset by up to a decade.

Brain imaging has the unique ability to non-invasively investigate brain structure and function. Yet, brain imaging remains of limited diagnostic use in psychiatry, due to clinical heterogeneity and low sensitivity/specificity of between-group neuroimaging differences. Studying unaffected offspring of parents with bipolar disorders (BD), so called genetic high-risk design, decreases clinical heterogeneity and thus increases sensitivity for detection of biomarkers.

This presentation will review the results of brain imaging studies in participants at genetic risk for BD by us and others. I will focus on 1) the most replicated neurostructural signature of bipolar disorders (larger right inferior frontal gyrus); 2) prognostic relevance of larger IFG for future conversion to mood disorders; 3) the translational use of machine learning/pattern recognition analyses of MRI data to identify participants with or at risk for BD, and on; 4) novel brain imaging outcome measures, including brain age and their utility in differentiating between early stages of BD and early stages of schizophrenia.

At the end of this session, the participants will have an understanding of: 1) the factors affecting brain structure in mood disorders; 2) the main neuroimaging findings in participants at risk for BD; 3) the main reasons why brain imaging has remained of limited use in psychiatry, and; 4) developments, which could help in translating brain imaging from bench to the bedside.

26 July 2018, 12:15 - 13:00, South Hall 2A

SoA 13

### How to understand adolescents with Asperger syndrome: a clinical account and observations over 17 years

H. Remschmidt<sup>1</sup>

<sup>1</sup>*Philipps University, Clinic for Child and Adolescent Psychiatry, Marburg, Germany*

Numerous papers have been published since the first description of a condition which was originally described by Hans Asperger in 1944 as „autistic psychopathy“, was later called „Asperger syndrome“ and is now subsumed under the term „autism spectrum disorders“, and still, the condition is an enigma. After some remarks on history and classification as well as on assessment and differential diagnosis, the talk will concentrate on considerations about etiology and about different approaches towards understanding the condition. Currently, neuropsychological theories seem to be the best way of approaching children and adolescents with Asperger syndrome or high-functioning autism. A theoretical concept will be presented including theory of mind, executive functions, and central coherence, and an attempt will be made to understand the condition in terms of integration deficits affecting the cognitive, affective, and social functioning cerebral systems.

The main features, the developmental course and also the result of treatment measures will be exemplified by videotapes of a patient whose development could be followed up for 17 years. The diagnosis was made when he was 15, followed by numerous intensive treatment activities. He is meanwhile 32 years old and a high school teacher.

26 July 2018, 12:15 - 13:00, South Hall 2B

SoA 14

### Pathogenesis of Tourette syndrome: clues from clinical phenotypes

V. Eapen<sup>1</sup>

<sup>1</sup>*University of New South Wales, Infant- Child and Adolescent Psychiatry, Randwick, Australia*

Tourette Syndrome (TS) is a neurodevelopmental disorder affecting 1% of children and it is often mis-understood and under-diagnosed. TS is highly heritable yet genetically heterogeneous. The genetic heterogeneity also links to clinical heterogeneity and this session will trace the pathogenesis of TS from genotypes to clinical phenotypes including the commonly occurring co-morbidities such as ADHD and OCD. The role of fronto-striatal pathways will be discussed to illustrate how these neuronal circuits serve as the final common pathway in translating genetic vulnerability to tics and related behaviours. Evidence from genetic, neuroimaging and phenomenological data sets suggest that there are different subtypes of TS and OCD and that some forms of OCD are alternative phenotypic expressions of the putative TS gene(s) with gender dependent differences in the phenotypic expression. Newly emerging data including neurophysiological findings suggest that the improvement in tic symptoms with age may be the result of frontal compensatory responses, with frontal cortices becoming more efficiently connected to the striatum and to the motor and sensorimotor cortices. Thus research exploring the neuronal circuitry in relation to sensorimotor gating, procedural learning, and habit formation as well as its genetic underpinnings has implications for understanding the genesis, course and outcome as well as the management. Learning objectives: • Be able to recognize TS including the common co-morbidities • Understand the genetic and neurobiological factors that underpin the translation of biological vulnerability to clinically significant symptoms • Integrate information in relation to the links between neuronal substrates and circuitry to clinical symptoms and implications for management.

26 July 2018, 12:15 - 13:00, Terrace 2A

SoA 15

## Adverse childhood experiences and their consequences for children and adolescents

J.M. Fegert<sup>1</sup>

<sup>1</sup>Ulm University, Ulm University Hospital - Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Germany

In the last decades researchers have been starting to understand the magnitude and impact of adverse childhood experiences (ACEs) on human development. This has led to changes in the public awareness, as for example child maltreatment is considered a major public health issue. In this talk the magnitude of the problem, consequences and underlying mechanisms will be presented, based on international research and representative studies from Germany.

Meta-analysis on the prevalence of child maltreatment underline the importance of the problem. In a recent representative survey in German, 2.6% reported severe emotional, 3.3% severe physical, 2.3% severe sexual abuse, 7.1% severe emotional and 9% severe physical neglect. End of the year 2017 data on the prevalence of ACEs in the German population will be available and presented in this talk.

The consequences of ACEs are diverse, including behavioral and emotional problems as well as somatic disorders. Results from a representative study will be presented, indicating a dose-response relationship between ACEs and a large variety of health problems. To better understand the consequences of ACEs, the ACE pyramid provides a framework of the mechanisms by which ACEs influence health and wellbeing throughout the lifespan.

Learning Objectives:

Learn about the magnitude of Adverse Childhood Experience in Germany and worldwide.

Recognize the individual and societal consequences of Adverse Childhood Experiences.

Summarize underlying mechanisms by which health and wellbeing are impacted by Adverse Childhood Experiences.

27 July 2018, 12:15 - 13:00, Forum Hall

SoA 16

## Solving the puzzle of autism: how far have we come?

M. Hrdlička<sup>1,2</sup>

<sup>1</sup>Charles University Second Faculty of Medicine, Department of Child Psychiatry, Prague, Czech Republic  
<sup>2</sup>University Hospital Motol, Prague, Czech Republic

New views on the origins of autism will be discussed and recent findings in the fields of structural brain imaging and brain connectivity will be summarized. Next, the concept of 'recovery from autism' will be reviewed, followed by an assessment of results from oxytocin studies in those with autism. Additionally, the concept of 'latent social skills in autism' will be introduced. Next, studies of understudied populations (e.g., preterm children, autism in individuals with organic affections of the brain) will be presented. Finally, implications for future research, stemming from the above-mentioned topics, will be explored.

Learning objectives are to: (1) learn more about brain structure and function in

autism; (2) summarize controversies in the concept of autism; and (3) present possible directions for the future autism research.

27 July 2018, 12:15 - 13:00, North Hall

SoA 17

## Unravelling the genetic and neuroendocrine basis of adolescent eating disorders

J. Hebebrand<sup>1</sup>

<sup>1</sup>University of Duisburg-Essen, Department of Child and Adolescent Psychiatry- Psychosomatics and Psychotherapy, Essen, Germany

The three major eating disorders anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED) can be diagnosed according to DSM5; in total these disorders affect up to 6% of adolescents. The overview will focus on the relationship between eating and weight disorders and attempt to associate psychopathology with specific body weight categories. Recent genome wide association studies (GWAS) and meta-analyses thereof point to an overlap between genetic factors predisposing to a low body weight and those involved in the genetic predisposition to AN. Genetic correlations have also been found between body mass index (BMI; kg/m<sup>2</sup>) and other psychiatric disorders including schizophrenia. The premorbid body weight in AN patients has been shown to be in the normal or lower range; in contrast, overweight has been identified as a risk factor for the development of BN and BED. Because primary symptoms of AN are tightly intertwined with symptoms secondary to starvation, specific symptoms of the disorder are potentially amenable to treatment via targeting of the neuroendocrine basis of starvation. In particular, the hormone leptin appears promising to reduce starvation related hyperactivity. In addition, exogenous application of leptin may reduce an addictive like restrained eating behavior and reduce some eating disorder specific cognitive symptoms.

27 July 2018, 12:15 - 13:00, South Hall 2A

SoA 18

## Mental health and interventions for child and adolescent refugees

J. Fayyad<sup>1,2,3,4</sup>

<sup>1</sup>Balamand University Faculty of Medicine, Department of Psychiatry and Clinical Psychology, Beirut, Lebanon

<sup>2</sup>Advocacy and Applied Care IDRAAC, Institute for Development- Research, Beirut, Lebanon

<sup>3</sup>Medical Institute for Neuropsychological Disorders MIND, Beirut, Lebanon

<sup>4</sup>St. George Hospital University Medical Center, Beirut, Lebanon

Elie G. Karam, Caroline Cordahi Tabet, Aimee Nasser Karam, Youmna Cassir Haddad, Claudia Farhat, Zeina Mneimneh, Nadine Melhem, Hani Dimassi, Mariana Salamoun, Lynn Farah, Joumana Yeretizian

Children and adolescents in developing countries are exposed to war trauma and conflicts yet there are limited country resources to provide them with mental health support. Interventions are needed to reach the largest number of child and adolescent refugees possible, and while many international organizations offer psychosocial and mental health support, the evidence for their programming is, at best, limited. There is also an urgent need to promote and conduct research at a local level using sound scientific methods in order to build evidence for what works and what does not. This lecture will draw on field experiences in researching the impact of 3 separate wars on child mental health, illustrating with data from prospective studies as well as controlled interventions, highlighting challenges encountered and discussing unique opportunities for the advancement of knowledge emanating from real world



refugee settings. Resilience-building interventions for refugee children and their families will be discussed, including a school-based teacher-mediated resilience building intervention targeting students, and a positive parenting intervention that can be administered by lay (non-mental health) workers targeting parents. Governments, international child and adolescent psychiatry associations as well as international and national NGOs are urged to exert concerted efforts to promote collection of evidence for interventions for refugee populations.

Learning Objectives: At the end of the session, participants will be able to: Identify mental health needs of refugee child and adolescent populations. Identify challenges in collecting evidence of efficacy of interventions for child and adolescent refugees and their families Advocate for the need to collect evidence for interventions targeting refugee populations

References: 1. Resilience-promoting factors in war-exposed adolescents: an epidemiologic study. Fayyad J, Cordahi-Tabet C, Yeretjian J, Salamoun M, Najm C, Karam EG. *Eur Child Adolesc Psychiatry*. 2017 Feb;26(2):191-200. doi: 10.1007/s00787-016-0871-0.

2. Displaced Children: The Psychological Implications. Joshi PT, Fayyad JA. *Child Adolesc Psychiatr Clin N Am*. 2015 Oct;24(4):715-30. Review.

3. Outcome of depression and anxiety after war: a prospective epidemiologic study of children and adolescents. Karam EG, Fayyad J, Karam AN, Melhem N, Mneimneh Z, Dimassi H, Tabet CC. *J Trauma Stress*. 2014 Apr;27(2):192-9.

**27 July 2018, 12:15 - 13:00, South Hall 2B**

**SoA 19**

### Legalization and regulation of cannabis/marijuana

C. Wilkes<sup>1</sup>

<sup>1</sup>*University of Calgary, Faculty of Medicine- Department of Psychiatry- Assoc Professor-, Calgary, Canada*

Acute clinical Psychiatry and public mental health have collided as Canada has been struggling with the legalization and regulation of Cannabis/Marijuana. This presentation will focus on defining the concerns involved in this process of decriminalization and minimizing harm of use of Cannabis/Marijuana and the question of legalization with or without regulation. The impact of increasing the availability of this substance on addictions and addictive behavior will be explored using the lens of Toxic Stress, the ACE study, neuro-development and the social determinants of health. We will also examine the risks of Cannabis/Marijuana use for youth, pregnant women and those with serious mental health disorders. Emphasis will be made of the relative risks of driving accidents with Cannabis, alcohol and psycho-tropic medication and the importance of evidenced-informed public education programs. Especially in the context of the correlation of perceived risk and use by students and the public.

Learning objectives:

1) A public health approach with strict regulation of use and access to Cannabis/Marijuana is critical in minimizing harm of use.

2) Cannabis/Marijuana Addictions should be seen through the lens of complex traumatic spectrum disorders linked to the social determinants of health.

3) Children and Youth, Pregnant Women and patients with serious mental health disorders are at particular high risk of Cannabis/Marijuana use.

**27 July 2018, 12:15 - 13:00, Terrace 2A**

**SoA 20**

### Highlighting Africa's unique CAMH needs emerging from its rich and diverse peoples, contexts and cultures

O. Omigbodun<sup>1</sup>

<sup>1</sup>*College of Medicine- University of Ibadan & University College Hospital, Centre for Child and Adolescent Mental Health CCAMH and Department of Psychiatry, Ibadan, Nigeria*

According to the United Nations, there are 54 recognised countries in Africa, although the African Union recognises 55, the difference resulting from disputed territories. Africa is the world's second largest and second most populous continent. Out of the world's 7.6 billion population, 17% (1.3 billion) live in Africa. Africa has a rapidly growing, youthful population with growth rates of 2-3% each year and of the anticipated growth in global population of 2.2 billion between now and 2050, 1.3 billion will be added in Africa. The population of this diverse continent will continue to increase as the large numbers of children and adolescents reach adulthood. As a result, Africa will play a major role in shaping the size and distribution of the world's population for decades to come. Out of all the countries in the world, Nigeria's population, currently the 7th largest in the world, is growing the most rapidly and Nigeria is projected to become the third most populous country by 2050. About 41% of Africa's population is under the age of 15 while 60% are younger than 24 years. By far Africa has the largest proportion of children under 15 (41%), with Latin America and the Caribbean a distant second at 25% and Asia at 24%. In addition to the large, youthful, rapidly growing population, Africa is the world's most diverse continent with over 3000 different and distinct ethnic groups and over 2000 languages.

This presentation throws light on the unique current and projected child and adolescent mental health (CAMH) needs of Africa's diverse youthful population. Identifying these needs are a key to the provision of CAMH interventions and services so that the 2030 Sustainable Development Goals (SDGs), which include the promotion of the mental health and wellbeing of Africa's youthful population, can be met.

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# IACAPAP 2018

UNDERSTANDING DIVERSITY  
AND UNIQUENESS

23–27 JULY 2018  
PRAGUE, CZECH REPUBLIC



## RESEARCH SYMPOSIA



## Research symposia

### Catatonia in children and adolescents: new findings

24 July 2018, 08:00 - 09:30, Forum Hall

RS 01

### Catatonia in children and adolescents: new findings

D. Dhossche<sup>1</sup>

<sup>1</sup>University of Mississippi Medical Center, Psychiatry, Jackson, USA

#### Symposium Overview

Catatonia is a disorder characterized by various motor, behavioral and autonomic abnormalities. The concept was introduced by Karl Kahlbaum in 1874. Catatonia can be severe and life-threatening when accompanied by autonomic dysfunction. It is a treatable condition that warrants prompt diagnosis and treatment in order to reduce morbidity and mortality.

Catatonia also occurs in children and adolescents and is associated with a variety of pediatric disorders. Available evidence describes a wide prevalence range of pediatric catatonia, from 0.6 to 17.7%. Some studies support that pediatric catatonia may be more common than previously thought. Pediatric catatonia develops in patients with concurrent medical, psychotic and affective disorders, toxic states, autism spectrum disorders, developmental disorders, tic disorders, posttraumatic conditions, and miscellaneous syndromes such as Kleine-Levin Syndrome and Pervasive Refusal Syndrome. Case-reports support benzodiazepines and electroconvulsive therapy as safe and effective treatments for pediatric catatonia that do not carry the risk for precipitating Neuroleptic Malignant Syndrome and that do not result in neuropsychological impairment.

In this symposium, the current status of pediatric catatonia, its DSM-5 classification, assessment, and treatment are presented with emphasis on its association with Obsessive Compulsive Disorder (presentation by Jaimes-Albornoz et al.) and Pervasive Refusal Syndrome (presentation by Chamot et al.), and on its neurobiological, autoimmune (presentation of Ferrafiat et al.), and genetic (presentation of Benarous et al.) underpinnings.

#### Learning objectives:

1. Review the association of Obsessive-Compulsive Disorder and catatonia, and learn about treatments in those cases.
2. Learn about autoimmune abnormalities in pediatric catatonia and learn about approaches to distinguish between autoimmune catatonia versus other types of catatonia in order to guide treatment.
3. Review of genetic abnormalities associated with a proportion of cases with pediatric catatonia
4. Review the association between Pervasive Refusal Syndrome and catatonia, and learn the importance of a benzodiazepine challenge test.

### Catatonia in children and adolescents: new findings

24 July 2018, 08:00 - 09:30, Forum Hall

RS 01.1

### Catatonia in obsessive-compulsive disorder

W. Jaimes-Albornoz<sup>1</sup>, V. Ferrafiat<sup>2,3</sup>, J. Serra-Mestres<sup>4</sup>

<sup>1</sup>Donostia University Hospital, Child and Adolescent Inpatient Unit- Psychi-

atry Service-Basque Health Service - Osakidetza, Donostia-San Sebastian, Spain

<sup>2</sup>Université Pierre et Marie Curie- Hôpital Pitié-Salpêtrière, Department of Child and Adolescent Psychiatry, Paris, France

<sup>3</sup>Université de Rouen- Hôpital Charles Nicolle, Department of Child and Adolescent Psychiatry, Rouen, France

<sup>4</sup>Central & North West London NHS Foundation Trust, Department of Old Age Psychiatry, London, United Kingdom

#### Objectives

Catatonia associated with primary obsessive-compulsive disorder (OCD), as well as with psychiatric conditions other than schizophrenia and affective disorders, has largely been unexplored. In the later years the description of catatonia associated with OCD has been rather sporadic, suggesting the presence of problems with identification, diagnosis, and management.

#### Methods

A clinical case is described in a naturalistic way. In addition, an electronic literature search was undertaken covering Embase, Medline/PubMed, and PsycINFO, from their earliest registers until November 30th, 2017. The search terms "catatonia" and "catatonic syndrome" were combined with "obsessive-compulsive disorder" and "OCD".

#### Results

A sample of 15 cases of catatonia secondary to OCD was collected. The mean age was 23.6 years [s.d. 4.8; range 13-33]. A total of between 3 and 8 catatonic signs were described (mean 6.1; s.d. 1.6). Thirteen of the cases presented with the inhibited variant of catatonia. All patients developed this syndrome in the course of worsening OCD symptoms. In half of the cases catatonia responded to optimization of the treatment for OCD.

#### Conclusions

Catatonia also occurs in patients with OCD. The clinical manifestation is similar as catatonia secondary to medical or other psychiatric conditions. In about half of cases the improvement of the OCD psychopathology resolved catatonia.

### Catatonia in children and adolescents: new findings

24 July 2018, 08:00 - 09:30, Forum Hall

RS 01.2

### Catatonia and autoimmune conditions in children and adolescents: a diagnosis and therapeutic challenge

V. Ferrafiat<sup>1</sup>, M. Raffin<sup>1</sup>, E. Freri<sup>2</sup>, T. Granata<sup>2</sup>, D. Cohen<sup>1</sup>, A. Consoli<sup>1</sup>

<sup>1</sup>Université Pierre et Marie Curie- Hôpital Pitié-Salpêtrière, Department of Child and Adolescent Psychiatry, Paris, France

<sup>2</sup>Foundation I.R.C.C.S. Neurological Institute "C. Besta", Department of Pediatric Neuroscience, Milan, Italy

#### Objectives

Pediatric catatonia is a rare and life-threatening syndrome. Around 20% of juvenile catatonia is associated with organic condition (Consoli et al., 2012). Autoimmune conditions represent a diagnostic and therapeutic challenge since specific antibodies can be missed. To facilitate decision making, we recently formulated a causality assessment score (CAUS) using a stepwise approach and an immunosuppressive therapeutic challenge (Ferrafiat et al., 2016). Our objectives were to validate retrospectively CAUS and to define its threshold for an accurate distinction between organic catatonia and non-organic catatonia, and specifically between autoimmune catatonia and non-organic catatonia.

#### Methods





We pooled two samples (N = 104) – one from a child psychiatry center, the other from neuro-pediatrics center – expert in catatonia and autoimmune conditions. Organic conditions were diagnosed using a multidisciplinary approach and numerous paraclinical investigations.

#### Results

The cohort included 67 cases of non-organic catatonia and 37 cases of organic catatonia. ROC analysis showed that the CAUS performance in discriminating both organic catatonia vs. non-organic catatonia, and auto-immune catatonia vs. non-organic catatonia was excellent. In both analyses, for a CAUS threshold  $\geq 5$ , accuracy equaled to 0.96.

#### Conclusions

Regarding juvenile catatonia, the use of the CAUS score algorithm combining a therapeutic challenge and a threshold  $\geq 5$  may help to diagnose and treat autoimmune conditions even without formal identification of auto-antibodies.

### Catatonia in children and adolescents: new findings

24 July 2018, 08:00 - 09:30, Forum Hall

RS 01.3

#### Catatonia in children and adolescents: a high rate of genetic condition

M. Raffin<sup>1</sup>, X. Benarous<sup>1</sup>, M. Giannitelli<sup>1</sup>, A. Consoli<sup>1</sup>, D. Cohen<sup>1</sup>, C. Laurent<sup>1,2</sup>

<sup>1</sup>Université Pierre et Marie Curie- Hôpital Pitié-Salpêtrière, Department of Child and Adolescent Psychiatry, Paris, France

<sup>2</sup>Stanford University, Department of Psychiatry and Behavioral Sciences, Stanford, USA

#### Objectives

Catatonia in children and adolescents is a rare syndrome that co-occurs with medical and psychiatric disorders. The identification of a medical risk factor for catatonia has substantial clinical implications in particular due to the necessity of urgent specific treatments.

#### Methods

We comprehensively evaluated a prospective cohort of 89 children and adolescents with catatonia followed at the Pitié-Salpêtrière Hospital in Paris, France, since 2013.

#### Results

Nineteen patients (21.3%) had catatonia and a genetic condition, judged to be potentially contributory to catatonia in 15: 5 single-gene disorders (Huntington's disease, fatal familial insomnia [FFI], PRODH mutations, Kleefstra syndrome, Sanfilippo syndrome), 4 metabolic disorders of unknown origin (intracerebral serotonin deficit [N=2], creatine deficit, storage disease), one cytogenetic abnormality (Down syndrome), and 5 Copy Number Variations (CNVs) with known neurodevelopmental consequences and a plausible mechanistic relationship to catatonia (16p13 duplication, and deletions of 22q13.3 including SHANK3, 8p23.3 impacting DLGAP2 gene and CLN8 gene, 2q22.1 and 13q33.1q34). Four CNVs were judged to have a questionable causal link with catatonia: (e.g.: exonic deletion in PARK2 in a patient with anti-NMDA receptor encephalitis).

#### Conclusions

Catatonia in youth is associated with a high rate of genetic disorders (21.3%). Identifying a treatable genetic condition may offer important therapeutic opportunities. In addition, searching for catatonia in neurodevelopmental syndromes may offer therapeutic opportunities targeting catatonia symptoms.

### Catatonia in children and adolescents: new findings

24 July 2018, 08:00 - 09:30, Forum Hall

RS 01.4

#### Pervasive refusal syndrome and catatonia: a reasoned review of literature from a case

N. Chamot<sup>1</sup>, N. Cuissart de Grelle<sup>1</sup>, R. Barbe<sup>1</sup>

<sup>1</sup>University Hospitals of Geneva, Child and Adolescent Psychiatry Division, Geneva, Switzerland

#### Objectives

Pervasive Refusal Syndrome (PRS) is a rare and severe psychiatric condition of children and adolescents, characterized by varying degrees of refusal across several domains, social withdrawal and resistance to treatment, all of which can have serious consequences for the patient. The etiology of this disorder is not certain. For some, since this disorder is not a recognized diagnostic entity, it should be considered as a form of catatonia. It is what we would like to discuss in this presentation.

#### Methods

Case-report and literature review

#### Results

The case of a 14-year-old patient is presented in whom we considered first the diagnosis of PRS but based on our exploration of the scientific literature about the symptoms she presented we then considered the diagnosis of catatonia and treated her with success with a high-dose benzodiazepine. The similarities and differences between these two diagnoses are discussed based on a reasoned review of the literature.

#### Conclusions

As catatonia is treatable, we propose that a test treatment of benzodiazepines should be conducted as a probe for catatonia diagnosis in presence of PRS.

### Sorting out disruptive mood dysregulation disorder from other pediatric mood disorders: focus on sleep and suicidal behaviors

24 July 2018, 08:00 - 09:30, North Hall

RS 02

#### Sorting out disruptive mood dysregulation disorder from other pediatric mood disorders: focus on sleep and suicidal behaviors

X. Benarous<sup>1</sup>

<sup>1</sup>Hôpital Pitié-Salpêtrière, Child and Adolescent psychiatry department, PARIS, France

#### Symposium Overview

Children with severe dysregulation of emotions and behavior have become a diagnostic and therapeutic challenges in the last two decades within the context of pediatric bipolar controversy. In view of facilitating research programs and improving mental health care of youths with chronic irritability, the Disruptive Mood Dysregulation Disorder (DMDD) was introduced as a new diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) under the category of childhood mood disorders. Youths with DMDD present chronic irritability combined with severe and recurrent

episodes of temper outburst inconsistent with their developmental level at least three times per week and occurring in different settings (e.g., in family, school). This research symposium aims to explore the specific clinical features of DMDD compared to other pediatric mood disorder in order to better understand the burden of the disease.

The first abstract presents the results from a validation study of a scale for DMDD symptoms. The strength of this work is that the frequencies and the distribution of DMDD symptoms are examined in two different Canadian samples (both a clinical and a school samples). The specificity and sensibility of DMDD symptoms compared to other mood symptoms are also examined.

The second abstract present the results from a systematic review conduct to explore the relation between irritability and suicidal behaviors using both a dimensional cross-categorical view and separately for each pediatric mood disorder. Particular attention is paid to the possible mediators and moderators of this relation to highlight future preventive interventions.

To keep this discussion, the findings from a multisite study conducted in Canadian outpatient youths are presented in the third abstract. The study details the clinical profile of DMDD youths compared to youths with a major depressive disorder and a group of patients with a bipolar disorder. The frequencies and nature of suicidal behaviors is examined between each groups using the Columbia-Suicide Severity Scale (C-SSRS).

Finally, the fourth abstract explore the sleep parameters of youths with DMDD using wrist actigraph. A control group of outpatient youths without DMDD is used. This explorative study sheds light on the putative mechanisms, in particular the abnormalities in circadian rhythms, that could underlie the DMDD symptoms.

## Sorting out disruptive mood dysregulation disorder from other pediatric mood disorders: focus on sleep and suicidal behaviors

24 July 2018, 08:00 - 09:30, North Hall

RS 02.1

### Disruptive mood dysregulation disorder scale in adolescence

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#### Objectives

The disruptive mood dysregulation disorder (DMDD) is a new entity in the DSM-5. It is characterized by a chronically irritable mood with frequent temper outbursts in children and adolescents. Before the existence of this diagnostic, youth exhibiting these symptoms would generally receive a bipolar diagnosis. Since 2003, Leibenluft and his colleagues (2011) have found that irritable children and adolescents usually end up meeting criteria for anxiety or major depressive disorder. These results led to the new DMDD diagnosis.

#### Methods

In order to help clinicians and researchers, Breton, Bergeron and Labelle (2011) created an inventory containing 11 questions. It has been dispensed in different schools, hospitals, youth centers, and university institutes in the Montréal area. The 433 participants are 12 to 15 years old and their first language is either French or English. This project is a secondary study from a research subsidized by the Canadian Institute of Health Research regarding the Dominic Interactive for Adolescents-Revised (2010-16). During this main study, the researchers built and dispensed the DMDD scale. This current exploratory study has received ethical approval (17-24R) and represents a first step to measuring the validity and reliability of the new scale. The aim is to know the distribution of the components of this scale and various psychometric properties

regarding teenagers in both clinical and academic settings.

#### Results

The preliminary analysis indicates that 4.7% of the participants in the clinical sample meet 9 diagnostic criterions out of 10. It matches the DSM-5 predictions.

#### Conclusions

If our results show that the scale is usable, it would be the first scientifically validated scale that brings together the DSM-5 criteria for DMDD. A tool like this one would be very useful for both research and clinical application.

## Sorting out disruptive mood dysregulation disorder from other pediatric mood disorders: focus on sleep and suicidal behaviors

24 July 2018, 08:00 - 09:30, North Hall

RS 02.2

### Irritability and suicidal behaviors in children and adolescents: a systematic review of the strength, nature and mechanisms of the association

X. Benarous<sup>1</sup>, A. Consoli<sup>1</sup>, D. Cohen<sup>1</sup>, J. Renaud<sup>2,3</sup>, H. Lahaye<sup>4</sup>, J.M. Guilé<sup>3,4,5</sup>

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#### Objectives

Recent findings indicate that youths with severe irritability are at an increased risk for poor clinical and functional outcomes and, for some of them, this risk persists throughout adulthood. In this review we are interested in determining whether and how irritability can predict suicidal behaviors (SB) in youths.

#### Methods

First, we reviewed consistencies and variation in the literature linking irritability to suicidal ideation (SI) and suicide attempt (SA). Second, based on the available models we proposed specific mechanistic pathways whereby irritability may modulate the risk for SB.

#### Results

Irritability has been found associated with SB both in cross-sectional and in longitudinal studies. The relation is consistent in different settings (i.e., general population and clinical settings) and across psychiatric disorders. The association is reduced but persist after adjusting for psychiatric disorder, including depression. One study showed that the risk of SB in youths with oppositional defiant disorder is largely supported by irritability. The relations would be mediated by distinct mechanisms. Irritability constitutes both a distal risk factor for SB (via the onset of internalized disorder and possibly the development of SI) and a proximal risk factor (with a higher risk to attempt suicide when experiencing SI). These synergic effects may explain how irritability in youths constitutes an increased risk for SB.

#### Conclusions

The measures for irritability were heterogeneous. A limited number of studies were designed to explore the role of mediators and/or moderators. Recognizing irritability in children and adolescents is a key issue with regards to suicide



prevention.

### Sorting out disruptive mood dysregulation disorder from other pediatric mood disorders: focus on sleep and suicidal behaviors

24 July 2018, 08:00 - 09:30, North Hall

RS 02.3

#### Clinical profiles of youths with disruptive mood dysregulation disorders compared to youths with depressive disorder and bipolar disorder: An outpatient multisite study

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#### Objectives

To better characterize the clinical profile of children and adolescents with Disruptive Mood Dysregulation disorder (DMDD) compared to youths with other mood disorder, in particular regarding suicidality and substance use.

#### Methods

The clinical charts of all patients consequently admitted from January 2005 to December 2012 in one of the two outpatient units were reviewed. Clinical and paraclinical chart were reviewed by using an analysis grid previously validated. Subjects diagnosed with DMDD, major depressive disorder (MDD) and bipolar disorder (BD) were compared with regards to: (i) sociodemographic features, (ii) associated psychiatric disorder other than mood disorder diagnosed with the K-SADS-PL, (iii) the developmental history, (iv) the Columbia-Suicide Severity Scale (C-SSRS) to identify suicide risk, and (v) the DEP-ADO questionnaire for substance use.

#### Results

36 subjects were diagnosed with DMDD (21.8%), 52 with MDD and 15 with BD. Psychosocial stress factors were comparable across all mood disorders, while a abnormal developmental history was more likely in youths with DMDD. Youths with DMDD were more likely to have a comorbid externalized disorder, such as attention deficit disorder (50%) or oppositional defiant disorder (44%) compared to youths with depressive disorder (respectively 10% and 21%) and bipolar disorder (respectively 13% and 27%). Association with anxiety disorders was roughly comparable across the three mood disorders. Profiles of suicidality and substance use are more difficult to interpret with regards to the lack of data.

#### Conclusions

Comparison of DMDD clinical profiles with other mood disorder is important to disentangle the specificity of the disorder.

### Sorting out disruptive mood dysregulation disorder from other pediatric mood disorders: focus on sleep and suicidal behaviors

24 July 2018, 08:00 - 09:30, North Hall

RS 02.4

### Sleep and disruptive mood dysregulation disorder: a pilot actigraphy study

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#### Objectives

To explore the clinical characteristics and motor activity profile during sleep periods of children and adolescents presenting with Disruptive Mood Dysregulation Disorder (DMDD).

#### Methods

Twenty-one youths (mean  $\pm$  standard deviation age: 11.7  $\pm$  3 years) wore a wrist actigraph for nine consecutive days (including both school days and non-school days), in order to measure sleep parameters: sleep latency, sleep efficiency, and the number and duration of periods of wakefulness after sleep onset (WASO). We divided the night-time actigraphy recording sessions into three sections, and compared the first and last thirds of the night.

#### Results

All the study participants had a psychiatric comorbidity (primarily Attention Deficit Hyperactivity Disorder, Depressive Disorder or Anxiety Disorder). On non-school days, bedrest onset and activity onset were shifted later by about an hour. There was no significant difference between school days and non-school days with regard to the total sleep time. Sleep efficiency was significantly greater on non-school days. Sleep was fragmented on both school days and non-school days. The mean number of episodes of WASO was 24.9 for school days and 30.9 for non-school days. Relative to the first third of the night, we observed a significantly greater number of episodes of WASO during the last third of the night - a period associated with a larger proportion of rapid eye movement (REM) sleep.

#### Conclusions

Sleep appeared to be fragmented in the study population of youths with DMDD. The greater frequency of WASO in the last third of the night points to a possible impairment of the motor inhibition normally associated with REM sleep.

### Evidence-based psychosocial interventions for children and adolescents in low resource settings

24 July 2018, 08:00 - 09:30, South Hall 2B

RS 03

#### Evidence-based psychosocial interventions for children and adolescents in low resource settings

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#### Symposium Overview

#### Objectives

Despite the fact that over 50% of the population of sub-Saharan Africa are children and adolescents, that one in five will have a mental disorder and that 50% of adult mental disorders start before the age of 14 years, there had been a paucity of evidence-based psychological interventions for child and

adolescents with mental health disorders in Africa until recently. The Centre for Child and Adolescent Mental Health emphasises, two key ingredients for the sustained build-up in the use of psychological interventions: training in psychological interventions and research to evaluate the application of the interventions. This symposium reports the processes, content and outcomes from several initiatives to provide evidence-based psychological interventions to children and adolescents in several settings and situations in sub-Saharan Africa.

## Methods:

Data from the evaluation of the psychological processes used in adolescents with depression, children with aggressive behaviour and depressed adolescents with sickle cell disease are presented. Data from analysing the effects of training special education teachers to use psychological interventions on their students with intellectual disability are also presented.

## Results

The first presentation is on the effectiveness of a Cognitive Behaviour Therapy (CBT) for depressed adolescents, while the second presentation describes outcomes following group-based interventions for aggressive behaviour in primary school children. The third intervention describes the use of psycho-education or CBT[AO1] to treat adolescents with SCD who are also depressed. The fourth and fifth presentations involved training teachers to administer psychological interventions to children and adolescents with Intellectual Disability (ID).

## Conclusion

Psychological treatments are effective for depression and behaviour problems while teachers can be trained to deliver such interventions to those who have ID

**Funding:** This work is supported by the John D. and Catherine T. MacArthur Foundation (Grant Number: 10-95902-000-INP) through the University of Ibadan Centre for Child and Adolescent Mental Health (CCAMH)

## Evidence-based psychosocial interventions for children and adolescents in low resource settings

24 July 2018, 08:00 - 09:30, South Hall 2B

RS 03.1

### Feasibility and effectiveness of a cognitive behavioural intervention for depressed in-school adolescents in South West Nigeria

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<sup>4</sup>College of Medicine, University of Ibadan, Department of Health Promotion and Education, Ibadan, Nigeria

## Objectives

Depression is a growing public health burden among adolescents in low and middle-income countries. There is a paucity of data on evidence-based interventions for youth depression in Africa. This study was done to determine the feasibility and effectiveness of a school-based cognitive behavioural intervention (CBT) for depressed youth in south-west Nigeria.

## Methods

This was a quasi-experimental study involving a treatment group and waiting list control group. Twenty participants were recruited into each group. Adolescents in the intervention group received weekly sessions of a group CBT for 5 weeks. Pre and post depression scores on the Becks Depression Inventory (BDI)

and short mood and feelings (SMFQ) questionnaires were examined at 1 week and 16 weeks post intervention. Participant satisfaction was also determined.

## Results

Participant drop out was low with 85% of participants completing all 5 sessions. Participants in the intervention group had significantly lower depressive symptoms scores than the control group at one-week post intervention, which was maintained at 16 weeks post-intervention. Participant satisfaction was also high. The information given and the manner of relating were mentioned as the top two most liked characteristics of the intervention. Majority of participants also recommended dissemination of the intervention to a wider group of school adolescents.

## Conclusions

This study shows that, with proper adaptations, school based mental health interventions are an acceptable and effective way of providing mental health services to depressed Nigerian youth.

**Funding:** This study is supported by the John D. and Catherine T. MacArthur Foundation (Grant Number: 10-95902-000-INP) through the University of Ibadan Centre for Child and Adolescent Mental Health (CCAMH)

## Evidence-based psychosocial interventions for children and adolescents in low resource settings

24 July 2018, 08:00 - 09:30, South Hall 2B

RS 03.2

### Childhood aggression, adult criminality and prison mental health services in Nigeria: Connecting the dots

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<sup>3</sup>Imperial College London, Academic Unit of Child and Adolescent Psychiatry, London, United Kingdom

## Objectives

Aggressive behaviours often start early in childhood, and tend to remain stable into adulthood. The consequences for affected children include poor academic performance, disciplinary problems, school drop-out, substance use and encounters with the juvenile justice system. Some of these children progress to adult criminality and the adult prison system. Considering that mental health challenges may be a confounder, the availability of mental health services within the juvenile and adult prison systems are crucial. Even more importantly, preventive low-cost interventions that may arrest this trajectory should be a priority. This presentation describes available mental health services within the juvenile and adult prison services in Nigeria, and presents an overview of problem-solving interventions for aggressive behaviours.

## Methods

A review of the literature on available mental health services within the juvenile and adult prison services in Nigeria was performed. An exploratory controlled trial with an experimental group and a waiting list control group of 20 children each was also performed. The two schools were randomly selected and designated as intervention and control respectively. Primary school children between the ages of 9 and 13 in the selected schools were screened for aggressive behaviours based on teacher-rating. Six sessions of group-based interventions consisting of problem solving skills, anger management and attribution retraining were delivered to the experimental group twice a week.

## Results

The available mental health services within the juvenile and adult prison systems



will be juxtaposed with the reported prevalence of mental disorders in these populations. Results of the problem-solving intervention for aggressive behaviours among primary school children will also be highlighted.

### Conclusions

The findings of this study provide useful information about the mental health burden and gap in service provision within the juvenile and adult prison services; as well as low-cost recommendations for interrupting this progression.

**Funding:** This study is supported by the John D. and Catherine T. MacArthur Foundation (Grant Number: 10-95902-000-INP) through the University of Ibadan Centre for Child and Adolescent Mental Health (CCAMH)

### Evidence-based psychosocial interventions for children and adolescents in low resource settings

24 July 2018, 08:00 - 09:30, South Hall 2B

RS 03.3

### Psychological interventions for adolescents and young adults with sickle cell disease in Nigeria

C. Ani<sup>1,2</sup>, A. Adegbolagun<sup>3,4</sup>, A. Adeleke<sup>4</sup>, O. Adejumo<sup>4</sup>, A. Ajuwon<sup>4</sup>, B. James<sup>5</sup>, O. Omigbodun<sup>4</sup>

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<sup>4</sup>University of Ibadan, Centre for Child and Adolescent Mental Health, Ibadan, Nigeria

<sup>5</sup>Federal Neuro-Psychiatric Hospital, Benin-City, Nigeria

### Objectives

Sickle cell disease (SCD) is a serious blood condition that affects millions of people mainly of Black African origin. Although 30% of affected children in Nigeria suffer from psychiatric complications, there are no studies of psychological interventions for SCD in Africa. This paper presents the first two feasibility studies of psychological interventions for adolescents and young adults with SCD in Africa.

### Methods

The two studies took place in Ibadan, South Western Nigeria. The first study was a controlled trial among 21 depressed adolescents (13-19 years) with SCD. Eleven adolescents received two weekly sessions of psycho-education regarding SCD and depression, along with advice on activity scheduling. The other 10 adolescents served as controls. Beck Depression Inventory (BDI) was administered at baseline and 6 weeks post intervention. The second study was a pre-post intervention among 18 depressed or anxious adolescents and young adults (16-24 years) with SCD. They all received 5 weekly group-based Cognitive Behavioural Therapy intervention. The Hospital Anxiety and Depression Scale (HADS) was administered at baseline and a week after the last session.

### Results

In the first study, paired comparisons showed post-intervention reduction in mean Beck Depression Inventory (BDI) scores by 15.9 in the intervention group ( $p = 0.001$ ) compared to 1.1 in the control group ( $p = 0.81$ ). The second study showed significant post-intervention reductions in Hospital Anxiety and Depression Scale (HADS) scores for anxiety ( $p = 0.001$ ) and depressive symptoms (0.02), as well as increased use of active coping skills ( $p = 0.04$ ), and social functioning ( $p = 0.001$ ). Participants in both studies reported very high rates of satisfaction with the interventions.

### Conclusions

These studies suggest that psychological interventions are feasible, acceptable

and appear helpful in reducing anxiety and depressive symptoms among adolescents and young adults living with SCD in Nigeria.

**Funding:** This study is supported by the John D. and Catherine T. MacArthur Foundation (Grant Number: 10-95902-000-INP) through the University of Ibadan Centre for Child and Adolescent Mental Health (CCAMH)

### Evidence-based psychosocial interventions for children and adolescents in low resource settings

24 July 2018, 08:00 - 09:30, South Hall 2B

RS 03.4

### Effect of classroom-based intervention on social skills of pupils with intellectual disability in South West Nigeria

Y. Adeniyi<sup>1</sup>, O. Omigbodun<sup>1</sup>

<sup>1</sup>University of Ibadan, Centre for Child and Adolescent Mental Health CCAMH, Ibadan, Nigeria

### Objectives

Deficits in social skills are critical components of intellectual disability (ID) interventions that focused on improving the social skills of young people with intellectual disability tended to improve their participation and ability to cope in the community. Most young people with intellectual disability in low-resource settings do not have access to interventions that would enable or enhance their participation in society. The aim of this study was to investigate the effect of social skills training for pupils with intellectual disability attending a special school in Southwest Nigeria.

### Methods

Thirty pupils with mild to moderate intellectual disability participated in the study. Utilising the **Explore** Social Skills Curriculum, teachers were trained to give lessons to the participants 4-3 times a week for 8 weeks in their classrooms. Social skills level of participants was assessed with the Matson Evaluation of Social Skills for Individuals with Severe Retardation (MESSIER) at baseline and immediately after the intervention. A fidelity analysis was done using multivariate analysis of variance (MANOVA) to analyse the gain scores and reliable change index (RCI) was calculated.

### Results

The mean age of the participants was  $15.70 \pm 1.89$  years. At the end of the intervention, there was a 20% reduction in the number of participants in the severe social skills impairment category and 13.3% increase in the number of participants in the 'none or minimal' social skills impairment category. The mean pre and post-intervention total social skills scores were  $126.63 \pm 17.91$  and  $135.97 \pm 20.81$  respectively with a mean difference of 9.34 ( $t = 3.71$ ;  $p = 0.001$ ). Wilks Lambda = 0.313,  $F = (2, 27) = 0.787$ ,  $p = 0.611$ , the effect size for Group A (partial  $\eta^2 = 0.405$ ) and Group B (partial  $\eta^2 = 0.373$ ) were within the medium range.

### Conclusions

The social skills of pupils with intellectual disability who participated in this study improved significantly during the 8 weeks the Explore Social Skills Curriculum was administered. Advocacy should be made for the development and incorporation of social skills curricula into routine teaching of pupils with developmental disabilities in low- and middle-income countries.

**Funding:** This study is supported by the John D. and Catherine T. MacArthur Foundation (Grant Number: 10-95902-000-INP) through the University of Ibadan Centre for Child and Adolescent Mental Health (CCAMH)

### Evidence-based psychosocial interventions for children and adoles-

## cents in low resource settings

24 July 2018, 08:00 - 09:30, South Hall 2B

RS 03.5

### Training special education needs teachers on functional behaviour analysis: effect on their self-efficacy in managing students' challenging behaviour

I. Olanrewaju Ibikunle<sup>1</sup>, C. Ani<sup>2,3</sup>, Y. Adeniyi<sup>4</sup>, O. Omigbodun<sup>4</sup>

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#### Objectives

Children with Special Education Needs (SEN) have a higher prevalence of challenging behaviours (CBs). This can have deleterious effects on their family and educational placements. Functional Behaviour Analysis (FBA) helps to understand the function of CBs, which informs interventions. Special education teachers (SET) are more likely to encounter children with CBs and the associated stress can lead to burn-out. It is therefore crucial to equip SET with skills to manage CB. SET in Osun State, Nigeria have not previously been exposed to FBA. Therefore, the aim of this study was to evaluate the effect of FBA training on the self-efficacy of SET towards managing student's CB in Osun State, Southwest Nigeria.

#### Methods

This was a controlled study with an intervention group (N = 20) and control group (N = 20), which were based in two separate schools. The intervention and control groups each had 10 qualified teachers and 10 trainee-teachers. The intervention group received two training sessions on FBA each lasting 2 hours. Follow up support for the teachers were also done over two sessions over a period of four weeks. The outcome measures were Teacher Sense of Efficacy Scale (TSES), Maslach Burnout Inventory (MBI) and Teachers Professional Quality of Life Scale (PQOLS).

#### Results

Compared with the control group, post intervention findings showed statistically significant increase in total self-efficacy and efficacy in classroom management for participants in the intervention group. There was also a statistically significant increase in overall quality of life and a reduction in the burnout experience in the intervention group. Analysis of covariance affirmed these findings after controlling for baseline scores. Satisfaction with the training was very high.

#### Conclusions

Training on FBA is feasible and can have positive impact on the self-efficacy and quality of life of SET in Nigeria.

## E-learning applications in continuing education in the field of child protection

24 July 2018, 08:00 - 09:30, Terrace 2A

RS 04

### E-learning applications in continuing education in the field of child protection

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#### Symposium Overview

In the social and medical fields many social workers, youth workers, volunteers along with healthcare professionals have regular contact with maltreated and traumatized children and adolescents, such as those affected by sexual abuse, neglect or war experience. Studies show that there are uncertainties in the handling of sensitive issues and treatment of traumatized children, which indicate a high need for further training.

At the same time, the work load in the social professions dictates that participation in further training often has to be done part time outside the working hours. The compatibility of work and family must also be considered. Therefore, e-learning is a suitable training method for this area. It enables self-determined learning regardless of time and place, thus improving the compatibility of work and family life. Once developed, e-learning can be made accessible to a large number of users with flexible start times. This allows to pursue a highly economic approach. In addition, learning content can be updated at any time and thus always kept up to date.

In addition to a presentation on how further education and training can be supported by e-learning, the symposium will also show the implementation of e-learning using four examples from following areas: child protection in medicine, leadership knowledge about child protection in institutions, dealing with self-harming behavior and aggression in minor refugees and early preventive intervention.

## E-learning applications in continuing education in the field of child protection

24 July 2018, 08:00 - 09:30, Terrace 2A

RS 04.1

### Education and training in child protection addressing sensitive topics supported by e-learning programs

C. Schloz<sup>1</sup>

<sup>1</sup>Ulm University, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Germany

#### Objectives

The Department of Child and Adolescent Psychiatry/Psychotherapy at the University of Ulm has been working on the application of e-learning on child protection issues for several years. The working group „knowledge transfer, dissemination, e-learning“ currently supervises seven e-learning projects in the development phase, further three more are in the process of consolidation.

#### Methods

A total of 15 online courses are currently developed and evaluated. The learning materials include text-based material on basic knowledge and legal content as well as movie clips, for example expert interviews and best-practice-videos. The core pieces of each course are practical applications and case studies. Since sensitive topics in child protection are also discussed in the courses, it is also important to consider the emotional learning provided by the materials, in order to promote the perception of the specific needs of, e.g., victims of abuse as well as one's own psychological wellbeing.

The development of all courses is accompanied by a research design. Accompanying research focuses not only on course evaluation (e.g. satisfaction with learning materials), however also on the increase in knowledge.

#### Results

Overall, so far the course participants showed a great satisfaction with the



courses and the offered learning materials and a significant increase of knowledge in all projects.

#### Conclusions

The results of the accompanying research show that e-learning is a suitable training method for sensitive topics such as sexual abuse, maltreatment and trauma.

### E-learning applications in continuing education in the field of child protection

24 July 2018, 08:00 - 09:30, Terrace 2A

RS 04.2

#### Creating child safe institutions – support for managing positions by a web-based training

E. König<sup>1</sup>

<sup>1</sup>Ulm University, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Germany

#### Objectives

All institutions directly engaging with or providing services to children should act with the best interests of the child as a primary consideration. They need to ensure that they constitute a child safe environment by preventing, identifying and improving responses to physical, sexual, emotional abuse and neglect of children. In this context, persons holding institutional leadership have a decisive position and responsibility to develop and implement concepts for safety and security of children. Data for Germany show that only few institutions have addressed this topic.

#### Methods

Financed by the German Ministry for Research and Education a web-based training for managing positions in institutions providing services for children was developed. The research design evaluated the outcome in relation to knowledge, executive competencies, self-efficacy and implementation of measures to increase a child safe institution. Furthermore, the participants made an assessment about the quality of the online course.

#### Results

Nearly 300 participants completed the training in the development phase. The online course has been certified by the State Chamber of Physicians Baden-Württemberg with 45 CME-points. Results of the accompanying evaluation show an increase in knowledge, executive competencies, self-efficacy, implementation of child-protecting standards as well as a high satisfaction with the course and the offered learning materials. E-Learning has been considered as a suitable method to learn about the topic.

#### Conclusions

The developed web-based training offers an effective and user-friendly tool to support persons holding institutional leadership in creating an institutional context which minimizes the opportunity for abuse to occur and embeds child safety in institutional culture.

### E-learning applications in continuing education in the field of child protection

24 July 2018, 08:00 - 09:30, Terrace 2A

RS 04.3

#### Transfer of expertise on child protection in medicine by the use of a

### basic e-learning training for health professionals

A. Maier<sup>1</sup>

<sup>1</sup>Ulm University, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Germany

#### Objectives

Child maltreatment as an individual and societal challenge still has a high prevalence in Germany. The psychological, somatic and societal consequences of child maltreatment and its lifelong impact have been repeatedly demonstrated. It has been shown that health professionals are most often the first contact point for child abuse victims, but often have inadequate skills in this field. Therefore, the German Federal Ministry of Health promotes the development of an online course on child protection in medicine. The aim of the accompanying evaluation was to optimize the course.

#### Methods

Two test cohorts and one waiting control group took part in the course from June 2016 to January 2018. The need for the online course as well as the quality and transfer of know-how were evaluated pre and post to participation by each cohort.

#### Results

Overall, 473 health professionals of the two test cohorts completed the course and the evaluation form. The health professionals indicated a high need for training in child protection, but also a considerable lack of time resources. So far it becomes apparent that the contents and materials of the course are of high quality and participation in the course lead to an increase in competence in the field of child protection in medicine. The results of the waiting control group will be available in January 2018.

#### Conclusions

The online course provides a great and scientifically evaluated opportunity for health professionals to acquire and transfer skills in child protection.

### E-learning applications in continuing education in the field of child protection

24 July 2018, 08:00 - 09:30, Terrace 2A

RS 04.4

#### Development and evaluation of the online course "SHELTER emergency-dealing with self-harming behavior and aggression in minor refugees"

J. Thiele<sup>1</sup>

<sup>1</sup>Ulm University, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Germany

#### Objectives

Objective is the development of an online course to teach volunteers and professionals who work with minor refugees to identify dangerous behaviors as early as possible and to react accordingly. Aim is to reduce uncertainties in handling suicidal thoughts and other difficult situations in youth welfare and to inform about culture-specific behaviors and concepts of disease. The need for a specific course is demonstrated by increased rates of suicidal behavior in minor refugees and an accumulation of linguistic and cultural misunderstandings in youth welfare and clinical treatments, which lead to increased rates of emergency hospitalization due to misinterpretations of behavior.

#### Methods

As part of the joint project SHELTER, which is funded by the German Federal

Ministry of Education and Research (BMBF), a course is being developed at the Department of Child and Adolescent Psychiatry/ Psychotherapy, University of Ulm, to address self-harm or aggressive behavior in minor refugees. Theoretical knowledge and practical implementations are conveyed in three modules: „Self-Harming Behavior“, „Aggressive Behavior and Violence“ and „Framework Conditions for Successful Help“. The online course will be evaluated on the basis of two test cohorts regarding the quality and usefulness of the content for the participants.

## Results

The results of the accompanying research of the first cohort (n= 384) will be presented at the IACAPAP 2018.

## Conclusions

The results of the accompanying research provide information about the usefulness and practical applications of the learning content for professionals and volunteers in dealing with emergency behavior in minor refugees.

## E-learning applications in continuing education in the field of child protection

24 July 2018, 08:00 - 09:30, Terrace 2A

## RS 04.5

### A German e-learning training in the context of early preventive intervention and child protection: findings of a pre-post evaluation

C. Dölitzsch<sup>1</sup>, A.K. Künster<sup>2</sup>, A. Hofer<sup>1</sup>, T. Besier<sup>1</sup>, J.M. Fegert<sup>1</sup>, U. Ziegenhain<sup>1</sup>

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<sup>2</sup>Institute Child Development, Ulm, Germany

## Objectives

In response to the need for interdisciplinary training in the area of early preventive intervention in child protection, the internet-based e-learning program "Early Preventive Intervention and Child Protection" was developed for professionals in the child welfare and health care systems working with families with infants and toddlers. The program has been undergoing evaluation for effectiveness and user satisfaction.

## Methods

In a pre-post design, users were requested to complete questionnaires that assess three measures of expertise: theoretical knowledge of relevant fields, the ability to correctly identify subtle signals of infant communication, and the ability to assess maternal sensitivity.

## Results

Findings show that the existing theoretical knowledge of the professionals about early preventive intervention and their ability to identify subtle signals of infant communication was relatively good. However, their ability to assess maternal sensitivity, which is considered a crucial indicator for the risk of child abuse, was low. Data from the pre-post evaluation will be analyzed as well.

## Conclusions

The outcome of the pre-training results indicates that professionals working in the area of child protection need to develop more capability in recognizing maternal sensitivity, in order to ensure early detection of families who are at risk and thus in need of support.

## Challenges of assessment and treatment of ADHD in the Alpe-Adria Region

24 July 2018, 10:45 - 12:15, Club E

## RS 05

### Challenges of assessment and treatment of ADHD in the Alpe-Adria Region

V. Boričević Maršanić<sup>1</sup>, H. Gregorič Kumperščak<sup>2</sup>, M. Raleva<sup>3</sup>

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<sup>2</sup>University Clinical Center Maribor, <sup>3</sup>University of Maribor- Faculty of Medicine, Maribor, Slovenia  
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## Symposium Overview

Attention-deficit hyperactivity disorder (ADHD) is a common childhood behavioural disorder, estimated to affect around 3–5% of children. ADHD often persists into adulthood and is a risk factor for other mental health disorders and negative outcomes, including academic underachievement, difficulties with employment and relationships, and antisocial behaviour. The timely recognition and treatment of children with ADHD-type difficulties provides an opportunity to improve long-term outcomes.

ADHD is now generally recognised as a valid and important disorder in many developed countries of the world. However, in many countries, including much of Africa, Asia, central and South America, and parts of southern Europe, ADHD is less well accepted, rates of recognition remain low, and the scant resources available for treatment tend to be mainly focused on teaching hospital or tertiary centres rather than in community settings. Underrecognition and undertreatment of ADHD in many countries might reflect particular barriers to care for children and young people. Barriers operate at multiple levels, including identification of need and entry into care.

This Symposium will present historical and cultural differences in the acceptance of ADHD and organisation of services in countries of the Alpe-Adria Region in south-eastern Europe.

## Challenges of assessment and treatment of ADHD in the Alpe-Adria Region

24 July 2018, 10:45 - 12:15, Club E

## RS 05.1

### Clinical and neurophysiological characteristics of ADHD – challenges for treatment modalities in the Macedonian context

M. Raleva<sup>1,2</sup>, S. Markovska-Simoska<sup>3</sup>, A. Filipovska<sup>1</sup>, L. Trpchevska<sup>1</sup>, K. Paketchieva<sup>1</sup>

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<sup>3</sup>Macedonian Academy of Sciences and Arts, Skopje, Macedonia

## Objectives

Attention deficit hyperactivity disorder (ADHD) is a clinically heterogeneous neurobehavioral disorder that is associated with tremendous financial costs, stress to families, adverse academic and occupational outcomes. Still treatment of this disorder is very challenging. In the last decade, many studies have tried to define the neural correlates of ADHD and identify its subtypes.

Based on the clinical and neurophysiological characteristics of children with ADHD, the main aim of this study is the definition of the corresponding neurophysiological endophenotypes in order to plan appropriate treatment modality.

## Methods

Availability of pharmacological as well as non-pharmacological treatments





is very limited in the Macedonian context. Pharmacological treatment is partly available mainly with second-line medicaments (antidepressants and antihypertensive medicaments) and non-pharmacological treatment such as CBT, neurofeedback and supplements. With combining neuropsychological and neurophysiological techniques for objective assessment and subtyping of ADHD, we try to follow practice guidelines on early assessment and appropriate intervention, optimizing the available treatment modality.

### Results

The obtained results showed four possible subtypes of ADHD based on quantitative electroencephalography (QEEG) absolute and relative power spectra: slow waves (delta-theta) subtype; theta (frontal midline) subtype; frontal beta; and alpha subtype. Each of these subtypes can be subjected to rationalized and optimized treatment modality, which is not always fully available.

### Conclusions

Applied neuropsychological and neurophysiological measures relatively clearly differentiate the ADHD into four subtypes, illustrating the heterogeneous and multifactorial character of this disorder with different clinical expression, related to different underlying neuropsychological and electrophysiological abnormalities, and consequently the different responses to treatment modalities.

## Challenges of assessment and treatment of ADHD in the Alpe-Adria Region

24 July 2018, 10:45 - 12:15, Club E

RS 05.2

### 10 years experiences and challenges with OROS methylphenidate treatment for children and adolescents with ADHD in Serbia

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<sup>2</sup>Clinical Center of Vojvodina, Psychiatric Clinic, Novi Sad, Serbia

### Objectives

Attention-deficit/hyperactivity disorder (ADHD) is one of the most commonly diagnosed and treated childhood psychiatric disorders. It is increasingly seen as a developmental disorder, which has high comorbidity with other psychiatric disorders. Diagnosis is made through recognition of excessive inattention, hyperactivity, and impulsivity in children before 12 years of age, which impairs their functioning or development. Methylphenidate has been used for the treatment of ADHD for over 50 years and is now globally the most common drug treatment for the disorder, but in Serbia was not introduced until 2008. This study aimed to describe patterns of OROS methylphenidate prescriptions by child and adolescent psychiatrist in Serbia for the treatment of ADHD in the last 10 years.

### Methods

We conducted a cross-sectional study regarding the data for OROS methylphenidate prescription and dispensation extracted from database of a pharmaceutical company that is the only drug distributor for Serbia. The data were taken between January 1, 2008 and December 15, 2017. We done review of the consumption of methylphenidate, as measured by defined daily doses (DDD) per 1000 inhabitants/day in the last 10 years. We calculated the totality of methylphenidate commercialization in total milligrams and in Defined Daily Doses (DDD) in milligrams/1,000 inhabitants/day. The recommended DDD of methylphenidate by the World Health Organization is 30 mg/day for adults, but DDD for children has not been established.

### Results

The administration of OROS methylphenidate started on January 2008. and the lowest DDD was at that time 0.2. During next few years the value of DDD

increased up to 1. That value is mainly stable in the last 7 to 8 years. During summer vacations the DDD value is reduced by 20-30% (June, July, August) and in September the value of DDD is 1 again. This trend was observed in all 10 years, i.e. since when drug started to be applied.

### Conclusions

Although the consumption of methylphenidate has increased worldwide, trends in the pattern of its consumption in Serbia are stable and significantly below the recommended DDD of methylphenidate by the World Health Organization. Some of the reasons are poor diagnostic procedure due to recognition of the disorder, inadequate (small) number of child psychiatrist and fear of social rejection. Also, the important obstacle is the fact that drug could be prescribed in only four medical institutions for all children in Serbia who need this drug. The hallmark is the drop of the DDD value during summer holiday by 20-30%. There is no definitive conclusion as to the benefits or drawbacks of cessation of therapy during holidays. Further investigations are needed to help to understand effects of summer cessation of therapy.

## Challenges of assessment and treatment of ADHD in the Alpe-Adria Region

24 July 2018, 10:45 - 12:15, Club E

RS 05.3

### Psychopharmacotherapy of ADHD - experiences from Croatia

V. Boričević Maršanić<sup>1,2,3</sup>, J. Jukić<sup>1</sup>, L. Paradžik<sup>1</sup>, L. Karapetrić Bolfan<sup>1</sup>

<sup>1</sup>Psychiatric Hospital for Children and Adolescents, Zagreb, Croatia

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<sup>3</sup>University of Zagreb, Faculty of Education and Rehabilitation Sciences, Zagreb, Croatia

### Objectives

Psychostimulants are considered the first-line treatment for ADHD. However, the availability of and access to treatments vary across European countries. Psychostimulants and nonstimulants for the treatment of ADHD are not reimbursed by the Croatian Health Insurance. Self-payment for these drugs is very rare. This study aimed to describe patterns of psychotropic medication prescriptions by child and adolescent psychiatrist in Croatia for the treatment of ADHD.

### Methods

Retrospective chart review of outpatients was performed at the largest mental health facility in Croatia. Data on sociodemographics, drugs prescribed, and comorbidity were collected in all patients diagnosed with ADHD after their first multidisciplinary team assessment between January and June 2017. Drug treatment data were identified by medication class and subclass and were analyzed in relation to gender and comorbid psychiatric diagnosis.

### Results

The mean age of patients (82.4% males) was  $9.7 \pm 2.8$  years. At the time of diagnosis 80.6% of patients had at least one comorbid disorder. 67.8% patients were recommended psychosocial interventions, 17.6% psychosocial interventions and medication, 3.5% medication only and 11.1% were not recommended any treatment. The most common drug classes prescribed were atypical antipsychotics, followed by antidepressants, stimulants and anxiolytics. Psychostimulants were prescribed in only 4.9% of patients. Antipsychotics were prescribed more frequently in boys and in patients with comorbid behavior disorders, while antidepressants were prescribed more frequently in females and in patients with comorbid anxiety and mood disorders.

### Conclusions

These results suggest that psychostimulants are prescribed to a minority of patients with ADHD in Croatia who can provide self-payment. Psychotropic drug prescription in patients with ADHD in Croatia is mainly used to treat comorbid

conditions; antipsychotics for treatment of behavioral disorders (severe ODD and CD) and SSRI for treatment of anxiety and mood disorders. Advocacy by mental health professionals to policy makers is needed to make available evidence-based treatment for ADHD in Croatia.

## Challenges of assessment and treatment of ADHD in the Alpe-Adria Region

24 July 2018, 10:45 - 12:15, Club E

RS 05.4

### Lack of association between ADHD and celiac disease

H.G. Kumperscak<sup>1,2</sup>, Z.K. Rebec<sup>2</sup>, S. Sobocan<sup>2</sup>, V. Trojar<sup>2</sup>, J. Dolinsek<sup>1</sup>

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<sup>2</sup>University of Maribor, Faculty of Medicine, Maribor, Slovenia

#### Objectives

In systematic review of literature about possible association between celiac disease (CD) and ADHD only 3 studies were found, which screened ADHD patients for CD.<sup>1</sup> Two reported no difference between prevalence of CD in ADHD patients compared to general population (where the prevalence is approximately 1%).<sup>2,3</sup> But the third study reported essentially higher prevalence of CD in children and adults with ADHD (15%) than in general population.<sup>4</sup> Based on this result routine screening of CD and gluten-free diet in ADHD patients was advised by the authors.<sup>4</sup> The purpose of present study was to examine the prevalence of CD in children and teenagers with ADHD in order to see if described recommendations about are justified.

#### Methods

102 participants from 4 and 18 years of age diagnosed with ADHD according to DSM-5 participated in the study (M = 12.8 years; 84 boys and 18 girls). CD was diagnosed according to adapted guidelines of European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPHGAN).<sup>5</sup>

#### Results

Among 102 tested children and teenagers with ADHD, we found no one with suspected CD, so that further diagnostic procedure for CD was not indicated.

#### Conclusions

In our sample of children and teenagers with ADHD, the prevalence of CD was not higher than in general population. Based on this result, which is in conclusion with two out of three previous studies, there is no need for routine screening of CD when assessing ADHD (and vice versa) or to implement gluten-free diet as a standard treatment in ADHD.

## Evidence based findings in the diagnosis of pediatric mood disorders

24 July 2018, 10:45 - 12:15, Forum Hall

RS 06

### Evidence based findings in the diagnosis of pediatric mood disorders

J. Wozniak<sup>1</sup>

<sup>1</sup>Massachusetts General Hospital, Psychiatry, Boston, USA

## Symposium Overview

There is a scarcity of data driven information to guide the clinical community in the diagnosis of pediatric mood disorders. To fill the gap of evidence-based knowledge, this symposium provides clarity on the diagnosis, differential diagnosis and course of emotional dysregulation and its link to mood disorders in the young and provides clarity on how to conceptualize emerging mood disorders in the pediatric population.

Giulia Serra will present a systematic review of the available studies assessing the phenomenology, course and outcome of pediatric mania. She notes that the form of irritability described in children with bipolar disorder is a meaningful mood criterion for pediatric mania.

Janet Wozniak will present new data, a one-year replication study of her longitudinal study of pediatric bipolar disorder. Few long-term outcome studies have reported a diagnostic stability of mania from childhood to young adult age. This study replicates an earlier four follow-up study documenting high level of persistence.

Cesar Soutullo will present medical record clinic data on children with bipolar disorder seen over a 15-year period, evaluating stability of diagnosis at follow-up, response to treatment and outcome. He reports on the delay in diagnosis, the high rate of diagnostic stability and the high level of morbidity associated with pediatric bipolar spectrum disorder.

Joseph Biederman will present data on emotional dysregulation in pediatric populations, utilizing the Child Behavior Checklist to identify youth with deficient emotional self-regulation and severe emotional dysregulation. The author will demonstrate that children can be identified with differing levels of emotional dysregulation.

## Evidence based findings in the diagnosis of pediatric mood disorders

24 July 2018, 10:45 - 12:15, Forum Hall

RS 06.1

### Further evidence of high level of persistence of pediatric bipolar-I disorder from childhood onto late adolescent years: a one year replication longitudinal follow-up study

J. Wozniak<sup>1,2</sup>, R. Wolenski<sup>1</sup>, M. Fitzgerald<sup>1</sup>, S.V. Faraone<sup>3</sup>, G. Joshi<sup>1,2</sup>, M. Uchida<sup>1,2</sup>, J. Biederman<sup>1,2</sup>

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<sup>3</sup>SUNY Upstate Medical University, Departments of Psychiatry and Neuroscience & Physiology, Syracuse, USA

#### Objectives

Pediatric Bipolar (BP)-I disorder affects a sizeable minority of children and is associated with high levels of morbidity. Relatively few studies have assessed the persistence of the disorder over time. The main aim of this study was to replicate findings from our four-year follow up study examining rates of persistence of pediatric Bipolar-I Disorder (BP-I) onto adolescent years.

#### Methods

We conducted a one-year replication study to our original prospective follow-up study of 78 youth, ages 6-17 years, with BP-I disorder at ascertainment, who were followed up into their adolescent years (14.9 ± 3.8). All subjects were comprehensively assessed with structured diagnostic interviews, neuropsych-



logical testing, psychosocial, educational and treatment history assessments.

#### Results

Of the 78 BP-I participating youth, 68 were re-accessioned after one year. Of these, 63% continued to meet full (50%) or subthreshold (13%) diagnostic criteria for BP-I and 18% continued to have full or subthreshold Major Depressive Disorder (MDD). Only 19% of BP-I youth were euthymic at the 5-year follow-up.

Limitations: Ten subjects (13%) were lost to follow-up since the 4 year study, but few differences between those lost to follow-up and those included in the study were found.

#### Conclusions

This one-year replication follow-up study further documents the high level of persistence of pediatric BP-I from childhood onto mid and late adolescent years. This study adds to a small literature on the persistence of pediatric bipolar disorder and the critical need for early identification and intervention.

### Evidence based findings in the diagnosis of pediatric mood disorders

24 July 2018, 10:45 - 12:15, Forum Hall

#### RS 06.2

### Course and diagnostic stability in a Spanish sample of children and adolescents with bipolar disorder

C. Soutullo<sup>1,2</sup>, M. Ribeiro-Fernández<sup>1</sup>, K. Machiñena<sup>1</sup>, A. Díez-Suárez<sup>1</sup>

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#### Objectives

Bipolar disorder (BD) often starts in adolescents, but its diagnosis is difficult and controversial in children and early adolescents. There is still discussion on the prevalence and longitudinal stability of BD in children and adolescents. Longitudinal studies are needed, especially outside the USA. Our objective is to describe clinical characteristics and naturalistic follow-up, course and diagnostic stability in a sample of children and adolescents with BD recruited during 15 years.

#### Methods

We reviewed the medical records of all children and adolescents (n=72) with DSM-IV Bipolar Disorder evaluated at the Child & Adolescent Psychiatry Unit, University of Navarra Clinic (Pamplona, Spain) over a 15-year period. We used the K-SADS-PL template interview for clinical data collection. We evaluated stability of diagnosis at follow-up, response to treatment (% with remission, response, partial response or no response) and outcome (using CGI-S) over time.

#### Results

75% (n=54) of the sample were boys and 25% (n=18) were girls. Patients had a median follow up period of 3.86 years, with a mean of 4.56 years. Half of the patients had delay from symptom onset to diagnosis of >2 years (median 2.34 years), but only a few months delay since their first Psychiatric evaluation till diagnosis (median 0.25 years). At first diagnosis, 37.5% (n=27) had BD-I, 8.3% (n=6) BD-II and 54.2% (n=39) BD-NOS. At follow-up, 62.5% (n=45) had BD-I, 8.3% (n=6) BD-II, and 23.6% (n=17) BD-NOS, and only 4.2% (n=3) failed to meet criteria for BD. Two of patients completed suicide during the follow-up period.

#### Conclusions

The diagnosis of Pediatric BD was stable time in 95.6% of our sample. Patients with baseline BP-I retained the diagnosis, and many patients with baseline BP-NOS had BP-I at follow-up.

### Evidence based findings in the diagnosis of pediatric mood disorders

24 July 2018, 10:45 - 12:15, Forum Hall

#### RS 06.3

### Distinguishing deficient emotional self-regulation (emotional impulsivity) from mood disorders

T.J. Spencer<sup>1,2</sup>, S.V. Faraone<sup>3</sup>, C.B.H. Surman<sup>1,2</sup>, C. Petty<sup>1</sup>, A. Clarke<sup>1</sup>, H. Batchelder<sup>1</sup>, J. Wozniak<sup>1,2</sup>, J. Biederman<sup>1,2</sup>

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<sup>3</sup>SUNY Upstate Medical University, Departments of Psychiatry and of Neuroscience and Physiology, Syracuse, USA

#### Objectives

Although deficient emotional self-regulation (DESR) is associated with attention deficit hyperactivity disorder (ADHD), little research investigates this association and little is known about its etiology. We examined whether severity scores of a unique profile of the Child Behavior Checklist (CBCL) would help differentiate levels of deficits in children with ADHD.

#### Methods

Subjects were 197 children with and 224 without ADHD. We defined deficient emotional self-regulation (DESR) as an aggregate cut-off score of >180 but <210 (1SD) on Anxiety/Depression, Aggression, and Attention scales of the CBCL (CBCL-DESR) and Severe Dysregulation as an aggregate cut-off score of  $\geq 210$  on the same scales (CBCL-Severe Dysregulation). All subjects were assessed with structured diagnostic interviews and a range of functional measures. Family data is also available for a subset of these and other mood disordered patients.

#### Results

36% of children with ADHD had a positive CBCL-DESR profile vs. 2% of controls ( $p < 0.001$ ) and 19% had a positive CBCL-Severe Dysregulation profile vs. 0% of controls ( $p < 0.001$ ). The subjects positive for the CBCL-Severe Dysregulation profile differed selectively from those with the CBCL-DESR profile in having higher rates of mood disorders, oppositional defiant and conduct disorders, psychiatric hospitalization at both baseline and follow up assessments, and a higher rate of the CBCL-Severe Dysregulation in siblings. Family data confirms the utility of this severity scale.

#### Conclusions

Severity scores on 3 subscales of the CBCL can help distinguish two groups of emotional regulation problems in children with ADHD and help predict subsequent psychopathology and functional impairments.

### Forensic psychiatry in relation to childhood

24 July 2018, 10:45 - 12:15, North Hall

RS 07

## Forensic psychiatry in relation to childhood

O. Ruskovskaya<sup>1</sup>, R. M. Deutsch<sup>2</sup>

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<sup>2</sup>*William James College, Center of Excellence for Children- Families and the Law, Newton, USA*

### Symposium Overview

Forensic psychiatry is a sub-specialty and an applied area of clinical psychiatry that studies mental disorders in the context of public justice in criminal and civil processes and provides services to a court or investigative authorities. Forensic psychiatry addresses the following main tasks in relation to childhood: the assessment of mental disorders and psychological state of adolescents and its relationship to criminal responsibility and competence to stand trial; the assessment of mental disorders and developmental level of children and adolescents who were victims of or witnesses to a crime; the effects of child maltreatment on children's psychological functioning; the needs of children in relation to parental capacity when parents are involved in custody disputes; the assessment of parenting capacity of parents with mental disorders.

In this symposium, we will discuss some of these specific topics, from a multidisciplinary perspective. In forensic psychiatry, mental health professionals employ general psychological and clinical constructs, data and theories as the conceptual basis for their assessments. We are going to discuss problems and important limits of conceptual links among clinical and psychological data and constructs (such as attachment, upbringing, interparental conflict and dangerousness) and legal standards. In Russia, the methodology of standardized or semi-standardized forensic assessment hasn't been used. In this symposium discussion of partially standardized procedures to assure replication and best practices is one of the objectives of our symposium. In R.Deutsch's report we are going to discuss one of the standardized procedures that can be used in custody evaluation.

## Forensic psychiatry in relation to childhood

24 July 2018, 10:45 - 12:15, North Hall

RS 07.1

## Aggression towards child of women with schizophrenia, admitted to a forensic psychiatric hospital

M. Kachaeva<sup>1,2</sup>, D. Afzaletdinova<sup>3</sup>

<sup>1</sup>*The Serbsky National Medical Research Center for Psychiatry and Narcology, Leading Scientific Researcher, Moscow, Russian Federation*

<sup>2</sup>*World Health Organization WHO, National Coordinator for Violence and Injury Prevention Project, Moscow, Russian Federation*

<sup>3</sup>*Candidate of Med. Science, Russian Federation*

### Objectives

Empirical studies have made clear that there is an association between a diagnosis of schizophrenic disorder and violence. More importantly, mental illness is one of major motivational factors for filicide. However, near 50% of mothers, who killed their child are not mentally ill, as defined by the law. Social instability, financial problems, conflicts in families, antisocial environment along with nosologic forms of psychiatric pathology were found to contribute to filicide. Cases of psychotic filicidal parents don't suffer from lack of coverage thanks to mass media, and a common cause of stigmatization of "good enough" parents with mental disorders.

Objectives. To investigate aggression of insane schizophrenic women

towards child, other relatives and unrelated persons.

### Methods

Subjects. 91 women with schizophrenia committed socially dangerous acts (SDA) against a person.

### Results

57 women (63%) committed SDA against relatives, 34 (37%) against unrelated persons. Among women of the first group, 8 committed SDA against their children (14%), 12 (21%) against their husbands and partners, 17 (29.8%) against their mothers. In filicide cases the main motive of women was pseudo-altruistic. There were no significant differences between groups in the main psychopathologic mechanism underlying the commission of an aggressive act, that was associated with psychotic symptoms in 59.6%, negative - in 40.4%.

### Conclusions

In assessment of risk of mothers with schizophrenia towards their children we must understand the critical role of active psychotic symptoms and negative social factors.

## Forensic psychiatry in relation to childhood

24 July 2018, 10:45 - 12:15, North Hall

RS 07.2

## Mental disorders of adolescents associated with criminal responsibility and competence to stand trial

V.D. Badmaeva<sup>1</sup>

*The Serbsky National Medical Research Center for Psychiatry and Narcology, Head of the Department for Social and Forensic Problems of Minors, Moscow, Russian Federation*

### Objectives

According to the national statistics of Russia, 40-70% of young offenders have disturbances of development, one in four convicted adolescents has a behaviour disorder. Mental disorders, disturbances of development and normal developmental immaturity of adolescence can disturb or reduce "capacity to understand the public danger of their actions and control them", the legal standard of sanity according to the Russian Criminal Code (RCC). Definition of diminished responsibility (art. 22 RCC) of defendants under 18 include borderline disorders and abnormality of mental functioning arising from developmental immaturity.

Objectives. To investigate mental disorders and disturbances of development of young offenders - subjects of forensic examination in Serbsky National Medical Research Centre for Psychiatry and Narcology.

### Methods

The study includes a continuous sampling of 1250 young offenders (male - 1124, female - 126), evaluated in the Institute in 2001-2012 by clinical investigation and psychological testing, and analysis of representative selection (N=356).

### Results

In total cohort 76.6% of crimes involved physical violence (49.5% of them were extremely serious crimes). Disorders in total cohort included: organic disorders - 58.6%, schizophrenic disorders - 15.9%, forming personality disorders - 9.1%, mental retardation - less than 3%. 50.9% of offenders were diagnosed as mentally incompetent and irresponsible; 21.7% diminished responsibility because of borderline disorders; 0.5% diminished responsibility because of developmental immaturity. Syndromes legally associated with irresponsibility, diminished responsibility, incompetence to stand trial were marked by the qualitative research of representative selection. The boundaries of psychiatric



and psychological competencies in evaluation of adolescents are discussed.

### Forensic psychiatry in relation to childhood

24 July 2018, 10:45 - 12:15, North Hall

RS 07.3

#### Concordance of parent perception of their children's behavior in custody disputing parents

R.M. Deutsch<sup>1</sup>, S. Suri<sup>2</sup>

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When parents are in dispute about the care of, access to and responsibilities for their children they often request or a judge orders a child custody evaluation (CCE). The goals of the child custody evaluation are to assess the best psychological interests of the child by focusing on parenting capacity, developmental needs of the child, and resulting fit between child's interest and parenting capacities, and to answer the specific questions of the court in order to assist the court in making a decision regarding the best interests of the child. In order to answer these questions, we must have reliable and multiple sources of data. One important source of information is the parents' perceptions of the children's behavior. Using the Child Behavior Checklist (Achenbach, 1991) is a common practice for evaluators conducting CCEs. The Child Behavior Checklist (CBCL) gives us information about the child's behavior as reported by each parent, the concordance of parent perceptions, and the consistency of parent perceptions with other sources of data about the child. The goal of this IRB approved research project is to review the concordance of Child Behavior Checklists as completed by each parent in the process of a child custody evaluation. We will look at 120 CBCLs by internalizing and externalizing behavior problems. We will use t-tests to look at variation in agreement between conflicted parent pairs. We propose that the concordance between parental CBCL scores will be impacted by living arrangement and reported level of conflict. We will use regression to compare the relationship between living arrangement and reported level of conflict between parents and children and parental concordance. This will be discussed in the context of well-regarded standards of practice and procedures for conducting child custody evaluations.

### Forensic psychiatry in relation to childhood

24 July 2018, 10:45 - 12:15, North Hall

RS 07.4

#### Beyond measure – assessing the parenting capacity of parents with intellectual disability

M. Spencer<sup>1</sup>

<sup>1</sup>The University of Sydney, Lecturer- Social Work & Policy Studies Faculty of Education and Social Work, Sydney, Australia

##### Objectives

Internationally it is recognised that a growing number of adults with (mild) intellectual disability are becoming parents. Their right to form a family and moreover to be supported to do so, is enshrined in article 23 of the UNCRPD. Upholding the rights of parents with intellectual disability however remains contentious and problematic; resulting in a disproportionate number of parents with intellectual disability having their parenting rights tested and terminated in

care and custody proceedings. As part of these proceedings, clinicians are commonly engaged to undertake parenting assessments.

In the absence of specifically designed assessment procedures, and despite substantive research demonstrating IQ to be a poor predictor of parenting capacity, clinicians continue to rely on IQ testing as both the starting point and primary diagnostic tool when assessing the capacity of parents with intellectual disability. If unfamiliar with intellectual disability, clinicians often have difficulty engaging these parents and draw conclusions about their capacity based on entrenched assumptions and negative stereotypes.

##### Methods

This paper reports on a research project which used a reflexive action research method to develop an assessment procedure to identify parenting concerns and the support needs of parents with intellectual disability.

##### Results

The end result of the project was the development of the Understanding and Planning Support (UPS) Toolkit – a collaborative visually supported assessment approach. The (UPS) was piloted by a group of Australian family support professionals and found to have utility.

##### Conclusions

The approach has been used by clinicians in forensic assessment contexts with positive feedback however is yet to be empirically tested in this context.

### Forensic psychiatry in relation to childhood

24 July 2018, 10:45 - 12:15, North Hall

RS 07.5

#### The forensic assessment of parenting capacity of parents with mental disorders

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<sup>2</sup>Moscow City Psychological Pedagogical University, Associate Professor, Moscow, Russian Federation

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##### Objectives

According to the Russian Family Code, «the restriction of parental right shall be admitted if leaving the child with his parents is dangerous for the child because of circumstances which do not depend on the parents» (Art. 73). Mental health professionals assess the capacity of parents with mental disorders in two types of legal cases: in cases over restriction of parental rights and in divorce proceedings. The legal constructs in these types of cases are not the same; consequently, the competencies to assess are different.

Objectives. To analyze practice of parenting assessment in Serbsky NMRC PN in 2012-2017, and to discuss the validity of our clinical and psychological constructs as far as their conceptual basis.

##### Methods

58 parents with mental disorders (a continuous sampling).

##### Results

Table 1 demonstrates the number of various decisions in regard to parents with

different diagnoses.

Table 1.

Mental disorders	N	Dangerous for the child	Harmful for the child's mental health and development	Low risk
Schizophrenia, schizotypal and delusional disorders	41	12	10	19
Mental retardation	7	1	2	4
Disorders of adult personality and behaviour, Organic mental disorders	10	1	8	1

Significant clinical and psychological factors that determinate decision making are defined. According to the results, many parents with mental disorders are able to provide sufficient care to their children especially on the basis of adequate social support.

## Conclusions

In Russia parenthood of patients with mental disorders hasn't been investigated satisfactorily. Such families are considered to be a high risk for the social and psychological well-being of a child, hazard to health or even life. Most of the studies are prone to several common methodological limitations and present an inaccurate picture of the broader population of parents with mental disorders. The lack of data makes it difficult to assess the size of the population of parents with mental disorders and inhibits the development of preventive services and social support of such families.

## Forensic psychiatry in relation to childhood

24 July 2018, 10:45 - 12:15, North Hall

RS 07.6

### Parenthood of patients with mental disorders under long-term follow-up observation

A. Galkina<sup>1</sup>, G. Kostjuk<sup>1</sup>, S. Golubev<sup>1</sup>, O. Rusakovskaya<sup>2</sup>, L. Drykina<sup>1</sup>

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#### Objectives

Background. In Russia parenthood of patients with mental disorders hasn't been investigated satisfactory. Most of the researches of parents with mental disorders were realised in forensic psychiatry. According to the results, some parents with mental disorders are able to provide sufficient care to children. Methodological limitations of such investigations - small sample sizes, specific methods of recruiting of probationers, task orientation toward detection of parenting deficits, no longitudinal investigations - make it difficult to assess the rate of parents with mental disorders and inhibit the elaboration of preventive services and social support of such families.

Objectives. To estimate the number of parents among patients under long-term follow-up observation and to assess their clinical and social characteristics.

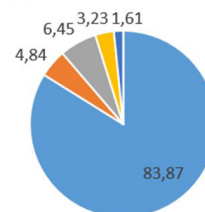
#### Methods

All local psychiatrists (n=11) of Moscow Psychoneurological dispensary 1 assessed with a semi-structured interview all of their patients, who have children 0-18 y.o. (continuous sampling).

#### Results

Among 2592 patients under long-term follow-up observation 200 parents (8%) were detected (reasons of the percentage are to be discussed). 31% of parents (n=62) have children 0-18 y.o. (mothers - 77.4%). Most of the patients (82%) live with their children and are involved into upbringing.

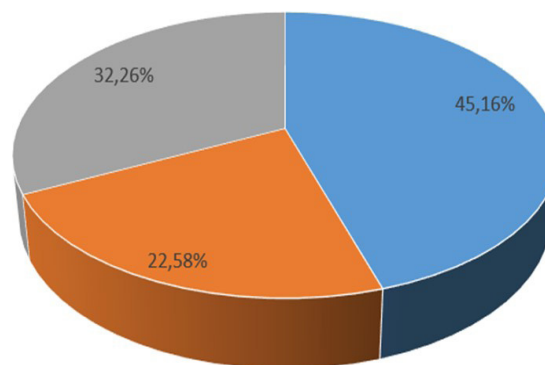
Diagnoses among parents with children 0-18 y.o. (n=62), %



- schizophrenia and schizophrenic spectrum disorders
- affective disorders
- personality and behavioral disorders
- learning disabilities
- anxiety disorders

Most common and essential for parental functioning syndromes were found out to be emotional volitional defect, paranoid and pseudo-psychopathic syndromes.

Hospitalization rate during previous 3 years' period %



- 0 times
- 1 time
- 2 or more times

Social characteristics of families were examined. Only in 6 cases parental rights of patients have been restricted by the court (9.7%). Psychiatrists assessed parenting competency of 80.7% of patients as high with the support of family.

#### Conclusions

The results should be used in elaboration of preventive services and social support of such families and principals of legal assessment of parenting competency on the basis of adequate social support.

## International open access publishing in the field of CAMH

24 July 2018, 10:45 - 12:15, South Hall 2A

RS 08

### International open-access publishing in the field of CAMH

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<sup>1</sup>University Hospital Ulm, Child and Adolescent Psychiatry and Psychotherapy, Ulm, Germany

#### Symposium Overview



Online, open-access publishing has become increasingly important in the field of scientific journals. Especially for professionals working in the field of child and adolescent psychiatry and mental health (CAMH) in low and lower-middle income countries - where access to information is often scarce, online access to freely available cutting-edge research is very important. The first presentation of this symposium provides an overview of current trends in open access publishing in the field of CAMH, using the example of the official journal of IACAPAP, Child and Adolescent Psychiatry and Mental Health (CAPMH) (Prof. Joerg M. Fegert, Editor in Chief of CAPMH). The second presentation, describing current developments of CAPMH in more detail, will be presented by Dr. Rebecca Brown (Deputy Editor of CAPMH). The third presentation of this symposium will combine the perspectives of a mentor (Prof. Olayinka Omigbodun) and a mentee (Adeola Oduguwa) on the process of mentoring young researchers in Africa and internationally publishing those results in CAPMH. Dr. Benedetto Vitiello (Deputy Editor of CAPMH), will then offer considerations on the approach to peer review, as it has become increasingly difficult for scientific journals to find committed peer-reviewers.

### International open access publishing in the field of CAMH

24 July 2018, 10:45 - 12:15, South Hall 2A

RS 08.1

### Trends and challenges of open-access publishing in the field of child and adolescent psychiatry and mental health

J. Fegert<sup>1</sup>, R. Brown<sup>1</sup>

<sup>1</sup>University Hospital Ulm, Child and Adolescent Psychiatry and Psychotherapy, Ulm, Germany

Online, open-access publishing provides researchers all over the world with free access to newest research publications. Open-access journals have become popular within recent years, as they offer an excellent platform for international scientific exchange. This presentation describes recent trends in open-access publishing in the field of child and adolescent mental health (CAMH). As an example, the journal Child and Adolescent Psychiatry and Mental Health (CAPMH), which was founded in 2007 by Prof. Joerg Fegert, Dr. Vitiello, and Prof. Lutz Goldbeck and received its first Thompson Reuters impact factor in 2016, will be described. As an innovative project of its time, CAPMH was funded by the German Research Foundation (DFG) from 2008 to 2013. This presentation will describe the ongoing development and challenges of managing an open access journal in the field of CAMH.

### International open access publishing in the field of CAMH

24 July 2018, 10:45 - 12:15, South Hall 2A

RS 08.2

### Child and Adolescent Psychiatry and Mental Health (CAPMH) - the official journal of IACAPAP

R. Brown<sup>1</sup>, J. Fegert<sup>1</sup>

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Child and Adolescent Psychiatry and Mental Health (CAPMH) is an open-access, online journal. The scope of CAPMH comprises all topics concerning CAMH, but also sets special focus on research concerning topics or cultures

outside of Western 'mainstream' research. Being the official journal of IACAPAP, CAPMH offers publication waivers to authors from low-income countries. International thematic series (e.g. on European forensic child and adolescent psychiatry) aim to improve communication about niche-subjects in the field of CAMH. CAPMH specifically includes, and fosters manuscripts by authors from low-income countries, in order to foster cross-cultural exchange of information. In the same line, CAPMH regularly promotes culturally local series (e.g. Asian or African series in 2015 and 2016). This presentation will give an overview on current publications in CAPMH, and statistics on its author- and readership.

### International open access publishing in the field of CAMH

24 July 2018, 10:45 - 12:15, South Hall 2A

RS 08.3

### Mentoring young African scientists and publishing an African thematic series in an international journal: a mentee and mentor's perspective

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<sup>2</sup>University of Ibadan, Department of Psychiatry- College of Medicine, Ibadan, Nigeria

### Objectives

Africa has the largest youthful population in the world and neuropsychiatric disorders account for 15–30% of the disability-adjusted life years (DALYs) lost during the first 30 years of life. However, mental healthcare is least prioritized by policy makers in the continent, with child and adolescent psychiatry receiving minimal attention. Yearly, Africa loses a large chunk of its healthcare personnel to developed nations in the quest for a better standard of living. Consequently, research and quality health services are scarce with counterparts from developed world filling up these roles, occasionally. Mentoring however, may provide platforms for better career opportunities, training and networking, and thus retention of healthcare professionals in Africa. This is achieved through accredited training programmes and internationally recognized professional bodies already established in few countries and regions across the continent. In Sub-Saharan Africa, the University of Ibadan's Centre for Child and Adolescent Mental Health (CCAMH), established with a grant support from the John D. and Catherine T. MacArthur Foundation in 2010, provides training, research and services, majorly through its 18-month Master of Science programme in Child & Adolescent Mental Health (MSc. CAMH). The last six months of the programme is characterised by research projects executed by students. In five years of operation, 62 original research projects (thirty five cross-sectional and 27 interventional studies) have been executed from Eritrea, Ghana, Kenya, Liberia, Nigeria, Sierra Leone, Zambia and Zimbabwe. In 2015, the CCAMH, through its Director, secured a negotiation with the Child and Adolescent Mental Health Adolescent Psychiatry and Mental Health (CAPMH) journal, to have a special issue with all the students' research work. Ten of these have now been published.

### Conclusions

Africans are rising up to take leading roles not only in providing culturally appropriate mental healthcare but also in conducting and reporting indigenous researches that inform policies.

### International open access publishing in the field of CAMH

24 July 2018, 10:45 - 12:15, South Hall 2A

RS 08.4

## Peer-review in online open-access publishing

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Peer-review is an essential component of the process of generating scientific literature. However, implementing a review system that is both rigorous and prompt can be challenging, especially when peer-reviewers are oftentimes not rewarded for their work. The risks of a suboptimal peer-review are unnecessary delay in dissemination of scientific findings and/or inadequately reviewed publications. Using the example of the open access child psychiatry journal CAPMH, this presentation aims to examine challenges encountered during peer-review and to review possible approaches to recruiting the most appropriate reviewers for each submission. In addition, the critical role of the journal editor in integrating the comments and perspectives of the different reviewers toward reaching a final decision about publication will be discussed.

## Creativity cures children

24 July 2018, 10:45 - 12:15, Terrace 2A

RS 09

## Creativity cures children

M.R. Moro<sup>1</sup>, B. Falissard<sup>2</sup>

<sup>1</sup>Maison de Solenn - Cochin Hospital - Inserm U1178 -MSF, Paris Descartes University, Paris, France

<sup>2</sup>Cesp Inserm U1018, Iacapap, Paris, France

### Symposium Overview

The symposium consider to share and discuss our latest researches regarding child mental health.

Each presentation will focus on several ways children curing therapeutical process benefit from their creativity.

We will talk about babies, children, adolescents and families process, considering different methodology and theoretical approaches.

Clinical exemples will accompany theoretical explanations and research findings.

## Creativity cures children

24 July 2018, 10:45 - 12:15, Terrace 2A

RS 09.1

## “Between here and there, I draw you my own world”. T-MADE, a new transcultural method to analyse children’s graphical productions

A.T. Rizzi<sup>1,2</sup>, M.R. Moro<sup>2,3,4,5</sup>

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<sup>2</sup>Paris 5 University, Paris, France

<sup>3</sup>Maison de Solenn, Chief, Paris, France

<sup>4</sup>Cochin Hospital, Paris, France

<sup>5</sup>Cesp/INSERM U1178, President of, Paris, France

### Objectives

Drawing is the preferred means of expression for children, in particular when they are asked to express themselves in front of a group of adults, and moreover when it comes to children having multicultural backgrounds such as migrant children. However how can we promote, understand and analyze those productions? We’ve performed a research for the last 6 years, focused on the material created by children, the drawings imagined and produced during transcultural consultations, and family and group psychotherapy consultations. From these sessions, the drawings along with the narrative productions of the children have been analyzed in relation to the interactions within the group. The process of co- construction emerges from the interactions between sign and word, between here and there, as well as between the children’s world and the adult’s one. 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.

### Methods

The method consists in a qualitative analysis of drawings produced by children during the transcultural sessions. The analysis are longitudinal, cross-sectional and reflexive (transfer/countertransference), regarding 3 cross-axis: individual, familial and groupal. Drawings, along with the narrative productions of the children, have been analyzed in relation to the interactions within the psychotherapeutic group.

### 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. According to analyses results, we theorize 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, utilization and implication of the T-MADE method, are discussed.

## Creativity cures children

24 July 2018, 10:45 - 12:15, Terrace 2A

RS 09.2

## Languages as a source of creativity

A. Simon<sup>1,2,3,4</sup>, D. Rezzoug<sup>3,5</sup>, M.R. Moro<sup>1,6,7</sup>

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<sup>2</sup>Cesp/INSERM U1178, Paris, France

<sup>3</sup>Unité de recherche Inserm U669 1178, laboratoire de psychologie clinique et psychopathologie, Paris, France

<sup>4</sup>Service de psychopathologie de l’enfant et de l’adolescent, Paris, France

<sup>5</sup>Avicenne Hospital, Psychiatrist, Paris, France

<sup>6</sup>CESP/INSERM U1178, President, Paris, France

<sup>7</sup>Maison de Solenn, Chief, Paris, France

### Objectives

Even though many studies show that speaking several languages is a powerful affective, cognitive and social advantage, bilingual skills remain widely overlooked in daily counseling psychologists’ practices. However, children learning the language from an ethnic minority group as well as the dominant language from their country might experience an affective conflict. Our objective is to show that taking in account the capabilities of children in their mother tongue allow them to develop their bilingual creativity.

### Methods

At the Avicenne hospital, we have created a new tool designed especially





for children who have bilingual and multicultural backgrounds. This tool, ELAL d'Avicenne©, is a quantitative and qualitative test for the evaluation of linguistics skills in the subject's native language. In fact, one of the speech therapist activities, among many others, is the children spoken language assessment. We have also created a group called bilingual group where we work on the switch from one language to another, from one world to others.

## Results

ELAL d'Avicenne© shows us how important it is to take into account children skills in their first language and the context in which they grow up, and therefore to work with their family. The group is a field for experiencing the co-existence of diverse and equally valuable languages. Children and therapists speak other languages than French. Through the ELAL d'Avicenne© language assessment tool and the bilingual group, languages and cultures are equally valued. This enables the child to grow more confident in using his language so that he can feel relieved and successfully learn other languages, such as French.

## Conclusions

This work shows that thanks to the bilingual assessment and the cross-cultural group, languages become a source of creativity. Thus, playing with words from many languages, children develop self-confidence and multicultural skills.

## Creativity cures children

24 July 2018, 10:45 - 12:15, Terrace 2A

RS 09.3

## Anxious school refusal: co-designed tools to resume social investment in a changing world

L. Benoit<sup>1,2,3,4</sup>, R. Martin<sup>4,5,6</sup>, M.R. Moro<sup>2,3,4,7</sup>, B. Falissard<sup>2,8</sup>

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<sup>7</sup>Paris 5 University, Professor, Paris, France

<sup>8</sup>IACAPAP, President

## Objectives

In France, school refusal has become a priority in the educational and youth mental health fields. Usually, psychiatrists argue that school refusal might merely be a consequence of anxiety or might as well reveal children's adaptive difficulties. Thus, adolescents' involvement in remote friendships through social networks is mainly understood as a sign of poor relationships. The common wish to pursue higher education abroad is usually interpreted as a fantasy hiding their anxiety, and the return to an ordinary educational system remains the goal of care. However, little attention is paid to creative ways of learning and resuming social investment.

## Methods

This qualitative study assesses creative ideas imagined by adolescents or co-constructed with their parents or professionals to support the resume of their studies. In-depth interviews using the Grounded Theory methodology were carried with 50 educational professionals, 20 parents and 24 adolescents diagnosed with anxious school refusal.

## Results

Many adolescents argue that they have access to friends and to the world through the internet and demand new remote ways of learning. Some parents understand their children avoidance of school as relevant adaptation to a school climate that does not provide a safe environment to learn, and welcome innovative schools (self-managed highschools with a youth advisory group). In the ordinary educational system, subtle changes were implemented in the classroom by teachers to reduce children's anxiety, increase their well-being

and facilitate teachers-parents relationships. Adolescents' creative coping skills and their experience of drop-in workshops or psychotherapies will be further detailed in this presentation.

## Conclusions

This study provides a glimpse of co-constructed evolving therapies and settings. Creativity appears to be an efficient tool when supported cohesively by parents, professionals of youth friendly mental health services and educators of a more inclusive school system.

## Creativity cures children

24 July 2018, 10:45 - 12:15, Terrace 2A

RS 09.4

## Mother to infant trauma transmission, in humanitarian context

E. Dozio<sup>1</sup>, M. Feldman<sup>2</sup>, C. Bizouerne<sup>1</sup>, M.R. Moro<sup>3,4,5,6</sup>

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<sup>2</sup>MCF-HDR, Université Paris Descartes Sorbonne Paris Cité Psychologist, Paris, France

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<sup>4</sup>Maison de Solenn, Chief, Paris, France

<sup>5</sup>Cochin Hospital, Paris, France

<sup>6</sup>Paris 5 University, Professor, Paris, France

## Objectives

Several studies on the trans-generational transmission of trauma confirm the evidence of transmission. Understanding the process of this transmission could help to promote early care for traumatized mothers and their children. In particular in contexts of collective trauma, such as humanitarian emergencies, where a large part of the population is exposed to repeated traumatic events.

## Methods

We recruited 24 dyads, in three countries affected by the Central African political crisis started in 2013 (Central African Republic, Chad and Cameroon). The 24 were composed by mothers exposed to multiple traumatic events, in the absence of the child, before childbirth or during pregnancy and their children, aged from one month to three years. We met the dyads during a semi-structured interview that we videotaped in order to allow a microanalysis of the cross-modal (visual, bodily, vocal) interactions between mother and child. The objective was to understand whether interactions underwent modifications during the revocation of the traumatic event by the mother, and if yes, to have a better comprehension of these changes

## Results

The analysis of the dyadic exchanges during the interview shows some evidences in the modification of interactions during the traumatic revocation of the mother. In addition we can notice the role of maternal representations about the child that have an important involvement in traumatic transmission : maternal trauma influences the mother's representations about the child and her relationship with him. Despite the evidence of the transmission of the negative emotional state from the mother to the child, we have observed some protective factors that can preserve mothers and children from the inevitability of this transmission.

## Conclusions

This work presents clinical applications for the management of traumatized mothers and their young children in order to reduce the effects of the possible transmission of trauma to the child or, where possible, to prevent it.

## Creativity cures children

24 July 2018, 10:45 - 12:15, Terrace 2A

RS 09.5

## The child between the worlds: drawings and stories

T.W. Borges<sup>1,2,3</sup>, C. Peirano<sup>4</sup>, M.R. Moro<sup>5,6,7,8</sup>, J. Lachal<sup>1,9</sup>

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<sup>8</sup>Paris 5 University, Professor, Paris, France

<sup>9</sup>Maison de Solenn, Paris, France

### Objectives

Investigate the imaginary of uprooting families of children diagnosed as autistic on such condition, in the context of a transcultural approach.

### Methods

Drawing-and-story procedure and semi-structured interviews analyzed by transferential narratives

### Results

The preliminary results indicate a tendency in families interviewed to consider the child as being prisoner of a world inaccessible to most of the people. Furthermore, families are looking for a meaning of autism that can link a cultural, intrapsychic, transgenerational, collective and transcendent elements. They also considered that this psychic suffering is not a disease, but a set of symptoms, a continuum of relatively heterogeneous syndromes.

### Conclusions

There is a patchwork of etiologies involving autistic spectrum disorders, where the spare parts of subjectivity wander in search of lost meaning. Such findings will be reflexively taken up in the light of the transcultural approach. In methodological record, the heuristic fecundity of the DE is highlighted.

## Screening for personality disorders in adolescence - psychometric properties of culture-adapted versions of AIDA (Assessment of Identity Development in Adolescence)

24 July 2018, 14:45 - 16:15, North Hall

RS 10

## Screening for personality disorders in adolescence - psychometric properties of culture-adapted versions of AIDA (Assessment of Identity Development in Adolescence)

K. Goth<sup>1</sup>, P. Šimečková<sup>2</sup>

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<sup>2</sup>The hospital Nemocnice České Budějovice- a.s., Psychiatric Department, České Budějovice, Czech Republic

### Symposium Overview

The diagnostic of personality disorder (PD) is in transition. First, the dimensional severity approach is gaining acceptance over the traditional categorical approach. Second, the life-span approach promotes the inclusion of children and adolescents. Impaired identity development is discussed as one of the core markers of PD in general and is seen as especially related to BPD. In the DSM-5 alternative model for diagnosing PD, identity is integrated as one out of four

central personality functions to evaluate PD severity (Criterion A).

The self-report questionnaire AIDA was designed in 2012 for a dimensional assessment of identity development varying from healthy to impaired in terms of a personality function. Its construction combined several clinical and psychological concepts of the field. It contains 58 5-step items and can be used for adolescents aged 12 to 18 years. AIDA showed good scale reliabilities in a N= 1577 Swiss-German school and clinic sample with Alpha .94 for the total scale Identity Diffusion, .87 and .92 for the two scales/ domains Discontinuity and Incoherence, and .69 to .84 for the six subscales/ areas reflecting typical puzzle pieces of identity development (e.g. stabilizing perspectives and roles, consistent self concept, autonomy). EFA supported a one-factor solution pointing to a joint factor "identity pathology". The total scale differed remarkably between the school sample and SCID-2 diagnosed BPD patients (N= 25; effect size  $d = 2.6$  standard deviations) and also between the school sample and patients with other types of PD than BPD (N= 31;  $d = 2.0$ ). Impaired identity as it is assessed with the AIDA seems to be a highly relevant construct for describing PD pathology.

Several international research groups developed culture-adapted versions of AIDA with respect to specific life circumstances and ways to display and talk about pathological identity development. In this symposium, the results of assessing identity with the AIDA in different languages and cultures and in different types of samples will be presented and discussed. Special focus will be on the equivalence of clinical validity to promote early detection of PD in line with the GAP agenda.

## Screening for personality disorders in adolescence - psychometric properties of culture-adapted versions of AIDA (Assessment of Identity Development in Adolescence)

24 July 2018, 14:45 - 16:15, North Hall

RS 10.1

## Who am I? The specifics of AIDA in Czech Republic

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### Objectives

In 2012 the self-report questionnaire AIDA (Assessment of Identity Development in Adolescence) was introduced to assess pathology-related identity development in healthy and disturbed adolescents. In a series of beta-test, pilot test and main test (N=24, N=24, N=282) the Czech translation team developed a culture-adequate formulation for every original item to establish the AIDA Czech Republic.

### Methods

Some items had to be reformulated during the pilot tests to improve psychometric properties by considering specific idioms and culture-specific aspects, as the obtained coefficient for item total correlation ( $r_{it}$ ) showed little correlation between this items and the assigned subscale or scale. The final version for AIDA Czech Republic was tested in a combined school (N=247) and clinical sample (N=35). The total sample consists of N=282, 96 boys (34%), 186 girls (66%), with age range 11-18 (mean age 15, SD 1.5.)

### Results

We found good psychometric properties with high total scale (Diffusion=.94), primary scale (.87;.90) and subscale (= .71-.80) reliabilities Cronbach's . The total scale "Identity Diffusion" differed remarkably between the school sample and a subsample of patients with BPD or classified as emotional-unstable



(N=29) with effect size  $d = 1.8$  standard deviations. No remarkable score differences in pathology-related identity development were found concerning gender or age in the Czech Republic school sample.

#### Conclusions

AIDA Czech Republic is a reliable translation of the original AIDA questionnaire. The process showed the necessity for a careful culture-adapted translation or even reformulation of the targeted constructs in order to reach true content equivalence and sufficient reliability. We will discuss our cultural specifics. To analyze validity in detail, further clinical samples will be assessed.

### Screening for personality disorders in adolescence - psychometric properties of culture-adapted versions of AIDA (Assessment of Identity Development in Adolescence)

24 July 2018, 14:45 - 16:15, North Hall

RS 10.2

### Bulgarian adaptation of AIDA (Assessment of Identity Development in Adolescence) - Psychometric properties in school and clinical sample

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#### Objectives

Over the past decades, alongside with remarkable social changes (globalization, urbanization and migration processes) we witness more and more visible changes in the transition process childhood - adolescence - adulthood: earlier puberty, longer schooling, later marriage. While the majority of adolescents manage to be successful at school, to develop mature, reciprocal and satisfying interpersonal relationships and achieve personal goals, the minority do not. Better understanding of the nature and underlying mechanisms of personality and identity development and its influence on mental health may present the potential for prevention and more effective treatment of a variety of psychiatric disorders. In 2012 the self-report questionnaire AIDA was introduced to assess impaired identity development in healthy and disturbed adolescents. In a series of beta-test and pilot tests the Bulgarian team engaged in the AIDA international study aimed to develop a culture-adequate Bulgarian version of the AIDA inventory.

#### Methods

„Problematic“ items were reformulated in order to improve comprehensibility by considering specific idioms and culture-specific aspects. The „improved“ Bulgarian AIDA version was tested in a school sample (N=192) and a clinical sample (N= 53), all adolescents aged between 12 and 18 years. Statistical analyses like age- or gender-related item bias, factor analysis, item total correlations, and scale reliabilities Cronbach's Alpha were conducted.

#### Results

In a mixed school and clinical sample (N=245) we found good psychometric properties with high total score (Diffusion=.93), scale (Discontinuity=.87; Incoherence=.90) and subscale (= .70-.81) reliabilities Cronbach's . . The total item correlation for the reformulated items was satisfactory ( $r_{it} > .30$ ).

#### Conclusions

Statistical results show good psychometric properties of the AIDA instrument in the Bulgarian sample, as well as good capacity to discriminate between norm and pathology. We discuss the utility of the complimentary use of AIDA and MMPI-A in clinical setting – case illustrated.

### Screening for personality disorders in adolescence - psychometric properties of culture-adapted versions of AIDA (Assessment of Identity Development in Adolescence)

24 July 2018, 14:45 - 16:15, North Hall

RS 10.3

### Examining the Lithuanian version of the AIDA (Assessment of Identity Development in Adolescence): identity pathology in clinically referred vs non-referred adolescents

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#### Objectives

Identity disturbance is one of the major criteria for diagnosing personality disorders within alternative model in DSM-5 as well as one of severity criteria of personality disorder in ICD-11. The present study aimed to investigate differences in identity development in terms of personality function in clinically referred vs non-referred adolescents thus providing preliminary validation data for the Lithuanian version of the AIDA.

#### Methods

The Lithuanian version of the AIDA was established after several pilot tests (N = 315). The present study further tested basic psychometric properties of the questionnaire as well as the criterion validity was analysed. Participants were adolescents aged 12-18 (N = 803; 42.8% males). The sample consisted of two groups: school-based sample (non-referred adolescents, N = 746; 43.4% males) and clinical sample (clinically referred adolescents, N = 57; 35.1% males). Furthermore, a subsample of adolescents with assumed identity and personality pathology (N = 17) was distinguished among clinically referred adolescents.

#### Results

The Lithuanian version of the AIDA showed excellent scale reliabilities with Cronbach's for the total scale Identity-Diffusion with .94, for the two primary scales Discontinuity and Incoherence with .86 and .91 respectively, and for the subscales ranging from .67 to .84. Criterion validity analyses revealed that the AIDA total score differed highly significant ( $p < .000$ ) between the school sample and the subsample of clinically referred adolescents with assumed identity and personality pathology with a large effect size Cohen's  $d = 1.73$ . The AIDA scales and subscales showed similar patterns.

#### Conclusions

The Lithuanian version of the AIDA is equivalent to its original version, with excellent psychometric properties. Preliminary data provide evidence for the criterion validity however a further study on clinical validity should involve a valid patient group with diagnosed (B)PD.

### Screening for personality disorders in adolescence - psychometric properties of culture-adapted versions of AIDA (Assessment of Identity Development in Adolescence)

24 July 2018, 14:45 - 16:15, North Hall

RS 10.4

### The psychometric properties of the Hungarian adaptation of AIDA – experiences with a non-clinical sample

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## Objectives

AIDA offers a reliable and valid method to measure the precursors of borderline personality disorder in adolescents. The aim of the presented study was to test the psychometric properties of a culture-adapted Hungarian version of AIDA.

## Methods

After receiving informed consent from their parents, 354 adolescents (169 girls) with an average age of 15.95 years (SD = 1.59) completed self-report measures of identity diffusion (AIDA), emotional and behavioral problems (SDQ), and borderline features (BPFSC-11).

## Results

The Hungarian adaptation of AIDA showed acceptable internal consistency, especially in terms of mean interitem correlations (MIC). The presence of different aspects of identity diffusion was positively associated with the presence of emotional and behavioral problems and borderline personality features. Moreover, dimensions of identity diffusion predicted borderline personality traits above emotional and behavioral problems.

## Conclusions

The Hungarian adaptation of AIDA is a promising instrument in screening for precursors of borderline personality disorder in adolescents. Clinical patients are needed to further investigate the clinical validity of AIDA.

## Screening for personality disorders in adolescence - psychometric properties of culture-adapted versions of AIDA (Assessment of Identity Development in Adolescence)

24 July 2018, 14:45 - 16:15, North Hall

RS 10.5

## Russian version of AIDA: results of the pilot study

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## Objectives

AIDA (Assessment of Identity Development in Adolescence) is an established self-report questionnaire for adolescents to assess pathological identity development in terms of a personality function. Our Russian research team joined the international AIDA study and developed a culture-adapted translation of the AIDA inventory. In a pilot test first psychometric properties were evaluated.

## Methods

The pilot test was performed in a sample of N=49 adolescents from Moscow and Moscow region with 24.5% boys and 75.5% girls aged 12 to 18 years (Mean 14.8 SD 1.2).

## Results

The pilot test version already showed good psychometric properties with scale reliabilities Alpha of .87 and .92 for the two primary scales Discontinuity and Incoherence and between .59 and .86 for the subscale level. Of the 58 items only 3 items showed weak and only 4 items slightly weak coefficients for item total-correlation or percentage of symptomatic answers or an item bias concerning sex or age.

## Conclusions

The pilot version of AIDA Russia showed a promising psychometric quality. The few weak items will be reformulated and the resulting main test version will be assessed and tested in a bigger school and clinical sample together with alternative measures for identity and pathology. Results will be presented and discussed.

## Babies, children and teenagers amidst the world's violence

24 July 2018, 14:45 - 16:15, South Hall 2A

RS 11

## Babies, children and teenagers amidst the world's violence

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## Symposium Overview

Objectives: To address the way world violence requires a complex approach to understand and work with infants, children and adolescents. For this end, we use the transcultural methodology which hinges on several complementary paradigms.

## Babies, children and teenagers amidst the world's violence

24 July 2018, 14:45 - 16:15, South Hall 2A

RS 11.1

## Parent infant psychotherapy in situations of exile and migration: how to build a therapeutic alliance?

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## Objectives

The applied of transcultural approach to the construction of a therapeutic alliance will be discussed. This technique is formed by the association of psychoanalysis and anthropology to approach the understanding and treatment of situations in which a family or parent/child group have moved from one culture to another. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed.

## Methods

We will analyse in special the therapeutic consultations during the perinatal period in situations of migrations. The use of transcultural principles as complementarity (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of group consultation will be used.

## Results

This period is particularly vulnerable for children and families. During this time cultural and family myths acquire great importance, they could be denied or abandoned due to the requirements of the „new” culture, while being vividly present in the mind of the parents, even if unconsciously.

## Conclusions



The address to these consultations are numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies. The construction of a specific therapeutic alliance is the main parameter of the efficacy of this kind of clinical work. The first data of a research done in this setting about the representation that the patient has of this alliance will be given.

### Babies, children and teenagers amidst the world's violence

24 July 2018, 14:45 - 16:15, South Hall 2A

RS 11.2

#### Adolescents' anger in present France

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#### Objectives

In France, 10 years separate the „riots“ of 2005 and the terrorist attacks of 2015. In both case, the teenagers involved originate from the French colonies. I propose to try to understand what motivates French teenagers' anger.

#### Methods

In the aftermath of the riots, I met with 15 French young people of Algerian origin and captured the subjective effects of a collective history. I conducted open-ended (semi-structured) interviews, in a clinical context. The complementary paradigms (G. Devereux) applied to postcolonial studies allowed me to link the analysis of the collective representations to history and the unconscious dynamics, including the transmission across generations.

#### Results

From shame to hatred going through rage, every participant seems to fight against despair and conflictual loyalty to origins, struggling with what appears to be a difficult separation. The latter is transformed into a struggle with society opening the way to an objective affiliation. Rebellion has become the only left identity for angry adolescents who feel deceived by humanity and its justice.

#### Conclusions

Our study highlights the necessity to revisit history of colonialism and its impact on colonized populations. The violence of this history suspended the adolescents' parents in their identity and cultural transmission to their descendants. This dynamic seems to besiege the adolescents between two choices: an inalterable gloom or rebellion leading sometimes to violence, explosion rather than implosion. Thus, violence is a protective process against petrification

### Babies, children and teenagers amidst the world's violence

24 July 2018, 14:45 - 16:15, South Hall 2A

RS 11.3

#### The emergence of the racial other within therapists in trauma clinic

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#### Objectives

To analyze cultural emergences within therapists working in trauma clinic and the processes underlying empathic strain (Wilson and Lindy 1994) in therapists' reactions in the therapeutic setting.

#### Methods

Semi-structured interviews of one hour and a half in average designed for the purpose of this research were conducted with 45 therapists working with traumatized patients. The interviews were analyzed following the principles of the Interpretative Phenomenological Analysis promoting the therapists subjective experience of the studied phenomenon.

#### Results

Findings reveal traces of colonial history, war and inter-community political conflicts active amidst the therapists' reactions to the patients' traumatic narratives; resorting to disregarding cultural interpretations/ generalizations to make sense of an utterly painful situation and put a protective distance with the patients' culture of origin.

Discussion: in the aftermath of colonial history or inter-community war conflicts as well as during present war/armed conflicts times, the transgressive aspects of the trauma narratives are the most implicated in the disqualification of the patients' culture of origin, giving way to the emergence of the racial other (Davids 2011).

#### Conclusions

The findings of this study underline the utter necessity to examine therapists' reactions to trauma narratives by taking into consideration the national, religious and political context in which the therapists and the patients evolve. The therapeutic encounter in the context of trauma clinic (intentional traumatic events and in some cases natural disasters' traumatic experiences) actualizes collective representations incriminating the patients' cultural identity

### Babies, children and teenagers amidst the world's violence

24 July 2018, 14:45 - 16:15, South Hall 2A

RS 11.4

#### Adolescents at risk in welfare: tools for therapeutic interventions

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#### Objectives

Childhood Protection Organization has difficulties to provide adapted care to adolescents presenting high risks of psychopathology and other behavioral disorders/symptoms. Those adolescents had faced numerous difficulties in the course of their residency in foster families, foyers and hostels. It hadn't been possible for them to settle in the above mentioned places as they were not adapted enough to their conflictual situation/problematic. Before being entrusted to the Childhood Protection Organization, those adolescents had been exposed to mistreatment, carelessness... Our objective is to reflect upon a better adjusted clinical approach in order to provide care and accompaniment to the adolescents among whom many suffer from several disorders such as PTSD.

#### Methods

The analysis is based on ten clinical situations of adolescents. They have been staying in a foster home opened recently for a limited number of adolescents who had been wandering in different structures. This foster home provides an

alternative to the hotel placement.

## Results

Symptoms identified Relate to the devastating effect of family toxicity along with repetitive placements. Ruptures and discontinuity seem to have actively contributed to a paradoxical filiation processing in the adolescents' identity/s development. We suggest hereby a multi-perspective re-filiation process declined into 5 axis: dis-holding holding; permanency; third-party and multi-focal-ization; and transformation.

## Conclusions

Clinical-educational practices require creativity and a multidirectional care system. Adolescence is a phase in life mobilizing psychological processes along with body transformations which urge the adolescent to question his/her filiation and belonging. Cultural, family and individual ingredients are to be integrated within the transformation dynamic.

## Babies, children and teenagers amidst the world's violence

24 July 2018, 14:45 - 16:15, South Hall 2A

### RS 11.5

#### A perspective about how the collective violence impact the mother-infant bonding and lead to the early trauma transmission

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## Objectives

In humanitarian emergencies, traumatic transmission transcends the purely individual dimension between a mother and her baby, but can be anchored in the collective across generations. This study aimed to provide more evidences about the trauma transmission process in order to prevent it in humanitarian situations.

## Methods

We opted for a qualitative and observational approach that analyzes the different aspects of the mother's discourse, in the presence of the child, as well as the interactions between mother and infant, and then we confronted them. The interviews were carried out in several countries of Central Africa Region, affected by collective violence against the population since several years.

## Results

Mothers, affected by the traumatic events, can become a source of traumatization for their children. Through mother and infant interactions, the external reality with its violence burst into the inner reality of the infant, who cannot distinguish between the two realities. In addition to this, the community of belonging identifies children born during periods of violence as „children of war“, with a particular symptomatology. At the family level they are invested with a role of savior or redemption of family and collective history, through their name. These family and collective representations reinforce a traumatic transmission through the identity construction of these children that is done around a trans-generational mandate charged of a traumatic past of collective violence.

## Conclusions

Despite evidence of traumatic transmission from mother to child, mothers and children show that they have internal and relational resources that can be invested to provide trauma clinics.

## Risk and resilience factors in the transgenerational transmission of childhood maltreatment: first results of the TRANS-GEN Study

24 July 2018, 14:45 - 16:15, Terrace 2A

### RS 12

#### Risk and resilience factors in the transgenerational transmission of childhood maltreatment: first results of the TRANS-GEN Study

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## Symposium Overview

Child maltreatment (CM) disrupts children's development, in particular when it occurs early in life. Experiencing several types and repeated episodes of CM increases the risk of psychiatric and/or physical health-related problems later in life. In addition, mothers with a history of CM are at increased risk of maltreating their own offspring creating a "transgenerational cycle of maltreatment". Transmission rates vary between 7-23%. TRANS-GEN as an interdisciplinary consortium investigates in a prospective approach the pathways leading to resilience or vulnerability in the transgenerational transmission of CM, contrasting and complementing findings in animals and humans. Mother-infant dyads were recruited in the women's hospital of the University Hospital of Ulm. The mothers were screened for CM using the Childhood Trauma Questionnaire (CTQ). Mother-infant dyads were followed-up twice: 3 months (t1), and 12 months (t2) after birth. Main outcomes are the mothers' and infants' psychological and physiological stress reactivity. Main outcomes were the infants disorganized attachment and physiological stress reactivity. In the symposium first results of this interdisciplinary project will be presented.

## Risk and resilience factors in the transgenerational transmission of childhood maltreatment: first results of the TRANS-GEN Study

24 July 2018, 14:45 - 16:15, Terrace 2A

### RS 12.1

#### Stress reactivity and cognitive functioning in infants of mothers with a history of childhood maltreatment

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## Objectives

Infants of mothers with a history of child maltreatment (CM) are at an increased risk to develop dysregulated stress reactivity as well as socioemotional or cognitive problems. There are still only few studies investigating the potential link between maternal CM and child development. Sensitive parenting is supposed to play an important role in mediating the negative effects of maternal CM history. Moreover, it is supposed to buffer the effects of dysregulated stress reactivity, whereas insensitive parenting contributes to or increases dysregulated stress reactivity. In our interdisciplinary project TRANS-GEN (funded by the Federal Ministry of Education and Research, Germany) we longitudinally investigate the interplay of psychosocial and biological variables contributing to different pathways leading to resilience or vulnerability in the transgenerational transmission of CM.

## Methods

Infants and mothers were recruited at birth (women's hospital, University Hospital Ulm). CM was assessed with the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1997). At 12 months of age both quality of maternal interactive behavior (AMBIANCE (Lyons-Ruth et al., 1999) and stress reactivity in infants (HPA-axis (cortisol saliva sample) as well as heart rate (HR), and



respiratory sinus-arrhythmia (RSA) were assessed during the Ainsworth strange situation. The infant's cognitive development was examined by the Bayley Scales of Infant Development II (Reuner et al., 2007) at 12 months of age.

#### Results

First results revealed a positive effect on children's cognitive performance in mothers with a CM history who displayed sensitive behavior compared to insensitive mothers with a CM history; no differences were found in the interactive quality of mothers without a history of CM (N=202 dyads). Moreover, our data revealed more intense stress reactivity during the strange situation in the HPA axis (cortisol) and in the ANS system (HR, RSA) in infants of mothers who behaved insensitive compared to sensitive mothers indicating a buffering effect of positive parenting.

### Risk and resilience factors in the transgenerational transmission of childhood maltreatment: first results of the TRANS-GEN Study

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#### RS 12.2

#### The autonomic nervous system in mother-child-dyads during the Stange Situation Procedure: influence of maltreatment and neglect

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#### Objectives

Stress caused by childhood maltreatment (CM+) may have broad effects on autonomic nervous system (ANS) regulation and there is a higher risk for (CM+) individuals to maltreat their own children (transgenerational cycle of maltreatment). In the study „Transgen“ (BMBF) we investigate the ANS in mothers and their children during an attachment relevant stimulus depending on the degree of maternal childhood maltreatment.

#### Methods

We established a method to measure sympathetic and parasympathetic nervous system activity simultaneously in mothers and their one-year-old children (80 dyads). Thirty-five mothers had sustained early maltreatment experiences (CM+) whereas 45 mothers had no such experiences (CM-). Heart rate (HR), respiratory sinus-arrhythmia (RSA) and pre-ejection-period (PEP) were measured by electrocardiogram and impedance cardiogram during a standardized stressful situation consisting of separation and reunion episodes (baseline episode and 7 episodes of the Strange Situation Procedure, SSP according to Ainsworth).

#### Results

In episode 7 – child alone in the room, strange person coming into the room – we observed a de-synchronisation between mother and child: mothers were reacting with a decreasing ANS response. In contrast to that, children showed an increase in ANS response. Furthermore there was a desynchronized situation between (CM+) and (CM-) mothers in the parasympathetic branch. Additionally, infants of (CM+) mothers had significantly higher RSA data in this episode than infants of (CM-) mothers.

#### Conclusions

There is evidence of desynchronisation in the autonomic regulation between mothers and their children during attachment system activation due to separation. This episode seems to be vulnerable for CM+ mothers. Additionally, we observe, for the first time, transgenerational effects of CM+ in the ANS.

### Risk and resilience factors in the transgenerational transmission of childhood maltreatment: first results of the TRANS-GEN Study

24 July 2018, 14:45 - 16:15, Terrace 2A

#### RS 12.3

#### The ability of mothers with and without a history of child maltreatment to generate informal and formal social support

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Mothers who have experienced maltreatment during their childhood (CM) are a risk group in terms of their own psychological wellbeing, their parenting behavior and their children's development. The TRANS-GEN project investigates pathways leading to resilience and vulnerability in the intergenerational transmission of CM, considering psychological, biological, and social factors. Social support by partners, relatives, friends and formal support services might be helpful for mothers in need to positively adjust to parenthood. Therefore the ability of mothers with and without CM to generate informal social support and to utilize professional support services was analyzed.

After parturition, mothers were screened for CM with the Childhood Trauma Questionnaire (CTQ). N=533 mothers with and without CM were included in the sample. Mother-child dyads were investigated twice: 3 months and 12 months postpartum. The level of maternal distress was estimated by a composite score of self-reported psychological symptoms, familial problems, and perceived stress. Perceived social support was measured by the PSSQ and a self-developed interview was used to assess the utilization of professional services.

Mothers with a CM history presented higher levels of distress in the postnatal period. They were less able to generate informal social support from their own parents and friends but also from partners (12 months only). Despite an increased need for support, they also had difficulties in accessing professional services. Overall social support partly mediated the association between CM history and maternal distress in the postnatal period.

Because social support had overall positive effects on children's cognitive development and buffered against negative consequences of maternal dysfunctional interaction behavior (Zimmermann et al., 2018) a deeper understanding about the needs for and access to informal and formal social support in mothers with a history of CM is needed. Strategies to improve the access of mothers in need to early family support services should be developed and tested.

### Risk and resilience factors in the transgenerational transmission of childhood maltreatment: first results of the TRANS-GEN Study

24 July 2018, 14:45 - 16:15, Terrace 2A

#### RS 12.4

#### The impact of maternal unresolved attachment representations of mothers with childhood maltreatment on the interaction with their child: A qualitative analysis focusing on traumatic dysregulation

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## Objectives

Child maltreatment (CM) is considered as a risk factor for several disorders in adulthood. Maternal attachment representation is suggested as one moderating candidate for explaining the link between the history of CM and impaired caregiving.

Aim: In the sub-project of TRANS-GEN the impact of maternal unresolved attachment trauma on the interaction with their child was investigated including a detailed qualitative analysis focusing on traumatic dysregulation in maternal narratives and behavior.

## Methods

250 mother-infant-dyads were recruited at the Ulm University Hospital in the context of the large research consortium (TRANS-GEN). Mothers were administered the Adult Attachment Projective Picture System (AAP; George & West 2001, 2012) to assess attachment representations. Degree of traumatic dysregulation, internalized secure base, connectedness and synchrony was associated with interaction scales from the Strange Situation at 12 months of age, called AMBIANCE (Lyons-Ruth et al. 2009). Especially looking at representational scales like Synchrony, Agency and traumatic markers in the narratives in association to reciprocity in the mother-infant dyad are expected to reveal new insights for conceptualizing a model of risk and resilience factors in mothers with different degrees of traumatization.

## Results

First results with  $n = 129$  mother-infant-dyads demonstrate that there is a significant relationship between maternal history of CM, maternal attachment representation and their caregiving behavior towards their own infant. Mothers which unresolved attachment representation showed more "role/boundary confusion" as well as "fearful/ disorientation" behavior with their infants compared to mothers with secure or insecure representation.

## Conclusions

These results suggest that maternal attachment representations may play a key role as a risk or protective factor in the context of transmission of maltreatment to the next generation. These results are about to be verified in the large sample of  $n = 250$  mother-infants dyads and analyzed in more details like described above.

## Current situation and challenges, and future direction in the disaster areas after Great East Japan Earthquake (GEJE)

24 July 2018, 16:45 - 18:15, Club E

RS 13

## Current situation and challenges, and future direction in the disaster areas after Great East Japan Earthquake (GEJE)

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## Symposium Overview

On March 11, 2011, Japan was damaged by the Great East Japan Earthquake (GEJE) and tsunami, and nuclear plant accident. It caused huge injury economically, physically and emotionally. In particular, vulnerable families have been suffered from the disaster.

Three or four years after GEJE, nursery school teachers often complained that three and four years children were more likely to show problematic behavior and have cognitive developmental delay. And then three child psychiatrists who have provided interventions and supports actually went to some nursery schools

and confirmed what is going on in serious disaster areas.

To provide appropriate interventions and needed medical care for children and their mothers, we tried to conduct a longitudinal research by combining multiple community resources.

This longitudinal research has implemented the sea-coast areas in three prefectures which were strongly damaged by GEJE. Participants were children who were born in the year of the GEJE and their parents. As results, more than 230 children and the same number of parents are enrolled.

## Current situation and challenges, and future direction in the disaster areas after Great East Japan Earthquake (GEJE)

24 July 2018, 16:45 - 18:15, Club E

RS 13.1

## Impact of the 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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## Objectives

Almost 7 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 severe stress caused by a pile of traumatic experiences emotionally and financially. 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.

## Methods

Participants were 223 children who were born within one year after the GEJE in the severely affected area and their mothers. In the year during October 2015 and March 2017 (around 5 years after the earthquake), child's behavioral problem and neurodevelopment were investigated using Child Behavior Checklist (CBCL) and several subtests of Wechsler Preschool and Primary Scale of Intelligence (WPPSI), Kaufman Assessment Battery for Children (K-ABC), and Picture Vocabulary Test-Revised (PVT-R) as the baseline data. The association between mother's mental health (Mini International Neuropsychiatric Interview, Impact of Event Scale-Revised etc.) related to the disaster experiences and child neurodevelopmental risk was assessed.

## 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.

## Conclusions

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

## Current situation and challenges, and future direction in the disaster areas after Great East Japan Earthquake (GEJE)





24 July 2018, 16:45 - 18:15, Club E

RS 13.2

### A study on the current situation of mental health and support needs of infants and their parents and guardians in disaster-stricken areas in Fukushima prefecture

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#### Objectives

We conducted research on the current situation of mental health and support needs concerning infants and their parents and guardians in Fukushima Prefecture after the Great East Japan Earthquake(GEJE). For this aim, we have carried out retrospective research on the data collected from the forms of 18-month Infant Health Check-up carried out both before and after the earthquake in A City situated in the coastal area of Fukushima Prefecture. This time, we will report the results of the examination, based on our analysis of the data collected in two years both before and after the earthquake, as to how the situation changed during the two years after the earthquake.

#### Methods

1439 cases of infants who received the 18-month infants check-up during FY2009 - FY2012 and their parents and guardians in X City, Fukushima Prefecture

Either chi-square test, one way ANOVA, or the Kruskal-Wallis test were applied for each of the 183 items commonly found in the health check-up forms across the targeted fiscal years.

#### Results

Two years after GEJE, the rate of children who did not speak words with meaning and who showed restless in meal-related situations significantly high. The rate of night-time crying of children increased during the year following GEJE, while it further increased during the second year in the post-GEJE. As for parents and guardians, there was a significant increase in the rate of this group feeling childcare as a burden and having no one to consult with regarding childcare.

#### Conclusions

The rates of delayed language development, restlessness, and having issues with emotional aspects among children continued to high significantly, while it has also been indicated that the significance of the childcare burden of parents and guardians was increasing.

### Current situation and challenges, and future direction in the disaster areas after Great East Japan Earthquake (GEJE)

24 July 2018, 16:45 - 18:15, Club E

RS 13.3

### Child psychoeducation in the outside camping for children who were affected by the Great East Japan Earthquake

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#### Objectives

On March 11, 2011, Japan was struck by the Great East Japan Earthquake and tsunami. The earthquake and tsunami caused tremendous damage and traumatized a huge number of people, including children.

The aim of this study was to examine the effect of psychoeducation for children in the relief of their psychological symptoms.

#### Methods

We conducted psychoeducation in the form of outdoor camp activities that utilized objects of enjoyment in traditional Japanese culture. The activities included (1) learning how emotions are formed and the need to be aware of one's feelings with the "Picture Story" and (2) abdominal breathing with the "Blowing Pipe". We used the Post Traumatic Stress Symptoms for Children 15 items (PTSSC-15) as a self-report questionnaire on traumatic symptoms and measurement of children's daily life pre- and post-intervention.

#### Results

The camps were held seven times (July 2011, Oct 2011, Oct 2012, Oct 2013, Oct 2014, Oct 2015 and Oct 2016). The participants included 131 children (66 boys and 65 girls), aged between 4 and 12 years (mean = 8.5 years). Participants were characterized as "Lost their home" (29.0%), "Lost their family members" (35.1%) and "Witnessed the tsunami" (30.5%). Of the 54 children (48.1%) scored above the cut-off for the high risk category. Across the five interventions, the pre-intervention mean of the PTSSC-15 scores was 22.0 (14.8 SD), and post-intervention mean was 20.2 (14.3 SD) ( $t=1.17$ ,  $p<.10$ ).

#### Conclusions

This result might be indicated that the psychological burden of children was reduced after attending the camp activities which included the psychoeducational intervention.

### Current situation and challenges, and future direction in the disaster areas after Great East Japan Earthquake (GEJE)

24 July 2018, 16:45 - 18:15, Club E

RS 13.4

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

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#### Objectives

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.

#### Methods

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.

## Conclusions

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

## ESCALife: Evidence-based, stepped care of ADHD along the life-span

24 July 2018, 16:45 - 18:15, Forum Hall

RS 14

## ESCALife: Evidence-based, stepped care of ADHD along the life-span

S. Millenet<sup>1</sup>

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## Symposium Overview

### ADHD research network: Evidence-based, Stepped Care of ADHD along the life-span

Attention-Deficit/Hyperactivity Disorder (ADHD), characterized by persistent and impairing inattention, hyperactivity and impulsivity, is one of the most common psychiatric disorders, affecting worldwide about 5 % of all children and adolescents and 3-4% of adults, and constitutes one of the strongest risk factors for various comorbid psychiatric disorders, like anxiety disorder, conduct disorder, depression, suicidality, substance use, and personality disorders both in childhood and adulthood. Despite the existence of a range of non-pharmacological interventions and highly effective psychopharmacological treatment options, the quality of routine health care for patients with ADHD is characterized by various unmet needs. Pharmacological treatment, although highly effective in the short term, lacks proven long term efficacy and presents substantial variability in clinical treatment outcome, optimal dosage and tolerability. Current evidence from randomized controlled trials for the efficacy of non-pharmacological interventions in reducing core ADHD symptoms is limited. Highly selected study populations typically assessed in RCTs are not representative for the full range of ADHD patients and evidence-based individualized age-specific adaptive multimodal treatment algorithms for ADHD which can be delivered in routine care settings are lacking, particularly for specific subpopulations, such as preschool children or complex cases with severe symptomatology and/or pronounced comorbidity.

Therefore, the ESCALife project aims to address these unmet needs and to improve the routine clinical care for children, adolescents and young adults with ADHD by establishing an evidence-based personalized stepped-care approach for ADHD for routine clinical practice across the life span. The work program consists of four large-scale multi-site treatment trials in different age groups spanning the period from preschool to early adulthood, each combining non-interventional observational and RCT design components, to investigate how the effectiveness of ADHD treatment can be enhanced by adaptive interventions accounting for heterogeneity of the patients' age, co-morbidity and treatment response. These trials will be presented in this symposium.

**The ESCALife research consortium is funded by the German Federal Ministry of Education and Research (BMBF) Grant 01EE1408E.**

## ESCALife: Evidence-based, stepped care of ADHD along the life-span

24 July 2018, 16:45 - 18:15, Forum Hall

RS 14.1

## Evidence-based, stepped care of ADHD along the life-span & prediction of treatment response from brain structure and function (ESCAbrain)

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A personalized treatment strategy approach hasn't been developed yet, partly because validated predictors of treatment response and outcome taking into account the clinical and etiological heterogeneity of the disorder are lacking. Whereas identification of etiological risk factors and neurobiological correlates of ADHD made remarkable progress during the past decade [1], but generalizability of this finding is still questionable, because research on the moderating role of gender on treatment response and outcome is very limited [2]. Beyond that, only few studies have examined potential predictors of treatment response [3, 4, 5]. In summary, individualized age-specific adaptive multimodal treatment strategies for ADHD, which can be delivered to routine care settings are lacking.

For the prediction of costly non-pharmacological ADHD treatment like neurofeedback and CBT we focus on preparatory and resting EEG. We planned the combination of preparatory EEG activation as an established predictor for neurofeedback with MR markers of brain structures associated with ADHD or behavioral treatment response. Voxel-based morphometry (VBM), diffusion tensor imaging (DTI) and transcranial sonography (TCS) markers support a frontostriatal model of ADHD.

Whereas classical study designs are poor at addressing the heterogeneity



and specific needs arising from the complex age-dependent trajectories of ADHD, novel effectiveness trials in our ADHD network will allow the evaluation of the effects of adaptive and individualized treatment strategies that include evidence-based psychotherapeutic and pharmacological treatments, as well as innovative interventions for treatment of nonresponders under routine care conditions. Those novel trials investigating the empirical examination of a stepped care approach as recommended in recent clinical guidelines are needed to complement the more standard efficacy RCTs. Furthermore, the investigation of predictors for treatment response may facilitate the individualized allocation of patients to effective treatment regimens.

### ESCALife: Evidence-based, stepped care of ADHD along the life-span

24 July 2018, 16:45 - 18:15, Forum Hall

RS 14.2

#### ESCAPreschool study: Study protocol of an adaptive intervention study for preschool children with ADHD/ODD including two randomized controlled trials

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The ESCAPreschool study addresses the non-pharmacological treatment of preschool-children with attention-deficit/hyperactivity disorder (ADHD) and/or oppositional defiant disorder (ODD) in a multicentre trial. ESCAPreschool aims to determine the effectiveness of an individualised stepwise intensifying treatment program based on evidence-based psychosocial interventions for ADHD and/or ODD patients by combining two randomized controlled trials (RCT).

A sample of 200 3-6 years-old children, diagnosed with ADHD and/or ODD, will undergo two adaptive treatment steps. The first step is a waiting-list RCT which provides the parents (optionally: preschool-teachers) of all participants with a three-month program of a telephone-assisted self-help (TASH). Fully-responding children will receive TASH booster sessions in step 2. Children with no or partial response to TASH are randomized to receive either a Parent Management and Preschool Teacher Training (PMPTT) or treatment as usual (TAU) in Step 2 (6 months). Primary outcome is the change in the combined ADHD/ODD symptom score on the blinded clinician-rated ADHD/ODD-Checklist based on parent interview.

The study will provide evidence-based answers to several important questions for clinical practice following a stepped-care approach. It contributes to the development of individualized treatment algorithms and the improvement of

guidelines on the treatment of preschool-children with ADHD.

**Trial registration:** German Clinical Trials Register (DRKS) DRKS00008971. Registered on 1 October 2015.

### ESCALife: Evidence-based, stepped care of ADHD along the life-span

24 July 2018, 16:45 - 18:15, Forum Hall

RS 14.3

#### Adaptive multimodal treatment of school-age children with ADHD – the ESCASchool – study

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The ESCASchool study addresses the treatment of school-age children with attention-deficit/hyperactivity disorder (ADHD) in a large multicenter trial. It 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.

The results of published studies including stepped care approaches which are the basis of the current trial will be summarized.

The adaptive design of this 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.

**Trial registration:** German Clinical Trials Register (DRKS) DRKS00008973. Registered on 18 December 2015.

### ESCALife: Evidence-based, stepped care of ADHD along the life-span

24 July 2018, 16:45 - 18:15, Forum Hall

RS 14.4

#### Individualized short-term therapy for adolescents impaired by attention-deficit/hyperactivity disorder despite previous routine care treatment (ESCAadol) – Study protocol of a randomised controlled trial within the consortium ESCALife

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In phase 1 of the trial, 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.

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.

**Trial registration:** German Clinical Trials Register (DRKS) DRKS00008974. Registered on 28 December 2015.

## ESCALife: Evidence-based, stepped care of ADHD along the life-span

24 July 2018, 16:45 - 18:15, Forum Hall

RS 14.5

## ESCALATE: Evidence-based, stepped-care in late adolescents and young adults with attention deficit/hyperactivity disorder

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ESCALate is a randomized controlled trial of an adaptive treatment approach for adolescents and adults with ADHD. It is multisite trial gathering evidence via six different recruiting centers adjoined to university hospitals across Germany (Homburg/Saar, Mainz, Mannheim, Oldenburg, Rostock, Tübingen). Recruitment target is the inclusion of 279 ADHD subjects between the age of 16,00 and 45,11 years. In step 1, participants are either randomized to face-to-face psychoeducation (PE), telephone assisted self-help (TASH) or a waiting control group. All participants assigned to the control group will be treated using TASH after a three month waiting period. In PE and TASH, eight individual sessions will be administered to each patient over a period of three months implemented through 30 minutes sessions. These modules include a

structured procedure defining primary problems, providing specific information concerning ADHD, presenting coping skills based on CBT and requiring written homework. In the second step of treatment, participants are then allocated to three groups according to severity of their remaining ADHD symptoms: a) full responder, b) partial responder, c) non-responder. Full responders receive individual counseling, partial responders receive individual counseling only or counseling and neurofeedback (NF), and non-responders receive pharmacological treatment with methylphenidate only or pharmacological treatment and NF. As for NF training, following the standard protocol as proposed by Mayer et al. 2013, slow cortical potentials (SCPs) will be recorded at Cz (vertex region), then referenced against mastoid A1 with a ground electrode on mastoid A2 and averaged. Step 2 is followed by a three month period without intervention and a final evaluation of the severity of the remaining ADHD symptoms.

**Trial registration:** German Clinical Trials Register (DRKS) DRKS00008975. Registered on 23 Octobre 2015.

## A developmental approach for studying and treating 22q11.2 deletion syndrome neuropsychiatric phenotype

24 July 2018, 16:45 - 18:15, Meeting Room 1.1

RS 15

## A developmental approach for studying and treating 22q11.2 deletion syndrome neuropsychiatric phenotype

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### Symposium Overview

The 22q11.2 deletion syndrome (22q11.2DS), also known as velo-cardio-facial and DiGeorge syndromes has been the focus of intensive research over the last 20 years. The syndrome is the most commonly known microdeletion syndrome, occurring in at least 1 to 4,000 live births. The 22q11.2DS has unique medical, developmental, cognitive and psychiatric phenotypes. Notably, the 22q11.2DS is associated with extremely high rates of schizophrenia-like psychotic disorders emerging in about one-thirds of adolescents and young adults with 22q11.2DS.

The aim of the symposium is to present the myriad of clinical aspects that are relevant for child psychiatrists who may encounter individuals with 22q11.2DS in their clinic or who wish to learn about the clinical presentations and potential treatments of individuals with 22q11.2DS along development from preschool to adulthood.

About 70% of individuals with 22q11.2DS cope with at least one psychiatric disorder. Prof. Doron Gothelf will review the evolution of psychiatric disorders in 22q11.2DS from preschool years to adulthood. Specifically, the developmental trajectories of common psychiatric disorders in 22q11.2DS will be presented including attention deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), anxiety disorders, subthreshold psychotic symptoms and schizophrenia. The evidence for the safety and effectiveness of psychiatric medications in 22q11.2DS will also be reviewed.

Prof. Marianne van den Bree's lecture will focus on a neglected yet an important manifestation of 22q11.2DS- developmental coordination disorder (DCD). Prof. van den Bree and her colleagues found that DCD is very common in



22q11.2DS and is associated with psychiatric comorbidities of 22q11.2DS-ADHD, ASD and anxiety disorders in particular.

Dr. Marco Armando work focuses on 22q11.2DS subthreshold psychotic symptoms also known as ultra-high risk states. He will present the results of a longitudinal study with 22q11.2DS. Dr. Armando and his colleagues found that transient psychotic experiences are common in 22q11.2DS and that the conversion rates to psychosis in 22q11.2DS individuals with ultra-high risk states is comparable to that observed in the general population. Dr. Armando will also present potential treatment strategies for reducing the rate of transition to psychosis in 22q11.2DS.

Lastly, Dr. Mariela Mosheva, a child psychiatry fellow will present the results of an international study combining two large cohorts and following the educational and employment trajectories of children and adults with 22q11.2DS. Dr. Mosheva and her colleagues found that most children with 22q11.2DS attend mainstream schools but during adolescence, most of them attend special education schools. Cognitive abilities were found to be the strongest predictor for school placement. Only one-third of individuals with 22q11.2DS are employed in open market employment. The strongest predictor for employment was adaptive functioning. The implications for these findings for planning interventions that will promote favorable development and optimal functioning in 22q11.2DS will be discussed.

### A developmental approach for studying and treating 22q11.2 deletion syndrome neuropsychiatric phenotype

24 July 2018, 16:45 - 18:15, Meeting Room 1.1

RS 15.1

### Psychiatric disorders in 22q11.2 deletion syndrome and their treatment

D. Gothelf<sup>1,2</sup>

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#### Objectives

Psychiatric disorders including attention deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), mood and anxiety disorders and psychotic spectrum disorders are of major concern in individuals with 22q11.2 deletion syndrome (22q11.2DS). The prevalence and unique characteristics of psychiatric disorders in 22q11.2DS from preschool to adulthood will be reviewed, as well as the evidence for the effectiveness and safety of psychiatric medications in 22q11.2DS.

#### Methods

A cohort of more than 100 individuals with 22q11.2DS has been longitudinally followed and treated using state of the art psychiatric assessment tools.

#### Results

During preschool and elementary school years, ADHD, oppositional defiant disorder, anxiety disorders and ASD are common in 22q11.2DS. During adolescence and early adulthood, 22q11.2DS individuals are at increased risk to develop depression, subthreshold psychotic symptoms and schizophrenia-like psychotic disorders. We will present the evidence on the effectiveness and side effects of common psychiatric treatments in VCFS- stimulants for ADHD, selective serotonin reuptake inhibitors for depression and anxiety and antipsychotic medications for psychotic disorders. Special care should be taken to medical comorbidities, such as congenital cardiac anomalies and movement disorders, when prescribing psychiatric medications to individuals with 22q11.2DS

#### Conclusions

Psychiatric disorders are common in 22q11.2DS and have characteristic devel-

opmental trajectories. Overall, psychiatric medications seems to be effective in 22q11.2DS but special care should be taken to potential side effects.

### A developmental approach for studying and treating 22q11.2 deletion syndrome neuropsychiatric phenotype

24 July 2018, 16:45 - 18:15, Meeting Room 1.1

RS 15.2

### Developmental coordination disorder, psychopathology and IQ in 22q11.2 deletion syndrome

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#### Objectives

22q11.2 deletion syndrome (22q11.2DS) is associated with high rates of neurodevelopmental disorder, however, the links between developmental coordination disorder (DCD), intellectual function and psychiatric disorder remain unexplored. We therefore set out to establish the prevalence of indicative DCD in children with 22q11.2DS and examine associations with IQ, neurocognition and psychopathology.

#### Methods

Neurocognitive assessments and psychiatric interviews of 70 children with 22q11.2DS (mean age 11.2, s.d. = 2.2) and 32 control siblings (mean age 11.5, s.d. = 2.1) were carried out in their homes. Nine children with 22q11.2DS and indicative DCD were subsequently assessed in an occupational therapy clinic.

#### Results

Indicative DCD was found in 57 (81.4%) children with 22q11.2DS compared with 2 (6.3%) control siblings (odds ratio (OR) = 36.7,  $P < 0.001$ ). Eight of nine (89%) children with indicative DCD met DSM-5 criteria for DCD. Poorer motor coordination was associated with increased numbers of anxiety, ( $P < 0.001$ ), attention-deficit hyperactivity disorder (ADHD) ( $P < 0.001$ ) and autism-spectrum disorder (ASD) symptoms ( $P < 0.001$ ) in children with 22q11.2DS. Furthermore, 100% of children with 22q11.2DS and ADHD had indicative DCD (20 of 20), as did 90% of children with anxiety disorder (17 of 19) and 96% of children who screened positive for ASD (22 of 23). The Developmental Coordination Disorder Questionnaire score was related to sustained attention ( $P = 0.006$ ), even after history of epileptic fits ( $P = 0.006$ ) and heart problems ( $P = 0.009$ ) was taken into account.

#### Conclusions

Clinicians should be aware of the high risk of coordination difficulties in children with 22q11.2DS and its association with risk of mental disorder and specific neurocognitive deficits.

### A developmental approach for studying and treating 22q11.2 deletion syndrome neuropsychiatric phenotype

24 July 2018, 16:45 - 18:15, Meeting Room 1.1

RS 15.3

### Transition to psychosis in 22q11.2 deletion syndrome: a longitudi-

## nal study

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<sup>1</sup>University of Geneva, Developmental Imaging and Psychopathology Lab- Department of Psychiatry- School of Medicine, Geneva, Switzerland

### Objectives

In the past 20 years, there has been an increasing interest in people presenting with potentially prodromal symptoms of psychosis, i.e. with a clinical high risk state. The 22q11.2 deletion syndrome (22q11.2DS) is characterized by high rates of psychotic symptoms and schizophrenia, making this condition a promising human model for studying risk factors for psychosis.

### Methods

This talk will describe the state of the art on psychosis in 22q11.2DS and will present the results of a longitudinal study aimed at investigating the predictive value of ultra high risk (UHR) in a sample of patients with 22q11.2DS. Information on possible treatment strategies aimed at reducing the rate of transition to psychosis in this specific population will also be provided.

### Results

23 to 45% of adolescents report transient psychotic experiences, up to 40% of affected adults are diagnosed with a psychotic disorder. Moreover, 22q11.2DS 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. Transition rate to psychosis in 22q11.2DS individuals with an UHR condition is comparable with what is observed in the general population, suggesting that the clinical path leading to psychosis is broadly comparable to that observed in other clinical high-risk samples.

### Conclusions

Taken together, these findings indicate that 22q11.2DS is a highly relevant genetic risk factor for schizophrenia and the most promising human model for studying risk factors and states at risk for schizophrenia.

## A developmental approach for studying and treating 22q11.2 deletion syndrome neuropsychiatric phenotype

24 July 2018, 16:45 - 18:15, Meeting Room 1.1

RS 15.4

### Education and employment trajectories from childhood to adulthood in individuals with 22q11.2 deletion syndrome

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### Objectives

The aim of the study was to explore the education and employment trajectories of individuals with 22q11.2DS from childhood to adulthood in a large cohort composed of two significant samples.

### Methods

260 individuals with 22q11.2DS, 134 male and 126 female, aged 5 to 59 years (mean age 21.3 ± 10.8 years) were evaluated at two sites, Geneva (GVA) and Tel Aviv (TA). Psychiatric comorbidities, IQ score, and adaptive functioning were assessed using gold-standard diagnostic tools. Demographic factors, data about education, employment, marital status, and living status were collected.

### Results

Children entering elementary school (5-12 years) were significantly more likely to attend a mainstream school, while adolescents were significantly more likely to attend special education schools ( $p < 0.005$ ). Cognitive abilities and not adaptive functioning, predicted school placement. Among adults with 22q11.2DS ( $n = 138$ ), 46 (33.3%) were employed in open market employment, 35 (25.4%) worked in assisted employment (mean age 26.9 ± 10.4 years) and the remainder ( $n = 57$ , 41.3%) were unemployed. In adulthood, adaptive functioning more than cognitive abilities predicted employment. Surprisingly, psychotic spectrum disorders were not found to be associated with employment.

### Conclusions

Exploring and enhancing the understanding of educational and employment profiles in the 22q11.2DS population is important for clinicians, 22q11.2DS individuals and their relatives for planning interventions that will promote favorable development and optimal functioning.

## Children and adolescents in out of home placement. A challenge for child and adolescent psychiatry and psychotherapy

24 July 2018, 16:45 - 18:15, North Hall

RS 16

### Children and adolescents in out of home placement. a challenge for child and adolescent psychiatry and psychotherapy

M. Wawrzyniak<sup>1</sup>

<sup>1</sup>, Amiens, France

### Symposium Overview

The situation of children in out of home placement calls our high vigilance as clinicians and researchers. This symposium suggests making colleagues of three countries have an exchange on these issues.

Pr. Jörg Fegert, University of Ulm, leads studies in out of home care, in institutions in his country, Germany as well as in Switzerland.

Pr. Edith Goldbeter will bring a systemic reading of these situations which vulnerabilise so much this group of children and teenagers. If the family constitutes the first structure of humankind, we shall see how other structures can, in their own way contribute to socialisation and what effects of institutionalisation in out of home care offers to care can be observed.

The team of Pr. Duverger, in Angers, will testify of the children's long term follow-up in the French Child Welfare System.

## Children and adolescents in out of home placement. A challenge for child and adolescent psychiatry and psychotherapy

24 July 2018, 16:45 - 18:15, North Hall

RS 16.1

### Children in out of home care: a high risk population

J.M. Fegert<sup>1</sup>



<sup>1</sup>University of Ulm, Department of Child and Adolescent Psychiatry and Psychotherapy, Ulm, Germany

### Objectives

Children in out-of-home care (institutionalized children and children in foster care) are a high risk group for child psychiatric disorders. Many of these children have experienced (multiple) traumatic events during childhood and adolescence. At the same time they are at risk in institutional care. Aim of this overview is to present results of studies from Switzerland and Germany in this population.

### Methods

Review of the literature and report on two studies. One with a nationwide sample of adolescents in residential care (N=304) with data on lifetime prevalence and incidence of sexual victimization and offending and the Swiss model project study (MAZ-Reo N=592 children in institutional care).

### Results

According to the literature between 2/3 and 3/4 of the children in institutional care show at least one psychiatric disorder. Comorbidity is frequent. In the MAZ-Reo sample 47 % showed at least one disorder and reported potentially traumatic experiences (at least one 77,1 %). Interpersonal traumatic experiences were frequently reported high frequency (55,7 %). In the German study on adolescents in institutional care 62 % of the inmates reported about any experienced victimization, 37,9 % about abuse with penetration during their life. In the same interview, high rates of offending were reported especially by boys (any offending 19,4 %, offences with penetration 6,4 %).

### Conclusions

Children in out-of-home care are a high risk population for child psychiatric disorders that need special attention. They often have experience, traumatic events especially (sexual) abuse and neglect and bringing them together in a group constitutes also a high risk situation for perpetration of abuse experiences. Therefore, children in institutions need special support and child psychiatric liaison services. Institutions need concepts to deal with traumata as children are at risk for re-victimization.

## Children and adolescents in out of home placement. A challenge for child and adolescent psychiatry and psychotherapy

24 July 2018, 16:45 - 18:15, North Hall

RS 16.2

### Moving the unprotected child: between institution, foster family and family of origin

E. Goldbeter-Merinfeld<sup>1</sup>

<sup>1</sup>Université Libre de Bruxelles ULB, Bruxelles, Belgium

When therapists are confronted with child abuse or neglect, they have to consider how to assure the protection of minors, which implies a careful examination of the severity of the situations and the possible consequences of the chosen orientation : maintaining the child in his/her family with a professional accompaniment, placement in institution or in foster family.

The functioning of the institutions, the relations between professionals within them, the collaborative exchanges (at best) or absent (at worst) between the different stakeholders will also impact the experience and the future of the young person, as well as that of his/her family.

Decision-making involving the placement of a minor (and thus his/her separation from family of origin) can be fraught with consequences and must therefore be well weighed, which shows the difficulty of this choice...

If prudence leads professionals to reduce the duration of a placement, it can also result in many revaluations with reorientations to other institutions or foster families, thus multiplying the discontinuities of the child's evolutionary path and breakups.

The many ruptures that so punctuate the life of young people placed reinforce the troubles of bond and attachment. The consequence may be that the major young people who enter in an autonomic adult life are often weakened. Ambulatory support before and after the placement appears to be a resource to be considered.

## Children and adolescents in out of home placement. A challenge for child and adolescent psychiatry and psychotherapy

24 July 2018, 16:45 - 18:15, North Hall

RS 16.3

### The Saint-Ex Study. Developmental trajectories of 129 children placed in child welfare system before the age of 4 years old

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<sup>1</sup>CHU Angers- University of Angers, Department of Child and Adolescent Psychiatry, Angers, France

### Objectives

This study traced the long-term outcomes for a cohort of French children who were abused or neglected during childhood and placed in long-term care before the age of 4 years old. The purpose of the study was to identify factors related to long term outcomes (more than 20 years) for these children.

### Methods

The Saint-Ex study described the outcomes of 129 children who were taken into care between 1994 and 2001 in Child Welfare System, before they were 4 years old. All the children were followed until they reached the age of 21. Comprehensive data were collected and scales as Children's Global Assessment Scale (CGAS) and Parent-Infant Relationship Global Assessment (PIR-GAS) were also used.

### Results

At admission many children were in a poor physical and mental health. More than the half of the children cohort had one or two parents diagnosed with a psychiatric trouble. The children in our cohort also had a very low schooling level compared to the general population. Concerning the psychiatric health status at the beginning of the placement, there was a very important psychiatric morbidity, (95% of children), and 101 adolescents (78%) had psychiatric disorders at the end of the placement. When the baby was followed early in life, with a specific attention and care, the results were better in term of CGAS.

### Conclusions

Our results confirm that children placed in Child Welfare System are a vulnerable population. The study shows that, for some of the children, placement was not enough to reverse the destructive processes at play, while for others, it addressed the needs for personal fulfilment. The results of the Saint-Ex study are all the more relevant as they consider the outcomes of very young children, who are more vulnerable to maltreatment and separation, who may experience a long succession of placements under Child Protection Services.

## Children and adolescents in out of home placement. A challenge for child and adolescent psychiatry and psychotherapy

24 July 2018, 16:45 - 18:15, North Hall

## RS 16.4

### The evolution of children placed before the age of 4: prognostic markers

A. Cailliez<sup>1</sup>, E. Riquin<sup>1</sup>, D. Rousseau<sup>1</sup>, P. Duverger<sup>1</sup>

<sup>1</sup>CHU Angers- University of Angers, Department of Child and Adolescent Psychiatry, Angers, France

In child psychiatry, a lot of patients have been fostered or placed in an institution. It is important to study their long-term evolution and to evaluate the impact of the terms of their psycho-social follow-up care, in order to optimize them.

A catamnestic qualitative study on the future of children, placed before the age of 4, has been realized. The aim of this study was to identify prognostic markers. It was based on the phenomeno-pragmatic analysis of 34 anamnesis of children placed at the nursery of the Village Saint-Exupery (VSE) in Angers. These files were extracted from 129 cases of the Saint Ex study, a quantitative anamnestic study lead from 1994 to 2001 to evaluate the evolution of children placed at the VSE before the age of 4. The sample was obtained from a classification in 8 subgroups defined by three clinical criteria: PIR GAS at T1, qualification as "baby in risk of danger" at T1, and EGF at T2.

The population of the study was composed of 11 girls and 23 boys, placed at an age between 3 days and 46 months. 21 from them had been, at least temporarily, fostered. The presence of premature troubles of social early interactions, the absence of listening or response to the questioning of the child about his placement, the existence of significant delays between the observed facts and the introduction of social measures, discontinuity and/or inconsistency in the placement and sexual abuse seem to be factors of unfavorable evolution. The appropriate cure of a diagnosed mental illness of the parents, early placement in foster care, taking into account of the child's demands on placement arrangements, responsiveness of social services and psychological or child psychiatric early care seem to favor a good evolution.

The analysis of these 34 situations reveals some prognostic elements, as well as the interactions between them. A support based on prevention, to protect early social interactions and to short laps of danger exposition's time, seems essential.

### Risk factors, clinical presentation, treatment approaches of catatonia and the attenuated psychosis syndrome in youth

25 July 2018, 08:00 - 09:30, Forum Hall

## RS 17

### Risk factors, clinical presentation, treatment approaches of catatonia and the attenuated psychosis syndrome in youth

M. Ernst<sup>1</sup>

<sup>1</sup>National institutes of health, NIMH, Bethesda, USA

#### Symposium Overview

This symposium gathers child psychiatrists from around the world, experts in assessing and treating pre-morbid symptoms of psychosis, including Catatonia and Attenuated Psychosis Syndrome (APS), as well as a neuroimaging expert in ontogenic developmental changes that confer risk for psychopathology. Dr. Cohen will present unique data on the Catatonia Syndrome, which his team diagnosed and treated in a large cohort of pediatric inpatients collected over the past 20 years. These data examine how the premorbid presentation, particularly the nature of risk factors for catatonia, is critical to carefully assess the condition and inform treatment approaches. Dr. Mazzone will share two sets of findings on the APJ. First, using a large pedopsychiatric sample, he will show

how age impacts the severity and nature of APS symptoms. Second, he will describe the characteristics of patients with high functioning autism that predict APS. Dr. Maturana will present results of an ongoing study that evaluates symptoms, risk factors of the switch to frank psychosis and therapeutic interventions in adolescents and young-adult patients who are carrying the diagnosis of APS. Finally, Dr. Ernst, using neuroimaging data, will provide insights into which of the neurodevelopmental changes, which typically occur across childhood and adolescence, might confer risk for developing APS. Taken together, the goal of this panel is to advance knowledge on a yet to be better defined premorbid syndrome to psychosis, the APS, newly added to the DMS-5.

### Risk factors, clinical presentation, treatment approaches of catatonia and the attenuated psychosis syndrome in youth

25 July 2018, 08:00 - 09:30, Forum Hall

## RS 17.1

### Therapeutic relevance of catatonia risk factors

D. Cohen<sup>1</sup>, M. Raffin<sup>1</sup>, V. Ferrafiat<sup>1</sup>, A. Consoli<sup>1</sup>

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#### Objectives

Catatonia in children and adolescents is a rare psychiatric syndrome that is observed with medical and psychiatric disorders. Morbidity and mortality are among the worst in child psychiatry. Recent advances in child and adolescent catatonia research have offered major improvements in understanding catatonia. Here, we aim to review known risk factors and whether it offers new therapeutic opportunities.

#### Methods

There are several risk factors that have been associated with catatonia. First, in contrast with adults, schizophrenia is more frequently observed than mood disorder. Second, a history of neurodevelopmental disorders maybe encountered. Third, a traumatic history is frequent but may not be specific. Forth, underlying organic conditions are highly prevalent (more than 20% of the cases), and their search is warranted because some diagnoses may result in specific treatments (e.g., immune-suppressor therapy for autoimmune conditions). Finally, genetic conditions are also highly prevalent but the strength of contribution may vary: strong in some metabolic condition or genetic abnormalities (e.g. Huntington's disease, creatine deficit) or moderate/weak in others (some CNV associated with neurodevelopmental disorders).

#### Conclusions

We conclude that catatonia in youth is associated with a high rate of risk factors. Identifying a treatable medical or genetic condition may offer important therapeutic opportunities. In addition, searching for catatonia in neurodevelopmental syndromes may offer therapeutic opportunities targeting catatonia symptoms.

### Risk factors, clinical presentation, treatment approaches of catatonia and the attenuated psychosis syndrome in youth

25 July 2018, 08:00 - 09:30, Forum Hall

## RS 17.2

### The "attenuated psychosis syndrome" in pediatric samples, including those with autism spectrum disorder

L. Mazzone<sup>1</sup>, M. Ribolsi<sup>2</sup>, G. Di Lorenzo<sup>2</sup>, M. Armando<sup>3,4</sup>, M. Siracusano<sup>1</sup>,





A. Riccioni<sup>1</sup>, P. Curatolo<sup>1</sup>

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<sup>4</sup>Children Hospital Bambino Gesù, Child and Adolescence Neuropsychiatry Unit- Department of Neuroscience, Rome, Italy

### Objectives

The new "Attenuated Psychosis Syndrome (APS)" DSM-5 diagnosis refers to a condition combining psychotic-like and impairing distress symptoms that require treatment (Woods et al., 2010). APS has been included in the DSM-5 because it may signal high risk of conversion to frank psychosis, and, as such, deserves systematic study. Surprisingly for a prodromic syndrome, research in pediatric populations is scarce. Given the steep neurodevelopmental changes across childhood and adolescence, clarifying the effects of age on APS prevalence and presentation in youth is critical.

### Methods

Two studies have suggested an age effect, indicating higher prevalence of psychotic symptoms in younger than older adolescents (Kelleher and colleagues, 2012; Schimmelmann et al., 2015). We present age effects on APS symptom severity in a large pedopsychiatric sample of 94 inpatients recently diagnosed with APS (age 9-18 yo, 45 females) (Ribolsi et al 2017). Findings revealed higher psychosocial functioning and fewer depressive symptoms in the older (> 15-18 yo) than younger group (9-14 yo). However, age was not associated with the presence of psychotic symptoms. In a substudy, we started to evaluate APS in a high-clinical-risk pediatric sample, by virtue of a diagnosis of autism spectrum disorder (ASD) (Woods, 2017). Initial findings in 9 patients with high functioning autism (age range 9-16) indicate high rates (83%) of positive APS symptoms.

### Conclusions

These initial data contribute to characterize the newly added DSM-5 diagnosis, specifically in children and adolescents, and indicate a dissociation of the effects of age on APS and psychotic symptoms. More data will be presented for the high-risk ASD patients, including effects of age and incidence of psychotic symptoms in this sample.

## Risk factors, clinical presentation, treatment approaches of catatonia and the attenuated psychosis syndrome in youth

25 July 2018, 08:00 - 09:30, Forum Hall

RS 17.3

### At-risk adolescents and youth: attenuated psychosis syndrome

A. Maturana<sup>1</sup>, O. Ibaceta<sup>1</sup>, M.J. Villar<sup>1</sup>, K. Ulloa<sup>1</sup>, R. Mayo<sup>1</sup>, R. Castillo<sup>1</sup>, A. Gutierrez<sup>2</sup>, P. Gaspar<sup>1</sup>, H. Silva<sup>1</sup>

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<sup>2</sup>University of Santiago, Hospital Barros Luco Trudeau, Santiago, Chile

### Objectives

The present 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). Schizophrenia and other psychotic disorders have a "prodromic" or "pre-psychotic" phase, which has been difficult to characterize, as illustrated by the multiple terms used for its definition (i.e., High Clinical Risk, At-Risk Mental State, or Prodromal Syndromes). This prodromic phase is characterized by a change in premorbid functioning with significant and impairing distress, and the

subsequent emergence of neurocognitive and social impairments. Accordingly, it is a period of pre-psychotic disturbance that represents a deviation from previous experience and behavior, evolving from subliminal to frank psychotic symptoms. Critically, APS concerns particularly adolescents and young adults.

### Methods

We present preliminary findings of an ongoing pedopsychiatric sample of patients seeking treatment. This study has 3 goals: (1) identify APS symptoms in probands and first-degree relatives; (2) assess neurocognitive functioning, (3) formulate and implement a clinical intervention, and (3) develop a research model targeting clinical and cognitive indicators, in individuals at high risk of developing psychosis. At present, 27 patients have completed the initial assessment with a 3-year follow-up. Most patients fulfilled the High Clinical Risk criteria, presenting comorbid ADHD, mood or anxiety disorders. In addition, most of the APS symptoms were related to positive and mood symptoms. As described in other international cohorts, the probands and their first-degree relatives showed cognitive dysfunctions. On follow-up, 21% developed frank psychosis, with a median survival time of 571 days. We will also discuss limitations in recruitment and adherence to follow-up visits.

### Conclusions

The data will provide critical information on the clinical presentation and treatment of APS in youths.

## Risk factors, clinical presentation, treatment approaches of catatonia and the attenuated psychosis syndrome in youth

25 July 2018, 08:00 - 09:30, Forum Hall

RS 17.4

### Insights from developmental neuroimaging research into the neural risk factors of psychopathology

M. Ernst<sup>1</sup>, B. Benson<sup>1</sup>, T. Lago<sup>1</sup>, X.A. Gorka<sup>1</sup>, C. Gaillard<sup>1</sup>, C. Grillon<sup>1</sup>, E. Artiges<sup>2</sup>, H. Lemaitre<sup>2</sup>, M.L. Pailliere-Martino<sup>2</sup>, J.L. Martino<sup>2</sup>

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### Objectives

Patterns of brain development have been investigated as potential sources of vulnerability for the emergence of mental problems. Adolescence is a critical period, with steep changes in brain function, accompanied by physical, emotional and behavioral transformations. Prodromic symptoms of psychiatric diseases consistently implicate emotion dysregulation, motivation, and attention perturbations. Neuroimaging data identifying neural circuits in adolescents that significantly change with age, either differently or similarly in function of sex and puberty, are used to propose neural models of vulnerability for psychopathology.

### Methods

Resting state functional connectivity was analyzed in a large community sample of 13-15 yo adolescents (n=304; 52% male) from the IMAGEN consortium. Initial analyses consist of multiple regression analyses to test the effects and interactions of age, gender and puberty on canonical resting state networks connectivity, including the default mode network (DMN), salience and central executive (CEN) networks.

### Results

Findings reveal consistent as well as unique age-, puberty- and sex-related effects in neural connectivity within and between networks. For example, higher puberty level predicts stronger DMN connectivity in boys, but weaker in girls (sex X puberty interaction). A main effect of gender on different aspects of the DMN and CEN indicates stronger connectivity in boys than girls.

## Conclusions

Together with previous neural systems model of adolescent motivated behavior, this work provides clues on aspects of neural networks that could contribute to the emergence of psychopathology, including the gender disproportionality in diagnoses. Potential neural correlates of prodromic symptoms of severe disorders, such as psychosis, will be discussed.

## Epidemiological data gathering for CAMH through community surveys in low resource settings

25 July 2018, 08:00 - 09:30, South Hall 1A

RS 18

## Epidemiological data gathering for CAMH through community surveys in low resource settings

O. Omigbodun<sup>1</sup>, M. Belfer<sup>2</sup>

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<sup>2</sup>Boston Children's Hospital- Harvard Medical School, Psychiatry, Boston, USA

## Symposium Overview

### Objectives:

Almost 90% of the world's children and adolescents live in low resource settings where they constitute over half of the population. Unfortunately, despite the large numbers and proportion of children and adolescents in these settings, there is very little evidence available to policy makers to support the development of services due to a lack of epidemiological data that could inform policy and service provision for CAMH. One of the objectives for the establishment of the MacArthur Foundation-funded Centre for Child and Adolescent Mental Health at the University of Ibadan was to build research capacity for CAMH in Africa and provide data for policy development. This symposium brings to the fore how CAMH has pursued this mandate by conducting community surveys in previously unresearched populations in four African countries.

### Methods:

The objectives, methodology, results and implications for advocacy, policy development and implementation of 5 community surveys carried out in Eritrea, Ghana, Nigeria and Sierra Leone are presented.

### Results:

The first two presentations provide information on the mental health, growth and development of under-fives in an urban slum in Freetown, Sierra Leone and in two communities in Lagos, Nigeria respectively. The third presentation reports on mental health problems of children and adolescents in Eritrea. The fourth and fifth studies addressed special populations such as adolescents in the post-Ebola period in Sierra Leone and children left behind in Ghana by parents who had gone in search of better economic opportunities elsewhere.

### Conclusions:

The much needed survey data to drive CAMH policy, advocacy, service development and implementation in sub-Saharan Africa has started to trickle out. This must be sustained.

## Epidemiological data gathering for CAMH through community surveys in low resource settings

25 July 2018, 08:00 - 09:30, South Hall 1A

RS 18.1

## Correlates of mental health of under-fives and their mothers in the Kroo Bay community in Freetown, Sierra Leone

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<sup>1</sup>Ola Daring Children's Hospital, Freetown, Sierra Leone

<sup>2</sup>University of Ibadan, Centre for Child & Adolescent Mental Health, Ibadan, Nigeria

### Objectives

This study examined the mental and physical health of under-fives and their mothers in the Kroo Bay Community, an urban slum in Freetown, Sierra Leone.

### Methods

This was a descriptive cross sectional study. Three hundred (300) apparently healthy mothers and their children aged 0 – 59 months, resident in the Kroo Bay Community, were recruited. Socio-demographic and other health information were obtained from the mothers using an adapted questionnaire. Screening for childhood developmental problems was done with the 10-question screen for childhood disability. The nutritional status of the children was assessed using weight and height measurements and the findings were compared with the National Centre for Health Statistics and the World Health Organization (NCHS/WHO) reference standards. Maternal body mass index was assessed and the mothers that screened positive for depression were administered the World Mental Health Survey Initiative version of the Composite International Diagnostic Interview (WMH-CIDI). Statistical analysis was performed using Statistical Package for the Social Sciences (SPSS) version 16.0 for windows.

### Results

A third (33.0%) of the children were undernourished and 34.3% had one or more problems with development. About a fifth (22.3%) of the mothers met the DSM-IV criteria for the diagnosis of depression. Febrile illness, undernutrition, level of social support the mother received and whether the child lived with either or both parents were independent predictors of developmental problems in the child. Diarrhoeal disease in the last 6 months and gross motor difficulties were independent predictors of nutritional problems in the child. Abnormal speech in the child and the level of social support the mother received were independent predictors of depression in the mothers.

### Conclusions

Developmental delays, physical health and nutritional problems in under-fives and depression in mothers were prevalent in this urban slum community.

## Epidemiological data gathering for CAMH through community surveys in low resource settings

25 July 2018, 08:00 - 09:30, South Hall 1A

RS 18.2

## Family characteristics and psychosocial factors associated with developmental delay among under-fives in two communities in Nigeria

M. Bello-Mojeed<sup>1,2</sup>, C.N. Enisan<sup>2</sup>, C.Y. Adeniyi<sup>2,3</sup>, O. Omigbodun<sup>2,3</sup>

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<sup>3</sup>University College Hospital, Department of Child and Adolescent Psychiatry, Ibadan, Nigeria

### Objectives

To determine the prevalence, associated family characteristics and psychosocial



factors of developmental delay in children under the age of 5 years in Nigeria.

#### Methods

In a cross sectional design, five hundred and one (501) apparently normal children below the age of 5 years and their primary care-givers were recruited from two communities in Lagos, Nigeria. Instruments used for data collection were: Socio Demographic Questionnaire, Ages and Stages Questionnaire (ASQ), Patient Health Questionnaire (PHQ-9), Oslo Social Support Scales, and Short Form Questionnaire (SF-8). Data was analyzed using Statistical Package for Social Sciences.

#### Results

Ages of children ranged from 6 weeks to 59 months with a mean of 27.8 + 13.3 months. Gestational ages at birth ranged from 7 to 10 months with a mean of 8.9±0.32months. The ages of the care-givers ranged from 18 to 45 years with a mean of 30.6 + 7.01 years. The prevalence of developmental delay among the studied children was 23%. Family and psychosocial characteristics found to be significantly associated with developmental delay include older age of caregiver ( $p<0.001$ ), being married ( $p=0.001$ ), living in an overcrowded environment ( $p=0.003$ ), having a child being cared for by a non-parent ( $p=0.010$ ), maternal/care-giver depression ( $p=0.002$ ) and poor psychosocial support ( $p<0.001$ ). Associated child characteristics include male gender ( $p=0.001$ ) and prematurity (0.044)

#### Conclusions

Developmental delay is prevalent among under-five children in Nigeria. Family characteristics and psychosocial factors are associated with and should be an integral component of promotional and preventive measures aimed at improving child development in Africa.

### Epidemiological data gathering for CAMH through community surveys in low resource settings

25 July 2018, 08:00 - 09:30, South Hall 1A

RS 18.3

### Prevalence and correlates of mental disorders in children and adolescents in Mendefera Community, Eritrea

E.H. Zeru<sup>1,2</sup>, O. Adejumo<sup>2,3</sup>, O. Omigbodun<sup>2</sup>

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<sup>3</sup>Hertfordshire Partnership University NHS Foundation Trust, Hertfordshire, United Kingdom

#### Objectives

This pioneer Eritrean child and adolescent psychiatry study aims to guide policy for service development by providing empirical local information to policy makers. The prevalence, pattern and correlates of psychiatric disorders among children and adolescents in Mendefera, Eritrea are determined.

#### Methods

In this cross-sectional two-stage-procedure, both the Parent and Child versions of the Strengths and Difficulties Questionnaire (SDQ) were used to screen 314 children and adolescents aged 4-17 years, recruited by a multi-stage random sampling method. All children and adolescents who screened positive for any of the SDQ abnormality sub-classes were selected for the second stage interview, which was conducted using the Schedule for Affective Disorders and Schizophrenia for Children (K-SADS-PL).

#### Results

Prevalence of DSM-IV psychiatric disorders was found to be 13.1%. Adolescents 11-17 years old and males had higher prevalence rates than children aged 4-10 years and females, respectively. Behavioural disorders were the commonest disorders (9.9%), followed by affective disorders (3.2%) and anxiety disorders (2.5). Chronic medical illness in the child, poor academic performance, difficulties with teachers in school, psychopathology in a family member and parental conflict were all found to be independently associated with these disorders.

#### Conclusions

One in 10 children in Eritrea have a specific psychiatric disorder. Promotion, prevention, treatment and rehabilitative child and adolescent mental health services are required in the country.

### Epidemiological data gathering for CAMH through community surveys in low resource settings

25 July 2018, 08:00 - 09:30, South Hall 1A

RS 18.4

### Anxiety, depression, & post-traumatic stress disorder (PTSD) in adolescents residing in Wharf communities in Freetown in the post-ebola period

S. Conteh<sup>1,2</sup>, O. Omigbodun<sup>2,3,4</sup>, T. Bella-Awusah<sup>2,3,4</sup>

<sup>1</sup>King Harman Road Hospital, Ministry of Health and Sanitation, Freetown, Sierra Leone

<sup>2</sup>University of Ibadan, Centre for Child and Adolescent Mental Health, Ibadan, Nigeria

<sup>3</sup>University College Hospital, Department of Child and Adolescent Psychiatry, Ibadan, Nigeria

<sup>4</sup>University of Ibadan & University College Hospital, Department of Psychiatry- College of Medicine, Ibadan, Nigeria

#### Objectives

The Wharf communities were severely affected by the 2015 Ebola virus outbreak in Sierra Leone, which claimed thousands of lives and also left thousands of children and adolescents orphaned. This study was done to determine the prevalence of anxiety disorders, depression, PTSD and the coping strategies used among adolescents in the Wharf communities in the aftermath of the Ebola outbreak.

#### Methods

A cluster sampling technique was used to select 429 participants aged 13-19 years from Wharf communities in Freetown, Sierra Leone. The instruments used for the assessments were the Child PTSD checklist, and the Beck's Depression and Anxiety Inventory.

#### Results

Over 20% of the respondents had a probable diagnosis of PTSD (24%), anxiety disorder (24.7%) or depression (21.2%). Older adolescents, aged 15 to 19 years were more likely to be depressed (27.7% Vs 16.3%;  $p=0.004$ ), while younger adolescents aged 13 - 15 years old were more likely to have anxiety (79.6% Vs. 69.6%;  $p=0.06$ ). The most common coping strategy among adolescents was the emotion-focused strategy.

#### Conclusions

Adolescents with PTSD, depression and anxiety disorders in the Wharf Communities in the Post Ebola period need services. Providing mental health services in this community would be beneficial both to the adolescents and the community at large. So far, missionary and government bodies for focused their attention and interventions on providing relief materials and physical health care. Providing health means including mental health care for these adolescents and the entire community.

## Epidemiological data gathering for CAMH through community surveys in low resource settings

25 July 2018, 08:00 - 09:30, South Hall 1A

RS 18.5

## Prevalence and mental health correlates of 'left-behind' children in an urban community in Kumasi, Ghana

K. Kusi-Mensah<sup>1,2</sup>, O. Omigbodun<sup>2</sup>, S. Ohene<sup>3</sup>

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<sup>2</sup>University of Ibadan, Centre for Child and Adolescent Mental Health, Ibadan, Nigeria

<sup>3</sup>University of Ghana School of Medicine and Dentistry, Department of Psychiatry, Accra, Ghana

### Objectives

Parental migration from developing to developed countries is a growing phenomenon with potential impact on the mental health of children left behind. Ghana is a developing country with a large number of émigrés. The impact of this migration on the 'left-behind' children has scarcely been elucidated in sub-Saharan Africa and in Ghana.

### Methods

This was a cross-sectional community-based survey of 640 randomly selected participants aged 6 – 19 years in urban Kumasi, Ghana. Prevalence rates and socio-demographic correlates of 'left-behind' children using a modified socio-demographic questionnaire were determined. Mental disorders and pro-social traits were assessed with both the Strengths and Difficulties Questionnaire (SDQ) and the Kiddie- Schedule of Affective Disorders and Schizophrenia (K-SADS). Secure attachment and cognitive abilities were also assessed.

### Results

Primary outcome measures will be confirmed and secondary outcomes will be the results of the secure attachment and cognitive ability assessments.

### Conclusions

The results of this study help to establish the prevalence and and clarify the mental health correlates of 'left-behind' children in an urban community in Kumasi, Ghana. This brings to the fore a potentially hidden problem caused by economic migration and provides evidence that could inform policy.

## A cross-cultural perspective of stigma and attitudes toward children mental health from three continents: strategies to reduce burden in practice

25 July 2018, 08:00 - 09:30, Terrace 2A

RS 19

## A cross-cultural perspective of stigma and attitudes toward children mental health from three continents: strategies to reduce burden in practice

K. Afzal<sup>1</sup>, K. Radwan<sup>2</sup>, A. Pumariega<sup>3</sup>

<sup>1</sup>The University of Chicago, Department of Psychiatry and Behavioral Neuroscience, Chicago, USA

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<sup>3</sup>Cooper Medical School of Rowan University and Cooper Health System, Department of Psychiatry, Camden- NJ, USA

### Symposium Overview

#### Learning Objectives:

1) Review the stigma of mental health in a cultural perspective. 2) Understand the role of shame and stigma as barriers to seeking mental health treatment 3) Recognize the implication of parental understanding of child mental health in different cultures 4) Review the strategies for countering stigmatization in clinical practice

#### Methods:

We developed the University of Chicago Behavioral Health Questionnaire (UCBHQ) to assess the parental/caregiver attitudes and awareness of child mental health. Arabic and Chinese-Mandarin translations were completed by independent back-translation for use in exclusive Arabic and Chinese-speaking populations. Initial data were collected from immigrants in Chicago, IL, and Wuhan, China. We then partnered with Beni Suef University, Egypt to expand the study. This study is one of its kinds to focus on a specific area of stigma, i.e., the parental role in child mental health. With the growing immigrant population around the globe, the data presented is likely to have long-term implication in understanding the barriers to mental health services in minorities.

Our first speaker would present an update from the field of social neuroscience on stigma; followed by a review of the contributing factors such as psychosocial influences on stigma. This will be followed by the next two speakers who will present data of mental health awareness studies in Chicago, USA; Wuhan, China and Beni Suef, Egypt. Our fourth speaker will present ground breaking data on the central cultural influences on the beliefs and practices related to engaging in mental health treatment among Chinese immigrant families in Chicago. Dr. Radwan will synthesize the presented data and discuss the relevant clinical implications of this research in our daily interactions with children and adolescents that will be followed by Q & A.

#### Results:

Attendees will 1) Identify the role of stigma as a barrier to mental health 2) Recognize the need for cultural awareness in order to provide accessible mental healthcare 3) Review general principles for countering stigmatization

#### Conclusions:

Stigma is an attribute that marks a person as tainted, calls their identity into question, and allows them to be devalued and compromised. Understanding the role of cultural stigma in child and adolescent mental health is crucial for early recognition of high-risk population and prompt delivery of services.

## A cross-cultural perspective of stigma and attitudes toward children mental health from three continents: strategies to reduce burden in practice

25 July 2018, 08:00 - 09:30, Terrace 2A

RS 19.2

## Stigma and shame: a neurobiological perspective

K. Radwan<sup>1</sup>

<sup>1</sup>The University of Chicago, Division Chief and Child Training Director Psychiatry Fellowship, Chicago, USA

#### Objectives

1) Review the cognitive and neurobiology of stigma processes 2) Appreciate the significant impact of stigma as a formidable obstacle in children and adolescents mental health 3) Review the latest research in Stigma Reduction Initiatives



#### Methods

1) The session will highlight the cognitive process involved in the interactions between the perceivers and the stigmatized individuals such as perceived dangerousness and avoidance. 2) We will provide a theoretical overview of the stigma concept and offer a useful taxonomy of four types of stigma (public stigma, self-stigma, stigma by association, and structural stigma). 3) A brief overview of the detrimental consequences of stigma on individuals and families. 4) Perceptions of stigma by association and it relevant to the field of child and adolescent psychiatry 5) We outline new developments in the area of the neuroscience of stigma and stereotyped behaviors. 6) We describe the challenges in stigma research and cultural factors.

#### Results

The attendees will 1) appreciate an overview of the stigma concept and offer a useful taxonomy of stigma (public stigma, self-stigma, stigma by association, and structural stigma) 2) learn about strategies available to address stigma related questions.

#### Conclusions

Theoretical understanding is crucial to effectively managing stigma in clinical practice.

### A cross-cultural perspective of stigma and attitudes toward children mental health from three continents: strategies to reduce burden in practice

25 July 2018, 08:00 - 09:30, Terrace 2A

RS 19.3

#### Caregiver knowledge and attitude toward mental health problems in children in Chicago and Wuhan, China

K.I. Afzal<sup>1</sup>

<sup>1</sup>The University of Chicago, Director of Pediatric Psychiatry Consultation-Liaison Service, Chicago, USA

#### Objectives

1) Understand the cultural differences in approaching child mental health in diverse populations;  
2) Learning about the parental attitude towards child mental health from spiritual and cultural perspectives in a population subset in Chicago, USA and Wuhan, China.

#### Methods

Participants Chicago (N=93) and Wuhan (N=239) completed the University of Chicago Behavioral Health Questionnaire

#### Results

As compared to Arab Americans, Asian Americans believed that ADHD was not a psychiatric illness ( $p < 0.004$ ) and that behavioral or mental health problem were present in the Western cultures and not Eastern cultures ( $p < 0.002$ ). Males generally believed that anxiety and ADHD were not medical/psychiatric illnesses ( $p < 0.03$ ) and ( $p < 0.017$ ), respectively. As compared to their counterparts, female respondents believed that behavioral problems in children were ( $P < 0.002$ ) a part of MH, however, they were less likely to believe ( $p < 0.018$ ) that behavioral issues were a part of MH in teenagers. Men were more likely to believe that medications/therapy change the chemistry of brain ( $p < 0.001$ ). Respondents who had been living in the U.S. for more than 15 yrs were more likely to believe that Behavioral/MH conditions were caused by chemical imbalance in the brain ( $p < 0.035$ ) and that medications/therapy change the chemistry of the brain ( $p < 0.002$ ), as compared to respondents who had been living in the U.S. for a less number of years. Southeast Asians were more likely to believe ( $p < 0.005$ ) that behavioral or MH conditions are only present in the

Western cultures and not Eastern cultures as compared to their contemporaries who spent their youth in the U.S.

#### Conclusions

Addressing cultural influences on stigma empowers mental health providers to effectively deliver culturally sensitive services and to improve adherence.

### A cross-cultural perspective of stigma and attitudes toward children mental health from three continents: strategies to reduce burden in practice

25 July 2018, 08:00 - 09:30, Terrace 2A

RS 19.4

#### Caregivers knowledge and attitude toward mental health problems in childhood and adolescence in Beni Suef Governorate, Egypt

M. Emadeldin<sup>1</sup>

<sup>1</sup>Bani Suef University, Consultant Child and Adolescent Psychiatry- Assistant Professor of Psychiatry, Bani Suef, Egypt

#### Objectives

1) To assess the knowledge and attitude of caregivers about mental health (MH) problems in children and adolescents in Beni Suef, Egypt 2) To understand cultural influences on stigma towards MH.

#### Methods

Participants N=1937 caregivers attending primary healthcare centers in Beni-Suef, Egypt, completed the Arabic version of University of Chicago Behavior Health Questionnaire

#### Results

Sixty-five percent of participants were mothers, 66.2 % lived in rural areas, 19% finished university, and the mean age was  $34.7 \pm 14.1$  years. Twenty-five percent believed MH problems are caused by chemical imbalances in brain; 43.1% were concerned about medication use because of adverse effects; 58.9 % preferred natural remedies while 46.8 % preferred spiritual healing. "Having someone in the family with MH problems and previous attendance of a MH workshop" were the most significant data clusters related to the outcomes. Higher level of education increased the knowledge about etiology of MH problems in C& A ( $p = 0.03$ ). Although 58.8% accepted to seek help for C&A MH problems, 68.4 % did not know where to seek such help. Acceptance to seek C&A MH help was positively correlated with higher level of education ( $p = 0.002$ ), understanding of etiology of MH problems ( $p < 0.001$ ), beliefs about efficacy of treatment (medication and psychotherapy) ( $p < 0.001$ ), and social & religious beliefs ( $p < 0.001$ ). Higher education was significantly related to increased concern about risk and adverse effect of medications ( $P = 0.02$ ).

#### Conclusions

This study highlighted the need for awareness campaigns targeting etiology and methods of treatment of MH problems in children and adolescents.

### A cross-cultural perspective of stigma and attitudes toward children mental health from three continents: strategies to reduce burden in practice

25 July 2018, 08:00 - 09:30, Terrace 2A

RS 19.5

#### The centrality of culture in mental health treatment engagement:

## intersecting influences of explanatory models of illness, cultural stigma, and networks

M. Yasui<sup>1</sup>

<sup>1</sup>The University of Chicago, School of Social Service Administration, Chicago, USA

### Objectives

1) Understand the existence of higher severity of illness in Chinese Asians compared to other ethnic groups. 2) Learn the factors contributing to poor treatment engagement for Asian immigrants 3) Explore central influences of culture on mental health treatment engagement in this community.

### Methods

A total of 36 youth and 88 adults participated in 13 focus groups. Using an interpretive perspective, data derived from the focus groups were analyzed with NVivo v9 using thematic analysis, to report patterns or themes in the data.

### Results

Findings from the thematic analysis illustrated the following central cultural influences on the beliefs and practices related to engaging in mental health treatment among Chinese immigrant families: 1) the role of explanatory models of illness in symptom recognition and attributed causes of the illness, 2) the role of explanatory models of illness in the seeking of cultural versus professional treatment services, 3) the influence of cultural stigma of mental health on help seeking, and 4) the influence of networks and self-construals on help-seeking behaviors. The data revealed that Chinese cultural models of illness regarding mental health significantly shaped their beliefs about causes of illness and subsequently how they conceptualized their symptoms of distress. Most striking was the role of cultural beliefs about mental illness in the distinction participants made between cultural idioms of distress versus "mental health" which was attributed to severity and dysfunction.

### Conclusions

The current study addresses a critical gap in the literature in the treatment engagement of Chinese immigrant populations.

## Autism spectrum disorder and associated psychopathology: clinical and neural presentation

25 July 2018, 10:45 - 12:15, Forum Hall

RS 20

## Autism spectrum disorder and associated psychopathology: clinical and neural presentation

G. Joshi<sup>1</sup>

<sup>1</sup>Massachusetts General Hospital, Alan and Lorraine Bressler Clinical and Research Program for Autism Spectrum Disorders, Boston, USA

### Symposium Overview

Autism spectrum disorder (ASD) is a lifelong developmental disorder associated with high morbidity and disability (Kogan, 2009) that is estimated to affect up to %2 of youth in the general population (Blumberg, 2013). While there is increased recognition of ASD in intellectually capable populations (Baird, 2006), such individuals often experience considerable functional deficits. Among potential contributors to the morbidity in individuals with high functioning ASD (HF-ASD) are associated psychopathology and neurological biomarkers. This panel seeks to understand the clinical presentation of the interface of ASD and associated psychopathology as well as to understand the neural underpinnings of ASD and associated psychopathology.

Our first speaker presents on the prevalence of autistic traits (ATs) in youth

with attention-deficit/hyperactivity disorder (ADHD). Youth with ADHD and healthy controls were compared on the presence of ATs. An ASD diagnosis was exclusionary, and assessments included measures of psychiatric, psychosocial, educational, and cognitive functioning. A positive AT profile was significantly overrepresented among ADHD children versus controls. Children with ADHD and ATs appeared to be more impaired and dysfunctional than children with ADHD only.

The second speaker examines the resting-state functional-connectivity (RsFc) in young adults with HF-ASD. Data from the Autism Brain Imaging Data Exchange (ABIDE) dataset was used and analyzed using unbiased whole-brain connectome-wide multivariate pattern analysis (MVPA) techniques. Young adults with HF-ASD were compared to healthy controls, and significant differences were found between individuals with ASD and healthy controls in two cerebellar clusters. Post-hoc seed-based RsFc analyses informed by these clusters showed significant under-connectivity between the cerebellum and social, language and emotion brain regions.

The third speaker discusses emotional dysregulation (ED) in youth with ASD. Youth with ASD were compared to youth with ADHD and healthy controls on the prevalence of two profiles of ED in the Child Behavior Checklist (CBCL) (Achenbach, 1991). The majority of youth with ASD had positive CBCL-ED profile, which was significantly higher than in youth with ADHD. Similarly, the severe emotional dysregulation (SED) profile was significantly greater in youth with ASD than with ADHD. In the presence of the SED profile, ASD youth suffered from greater severity of autism, associated psychopathology, and psychosocial dysfunction.

The fourth speaker presents findings on the glutamate (Glu) levels in the dorsal ACC (dACC) of ASD subjects with and without ED, and healthy controls. Glu concentrations in the dACC of 36 HF-ASD adolescents and age and sex matched healthy controls were measured using high field (4.0 Tesla) proton MRS. HF-ASD subjects were grouped based on CBCL subscale scores previously associated with deficits in emotional regulation. The Glu levels in the dACC of adolescents with HF-ASD were significantly higher than age and sex matched healthy controls, and ASD+ED subjects had significantly higher Glu levels than subjects with only ASD and healthy controls.

## Autism spectrum disorder and associated psychopathology: clinical and neural presentation

25 July 2018, 10:45 - 12:15, Forum Hall

RS 20.1

## Autistic traits in children with and without ADHD

J. Biederman<sup>1,2</sup>, G. Joshi<sup>1,2,3</sup>, K.Y. Woodworth<sup>1</sup>, S.V. Faraone<sup>4</sup>

<sup>1</sup>Massachusetts General Hospital MGH, Pediatric Psychopharmacology and Adult ADHD, Boston, USA

<sup>2</sup>Harvard Medical School, Department of Psychiatry, Boston, USA

<sup>3</sup>Massachusetts General Hospital MGH, Alan and Lorraine Bressler Clinical and Research Program for Autism Spectrum Disorder, Boston, USA

<sup>4</sup>SUNY Upstate Medical University, Departments of Psychiatry and Neuroscience & Physiology, Syracuse, USA

### Objectives

To assess the implications of autistic traits (ATs) in ADHD youth without a diagnosis of autism.

### Methods

Participants were youth with (n=242) and without (n=227), and controls without ADHD where a diagnosis of autism was exclusionary. Assessment included measures of psychiatric, psychosocial, educational, and cognitive functioning. Autistic traits (AT) were operationalized using the Withdrawn + Social + Thought Problems T-scores from the Child Behavior Checklist (CBCL).



**Results**

A positive AT profile was significantly overrepresented among ADHD children vs. controls (18% vs. 0.87%,  $p < 0.01$ ). ADHD children with the AT profile were significantly more impaired than controls in psychopathology, interpersonal, school, family and cognitive domains.

**Conclusions**

A substantial minority of ADHD children manifests autistic traits (ATs) and those exhibiting ATs have greater severity of illness and dysfunction.

**Autism spectrum disorder and associated psychopathology: clinical and neural presentation**

25 July 2018, 10:45 - 12:15, Forum Hall

**RS 20.2**

**Disrupted cerebro-cerebellar intrinsic functional connectivity in young adults with high-functioning autism spectrum disorder**

S. Arnold Anteraper<sup>1,2</sup>, X. Guell<sup>3</sup>, A. D’Mello<sup>3</sup>, S. Whitfield-Gabrieli<sup>1,3</sup>, G. Joshi<sup>2,4</sup>

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<sup>2</sup>Massachusetts General Hospital MGH, Alan and Lorraine Bressler Clinical and Research Program for Autism Spectrum Disorder, Boston, USA

<sup>3</sup>Department of Brain and Cognitive Sciences, MIT, Cambridge, USA

<sup>4</sup>Department of Psychiatry, Harvard Medical School, Boston, USA

**Objectives**

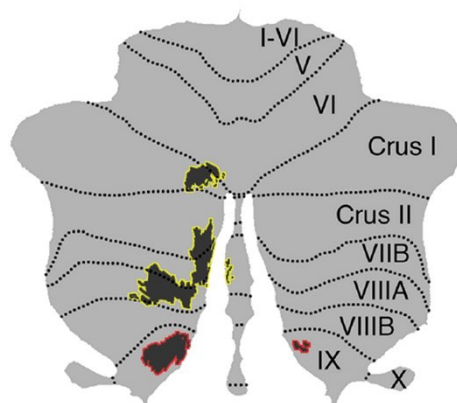
To examine resting-state functional-connectivity (RsFc) in young adults with high-functioning autism spectrum disorder (HF-ASD) using state-of-the-art fMRI data acquisition and analysis techniques.

**Methods**

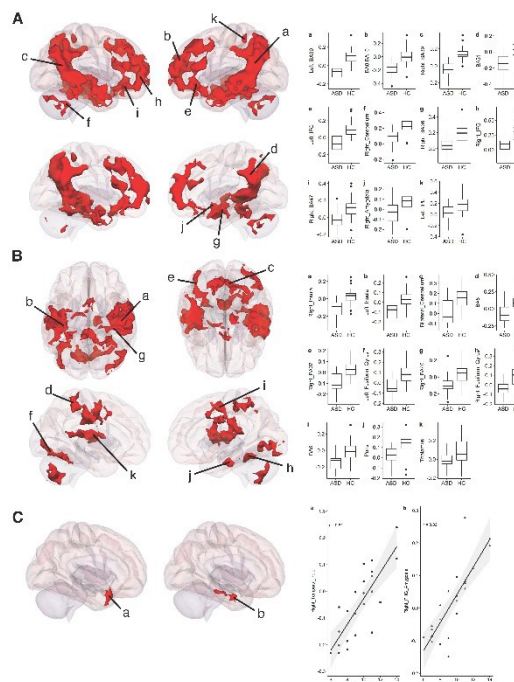
Simultaneous multi-slice, high temporal resolution fMRI acquisition and unbiased whole-brain connectome-wide multivariate pattern analysis (MVPA) techniques using RsFc data from the Autism Brain Imaging Data Exchange (ABIDE) dataset (N=59; age range 18-31; HF-ASD: n=24).

**Results**

Statistically significant clusters resulting from MVPA were located in the left cerebellum (Crus I and II, extending to lobules VIIB and VIIIA and VI); and bilateral lobule IX (Fig. 1). Seed-based RsFc analyses informed by MVPA-derived clusters showed significant under-connectivity (Fig. 2) between the cerebellum and social, language and emotion brain regions in the HF-ASD group compared to HC. Our results are coherent with existing RsFc, anatomical, and functional literature in autism, and extend previous literature reporting cerebellar abnormalities in the neuropathology of autism.



**Figure 1:** Whole-brain MVPA results indicating the regions that show significant differences in connectivity patterns with the rest of the brain when comparing the two groups. Cluster size (k) threshold of  $k > 50$  ( $p < 0.05$  FWE-corrected) and height-threshold of  $p < 0.001$  (uncorrected) was used to derive seed regions of interest. Yellow outline = cluster 1, red outline = cluster 2.



**Figure 2:** Results from second-level seed-to-voxel RsFc analysis for HC>ASD contrast (opposite contrast was non-significant) for MVPA derived cluster 1 (A) and cluster 2 (B). A height-threshold of whole-brain  $p < 0.001$  ( $T=3.24$ ), and FDR-corrected cluster-threshold of  $p < 0.05$  (non-parametric statistics) was used for characterization. Labels correspond to Table 1. (C): Whole-brain functional connectivity correlations with total ADOS scores for MVPA clusters 1 and 2 are shown in a and b respectively (height-threshold of whole-brain  $p < 0.005$ , and FDR-corrected cluster-threshold of  $p < 0.05$ ).

**Conclusions**

Although the cerebellum is one of the most consistent regions of abnormality in ASD, it is an under-reported territory in RsFc studies compared to the neocortex. We report robust cerebellar functional connectivity disruptions, highlighting the cerebellum as a potential target for therapeutic, diagnostic, predictive and prognostic developments in ASD. Overall, the findings we report advance our understanding of the neurobiology of HF-ASD, and support the utility of whole-brain, un-biased data-driven approaches in the development of biomarkers and therapeutic approaches in psychiatry.

## Autism spectrum disorder and associated psychopathology: clinical and neural presentation

25 July 2018, 10:45 - 12:15, Forum Hall

RS 20.3

### High risk for severe emotional dysregulation in psychiatrically referred youth with autism spectrum disorder: a controlled study

J. Wozniak<sup>1,2</sup>, J. Gagan<sup>1,2,3</sup>, M. Fitzgerald<sup>1</sup>, S. Faraone<sup>1,2,4</sup>, R. Fried<sup>1</sup>, M. Galdo<sup>1</sup>, A. Belsler<sup>1,3</sup>, J. Biederman<sup>1,2</sup>

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<sup>4</sup>Departments of Psychiatry and Neuroscience & Physiology, SUNY Upstate Medical University, Syracuse, USA

#### Objectives

To examine the prevalence of two Child Behavior Checklist (CBCL)-based emotional dysregulation (ED) profiles (CBCL-ED) in ASD, and investigate whether the two severity levels of the CBCL-ED profiles can help distinguish clinically distinct levels of deficits in ASD.

#### Methods

ED levels were operationalized using a CBCL profile consisting of elevated scores on the Anxiety/Depression, Aggression, and Attention subscales. The CBCL-ED profile can help identify moderate [ $\geq 1$ SD and  $< 2$ SD; Deficient Emotional Self-Regulation (DESR)] or severe [ $\geq 2$ SDs; Severe Emotional Dysregulation (SED)] levels of ED in children with emotional and behavioral difficulties. ASD youth (N=123) were compared to youth with attention-deficit/hyperactivity disorder (ADHD) and healthy controls (HCs) on the prevalence of the two CBCL-ED profiles. Furthermore, the demographic, psychopathological, and functional correlates associated with the two CBCL-ED profiles in youth with ASD were compared.

#### Results

Majority of psychiatrically referred youth with ASD had positive CBCL-ED profile significantly higher than in youth with ADHD (82% vs. 53%;  $p < 0.001$ ). The SED profile was significantly greater in ASD than ADHD youth (44% vs. 15%;  $p < 0.001$ ). In the presence of SED profile ASD youth suffered from greater severity of autism, associated psychopathology, and psychosocial dysfunction.

#### Conclusions

There was greater than expected prevalence of SED in psychiatrically referred youth with ASD that identifies distinct clinical correlates associated with severe morbidity and dysfunction.

## Autism spectrum disorder and associated psychopathology: clinical and neural presentation

25 July 2018, 10:45 - 12:15, Forum Hall

RS 20.4

### MR spectroscopic glutamate activity in high-functioning autism spectrum disorder adolescents with and without emotional dysregulation

G. Joshi<sup>1,2,3</sup>, A. Gonenc<sup>3,4</sup>, A. Belsler<sup>1,2</sup>, B. Hoskova<sup>1,2</sup>, M. De Leon<sup>1,2</sup>, C. McDougle<sup>5</sup>, J. Biederman<sup>2,3</sup>

<sup>1</sup>Massachusetts General Hospital MGH, Alan and Lorraine Bressler Clinical and Research Program for Autism Spectrum Disorder, Boston, USA

<sup>2</sup>Harvard Medical School, <sup>3</sup>Department of Psychiatry, Boston, USA

<sup>3</sup>Massachusetts General Hospital MGH, Pediatric Psychopharmacology and Adult ADHD, Boston, USA

<sup>4</sup>McLean Imaging Center, McLean Hospital, Belmont, USA

<sup>5</sup>Lurie Center for Autism, MGH, Boston, USA

#### Objectives

To assess the Magnetic Resonance Spectroscopic Glutamate (Glu) activity in the dorsal anterior cingulate cortex (dACC) of high-functioning autism spectrum disorder (HF-ASD) adolescents with and without emotional dysregulation (ED).

#### Methods

We measured Glu concentrations in the dACC of 36 HF-ASD adolescents (aged 8-18 years) and age and sex matched healthy controls (HCs), using high field (4.0 Tesla) proton Magnetic Resonance Spectroscopy (MRS). HF-ASD subjects were grouped based on CBCL subscale scores previously associated with deficits in emotional regulation (N=29). ASD subjects with ED ( $> 180$ ) were further separated into those with severe emotional dysregulation (SED) ( $> 210$ ) (N=11) and deficient emotional self-regulation (DESR) ( $< 210$ ,  $> 180$ ) (N=18).

#### Results

The Glu levels in the dACC of adolescents with HF-ASD were significantly higher than age and sex matched HCs ( $p = 0.005$ ). ASD+ED subjects had significantly higher Glu levels than subjects with only ASD and HCs ( $p = 0.006$ ). Severity of ASD on the Social-Responsiveness-Scale (SRS) was positively correlated ( $p = 0.057$ ) with Glu levels in the dACC. Additionally, severity of ED was also strongly positively correlated with Glu levels in the dACC ( $p = 0.001$ ).

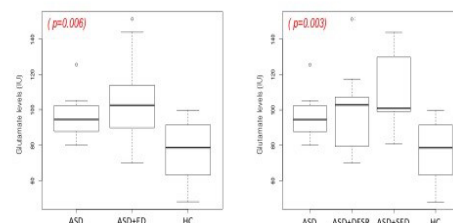


Figure 1: MRS Glutamate levels in the dACC

#### Conclusions

These results suggest that glutamatergic dysregulation in the dACC could be a useful biomarker of ASD and ED in adolescents.

## Child and adolescent psychiatry and education in Asia

25 July 2018, 10:45 - 12:15, South Hall 1B

RS 21

### Child and adolescent psychiatry and education in Asia

J. Chang<sup>1</sup>, H. Kato<sup>2</sup>

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<sup>2</sup>Nagoya University Graduate School of Medicine, Psychiatry, Nagoya, Japan

#### Symposium Overview





This symposium is aimed to provide an overview of the collaborations between child and adolescent psychiatrists and educational systems in four Asian countries, Indonesia, Japan, Taiwan, Thailand (in alphabetical order). The symposium will also include researches involving child and adolescent psychiatry and education from the four Asian countries. Dr. Frasiska Kaligis from Faculty of Medicine Universitas Indonesia-Cipto Mangunkusumo Hospital of Indonesia will report on the implementation of adolescent mental health in schools and the challenges faced by child and adolescent psychiatrists. Dr. Hidekazu Kato from University of Nagoya Graduate School of Medicine, Japan will present the teachers' difficulties when teaching children with developmental or psychiatric disorders, and the collaboration model currently used between child psychiatry and educational systems. Dr. Jane Pei-Chen Chang from King's College London, London, UK will present a review of studies on academic performance in children with attention deficit hyperactivity disorder (ADHD) from her native country, Taiwan, and the current educational resources and challenges when treating a child with ADHD. Lastly, Dr. Wachiraporn Arunothong from Lampang Regional Hospital, Thailand will present the findings of a study investigating teachers' attitudes towards children with learning disabilities. One of the main goals of the symposium is to create a platform for child and adolescent psychiatrists from around the world to discuss the current collaborations between child and adolescent psychiatry and educational systems, so that better networks can be created to meet the needs of the child.

### Child and adolescent psychiatry and education in Asia

25 July 2018, 10:45 - 12:15, South Hall 1B

RS 21.1

#### Implementation of adolescent mental health in schools: Indonesia experience

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##### Objectives

To provide description on the implementation of adolescent mental health in schools in Indonesia.

Adolescents are increasingly seen as a crucial group for sustainable development. Healthy adolescent generates optimal growth and productive next generation. Adolescence is a group that always assumed to be in good (physical) health, whereas many of the adolescents died prematurely due to an accident, attempted suicide, violence, pregnancy complications and other disorders which could be prevented and treated.

##### Methods

Overview of the implementation of adolescent mental health in schools.

##### Results

Since 2003 the Indonesian Ministry of Health has developed Adolescent Friendly Health Services (AFHS) which provide service for adolescent health problem including counseling. To implement mental health services in the school link to Adolescent Clinics in primary health care, child psychiatrist work together with ministry of health to train general doctors and nurses about mental health problems in adolescents and train the teachers on promotion mental health and psychosocial well-being of adolescents through life-skills training.

##### Conclusions

School-based intervention for implementing adolescent mental health show beneficial and can be applied as promotive mental health program, which may link to mental health care service. Further evaluations of program are needed to determine the long-term impact on various multi-component aspects of mental health and psychological well-being.

### Child and adolescent psychiatry and education in Asia

25 July 2018, 10:45 - 12:15, South Hall 1B

RS 21.2

#### The cooperation between child and adolescent psychiatry and education in Japan

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##### Objectives

The cooperation between child and adolescent psychiatry (CAP) and education has been required to tackle the youth mental health problems. I aimed to reveal the current situations and the challenges of the collaboration between the two fields in Japan.

##### Methods

I reviewed my personal experiences and the articles related to the collaboration between CAP and education in Japan.

##### Results

Several activities could have been experienced: the collaboration in a children's hospital, the cooperation between education and a rehabilitation center for children with disabilities, the counseling by child psychiatrists at the board of education, and the regional conference by the professionals in their several fields (e.g. education, welfare, legal profession and CAP). A recent questionnaire survey revealed that the teachers felt some difficulties in dealing with the phenomena or the symptoms related with mental health problems: school absenteeism, maladjustment to communal living at school, agitation / violence, self-harm or suicidal ideation (Takahashi et al., 2017, in Japanese). Half of the teachers have some experience of the cooperation with CAP specialists and the most teachers have experienced difficulties in leading the children to be seen by the child psychiatrists. It was suggested that some of the difficulties were derived from the hesitation of the families and the children to visit the department of CAP, and the short of the information about the resources of CAP.

##### Conclusions

The collaboration of CAP and education is performed in many practical situations to support the children with mental problems and their families in Japan. It is suggested that the promotion of youth mental health to reduce the stigma and the provision of appropriate information about the access to CAP lead to further development of their cooperation.

### Child and adolescent psychiatry and education in Asia

25 July 2018, 10:45 - 12:15, South Hall 1B

RS 21.3

#### School performance and resources for children with ADHD ~ A perspective from Taiwan

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##### Objectives

Attention deficit hyperactivity disorder (ADHD) often comorbid with learning disorders and oppositional defiant disorders. Moreover, children with ADHD of

ten have more conflicts with their peers, are more oppositional to their teachers and fail to follow classroom rules. This study is a systematic review of studies investigating academic performance and school function in children with ADHD in Taiwan. An overview of collaboration between child and adolescent psychiatrists and educational system in Taiwan will also be discussed.

## Methods

A search using the following key words, "ATTENTION DEFICIT HYPERACTIVITY DISORDER" AND "SCHOOL FUNCTION" AND "TAIWAN" was carried out with PubMed on 7<sup>th</sup> of December in 2017, and four studies were included after elimination of duplicates. The collaboration between child and adolescent psychiatrists of a children's hospital of a medical center and educational system is also being reviewed.

## Results

The four studies reporting academic performance and school function in children with ADHD in Taiwan showed that children with ADHD had poorer academic performance and school function and treatment helps to improve the academic performances. Moreover, currently, there are four main placement types of special educational placement of the student with disabilities in mainstream/regular schools. These include centralized special education classes, decentralized resource rooms, itinerant resource programs and special educational projects for normal classes. The role of child and adolescent psychiatrists is to help evaluate the abilities of the children with ADHD and find a suitable placement for the child.

## Conclusions

Education provides a chance for the children with ADHD to discover their potential and develop skills necessary for life. Hence, an effective collaboration between child and adolescent psychiatrists and the schools will help to provide an advantageous learning environment for children with ADHD.

## Child and adolescent psychiatry and education in Asia

25 July 2018, 10:45 - 12:15, South Hall 1B

RS 21.4

### Teachers' attitudes towards children with learning disabilities: a study from Thailand

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#### Objectives

Learning disabilities (LDs) are one of the most common disorders that bring children to the service. In a Thai national survey in 2012, 5-10 % of children, or almost 900,000, had LDs. Effective intervention for the LD students involves collaboration among teachers, families, and the hospital. The study aim is to study the attitudes of the teachers who teach children with learning disabilities (LDs) and to find solutions from teachers in order to improve the collaboration between a hospital and a school.

#### Methods

A questionnaire developed by the researcher was used to evaluate teachers' attitudes. All questions were reviewed by experts and were revised accordingly. The questionnaire asked about teachers' attitudes, difficulties with teaching, and suggestions to involve stakeholders. Questions were created online via GoogleForm and distributed to participants via social media. Only teachers who have experience with LD students were invited.

#### Results

270 teachers completed the online questionnaire. 52% had a bachelor's degree and 48% had a master's degree or higher. 49% have been teaching more than 10 years and 27% have been teaching between 5-10 years. 72% said

they knew LDs and 82% said they screened LDs students at their schools. 71% said they conducted classes according to children's capacities and 62% said they created individualized education plans (IEP) for the students. 65% worked with the parents and 66% said they created a special evaluation program for the children and had invited parents to join in the evaluation. The difficulties that the majority of participants mentioned were lack of budget, teaching techniques, educational media, knowledge of LDs, and how to handle LDs students with comorbidities. Teachers suggested that parents, hospital and teachers should work together.

#### Conclusions

Teachers have a good attitude towards LD students and a willingness to help more if there is better collaboration from parents and hospital

## Child/adolescent psychiatric inpatient and outpatient services in the context of development: experiences of 6 Eastern European countries

25 July 2018, 10:45 - 12:15, South Hall 2A

RS 22

### Child/adolescent psychiatric inpatient and outpatient services in the context of development: experiences of 6 Eastern European countries

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#### Symposium Overview

**Introduction.** Child and Adolescent Psychiatry (CAP) had specific pathways of the development in Eastern European countries that survived influence of soviet system. Now more than 25 years of building independent societies in EU brought new possibilities for the countries but the field of child/adolescent mental health is still underdeveloped.

**Objective** of the symposium is to analyze pathways of the development and present situation of CAP services in 6 Eastern European countries: Croatia, Czech Republic, Hungary, Lithuania, Poland, Slovenia highlighting strengths, weaknesses and challenges for further development.

**Methods.** Descriptive studies of statistics, research, epidemiological and clinical data of mental health of the population in the countries will be presented. Current situation of CAP services comprising inpatient and outpatient units will be described together with overview with the pathways of interdisciplinary and intrasectorial cooperation. Similarities and differences in the countries will be discussed. Good practices, successful examples, innovative programs will be mentioned as main means to share experiences and achieve a better quality of care. Approximately one-quarter of the time will be devoted to questions and discussion.

**Results.** Analysis of the situation in 6 Eastern European countries showed unequal distribution of CAP services, a deficit in outpatient and day patient units. The inpatient units provides multidisciplinary assessment and multimodal treatment focusing on the needs of both the patient and family. There is lack of constructive complex help after the inpatient care close to living place of the families, especially in rural areas. Intersectorial collaboration remains a complex and challenging area of policy development and practice.

**Conclusion.** In the Eastern European countries where financial resources are quite limited it is very important to cooperate with politicians and decide priorities for funding when talking about the improvement of child and youth mental



health. Cooperation of CAP with sectors of Education and Social affair is also very important. Community based care is still developing and thus needs to find and share flexible ways of constructive complex help in the field of mental health and CAP services.

**Child/adolescent psychiatric inpatient and outpatient services in the context of development: experiences of 6 Eastern European countries**

25 July 2018, 10:45 - 12:15, South Hall 2A

RS 22.1

**Experiences from the only closed psychiatric ward for children and adolescents in Croatia – the Inpatient Unit of the Psychiatric Hospital for Children and Adolescents, Zagreb**

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Child and adolescent mental health services (CAMHS) in Croatia are based in secondary and tertiary care in larger cities where children and adolescents with moderate and severe emotional and behavioural concerns are referred. Community CAMHS are unavailable. Psychiatric Hospital for Children and Adolescents (PHCA) in Zagreb, is the largest mental health facility for child and adolescent psychiatry in the Croatia. The hospital provides a continuum of services including inpatient unit (the only closed ward in Croatia) with 37 beds, day hospital unit and outpatient unit. The hospital receives about 700 inpatient hospitalizations, 350 partial hospitalizations and more than 16 000 outpatient visits per year.

The Inpatient Unit of the PHCA provides multidisciplinary assessment and multimodal treatment for children from preschool age to the age of 18 years. The most common discharge diagnoses among youths at the inpatient unit are depression, acute stress and adjustment disorders, psychotic disorders, disruptive behavior disorders, autism spectrum disorders. The average length of inpatient treatment is 15 days. Treatment interventions include psychoeducation, psychotherapy (individual or group, psychodynamic and/or cognitive-behavioral, family therapy), medication, sociotherapy, occupational therapy, speech therapy, academic interventions, parent training, support groups for parents and caregivers. All treatment programmes support family-centered care, in which treatment plans focus on the needs of both the patient and family.

CAMHS are chronically underdeveloped in Croatia. The uneven distribution of services across the country and the shortage of professionals are the main difficulties. Future directions for CAMHS include increase in specialist manpower and in the number of services, especially community CAMHS as well as early detection, early intervention and anti-stigma programmes.

**Child/adolescent psychiatric inpatient and outpatient services in the context of development: experiences of 6 Eastern European countries**

25 July 2018, 10:45 - 12:15, South Hall 2A

RS 22.2

**Child and adolescent psychiatry in the Czech Republic. Should it be**

**reformed or rather built?**

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**Objectives**

To summarize current situation of the Child and Adolescent Psychiatric services in the Czech Republic. Suggest a solution to current shortcomings in psychiatric care for children and adolescents.

**Methods**

A descriptive study. Data were obtained from the Institute of Health Information and Statistics of the Czech Republic and from the survey performed by the Section of Child Psychiatry of the Czech Psychiatric Association.

**Results**

Out of the 10.5 million people of the Czech Republic, 19,6% (2 million) are children and adolescents (under 18 years of age). From them 56 940 (3,19%) are utilizing care of the psychiatric services. There are 140 physicians boarded in C&A Psychiatry in Czech Republic. The ratio of C&A psychiatrists per 100,000 young people in Czech Republic is unsatisfactorily low (Table 1) in comparison with other countries (Signorini et al. 2017). There are 80 outpatient psychiatric clinics in the country and these are not equally distributed across the republic (Table 1). Only in four out of the 14 counties, the average of 1 C&A psychiatrist per 100,000 inhabitants is reached. There is 590 C&A psychiatric beds, however they are not equally distributed between different regions of the Czech Republic (Tables 1 and 2). The majority of these beds are reserved for subsequent care. There is a lack of acute beds. Finally, 78% of beds are concentrated in the solely psychiatric hospitals.

**Conclusions**

The difference between the frequency of consumption of the care in Czech Republic and the prevalence of mental disorders reported in the international literature suggests hidden morbidity in the pediatric population in CR. Major shortcoming of the Czech CAP system of care comprise the unequal distribution of services, a deficit in outpatient and day patient units, and an insufficient number of specialists per population. This leads to long waiting lists for examination by a child psychiatrist. Consequently some children are hospitalized because of unavailability of the outpatient service, and the hospital stays are elongated due to the same reason. There is urgent need to develop sufficient support for patients in their own environment, and enhance cooperation and coordination between individual components of mental health care providers.

Table 1

Number of Services and personal load	Inpatient beds/units	Inpatient beds per 100 000 person <18 y	Outpatient clinics	Outpatient clinics per 100 000 person <18	C&A psychiatrists per 100 000 person <18 y	C&A psychologists per 100 000 person <18 y
N	590/14	22.7	80	4	2.8 (at full service)	4.4

Abbreviations: C&A= Child and Adolescent

Table 2

Inpatient services	University and Local Hospitals	C&A Psychiatric Hospitals	Children Departments in Adult Psychiatric Hospitals
units/ beds, N	5 / 139	3 / 210	6 / 241

Abbreviations: C&A= Child and Adolescent

## Child/adolescent psychiatric inpatient and outpatient services in the context of development: experiences of 6 Eastern European countries

25 July 2018, 10:45 - 12:15, South Hall 2A

RS 22.3

### Current situation of Child and Adolescent Psychiatry inpatient units in Hungary

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Hungary has a population of 10 million inhabitants, of which 20% (about 2 million) children and adolescent are under the age of 18 years. At present there are 139 active and 6 rehabilitation beds in 6 inpatient units/clinics. However, the distribution of child and adolescent psychiatry (CAP) service is very unequal: while there are 3 departments in Budapest, there are no inpatient care facilities in Northern Transdanubia and Northern Hungary.

With the development of child's emergency units in Hungary, emergency cases with toxicological (alcohol, drug) or neurological (encephalitis other neurological disorders) problems even with severe psychiatric symptoms receive first line evaluation and treatment at pediatric in/outpatient units.

A significant proportion of patients at our department have ADHD or disruptive behavior disorder, followed by anxiety disorders and major depression. At the rehabilitation departments we are treating mostly patients who are suffering from autism spectrum disorder, severe eating disorder and psychosis. Among the first line therapeutic approaches, cognitive behavior therapy (CBT) should be mentioned first, followed by pharmacotherapy.

It is a pleasure to announce that within the framework of the EU-2016-2020 Grant, we are in the position to eliminate the white patches of CAP in- and outpatient services and to train human resources missing from the network.

## Child/adolescent psychiatric inpatient and outpatient services in the context of development: experiences of 6 Eastern European countries

25 July 2018, 10:45 - 12:15, South Hall 2A

RS 22.4

### Child and adolescent psychiatry in Poland

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<sup>2</sup>Warsaw Medical University, Child Psychiatry Department, Warsaw, Poland

#### Objectives

The Child and Adolescent Mental Health System (CAMHS) in Poland is under-developed with a substantial scarcity of community-based services, reduced consultations availability and overloaded inpatient units. The aim of the current study is to discuss present situation possible solutions.

#### Methods

Data was obtained from Ministry of Health and National Health Fund public information, Polish Chamber of Physicians and due to personal communications.

#### Results

In Poland there is now (Dec 2017) 401 child and adolescent psychiatrists, at least half of them working outside public sector. In public sector there are nine Child and Adolescent Psychiatry (CAP) separate departments or units being a part of adult psychiatry departments, about 10 public inpatient units and three child and adolescent psychiatric hospitals. Some regions do not have inpatient unit at all, which goes along with inefficient outpatient In wintertime bed occupation rate in some inpatient units reaches 160%. Epidemiological data suggest up to 20% worldwide prevalence of mental health disorders in youngsters while data referring to Polish samples suggest that 17% of general school age population is in clinical range and 9% probably in need of professional help. In Poland there is 7 200 000 people aged below 18 which means at least 400 000 children in need. That means about 1000 patients for each child and adolescent psychiatrist. Ratings of emotional and behavioral problems in Polish sample, describing level of psychopathology are close to intercultural means in contrast with scarcity of CAP resources.

There are other resources associated with child and family support: educational system including psychological diagnosis and support possibilities, probation system associated with demoralization prevention and social welfare system. Coordination difficulties along with bureaucracy burden are also part of the problem.

#### Conclusions

There is urgent need for changes in Polish CAMHS. In cooperation with Ministry of Health the special task groups is preparing specifications for new community-based care system. The project however is at the very early stage.

## Child/adolescent psychiatric inpatient and outpatient services in the context of development: experiences of 6 Eastern European countries

25 July 2018, 10:45 - 12:15, South Hall 2A

RS 22.5

### Integrated care for adolescents with mental disorders in Slovenia

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#### Objectives

Slovenia is a small European country with 2.1 million inhabitants; of these 406,000 are aged 19 or younger. Slovene CAMHS is organized on three levels of the healthcare system. There are three tertiary psychiatric departments for children and adolescents: a 12-bed department for children up to 14 years with six beds for specialized early anorexia treatment up to 17 years; tertiary center for the Eastern Slovenia fosters a 10-bed child and adolescent psychiatry unit for the patients up to 19 years; third is The Unit for Adolescent Psychiatry (EAP) with 18 beds and up to 6 day-hospital places for patients aged 15-20 years, managing psychopathology from ADHD, autism, emotional, anxiety disorders, trauma and abuse-related disorders to early psychoses. The treatment of the patients includes cooperation with outpatient multidisciplinary services and other governmental sectors.

#### Methods

Retrospective chart review was performed on the charts of the patients admitted from January 2013 to December 2017.

#### Results

There were on average 150 admissions per year, average age of the patients was from 17 to 17,6 years, there were twice as many females as males, the



re-admission rates were from 1,75 to 1,57 admissions per patient. From 39 to 60 multidisciplinary teams with the outpatient services were organized by EAP per year including the participants from the patients' primary medical care teams, schools, social services, youth homes and correctional facilities, police and justice departments. Conclusions: EAP is improving in complying with the recommendations on offering integrated care for adolescents with psychiatric disorders.

### Dissecting heterogeneity and development of autism spectrum disorder: neurocognitive and neuroimaging perspectives

25 July 2018, 14:45 - 16:15, Forum Hall

RS 23

### Dissecting heterogeneity and development of autism spectrum disorder: neurocognitive and neuroimaging perspectives

S.S.-F. Gau<sup>1</sup>

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#### Symposium Overview

#### Synopsis:

Autism spectrum disorder (ASD) is a heterogeneous neurodevelopmental condition with diverse phenotypic manifestations and etiologies. Although typically identified in early childhood, symptoms and adaptive behavior deficits that are characteristic of autism spectrum disorder persist throughout the lifespan, also with substantial heterogeneity in outcomes. This heterogeneity poses significant challenges to establishing a comprehensive characterization of the disorder. This symposium aims to help advance attempts of dissecting heterogeneity in ASD, by providing empirical evidence from neurocognitive, neuroimaging, and imaging-genetic data.

**Miss Szu-Fan Chen** from Taipei Tzu Chi Hospital investigated a wide range of executive functions between youths with DSM-IV subtypes (i.e., Asperger's syndrome and autistic disorder). Both Asperger's syndrome and autistic disorder exhibited worse performances in verbal and spatial working memory, and planning abilities relative to typically developing youths. Only verbal working memory (digit spans) could contrast Asperger's syndrome from autistic disorder. These findings of shared impairments in executive functions between Asperger's syndrome and autistic disorder appear to support the validity of the current 'lumping' framework in DSM-5 classification. Conversely, subtle differences in verbal memory support a linguistic developmental delay to characterize subtypes on the spectrum.

**Dr. Hsin-Chan Ni** from Chang Gung Memorial Hospital-Linkou Medical Center, Taipei, Taiwan, attempted to use interindividual variations in impaired self-regulation as a yardstick to dissect heterogeneity in altered white matter microstructural properties of ASD in a sample of 87 ASD and 77 controls. The tract-based automatic analysis (TBAA) was used to analyze the diffusion spectrum imaging (DSI) data. Dysregulation was evaluated with the T scores of 3 subscales (Attention, Aggression and Anxiety/Depression) in the CBCL. The results showed that altered integrity of the left inferior fronto-occipital fasciculus, left longitudinal fasciculus, right superior longitudinal fasciculus II and right uncinat fasciculus was most consistent and robust ( $P < 0.01$ ). The different neural mechanism in processing dysregulation between ASD and controls is suggested and needs further investigations.

**Dr. Hsiang-Yuan Lin** from QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia, used longitudinal diffusion magnetic resonance imaging to characterize changes in connectivity between 114 cortical and subcortical anatomical regions over the average -5year period in 28 adolescents with ASD and 29 typically developing controls. From

adolescence to young adulthood, ASD and typically developing youths shared similar structural connectomic development regarding increased integration and reduced segregation between high cortical networks and increased segregation within sensory processing networks. This pattern is consistent with normative development. ASD only exhibited distinct developmental in small sets of short-range connections, supporting a hypothesis that ASD may be the end result of engaging adaptive processes during a sensitive period in early years.

**Professor Susan Gau** examined effects of wingless-type MMTV integration site (WNT2), one of the candidate genes involving ASD, implicated in CNS patterning development, on the cortical thickness in 122 patients with ASD and 118 controls. Across ASD and controls, two out of four SNPs of WNT2 exhibited the main effects and interactions with age on the mean cortical thickness of bilateral middle-posterior cingulate cortex and superior temporal cortex. These suggest a complex interaction between a CNS patterning gene and ASD-related brain structural alterations, which was relatively overlooked in the prior literature.

#### Learning objectives

1. New empirical evidence to support the validity of clinical subtypes by executive functions and DSM classifications.
2. A common phenomenon of self-dysregulation in ASD would be reconsidered as a characteristic to disambiguate dimensional and categorical mediators for ASD.
3. The audience would also be introduced to state-of-the-art approaches (developmental structural connectome as well as imaging genetic studies).

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### Dissecting heterogeneity and development of autism spectrum disorder: neurocognitive and neuroimaging perspectives

25 July 2018, 14:45 - 16:15, Forum Hall

RS 23.1

## Executive functions among youths with autism spectrum disorders: the similar deficits between youths with Asperger's disorder and the high-functioning autism

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### Objectives

Whether the youth with Asperger's disorder (AS) and high-functioning autism (HFA) present similar deficits has been discussed for decades. Previous studies have investigated executive functions (EF) in youths with autism spectrum disorders (ASD), but little is known about differential EF performance between youth with AS and HFA. The aim of the study is to compare the deficits in EF between youth with AS and HFA.

### Methods

11 youths with ASD (male, 94.6%) and 114 age- and gender-matched typically developing youth (TD) was recruited and evaluated EF with Digit Span, Spatial Span (SSP), Spatial Working Memory (SWM) and Stockings of Cambridge (SOC) of the Cambridge Neuropsychological Test Automated Battery (CANTAB). To understand the effects of clinical heterogeneity, we stratified youth with ASD into three groups by clinical diagnosis: autistic disorder (A, n = 33), HFA (n = 15), and AS (n = 63).

### Results

Youth with ASD showed poorer spatial working memory, short-term memory, and planning than youth with TD. We further analyzed the EF among youth with different ASD subtypes: AS vs. HFA/A vs. TD. We found that both youth with AS and HFA/A performed worse in the digit span, SWM and SOC than TD, while only the performance of digit span-forward could differentiate youth with AS from the youth with HFA/A. We also found significant interaction between the deficits of EF in youth with ASD and the task difficulty.

### Conclusions

Our result of limited difference in executive dysfunctions between AS and HFA provides evidence to support previous related studies that EF deficits cannot distinguish AS from HFA.

## Dissecting heterogeneity and development of autism spectrum disorder: neurocognitive and neuroimaging perspectives

25 July 2018, 14:45 - 16:15, Forum Hall

RS 23.2

### The impacts of dysregulation on white matter microstructural integrity for males with and without autism spectrum disorders

H.C. Ni<sup>1,2,3</sup>, Y.L. Chen<sup>3,4</sup>, W.Y. Isaac Tseng<sup>5</sup>, S. S-F Gau<sup>2,3</sup>

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### Objectives

Our study aimed to explore the impacts of dysregulation on white matter microstructural integrity for males with and without ASD. We would like to know if there is similar or different association of microstructural integrity and dysregulation for males with and without ASD.

### Methods

In consideration of image quality, data of 87 ASD and 77 typically developing male controls (TDC) entered final analysis. We used tract-based automatic analysis (TBAA) and high-quality diffusion spectrum imaging (DSI) method to measure the microstructural integrity in seventy-six major white matter tracts. Dysregulation was evaluated with the T scores of 3 subscales (Attention, Aggression and Anxiety/Depression) in the Child Behavior Checklist (CBCL). We investigated if there is similar or different association of microstructural integrity and dysregulation in ASD and TDC groups. Age, FIQ, and signal to noise ratio were taken as covariates in the regression analysis. We adjusted multiple comparisons via false discovery rate estimation with  $p < 0.05$ .

### Results

We found ASD and TDC groups had different association of dysregulation and white matter microstructural integrity in several major tract bundles. Among them, findings in the left inferior fronto-occipital fasciculus, left longitudinal fasciculus, right superior longitudinal fasciculus II and right uncinate fasciculus were most consistent and robust ( $P < 0.01$ ). However, there is no shared association of dysregulation and white matter microstructural integrity for ASD and TDC groups.

### Conclusions

Our findings suggest that ASD and TDC had different neural mechanism in processing dysregulation, which need further investigations in the future.

## Dissecting heterogeneity and development of autism spectrum disorder: neurocognitive and neuroimaging perspectives

25 July 2018, 14:45 - 16:15, Forum Hall

RS 23.3

### Distinct and shared development in structural brain networks in youths with high-functioning autism spectrum disorder

H.Y. Lin<sup>1,2</sup>, A. Perry<sup>2</sup>, L. Cocchi<sup>2</sup>, W.Y. Isaac Tseng<sup>3,4</sup>, M. Breakspear<sup>2,5</sup>, S.S.-F. Gau<sup>1,4</sup>

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### Objectives

The human brain undergoes substantial development from childhood into adulthood. However, how brain of youths with ASD grows throughout this period remains unclear.

### Methods

We used longitudinal diffusion spectrum imaging to investigate twenty-eight youths with high-functioning ASD (2 females; baseline age  $14.6 \pm 2.9$  years) and 30 typically developing controls (TDC, 12 females; baseline age  $13.1 \pm 2.9$  years), with follow-up duration 2.5-6.5 years. We studied shared and distinct developmental trajectories in structural brain networks between



groups.

#### Results

Connectome-wide analysis indicated that only a small subset of connections showed evidence of statistically significant developmental change over the study period across TDC and ASD groups, with reduced structural connectivity within major brain networks involving high-cortical functions, including default-mode, attention, and control networks; with increased structural connectivity within sensory-processing networks and between high-cortical brain networks. Distinct developmental trajectories in structural connectivity between default-mode and dorsal attention alongside frontoparietal networks, respectively, in the posterior brain regions were identified in ASD.

#### Conclusions

From adolescence to young adulthood, ASD and TDC shared similar structural connectomic development in terms of increased integration and reduced segregation between high cortical networks, and increased segregation within sensory processing networks. This pattern is in consistent with normative development. ASD only exhibited distinct developmental in small sets of short-range connections, supporting a hypothesis that ASD may be the end result of engaging adaptive processes during a sensitive period.

### Dissecting heterogeneity and development of autism spectrum disorder: neurocognitive and neuroimaging perspectives

25 July 2018, 14:45 - 16:15, Forum Hall

RS 23.4

#### Cortical thickness as neural correlate of CNS patterning gene variants

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#### Objectives

Abnormal cortical anatomy is among the significant features of the neuropathology in autism spectrum disorders (ASD). The wingless-type MMTV integration site (WNT2) gene is one of the CNS patterning genes that has been proposed to be candidate genes of ASD. WNT2 is essential for promoting cortical dendrite growth and dendritic spine formation. Our previous studies have shown that WNT2 variants were associated the susceptibility and clinical severity of ASD. Whether WNT2 variants are associated with cortical development has not yet been studied.

#### Methods

We recruited 122 patients with ASD and 118 typically-developing controls (TDC). All the participants underwent brain MRI imaging. Cortical thickness was analyzed by FreeSurfer software with 74 automatic parcellation. Four SNPs of WNT2 that have been reported to be associated with ASD were genotyped. Main effects of each SNP and group-by-SNP interaction were examined for each brain region.

#### Results

In an age-, sex-comparable subsamples (88 ASD, 51 TDC), the ASD group showed reduced cortical thickness in both hemispheres compared to the TDC group. Among all the 74 cortical regions, 9 regions were significantly reduced in ASD than in TDC after False Discovery Rate correction. In the whole sample, two SNPs of WNT2 showed the main effects and interactions with age on the mean cortical thickness of both hemispheres, the middle-posterior cingulate cortex, and superior temporal cortex with adjustment of sex, age, full-scale IQ, and handedness.

#### Conclusions

Our findings suggest that CNS patterning genes, **WNT2**, might be associated with altered cortical thickness in ASD. These findings need validation.

### Cultural diversity and mental health care of deaf and hard of hearing youth

25 July 2018, 14:45 - 16:15, South Hall 1A

RS 24

#### Cultural diversity and mental health care of deaf and hard of hearing youth

K. Goldberg<sup>1</sup>

<sup>1</sup>University of South Florida, Department of Psychiatry and Behavioral Neurosciences, Tampa, USA

#### Symposium Overview

According to the World Health Organization (2012), there are 360 million people worldwide with disabling hearing loss (5.3% of the world's population). Nearly 10% of them are children (32 million). Research has shown that mental health problems are more prevalent in deaf/hard of hearing children compared with their hearing peers. Many providers of mental health care do not receive any formal training in caring for the unique needs of their deaf/hard of hearing patients. As such, these youngsters are often underserved and have increased burden from their mental health problems. The objective of this IACAPAP Symposium is to provide mental health professionals with evidenced based data and skills necessary to deliver optimal care to deaf/hard of hearing youth in a manner that is culturally and linguistically inclusive with keen understanding of the diversity and uniqueness of these children.

#### Educational Learning Objectives:

1. Participants will learn about deafness, culture and linguistic identity and how that impacts mental health of deaf children
2. Participants will learn about the mental health needs of deaf/hard of hearing children and adolescents including clinical presentations, diagnostic interviews, psychological assessments and multi-disciplinarian treatment interventions.
3. Participants will learn about the challenges and barriers to care facing patients, families and communities in regard to accessing appropriate mental health services for the Deaf throughout the Europe, UK and USA.
4. Participants will develop an understanding of evidenced based psychiatric assessments and treatment interventions to meet the mental health needs of their deaf patients.
5. Participants will learn about systems of care including a comprehensive multi-disciplinary approach meeting the complex mental health needs of deaf youth.
6. Participants will learn about the evolution of Deaf culture, identity and language in a European country as well as the evolution of disability rights and laws for deaf individuals.
7. Finally, participants will learn the role of sign language interpreters as communication bridge between hearing health care providers and deaf patients in a manner to optimize mental health care.

### Cultural diversity and mental health care of deaf and hard of hearing youth

25 July 2018, 14:45 - 16:15, South Hall 1A

RS 24.1

## Deafness, language and culture

K.A. Goldberg<sup>1,2</sup>, J. Dreyzehner<sup>2,3</sup>

<sup>1</sup>University of South Florida, Associate Professor of Psychiatry, Tampa, USA

<sup>2</sup>AACAP, Deaf Committee, Co-Chair, USA

<sup>3</sup>CMO, Project Transition, Nashville, USA

### Objectives

Deaf children experience psychiatric illness at rates higher than their hearing counterparts. However, there are significant limitations in mental health services to meet the needs of this unique community. Understanding the fundamentals of working with deaf children and adolescents is critical in providing optimal mental health services. The aim of this presentation is to educate mental health professionals about the cultural and linguistic components of working with deaf youth.

### Methods

This presentation addresses the basics of working with deaf individuals, including exploration of the cultural and linguistic uniqueness of this community. There will be discussion of cultural identity (deaf versus Deaf identity) and language development (sign language versus oral language). Finally, there will be discussion of what it means to provide culturally and linguistically affirmative mental health care for deaf and hard of hearing youth.

### Results

Providing cultural and linguistically affirmative mental health care is a critical component to providing optimal care to deaf and hard of hearing youth. Participants will be equipped with an understanding of how best to interface with deaf youth and provide excellence in mental health.

### Conclusions

Participants will have a clearer understanding of cultural and linguistic factors impacting mental health care for deaf and hard of hearing youth.

References: Goldberg, K. and Dreyzehner, J. (2018). Psychiatric care of the deaf, blind or deaf-blind child. In Martin, A., Bloch, M., Volkmar, F. (eds): *Lewis' Textbook of Child and Adolescent Psychiatry* (pp. 123-137). Philadelphia: Wolters-Kluwer. Glickman, N. (2003). Culturally affirmative mental health treatment for deaf people: What it looks like and why it is essential. In Glickman, N. and Gulati, S. (eds): *Mental Health Care of Deaf People: A Culturally Affirmative Approach* (pp. 1-32). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

## Cultural diversity and mental health care of deaf and hard of hearing youth

25 July 2018, 14:45 - 16:15, South Hall 1A

RS 24.2

## Assessment and treatment of deaf youth

J. Fellingner<sup>1</sup>

<sup>1</sup>Hospital of St. John of God, Neurological Institute for Language and Senses- Health Centre for the Deaf, Linz, Austria

### Objectives

Access to health care without barriers is a right of all persons and particularly of note for those with disabilities in accordance with the UN Convention on the Rights of People with Disabilities. Throughout Europe and the United States,

access to mental health care is often limited by language and cultural barriers. The objective of this presentation is to educate participants on issues related to access to care for deaf individuals and risks of marginalization, as well as best practices in the psychiatric assessment and treatment of deaf youth.

### Methods

The author will discuss his recent publications on the access to health care for deaf individuals and outline the significant challenges such as communication with health care providers. The author will also address best practices in the psychiatric assessment and treatment of deaf children.

### Results

At the conclusion of the presentation, participants will have a better understanding of the challenges facing deaf patients and their families in accessing mental health services. Participants will have increased awareness of the mental health needs of young patients with deafness and hearing loss.

### Conclusions

Mental health professionals attending this presentation will be in a better position to provide optimal psychiatric services to deaf and hard of hearing youth as they transition from adolescence to young adulthood.

References: Kuenberg, A., Fellingner, P. & Fellingner, J. (2016). Health care access among deaf people, *Journal of Deaf Studies and Deaf Education*, 21(1): 1-10. Fellingner, J., Holzinger, D. & Pollard, R. (2012). Mental health of deaf people, *The Lancet*, 379 (9820): 1037-1044. Fellingner, J., Holzinger, D., Beitel, C., Laucht, M. and Goldberg, D. P. (2009). The impact of language skills on mental health in teenagers with hearing impairments, *Acta Psychiatrica Scandinavica*, 120: 153-159.

## Cultural diversity and mental health care of deaf and hard of hearing youth

5 July 2018, 14:45 - 16:15, South Hall 1A

RS 24.3

## Systems of care in treating deaf youth

A. Holwell<sup>1</sup>

<sup>1</sup>Springfield University Hospital, Deaf Children- Young People and Family Services, London, United Kingdom

### Objectives

The objective of this presentation is to educate mental health professionals about systems of care for optimal service delivery of mental health for deaf and hard of hearing children and adolescents. In 2009, a National Deaf Child and Adolescent Mental Health Service (CAMHS) was launched in England. The service provides assessment and interventions for severe to profoundly deaf children and young people with serious child mental health problems. The service uses innovative communication technologies such as teleconferencing, texting and webcam as well as traditional provision of clinical services in clinics, home and school visits.

### Methods

Using the CAMHS as a template, the author will discuss the design and development of an optimal service delivery model for comprehensive care of deaf and hard of hearing youth throughout the United Kingdom. The author will discuss the pilot program that led to the development of this program and the research lending support for such a program.

### Results

Quantitative and qualitative research in England have shown positive results with the comprehensive, multidisciplinary treatment approach to meet the complex mental health needs of deaf and hard of hearing youth.





## Conclusions

Multidisciplinary treatment teams provide optimal service delivery for mental health care of deaf and hard of hearing youth throughout United Kingdom. Participants will learn about systems of care in meeting mental health care of deaf youth.

**References:** Wright, B., Walker, R., Holwell, A. (2012). A new dedicated mental health service for deaf children and adolescents, *Advances in Mental Health*, 11(1): 95-105. Gentili, N. and Holwell, A. (2011). Mental health care in children with severe hearing impairment, *Advances in Psychiatric Treatment*, 62-54 :{1}17.

## Cultural diversity and mental health care of deaf and hard of hearing youth

25 July 2018, 14:45 - 16:15, South Hall 1A

### RS 24.4

## Deaf identity, language, communication, culture and rights in the Czech Republic

A. Hudakova<sup>1</sup>

<sup>1</sup>Charles University in Prague, Head of Institute of Languages and Communication of the Deaf, Prague, Czech Republic

### Objectives

The objective of this presentation is to educate participants on the history of Deaf culture, sign language and disability rights within the Czech Republic. The Institute of Deaf Studies at Charles University is the only department educating on the linguistics of sign languages, interpreting and deaf studies in the Czech Republic.

### Methods

The author will take the participants through the history of Deaf identity and culture and the evolution of disability rights and laws. The author will discuss her research in applied sign linguistics and the role of sign language interpreters in the health of deaf individuals. She will discuss the importance of building a system of support and services for Deaf and Hard of Hearing students to enhance individual and community identity.

### Results

The development of Deaf culture, sign language and disability rights continues to evolve in the Czech Republic. Sign language interpreters serve a vital role not only as communication bridge between hearing and deaf, but also as advocates of Deaf identity, culture and community.

### Conclusions

Participants will have a richer understanding of Deaf identity, language, culture and disability rights in the Czech Republic. Participants will have a better understanding of the role of the sign language interpreter in providing optimal mental health support to Deaf and Hard of Hearing youth.

**References:** Hudakova, A. and Fillipova, E. (2017). Development of social cognition in deaf Czech children, Czech sign language users and Czech spoken language users: adaptation of a test battery, *Studies of Applied Linguistics*, 8(1): 53-64. Hudakova, A. and Novakova, R. (2016). Common European framework for references and Czech sign language, *Studies of Applied Linguistics*, 7(2): 115-125.

## Crisis Intervention Program for Children and Adolescents (CIPCA) preventing posttraumatic psychopathology

25 July 2018, 14:45 - 16:15, South Hall 2A

### RS 25

## Crisis Intervention Program for Children and Adolescents (CIPCA) preventing posttraumatic psychopathology

N. Taib<sup>1</sup>, A. Ahmad<sup>2</sup>

<sup>1</sup>Duhok Directorate General of Health, Duhok- Kurdistan Region, Duhok, Iraq

<sup>2</sup>Uppsala University, Associate Professor/ Senior Specialist in CAP, Uppsala, Sweden

Symposium Overview

**Objectives:** This research symposium is an attempt to examine the potential effects of the Crisis Intervention Program for Children and Adolescents (CIPCA) to prevent posttraumatic psychopathology among the displaced children from the war of the Islamic State (IS) in the Kurdistan Region of Iraq.

**Method:** Two months after the IS attack on the Ezidi-dominated Shingal region, about 200000 displaced school children in the camps of the Internally Displaced People (IDP) in Duhok Governorate, Kurdistan Region of Iraq, were included in a WHO supported CIPCA project. The population had been exposed to severe war atrocities including splitting of the traditionally extended family structure, killing the men and taking children and women as sexual slaves.

The CIPCA is a single one-hour group intervention based on updated research and clinical experiences on childhood trauma. Through Training of Trainers (ToT), two CIPCA facilitators train a group of 30 professionals working with children to obtain CIPCA Trainer Certificate. Every two certified trainers train 30 Group Leaders to provide the group intervention to 30 children (5-11 years) or adolescents (12-18 years) to help them express thoughts and emotions related to crisis experience, and to replace negative thoughts with positive alternatives.

Ethical Committee at the Duhok University approved a research design obtaining informed consent from the participating children and caregivers before cluster-randomization to CIPCA intervention and No CIPCA group. At one-year and two-years follow ups the responding children's competence and problem scores were re-estimated by CBCL interviews with the caregivers on Despite the war circumstances and lacking of funds, two years follow-up data were found on 51 children (23 CIPCA and 28 No CIPCA).

**Results:** The first presentation shows significantly lower scores of a trauma and PTSD index among the CIPCA children compared with the control group. The second presentation is showing a decline in externalisation problem scores over time mostly in CIPCA group. The third presentation is describing the positive effects of CIPCA on a self-efficacy index. The fourth presentation is a gender and age distribution of the total problems cores showing positive effects two years after CIPCA.

**Conclusions:** Despite limitations, the first longitudinal research on CIPCA is suggesting positive effects on child competence and behaviour problems after war and displacement. Further solid and independent studies are required to examine the hypothesized function of CIPCA as a psychological vaccination against posttraumatic psychopathology.

### Learning objectives:

1- Providing early intervention to children in crisis situation is an effective way to prevent posttraumatic psychopathology.

2- Childhood trauma might be a suitable port of entering the new era of psychological vaccination.

## Crisis Intervention Program for Children and Adolescents (CIPCA) preventing posttraumatic psychopathology

25 July 2018, 14:45 - 16:15, South Hall 2A

RS 25.1

### Psychological vaccination to protect children exposed to traumatic events

V. Ceri<sup>1</sup>

<sup>1</sup>Marmara University, Child and Adolescent Psychiatry- Pendik Training and Research Hospital, Istanbul, Turkey

#### Objectives

Vaccination is one of the greatest medical achievements of humankind that helped eradicating tens of epidemic childhood diseases which had lead death or disability of millions of children. Although more than half of traumatized children are expected to develop posttraumatic psychopathology, no effective prevention has been found.

The present study aims to investigate if Crisis Intervention Program for Child and Adolescents (CIPCA) has protective effects on mental wellbeing of child survivors of the ISIS war and displacement in the Kurdistan Region of Iraq.

#### Methods

Data were gathered two years after the displacement experience and application of CIPCA (a semistructured single one-hour group intervention that has been hypothesized to act as psychological vaccination against development of posttraumatic psychopathology).

The study sample consisting of 51 children (32 girls and 19 boys, mean age 12 years), was cluster randomized immediately after displacement to CIPCA (23 children) and no CIPCA intervention (28 children). Behavior problems were estimated on the Child Behavior Checklist (CBCL) before randomisation and after one-year and 2-years follow-up.

#### Results

Children who received CIPCA showed significantly lower CBCL total problem scores, Internalizing, and PTSD index scores compared with the control group at the 2-years follow-up ( $t=2.199$ ,  $p=0.033$ ), ( $t=2.099$ ,  $p=0.049$ ) and ( $t=2.264$ ,  $p=0.028$ ).

#### Conclusions

These findings pointed out that CIPCA may have protected children against developing psychological problems. We recommend to carry out more systematic studies to investigate the preventive effects of CIPCA on posttraumatic psychopathology.

## Crisis Intervention Program for Children and Adolescents (CIPCA) preventing posttraumatic psychopathology

25 July 2018, 14:45 - 16:15, South Hall 2A

RS 25.2

### Childhood externalizing behavior problems decline after CIPCA intervention

S.K. Suleman<sup>1</sup>, S. Reziki<sup>2</sup>

<sup>1</sup>Duhok University, Assistant Lecturer, Shekhan, Iraq  
<sup>2</sup>Metin Health House, Duhok, Iraq

#### Objectives

To find out the effects of Crisis Intervention Program for Children and Adolescent

(CIPCA) on the externalizing behavior problems (aggression and delinquency) among children in crisis situation.

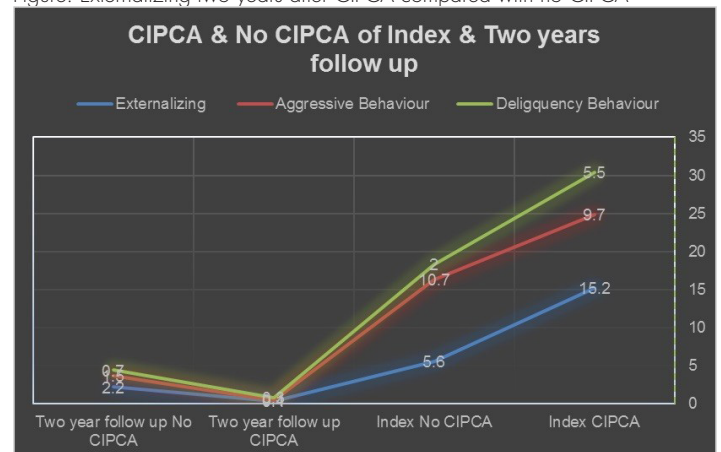
#### Methods

Two years after cluster randomization to CIPCA and a control group, 51 displaced school children from the Islamic State (IS) war in Iraq were re-found and estimated by Child Behavior Check List (CBCL); 23 CIPCA and 28 Controls. These data are compared with the base-line estimates before randomization to find out the changes over time concerning Externalizing Behavior Problem scores.

#### Results

After two years, children who had received CIPCA showed significantly lower scores than the control group in Externalizing (see the attached Figure). The decline in symptom scores between the base-line and two years follow-up was significantly higher among the CIPCA receivers in all the three scales compared with the control group.

Figure: Externalizing two years after CIPCA compared with no CIPCA



#### Conclusions

The CIPCA intervention seems to have positive effect on the child externalizing behavior scores. Age and gender distribution is to be discussed in relation to the cultural characteristics of the internally displaced population in this study.

## Crisis Intervention Program for Children and Adolescents (CIPCA) preventing posttraumatic psychopathology

25 July 2018, 14:45 - 16:15, South Hall 2A

RS 25.3

### Self-efficacy two-years after CIPCA

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<sup>1</sup>Duhok University, University Lecturer- Educational Psychology, Duhok, Iraq  
<sup>2</sup>Metin Health House, Duhok, Iraq

#### Objectives

the objective of this study is to examine the effect of Crisis Intervention Program for Children and Adolescents (CIPCA) on the level of self-efficacy among internally displaced children after the ISIS war in Iraq.

#### Methods

the Crisis Intervention Program for Children and Adolescents (CIPCA) was developed as a single one-hour group intervention to prevent posttraumatic psychopathology among children and adolescents during crises situation. A



randomised sample of CIPCA receivers (N=30; 19 girls and 11 boys, mean ages 6-11 and 12-18, respectively) is compared with those who did not receive the CIPCA (N=31; 23 girls and 8 boys, mean ages 6-11 and 12-18, respectively). Child Behavior Check List (CBCL) has been used for pre-and post-test assessment, and at one-year and two-years follow-up, to identify the changes over time. An index has been identified among CBCL items to measure self-efficacy among the examined children.

**Results**

A self-efficacy level among the CIPCA receivers is identified from the CBCL competence items showing best improvement at two-years follow-up compared with the control group.

**Conclusions**

the CIPCA can increase the level of self-efficacy among children and adolescents in crisis situation

**Crisis Intervention Program for Children and Adolescents (CIPCA) preventing posttraumatic psychopathology**

25 July 2018, 14:45 - 16:15, South Hall 2A

RS 25.4

**Gender and age distribution of total problem scores two years after CIPCA**

A. Ahmad<sup>1,2,3</sup>

<sup>1</sup>Uppsala University, Associate Professor/ Senior Specialist in CAP, Uppsala, Sweden

<sup>2</sup>Metin Health House for Child Mental Health, Founding Director, Duhok, Iraq

<sup>3</sup>IACAPAP, Ambassador, Duhok, Iraq

**Objectives**

To find out gender and age distribution of CBCL Total Problem Scores two years after Crisis Intervention Program for Children and Adolescents (CIPCA) to prevent posttraumatic psychopathology among the displaced school children from war.

**Methods**

Two years after cluster randomization to CIPCA group intervention and a control group, 51 displaced school children from the war of the Islamic State (IS) were re-found in the Internally Displaced People (IDP) camps in the Kurdistan Region of Iraq (23 CIPCA and 28 No CIPCA). Pre and post tests were conducted with Child Behavior Check List (CBCL) in interview with the caregivers.

**Results**

At the two-years follow-up, CBCL Total Problem Scores showed a general decline among the CIPCA group mostly among younger girls and older boys, while they increased in younger ages without CIPCA, particularly among boys (See Table 1).

Table 1

Table 1. Gender and Age Distribution of the Total CBCL Problem Scores among the CIPCA and No CIPCA groups of Displaced School Children from the IS War in the Kurdistan Region of Iraq, comparing

	Index		Two-years follow-up	
	Girls	Boys	Girls	Boys
CIPCA	95,8	94,8	0,6	19
<12 years	41,7	39,6	0	17,3
>11 years	54,1	55,2	0,6	0
No CIPCA	26,3	27,3	33,6	25,5
<12 years	4,2	5,0	20,7	25,5
>11 years	22,1	23,3	12,9	0

**Conclusions**

It seems that CIPCA exerts a positive effect on preventing posttraumatic psychopathology among the displaced children of war. However, this has to be confirmed by more solid and independent research.

**Involuntary hospitalization and treatment of children, and the adjacent areas**

25 July 2018, 14:45 - 16:15, Terrace 2A

RS 26

**Involuntary hospitalization and treatment of children, and the adjacent areas**

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<sup>2</sup>University of Calgary, Child and Adolescent Mental Health & Addictions, Calgary, Canada

**Symposium Overview**

**Involuntary hospitalization and treatment of children, and the adjacent areas**

25 July 2018, 14:45 - 16:15, Terrace 2A

RS 26.1

**Law related to mental health and welfare of the person with mental disorder from a children's rights point of view**

J. Ota<sup>1</sup>, K. Kimura<sup>2</sup>, Y. Tanaka<sup>3</sup>, K. Tanaka<sup>4</sup>

<sup>1</sup>Mental Health and Welfare Center of Okayama-City, Okayama City, Japan

<sup>2</sup>Medical Corporation Shinshinkai Tama-Aoba Hospital, Psychiatry, Tokyo, Japan

<sup>3</sup>Ehime University, Department of Psychiatry- Graduate School of Medicine, Matsuyama, Japan

<sup>4</sup>Hyogo Mental Health Center, Child and Adolescent Psychiatry, Kobe, Japan

Japan's Law Related to Mental Health and Welfare of the Person with Mental Disorder (LMHW) does not differentiate children from adults and there is no provision regarding protection of the rights of children in the hospital. Most involuntary hospitalizations under LMHW are Hospitalization for Medical Care

and Protection. Until an amendment in 2013, a patient could be hospitalized with the consent of "the person responsible for protection" appointed by family court, a rule that was often criticized. "The person responsible for protection" was abolished by the 2013 amendment, allowing a person chosen by the family to provide consent for hospitalization; however the new system of "hospitalization with the consent of family members" has also been strongly criticized. In Japan, voluntary hospitalization was established for the first time in a 1987 amendment to LMHV. However, the competency to children to consent to hospitalization was not discussed. In cases of children admitted to a psychiatric hospital under the present circumstances, most are hospitalized involuntarily with the consent of their parents. We must clarify who should take responsibility for the decision to hospitalize children. It is to be desired that parents and/or the family be involved in the decision to hospitalize and the role of parents as advocates for the children after admission is stipulated in the law. In addition, the law must also stipulate provisions for children who are admitted to hospital to provide informed consent/assent themselves.

## Involuntary hospitalization and treatment of children, and the adjacent areas

25 July 2018, 14:45 - 16:15, Terrace 2A

RS 26.2

### Informed consent/assent in childhood and adolescence and issues related to parental authority in Japan - research by the Japanese Society for Child and Adolescent Psychiatry (JSCAP) ethics committee

K. Kimura<sup>1</sup>, J. Ota<sup>2</sup>, Y. Tanaka<sup>3</sup>, K. Tanaka<sup>4</sup>

<sup>1</sup>Medical Corporation Shinshinkai Tama-Aoba Hospital, Child and Adolescent Psychiatry, Tokyo, Japan

<sup>2</sup>Mental Health and Welfare Center of Okayama-City, Okayama-City, Japan

<sup>3</sup>Ehime University, Graduate School of Medicine, Department of Psychiatry, Matsuyama, Japan

<sup>4</sup>Hyogo Mental Health Center, Kobe, Japan

#### Objectives

In recent years, the JSCAP ethics committee has considered the issues of informed consent and assent in child and adolescent psychiatry.

#### Methods

We conducted a nationwide interview survey on informed consent with 22 patients hospitalized in child psychiatry wards and their attending physicians in 2008. Children were satisfied with and accepted treatment although they did not fully understand the names of the disorders and symptoms, those which given for treatment benefits and side effects included their best interests.

#### Results

Based on the results of a 2015 pilot study, one index of a child's competency to consent is based on their capacity for critical thinking. We conducted a questionnaire study in 2016 to identify the age from which a child is able to think critically and found that those aged 13 to 15 years are able to provide consent at approximately the same level as adolescents aged 16 to 20 years.

#### Conclusions

We have to consider parental authority when providing practical treatment. In Japan, we use the term "parental authority" rather than "parental responsibility". The weight of parental authority is considerable and the Japanese family system that has existed since the Edo era has continued to influence it. However, parental authority is one of the factors that works against the best interest of a child in Japanese culture. We must investigate parental authority and the Japanese family system further.

## Involuntary hospitalization and treatment of children, and the adjacent areas

25 July 2018, 14:45 - 16:15, Terrace 2A

RS 26.3

### Policy for people with intellectual disabilities in Japan: Establishment and decommissioning of large long-term care facilities

Y. Tanaka<sup>1</sup>, K. Kimura<sup>2</sup>, J. Ota<sup>3</sup>, K. Tanaka<sup>4</sup>

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<sup>2</sup>Medical Corporation Shinshinkai Tama-Aoba Hospital, Psychiatry, Tokyo, Japan

<sup>3</sup>Mental Health and Welfare Center of Okayama-City, Okayama City, Japan

<sup>4</sup>Hyogo Mental Health Center, Child and Adolescent Psychiatry, Kobe, Japan

On 26 July 2016, a 26-year-old man who once worked at a care facility for the intellectually disabled killed 19 residents and injured 26 residents in an attack at the same facility. He told investigators, "I thought handicapped people should disappear." Presumably, policies for people with intellectual disabilities in Japan are related to this mass murder. We therefore examined the present policy regarding people with intellectual disabilities in Japan.

The current policy for people with intellectual disabilities in Japan was developed by the United States government after World War II. Thereafter, the Japanese government implemented the policy, which was affected by the post-war economic situation and the policies of the United Nations. People with intellectual disabilities residing at long-term care facilities are aging and have physical diseases that will become problematic. A flexible, regional support system is needed for patients after discharge from care facilities.

Regional support systems in Japan are currently insufficient compared to those in other developed countries. In the immediate future, it is desirable to be able to select the necessary support according to the situation, rather than having only the binary option of entering a facility or not entering a facility. The decisions of people with intellectual disabilities need to be respected and the appropriate skills should be available to support their decision-making.

## Involuntary hospitalization and treatment of children, and the adjacent areas

25 July 2018, 14:45 - 16:15, Terrace 2A

RS 26.4

### Legal issues in relationship to the psychiatric hospitalization of children and adolescents and their ethical as well as therapeutic consequences

J. Podlipny<sup>1</sup>, M. Goetz<sup>2</sup>, I. Hodkova<sup>3</sup>, M. Povazan<sup>4</sup>, J. Svejksky<sup>5</sup>

<sup>1</sup>Charles University- Faculty of Medicine in Pilsen, Dept. of Psychiatry, Pilsen, Czech Republic

<sup>2</sup>Charles University- Second Faculty of Medicine, Dept. of Child Psychiatry, Prague, Czech Republic

<sup>3</sup>Children's Psychiatric Hospital Oparany, Director, Oparany, Czech Republic

<sup>4</sup>Psychiatric hospital Bohnice, Child psychiatry dept., Prague, Czech Republic

<sup>5</sup>Law Firm Pilsen, Pilsen, Czech Republic

There are the following possible situations from the legal perspective in Czech Republic: 1. a hospitalized child/ adolescent with both consent as well as assent; 2. a hospitalized child/ adolescent with parental consent yet without



assent; 3. a hospitalized child/ adolescent without both consent as well as assent; 4. a rare situation of a hospitalized adolescent without parental consent yet with his/her assent. When speaking about adolescents we usually mean children older than 15 years.

The role of physician /psychiatrist consists in a clear recognition of the necessity of such a hospitalization. Suicidal attempt or a serious health condition in eating disorders such as anorexia nervosa are often those conflicting points for situation 2 or 3. On the other hand, in CAN syndrome we can expect the situation number 4.

We will present some statistics from the above mentioned institutions, such as the proportion of hospitalizations in which there is a conflict between the parental consent and patient's assent. Another perspective can be demonstrated in the proportion of premature releases based on the parental refusal of an ongoing hospitalization. Both ethical and therapeutic consequences are discussed.

### Understanding uniqueness and diversity in child and adolescent mental health: topics from the 2018 IACAPAP Monograph

25 July 2018, 16:45 - 18:15, Club E

RS 27

### Understanding uniqueness and diversity in child and adolescent mental health: topics from the 2018 IACAPAP Monograph

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#### Symposium Overview

The aim of this symposium is to provide an opportunity for discussion of selected chapters from the 2018 IACAPAP Monograph that link closely to the Congress themes of uniqueness and diversity in Child and Adolescent Mental Health. Understanding how individuals develop along an unhealthy and maladaptive trajectory is fundamentally important in our field and central to endeavours to improve outcomes. Substantial research has established that there are genetic and neurodevelopmental processes that underpin normal and abnormal development. Some children are impacted by adverse environments and often these interact with individual vulnerabilities to cause psychopathology and impairment. The presentations in this symposium are selected from the Monograph to illustrate this range of mechanisms and varied disorders, and implications for interventions. The international presenters/authors are experts in their field. The topics and presenters are listed below, and further details provided in the four abstracts.

#### Learning Objectives:

To know

1. The main clinical characteristics associated with the disorders Gilles de la Tourette Syndrome, bipolar disorder, functional somatic symptoms, and the main disorders associated with refugee experiences (PTSD, depression, anxiety disorders).

2. To understand the heterogeneity and varied developmental trajectories of these disorders.

To understand

3. key implications for clinical management of these disorders including psychosocial and environmental influences.

#### Reference

Hodes, M., Gau, S.S.F., de Vries P.J. (2018) Understanding Uniqueness and Diversity in Child and Adolescent Mental Health. Academic Press.

### Understanding uniqueness and diversity in child and adolescent mental health: topics from the 2018 IACAPAP Monograph

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RS 27.1

### Gilles de la Tourette syndrome: focus on heterogeneity

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It has been consistently shown that Gilles de la Tourette Syndrome (GTS) is not a unitary condition and that the presence of comorbidity predicts worse outcomes including chronicity, adverse social impact and poor quality of life. In this regard, GTS and related neurodevelopmental disorders such as OCD and ADHD may share overlapping and yet distinct genetic underpinnings, neuro-pathological processes as well as neurochemical and circuitry involvement. For example, those with only striatal circuitry involvement may present with "pure" GTS characterised by predominantly tic symptoms, while those with more extensive involvement of the frontocortical networks may be associated with ADHD and impulse dyscontrol behaviours, while basal ganglia limbic circuitry involvement may present as comorbid Obsessive Compulsive Symptoms, resulting in what is described as GTS "plus". It is noteworthy that the comorbidities and severity of involvement may also be a function of the penetrance as well as the gender dependent differences in the expression of the putative gene(s) in addition to other modulating factors including epigenetic, perinatal and post-natal biological, immunological and environmental factors. Recent advances in genetic technology coupled with the availability of statistical programs that allow cross-disorder transdiagnostic analysis of risk, further facilitated by neuro-imaging studies and animal models, is expected to advance the field and help elucidate the genetic as well as clinical phenotypic heterogeneity encountered in GTS. A better understanding of such subphenotypes has significant clinical implications in terms of the management including choice of medications as well as the course and prognosis.

### Understanding uniqueness and diversity in child and adolescent mental health: topics from the 2018 IACAPAP Monograph

25 July 2018, 16:45 - 18:15, Club E

RS 27.2

### Developmental considerations in bipolar disorder

M. Goetz<sup>1</sup>, M. Mohaplova<sup>1</sup>, A. Sebel<sup>2,3</sup>, T. Novak<sup>3,4</sup>

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<sup>4</sup>Charles University, Third Faculty of Medicine, Prague, Czech Republic

#### Objectives

To discuss contemporary knowledge concerning the manifestations, development, risk factors, prodromes and neuropsychological findings in bipolar disorder of children and adolescents.

#### Methods

Review of the available literature and evaluation of the contradictory findings.

## Results

The major controversies include the relationship between bipolar disorder and ADHD, the prevalence of mania in childhood and diagnostic challenges, the problem of irritability and the diagnosis of disruptive mood dysregulation disorder. This latter condition emerged as a reaction to the trend in the United States to diagnose excessively bipolar disorder in children.

## Conclusions

During the past two decades, bipolar disorder in young people has become one of the most often discussed diagnoses in child and adolescent psychiatry and the subject of intense research. Although it remains clear that bipolar disorder in childhood is rare, it appears to have a neurodevelopmental basis. Nevertheless when diagnosing psychopathology, it is essential to consider the developmental trajectories and related genetic and environmental factors.

## Understanding uniqueness and diversity in child and adolescent mental health: topics from the 2018 IACAPAP Monograph

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RS 27.3

## Risk and protective factors and course of functional somatic symptoms in young people

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## Objectives

Functional somatic symptoms (FSS), i.e. physical symptoms without a known medical explanation, are common in youth and as in adults associated with suffering, impairment, and medical help seeking. Empirical research has demonstrated considerable heterogeneity in the clinical presentation and course of these symptoms during childhood, where a strong association with especially emotional disorders has been reported. In addition findings from various strands of research in e.g. neuroscience and genetics suggest that early adversity is associated with vulnerability for developing a functional disorder over time.

Together these findings call for a broader developmental perspective to address how paediatric FSS in interaction with various risk factors may later develop into regular disorders.

**Aim:** This presentation outlines our current knowledge on the risk and protective factors as well as course of FSS and corresponding main clinical presentations in young people.

## Results

The main focus will be the psychiatric conceptualisation of FSS and functional disorders, i.e. Conversion or Dissociative Disorders and the former Somatoform Disorders, now mainly replaced by Somatic Symptom and related Disorders and Bodily Distress Disorder in the psychiatric classification systems. Based on the presented data a generic explanatory model for symptom development is provided which can be useful in relation to both assessment and treatment of these conditions.

## Conclusions

Further research, including longitudinal studies, exploring developmental phenotypes and trajectories of FSS, are needed to increase our understanding of the processes that underlie the development of functional disorders during lifespan. The perspective of mapping modifiable early risk mechanisms as well

as protective factors could have implication for the treatment and prevention of these disorders.

## Understanding uniqueness and diversity in child and adolescent mental health: topics from the 2018 IACAPAP Monograph

25 July 2018, 16:45 - 18:15, Club E

RS 27.4

## Mental health service provision for child & adolescent refugees – European perspectives

J.M. Fegert<sup>1</sup>, R. Brown<sup>1</sup>

<sup>1</sup>University of Ulm, Department of Child and Adolescent Psychiatry and Psychotherapy, Ulm, Germany

## Objectives

Many European countries have accommodated large numbers of refugees in recent years, of which around one third were under the age of 18. Due to the high risk of experiencing potentially traumatic events, those children and adolescents represent a particularly vulnerable group. Aim of this review was to describe the current situation of refugee minors in Europe and to provide an overview of current positions of European mental health organizations.

## Methods

Databases EMBASE and PubMed were searched for literature on refugee minors in Europe. Furthermore, homepages of European mental health organizations were searched for current position papers.

## Results

Several European studies showed high impairment of refugees, particularly with regard to posttraumatic stress disorder (PTSD). European countries are now faced with the need for increased numbers of mental health professionals in general, but also with culture- and language sensitive tools. This is true in the areas of diagnostics, crisis management, as well as (psycho-)therapy. Novel approaches like a short skills-training catered to refugees or a multi-language screening-tool, along with first evidence on psychotherapeutic interventions for child and adolescent refugees will be presented.

## Conclusions

While refugee minors are at increased risk for mental health problems, European countries often lack the resources to adequately provide for their needs. However, first evidence of novel, effective, and culture sensitive approaches is emerging.

## Nonsuicidal self-injury: guidelines for diagnostics and treatment in the light of recent advances in treatment research and long-term follow-up studies

25 July 2018, 16:45 - 18:15, Forum Hall

RS 28

## Nonsuicidal self-injury: guidelines for diagnostics and treatment in the light of recent advances in treatment research and long-term follow-up studies

E. Moehler<sup>1</sup>, R. Brunner<sup>1</sup>

<sup>1</sup>University of Heidelberg, Child and Adolescent Psychiatry, Heidelberg, Germany



### Symposium Overview

Nonsuicidal self-injury (NSSI) in adolescence has become a major challenge for child and adolescent public health. While some cases are transitory and require no treatment, others follow a more chronic or even deleterious course. These varying aspects make proper diagnostics and treatment even more challenging.

This symposium focusses on research on neuropsychology and treatment of NSSI and comorbid conditions contributing to consensus-based guidelines to improve the assessment and treatment of NSSI and to give impetus to future research. One of the authors of the German guidelines, Tina In-Albon will present the development of these state of the art 'standard operating procedures' for NSSI, recently published by the Association of the Scientific Medical Societies in Germany (AWMF).

Romuald Brunner presents recent findings of predictors of onset, maintenance and cessation of self-injurious behavior during adolescence based on a representative sample of the general population of adolescents from Germany. Andrea Dixius shows results on resilience factors such as identity of a three months treatment course with standardized DBT-A. Dialectic Behavioral Therapy for Adolescents is currently being implemented in several institutions in Germany, requiring board certification. The contribution of Eva Moehler focusses on the co-occurrence of eating disorder and NSSI and the differential susceptibility to treatment. Overall, this symposium aims at a more profound understanding of NSSI, its pathophysiology, treatment approaches, and state of the art guidelines.

### Nonsuicidal self-injury: guidelines for diagnostics and treatment in the light of recent advances in treatment research and long-term follow-up studies

25 July 2018, 16:45 - 18:15, Forum Hall

RS 28.1

### Assessment and treatment for nonsuicidal self-injury in childhood and adolescence: recommendations from Clinical Practice Guidelines in Germany

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#### Objectives

Nonsuicidal self-injury (NSSI) is especially common in adolescence and of major clinical importance. The development of these consensus-based guidelines aims to improve the assessment and treatment of NSSI and to give impetus to future research. The Association of the Scientific Medical Societies in Germany (AWMF) published the clinical practice guidelines.

#### Methods

Recommendations for the assessment and treatment of NSSI from these clinical practice guidelines and identifies research gaps will be summarized.

#### Results

In the assessment of NSSI, particular emphasis has to be given to the evaluation of suicidality. As the first steps, somatic evaluation of the injuries and, if necessary, medical treatment have to be provided. The following factors are important for the assessment of NSSI: the frequency, methods, analgesia, motives, impulsivity, and further familiar or nonfamiliar factors. The treatment of NSSI should focus on psychotherapy, especially cognitive behavioral therapy, dialectic-behavioral therapy for adolescents, and mentalization-based therapy for adolescents. There is no evidence-based indication for a specific pharmacological treatment of NSSI.

### Conclusions

These guidelines include evidence- and consensus-based recommendations for the assessment and treatment of NSSI. Their implementation should improve the care of patients with NSSI.

### Nonsuicidal self-injury: guidelines for diagnostics and treatment in the light of recent advances in treatment research and long-term follow-up studies

25 July 2018, 16:45 - 18:15, Forum Hall

RS 28.2

### Prospective predictors of onset, maintenance and cessation of self-injurious behavior during adolescence

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#### Objectives

Epidemiological studies indicate a high prevalence of self-injurious behavior in adolescents in the general population. So far, there are only very few studies on the course of self-injurious behavior in adolescents and young adults. The aim of the present population-based study was the analysis of prospective predictors of onset, maintenance and cessation self-injurious behavior in adolescents.

#### Methods

A representative sample of the general population of adolescents from Germany (initial sample: N = 1,444; mean age = 14.7, SD = 0.80, 52% female adolescents) was studied over a two years period on 4 consecutive points of measurement in the context of the European school-based intervention study SEYLE. In addition to recording the frequency and type of self-injurious behavior and suicidal behaviors a wide range of psychopathological abnormalities and risk behaviors has been assessed.

#### Results

There was a high remission rate (70.4%) of self-injurious behaviors at 24-month follow-up investigation. However, there was a substantial rate (29.6%) of adolescents who continued the self-injurious behavior, as well as a group of „new starters“. Self-injurious behavior during the baseline examination proved to be the strongest predictor of self-injurious behavior 2 years later. The extent of depressive symptoms and quality of peer relationships were significantly associated with maintaining self-injurious behavior two years later. Furthermore continued self-injurious behavior over the first 12-month was highly associated with suicide plans/suicide attempts at 24-month follow-up investigation.

#### Conclusions

The results indicate a high spontaneous remission rate but identified a high risk group of continuity in self-injurious behavior. Early identification and access of this group to specified treatment services are important to avoid chronicity and worsening of mental health state in this particular group of adolescents.

### Nonsuicidal self-injury: guidelines for diagnostics and treatment in the light of recent advances in treatment research and long-term follow-up studies

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RS 28.3

## Eating disturbance and its response to DBT-A in a sample of adolescents with NSSV and emotional instability

E. Möhler<sup>1</sup>

<sup>1</sup>University of Heidelberg, Heidelberg, Germany

### Objectives

DBT-A is a standardized internationally well evaluated treatment program for adolescents with emotional instability. Symptoms of unstable emotionality can be NSSV as well as disordered eating.

### Methods

A sample of 50 female (13-17 yrs) in-patient adolescents referred to treatment were assessed for symptoms of eating disorder by EDI (Eating Disorder Inventory) and the KKSD (Body Concept Disorder Diagnostics) and for emotional dysregulation by Feel-KJ and SEE immediately before and after a standardized Curriculum of Dialectic Behavior Therapy for Adolescents.

### Results

A clinically significant change can be found for both, symptoms of eating disorder and emotion dysregulation for completers of the DBT-A-program.

### Conclusions

Eating Disorder can co-occur in emotional instability and NSSV and can be improved by DBT-A as much as emotional instability in female patients below the age of 18.

## Nonsuicidal self-injury: guidelines for diagnostics and treatment in the light of recent advances in treatment research and long-term follow-up studies

25 July 2018, 16:45 - 18:15, Forum Hall

RS 28.4

## Influence of a standardized DBT-A-therapy program on the identity of adolescent patients with emotion regulation disorders

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<sup>1</sup>SHG-Clinics for Child and Adolescent Psychiatry, Saarbrücken, Germany

### Objectives

Identity formation is a basic development task in adolescence. Adolescents with a beginning borderline psychopathology show salience in identity development. Identity diffusion is often linked to a beginning borderline identity disorder and describes distinct interferences regarding the stability of self-view and the feeling about yourself. Dialectical behavioral therapy for adolescents (DBT-A) is a treatment program for adolescents with emotion regulation disorders and borderline specific symptoms. The study wants examines the influence of a standardized and certified DBT-A therapy program on the identity development of adolescent patients in in-patient settings.

### Methods

Study sample are 138 adolescents who absolved the DBT-A therapy program in a in-patient setting. The treatment is offered for female and male adolescents at the age of 14-18 years and takes 12 weeks. Before and after 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

This study presents the positive influence 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 disorder and also emotion regulation disorders.

### Conclusions

The results of the study show significant changes regarding the characteristic degree of severity of the identity diffusion. The results are clinically relevant for the development of treatment methods dealing with identity disorders

## Occurrence of suicidal behavior in adolescents and young adults – understanding the epidemiological basics

25 July 2018, 16:45 - 18:15, North Hall

RS 29

## Occurrence of suicidal behavior in adolescents and young adults – understanding the epidemiological basics

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<sup>2</sup>University of Basel, Department of Psychology- Division of Clinical Psychology and Epidemiology, Basel, Switzerland

### Symposium Overview

Suicidal behaviors and mental disorders according to classificatory diagnostic systems like DSM or ICD often co-occur and predict each other over time (e.g. Bentley et al., 2016; Franklin et al., 2017; Nock, Green, Hwang, & et al., 2013). Direct comparisons of prevalence estimates for suicidal behavior like ideation, plan and attempt in a broad range of mental disorders are crucial to understand the burden but reporting is rare – especially for adolescence. Adolescence is a key time period for the onset of mental disorders and suicidal behavior (Nock et al., 2013). Besides prevalence estimates, a deepened understanding of the descriptive epidemiology of suicidal behaviors like onset and persistence as well as familial aggregation is important to increase awareness of the impact on future health and symptom progression. This knowledge can help to identify and delineate targeted prevention and intervention approaches (Zalsman et al., 2016), thereby possibly terminating the symptom progression, e.g. the ideation-to-action pathway, and improving health in the transition to adulthood.

The goals of the present symposium are to provide first, a comparison of prevalence estimates for suicidal behavior within a broad range of mental disorders in a community sample of adolescents and young adults in Germany. Second, a rare description of age at onset and persistence of suicidal behavior is given targeting also their pivotal role for the ideation-to-action pathway. Third, the role of family aggregation of mental disorders and self-injurious behaviors including both non-suicidal self-injurious and suicidal behaviors in mothers and fathers is evaluated for suicidal behavior in their offspring. Fourth, considering analytical epidemiological approaches, prospective analyses of different traumatic events as risk factors for subsequent suicide attempts are examined. The first three research goals are studied by using data of the Behavior and Mind Health (BeMIND) study conducted in a random sample of adolescents and young adults (N=1180; 14-21 years) drawn in 2015 from the population registry of the city of Dresden, Germany. The fourth goal is studied by using data of the Early Developmental Stages of Psychopathology (EDSP) study (Beesdo-Baum et al., 2015; Wittchen, Perkonig, Lachner, & Nelson, 1998); a 10-year prospective-longitudinal epidemiological study in a community sample drawn in 1994/95 in Munich, Germany (N=3021, 14-24 years at baseline).

The results of the presentations will give new insights into the descriptive and analytical epidemiology of suicidal behavior in adolescents and young adults from the general population.

The BeMIND study is funded by the German Federal Ministry of Education and Research (BMBF; project 01ER1303, 01ER1703). The EDSP study was also





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### Occurrence of suicidal behavior in adolescents and young adults – understanding the epidemiological basics

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S 29.1

#### Prevalence of mental disorders in adolescents with and without suicidal behavior in a random community sample – a cross-sectional epidemiological study

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#### Objectives

Adolescence is a key period for the onset of suicidal behavior and mental disorders. Though, direct comparisons of prevalence estimates for a broad range of mental disorders and suicidal behaviors defined as ideation, plan and attempt are scarce. We aim to present lifetime prevalence estimates for suicidal behavior and differences in the prevalence of mental disorders in adolescence with and without suicidal behavior using data from a cross-sectional epidemiological study.

#### Methods

Suicidal behavior and lifetime mental disorders were retrospectively assessed with a modified epidemiological research version of the Munich Composite International Diagnostic Interview in a random community sample of N=1180 adolescents and young adults aged 14 to 21 in Dresden in 2015/16. The study protocol of the Behavior and Mind Health (BeMIND) study has been reviewed by the ethics committee of the Technische Universität Dresden, Germany. Analyses are weighted for sex and age to enable generalization of the results to the general population.

#### Results

Any lifetime suicidal behavior was reported by 11.5%, suicidal ideation, plan and attempt by 10.7%, 5.0% and 3.4%, respectively. Prevalence differences between individuals with and without suicidal behavior were significant in nearly all assessed disorders except for drug- and alcohol-related disorders. Particularly, the prevalence for individuals with and without suicidal behavior varied largely for any depressive disorder (57.3% to 11.4%) and any anxiety disorder (51.5% to 19.2%).

#### Conclusions

The present results show the high number of adolescents and young adults with suicidal behavior and their increased risk to meet criteria for a mental disorder. Especially, prevalence estimates of suicidal behavior in depressive and anxiety disorders rank high demonstrating the need for interventions. To develop these targeted intervention and prevention approaches, a detailed understanding of epidemiological characteristics like age at onset and persistence is needed.

### Occurrence of suicidal behavior in adolescents and young adults – understanding the epidemiological basics

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RS 29.2

#### Onset and persistence of suicidal behaviors and their role for the ideation-to-action pathway – findings from a cross-sectional epidemiological study among adolescents and young adults

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#### Objectives

Acknowledging that suicidal ideation, plan and attempt can either be single events or lasting high risk states, their persistence may provide insights into trajectories from adolescence to adulthood, apart from age at onset distributions. Since there is mixed evidence on the predictive value of persistence for the risk for more severe types of suicidal behavior like plans or attempts, we aim to provide 1) descriptions of onset and persistence, and 2) their association with more severe suicidal behaviors.

#### Methods

Data from the Behavior and Mind Health (BeMIND) study were used. Suicidal behavior was assessed with a clinical interview. If the participant affirmed a question for suicidal behavior, a subsequent questionnaire was provided assessing age at onset and last occurrence whereby the range was defined as persistence. Age at onset was dichotomized based on the median of Kaplan-Meier estimations into early and late onset.

#### Results

Using survival analyses, age at onset distributions indicated a sharp increase in the incidence for suicide ideation starting at age 10; the median age at onset in the BeMIND sample was 14. For suicide plan and attempt, in girls the median was 15 for each, and in boys 16 and 12. Using Cox-regression

analyses, results show that an early onset of plan but not an early onset of ideation was associated with subsequent attempt (Hazard Ratio=3.0). There was no association between persistence of suicidal ideation or plan and suicide attempt. Regarding the ideation-to-action pathway, results indicated that the transition occurs mostly in the same year.

## Conclusions

An early onset of suicide plans, but not persistence of suicidal behavior predicts suicide attempts in adolescents. It is noteworthy, that the ideation-to-action transition was most pronounced in the year of onset of ideation pointing to the limited time span for interventions to disrupt the pathway.

## Occurrence of suicidal behavior in adolescents and young adults – understanding the epidemiological basics

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RS 29.3

### Family history of depressive and anxiety disorders as well as self-injurious behaviors and suicidal behavior in the offspring

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## Objectives

Mental disorders and suicidal behaviors in parents seem to be a risk factor for the onset and frequency of suicidal behavior in offspring. We aim to study 1) differences in the association between parental depressive and anxiety disorders as well as 2) parental suicidal and non-suicidal self-injury behaviors, and suicidal ideation, plan and/or attempt in their adolescent offspring.

## Methods

Data from the Behavior and Mind Health (BeMIND) study were used. Adolescent participants were interviewed face-to-face using a modified epidemiological research version of the Munich Composite International Diagnostic Interview (CIDI). Among adolescent participants (N=1180), n=489 (41.4%) mothers and n=232 (19.7%) fathers were asked via self-administered questionnaires based on the CIDI about lifetime depression and anxiety disorders, as well as about suicidal and non-suicidal self-injurious behavior. Weighted multi-nominal logistic regression models were used to assess the associations between family history and adolescent suicidal behavior.

## Results

Overall, adolescents of mothers but not fathers with lifetime depressive and anxiety disorders reported significantly more suicidal behavior compared to those without a parental history of these disorders. Lifetime maternal anxiety disorders but not depressive disorders were significantly associated with offspring plan and/or attempts but not ideation when adjusting for each other. Regarding a history of self-injurious behaviors, adolescents of mothers and fathers with lifetime suicidal but not non-suicidal self-injury behaviors reported significantly more suicidal behavior.

## Conclusions

Findings indicate specificity for maternal anxiety disorders and parental suicidal behavior for offspring suicidal behavior. Studying mechanisms for 1) the specific role of anxiety disorders compared to depressive disorders and 2) suicidal behaviors compared to non-suicidal self-injurious behaviors, regarding the occurrence of suicidal behavior in their adolescent offspring, is important to understand the specific familial aggregation.

## Occurrence of suicidal behavior in adolescents and young adults – understanding the epidemiological basics

25 July 2018, 16:45 - 18:15, North Hall

RS 29.4

### Specific traumatic events as risk factors of a suicide attempt in a 10-year longitudinal community study on adolescents and young adults

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## Objectives

Specific traumatic events (TE) might be risk factors for subsequent suicide attempts (SA) in adolescents and young adults. Longitudinal prospective studies are needed, in order to gain further evidence. The presentation provides a) risk estimates of four TEs (physical attack, rape/sexual abuse, serious accident, and witnessed trauma) on the outcome SA in a sample of community adolescents and young adults, and b) estimates of the simulated potential to reduce SA rates, by successfully mitigating the effects of TEs on SAs, assuming causality.

## Methods

TEs and SAs were assessed in 3021 community adolescents and young adults, aged 14-24 years at baseline, as part of the 10-year longitudinal Early Developmental Stages of Psychopathology study (EDSP). In up to 4 assessment waves the fully structured computer-assisted Munich-Composite International Diagnostic Interview was used, based on DSM-IV.

We applied Cox regression models with time-dependent covariates to obtain the risk estimates. Simulated reduction of SA rates was based on the Cox regression results. The EDSP project was approved by the Ethics Committee of the Medical Faculty of the Dresden University of Technology.

## Results

SA was reported by 5.5% of the full EDSP sample (males 4.4%, females 6.6%). Hazard ratios (HR) range between 2.3 (witnessed trauma) and 9.6 (rape/sexual abuse), adjusted for sex, age cohort, any other prior TE and any prior or concurrent DSM-IV mental disorder. Simulated reductions of SAs among the exposed group range between 56% (witnessed trauma) and 90% (rape/sexual abuse). Among the total sample simulated reductions of SAs range between 7% (witnessed trauma) to 23.5% (physical attack).

## Conclusions

Specific TEs are risk factors for SA in community adolescents and young adults. Since a considerable proportion of SAs could have been prevented (based on simulations), TEs may be seen as viable early intervention targets in preventing SAs among community adolescents and young adults.

Qualitative research in child and adolescent psychiatry: Let's cross



## perspectives!

25 July 2018, 16:45 - 18:15, Terrace 2A

RS 30

### Qualitative research in child and adolescent psychiatry: Let's cross perspectives!

B. Falissard<sup>1</sup>

<sup>1</sup>Cesp, Inserm U1018, Paris, France

#### Symposium Overview

Qualitative research focuses on collecting and analyzing verbal data. It aims to describe, understand and deepen an observed phenomenon. It seeks to capture what patients, relatives or health-care providers say about their lived-experience, and is therefore a useful tool, in child and adolescent psychiatry, when it comes to explore stakeholders' perspectives and to cross them. Indeed, patients and parents' own perspectives and perceptions of the psychiatric care they receive are considered increasingly important today. The doctor-patient relationship has changed from a paternalistic to a collaborative view where patients' – and parents' – preferences, choices and needs have been placed at the core of the decision-making process. As a result, qualitative research is becoming more consistent in the field of child and adolescent psychiatry.

In this research symposium, we will present four qualitative studies concerning care in child and adolescent psychiatry and crossing perspectives of stakeholders:

- The first study explored views about early management of children with autism spectrum disorder and their parents among parents, health professionals and education professionals.

- The second study aimed to cross the perspectives about separation in the specific cultural context of French adolescent inpatient unit, among adolescents with anorexia nervosa, their parents and their psychiatrists.

- The third study will explore - among adolescents, parents and caregivers- the issue of parents' involvement in emergency care after a suicidal attempt.

- At last, the fourth study will address the question of what adolescents with anxiety-based school refusal and their parents think about the psychiatric care received.

These four presentations will show what qualitative research can bring the field of child and adolescent psychiatry especially when it comes to psychiatric treatment.

### Qualitative research in child and adolescent psychiatry: Let's cross perspectives!

25 July 2018, 16:45 - 18:15, Terrace 2A

RS 30.1

### Early management for children with autism spectrum disorder and their parents: a crossed views qualitative evaluation of public health policies in the region Pays de la Loire, France

L. Benoit<sup>1</sup>

<sup>1</sup>Université Paris Saclay, Ecole Doctorale de Santé Publique- Maison de Solenn- Hôpital Cochin, Paris, France

#### Objectives

One objective of the third French national plan for Autism (2013-2017) was to provide a territorial implementation of early management for children under 6 years old with Autism Spectrum Disorder (ASD). Local actions were conducted to improve early detection, standardized diagnosis and access to interventions for children less than 3 years old. An evaluation of this health policy has been carried in the region of Pays de la Loire. We aimed to provide crossed views on breaking points and barriers to early management access for children with ASD, as well as successful initiatives.

#### Methods

A qualitative study was carried among parents, health professionals and education professionals involved in intervention for children with ASD. 53 in-depth individual interviews and 10 focus groups (2 for each county) were conducted and analyzed using the Grounded Theory.

#### Results

When they mention their pathway to care, many parents still describe a feeling of wasted time. If early childhood professionals detect signs of the disorder, they do not precisely identify them as ASD symptoms and rarely feel legitimate to refer the child to health professionals. Pediatricians are well trained to detect and diagnose ASD. On the contrary, while being key actors of primary care, French general practitioners (GP) often fail to identify ASD symptoms and to refer parents to early diagnosis centers of expertise. The fuzziness of words communicated to parents before mentioning ASD diagnosis added to parents' distress. During this presentation we will go over these and other analyses.

#### Conclusions

We will detail proposals about how to improve professionals' training and adapt the communication and early interventions setting to improve all actors' involvement around the child.

### Qualitative research in child and adolescent psychiatry: Let's cross perspectives!

25 July 2018, 16:45 - 18:15, Terrace 2A

RS 30.2

### Separation during inpatient treatment of anorexia nervosa in adolescence: a transcultural qualitative approach in France

B. Sadoun<sup>1</sup>, J. Sibeoni<sup>1,2</sup>, M.A. Podlipski<sup>3</sup>, P. Gerardin<sup>3</sup>, A. Revah-Levy<sup>1</sup>

<sup>1</sup>Service Universitaire de Psychiatrie de l'Adolescent, Argenteuil Hospital Centre, Argenteuil, France

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<sup>3</sup>Centre Hospitalier du Rouvray, Fédération Hospitalo-Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Rouen, France

#### Objectives

Anorexia nervosa is considered by many authors as a "culture-bound syndrome" or "a culture-change syndrome". Not only the clinical aspects but also the treatment of this disorder has to be contextualized within the culture it occurs. In French child and adolescent psychiatry, there is a strong clinical and theoretical background regarding anorexia nervosa in adolescence and the issue of separation and autonomy for both comprehensive and therapeutic aspects of the disorder. In France, most of the inpatient units specialized in the treatment of anorexia nervosa in adolescence separate the patient from his/her environment especially from his/her parents. We decided to cross the perspectives about separation in this specific cultural context among adolescents with anorexia nervosa, their parents and their psychiatrists.

#### Methods

This qualitative study took place in France, where we conducted semi-structured interviews with an adolescent, her parents and her psychiatrist. Data collection by purposive sampling continued until we reached theoretical sufficiency and

data analysis was thematic.

## Results

In total we conducted 33 interviews and included 11 adolescents, 14 parents and five psychiatrists. From the emotional lived experience, the effects of separation, and the theoretical representations that nourish the framework of care, we highlight how the construction of a shared theory is an important step in the care process.

## Conclusions

this original study, the first to address this issue, raised important questions regarding the need for a shared theory of care between the stakeholders and how professionals can explore the lived experience of adolescents and parents in order to facilitate it.

## Qualitative research in child and adolescent psychiatry: Let's cross perspectives!

25 July 2018, 16:45 - 18:15, Terrace 2A

RS 30.3

## Parents involvement in emergency care after a suicidal act: a qualitative study from adolescence to young adulthood

J. Lachal<sup>1,2,3,4</sup>, M. Lefebvre-Prayer<sup>1,2,3,4</sup>, S. Grandclerc<sup>1,2,3,4</sup>, M. Spodenkiewicz<sup>5,6</sup>, L. Woestelandt<sup>1,4,7</sup>, M.R. Moro<sup>1,2,3,4</sup>

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<sup>5</sup>CESP Inserm U1178, Groupe IPSOM- CEPOI EA 7388, Saint-Pierre, France

<sup>6</sup>CHU Sud Réunion- Université de la Réunion, Unité de Pédiopsychiatrie de Liason- Pôle de Santé Mentale, Saint-Pierre, France

<sup>7</sup>Hôpital Necker Enfants-malades, Paris, France

## Objectives

Adolescents and young adults are particularly vulnerable to suicidal ideations and suicidal behaviors. Between 15 and 25 years-old, the psychopathology of suicidal behaviors is homogeneous, but the medical response follows three trajectories:

- Before 16 years old: admission in pediatric emergency departments (ED) by child psychiatrists and medical team trained to child care.
- Between 16 and 18 years old: admission in common EDs by psychiatrists and medical team devoted to adult care. Legal restrictions due to age
- After 18 years old: admission in common EDs

The place of parents in these medical setting is a major clinical challenge that we must consider. Their trust in healthcare professionals as well as their involvement in the care setting are the best guarantees of adolescents' adherence to care. If their involvement from the very beginning of care is necessary when the adolescent is a minor, it is not always easy to include them when he becomes adult. How do health professionals working in the EDs manage to meet the youth demand for autonomy, self-empowerment, and the necessary parental involvement in the care process?

## Methods

We will present the first results of a qualitative study carried out in four French pediatric and adults EDs. The study is conducted using semi-structured interviews offered to young people, their parents, and caregivers.

## Conclusions

We will describe the three trajectories of care in order to better understand them. We will give some proposals about how to adapt the care setting and improve the implication of the parents in the medical decision.

## Qualitative research in child and adolescent psychiatry: Let's cross perspectives!

25 July 2018, 16:45 - 18:15, Terrace 2A

RS 30.4

## What adolescents with anxiety-based school refusal and their parents think about the psychiatric care received? A qualitative study

J. Sibeoni<sup>1,2</sup>, S. Campredon<sup>3</sup>, P. Gerardin<sup>4</sup>, A. Revah-Levy<sup>1,2</sup>

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<sup>3</sup>Centre Jacques Arnaud fondation santé des étudiants de France, Bouffemont, France

<sup>4</sup>CHU de Rouen - CH du Rouvray, Centre Hospitalier du Rouvray- Fédération Hospitalo-Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Rouen, France

## Objectives

Anxiety-based school refusal in adolescence is a difficult to treat disorder with often serious academic and psychiatric consequences. The objective of this qualitative study was to explore how adolescents with anxiety-based school refusal and their parents experience the psychiatric care received.

## Methods

Data were collected through semi-structured interviews with adolescents receiving psychiatric care for anxiety-based school refusal and with their parents. Participants (purposely selected until data saturation) came from three department of adolescent psychiatry in France. Data analysis was thematic.

## Results

This study included 20 adolescents aged 12 to 18 years and 21 parents for a total of 40 interviews. Two themes emerged from the analysis: (1) the goals of psychiatric care with two sub-themes, "self-transformation" and "problemsolving"; and (2) the therapeutic levers identified as effective with two sub-themes: time and space and relationships.

## Conclusions

Our results show a divergence between parents and teens in their representations of care and especially of its goals. Therapeutic and research implications about the terms of return to school within psychiatric care and also the temporality of care are discussed.

## In transition from children's services to adult services: the case of ADHD

26 July 2018, 08:00 - 09:30, Forum Hall

RS 31

## In transition from children's services to adult services: the case of ADHD

A. Janssens<sup>1</sup>

<sup>1</sup>University of Exeter Medical School, Child Health, Exeter, United Kingdom

## Symposium Overview

Children and adolescents are living in a world affected by continuous transitions in many areas of their life, including school, relationships and work. In



addition to this, if you are a young person living with a mental health problem, this may be the period in which the care you receive might also change. This change might be particularly challenging if you are diagnosed with Attention Deficit Hyperactivity Disorder, a condition characterized by impairing levels of inattentive, hyperactive and impulsive behaviours.

This session will focus on transition from children's services (Child and Adolescent Mental Health Services and community paediatrics) to adult services (Adult Mental Health Services and general practice), with particular reference to those suffering with ADHD. We will discuss incidence of transition, management and experiences of those involved in the transition process, whilst reflecting on novel techniques to study this phenomenon.

We present findings from a national quantitative study of young people with ADHD transitioning from children's to adult services, complimented by a qualitative study of the experiences of the transition of young people, parents and carers, referrers and receiving services. This is the most comprehensive study of its kind in the UK to date.

The qualitative element of this study comprises 130 interviews with young people, parents and professionals working with young people with ADHD in child and adult services. We will discuss the most prevailing themes around transition and explore implications for ADHD (transition) management.

We will present novel research methods used to explore the incidence of young people with ADHD transitioning into adult services, as well as methods for surveying national adult mental health services followed by the presentation of the findings of the surveillance and mapping study.

#### Learning objectives

- An understanding of issues around health service transition for young people with mental health conditions, such as ADHD.
- Insight in the lives of young people at different stages of transition into adult services: Learn from the stories of those with helpful and those with intensely distressing experiences of transition.
- Understand the need to support transition to adult services for young people with ADHD
- Understand the stakeholders' awareness of services availability (including service users, clinicians and funders).
- An introduction to novel epidemiological and mapping methodologies for measuring mental health service management incidence rates and surveying mental health service availability.
- Inform the debate of life-span services and transition services
- Inspire local healthcare providers to develop local guidelines and or pathways for transition.

#### Session composition

1. Transition, more than just a referral letter. (Moli Paul)
2. How can we get it right? Transition experiences of young people with ADHD, their parents/carers and clinicians. (Astrid Janssens)
3. How big is the problem and how to get national epidemiological data? (Helen Eke)
4. Where to transition to: How transparent is the UK's and or your national service provision? (Anna Price)

#### Funding Acknowledgement:

This project was funded by the National Institute for Health Research – Health Services and Delivery Research programme (project ref: 14/21/52)

### In transition from children's services to adult services: the case of ADHD

26 July 2018, 08:00 - 09:30, Forum Hall

RS 31.1

#### Transition – more than just a referral letter

M. Paul<sup>1</sup>, A. Janssens<sup>2</sup>, A. Price<sup>2</sup>, H. Eke<sup>2</sup>, P. Asherson<sup>3</sup>, B. Beresford<sup>4</sup>, C. Ani<sup>5</sup>, K. Sayal<sup>6</sup>, C. Hollis<sup>6</sup>, T. Elliott<sup>7</sup>, S. Young<sup>5</sup>, I. Newlove-Delgado<sup>2</sup>, S. Logan<sup>2</sup>, T. Ford<sup>2</sup>

<sup>1</sup>Warwick Medical School, Coventry, United Kingdom

<sup>2</sup>University of Exeter Medical School, United Kingdom

<sup>3</sup>Institute of Psychiatry, King's College, United Kingdom

<sup>4</sup>Social Policy Research Unit, University of York

<sup>5</sup>Faculty of Medicine, Imperial College

<sup>6</sup>School of Medicine, The University of Nottingham United Kingdom

<sup>7</sup>Cerebra, Charity organisation, Carmarthen

#### Objectives

Within the context of healthcare, transition should aim to support a young person towards and onto a new life stage, and extends beyond the simple transfer of clinical responsibility. Optimum transition is characterised by planning, information transfer across teams, joint working between teams and continuity of care during and following the transfer. It should be a multidimensional process that continues into adult care marked by joint responsibilities and multidisciplinary working. Successful transition is enhanced by collaboration and cross boundary working among organisations and teams, adequate resources, and the acquisition of additional skills and knowledge to enable the receiving team to provide continuity of care that meets the young person's needs. Poor transition may result in young people with ongoing needs disengaging from services and having poorer health as a result. The transition from children's to adult mental health services poses particular challenges as the peak onset for severe and enduring mental illness falls in the late teens.

Attention Deficit Hyperactivity Disorder is characterised by impairing levels of inattentive, hyperactive and impulsive behaviours that are both age inappropriate and present across a range of settings. It is one of the most common neurodevelopmental disorders managed by child mental health and paediatric services. Pooled analysis of published follow-up studies of ADHD show that 15% of those with childhood ADHD meet full diagnostic criteria for ADHD at 25 years; a figure that rises to 65% if those who only partially meet the full criteria, or could be considered to be in partial remission are included. Young people with ADHD are recognized to be a group who are particularly vulnerable to falling through the gap regarding transitioning.

This presentation will focus on good transition and what that means and provide an overview of transition research in mental health.

#### Funding Acknowledgement:

This project was funded by the NIHR – HSD&R programme

### In transition from children's services to adult services: the case of ADHD

26 July 2018, 08:00 - 09:30, Forum Hall

RS 31.2

## How can we get it right? Transition experiences of young people with ADHD, their parents/carers and clinicians

A. Janssens<sup>1</sup>, M. Paul<sup>2</sup>, H. Eke<sup>1</sup>, A. Price<sup>1</sup>, T. Newlove-Delgado<sup>1</sup>, S. Young<sup>3</sup>, B. Beresford<sup>4</sup>, T. Ford<sup>1</sup>

<sup>1</sup>University of Exeter Medical School, Exeter, United Kingdom

<sup>2</sup>Warwick Medical School

<sup>3</sup>Faculty of Medicine, Imperial College

<sup>4</sup>Social Policy Research Unit, University of York

### Objectives

The aim of the qualitative study is to explore stakeholders' experiences to gain insight into why a transition fails or has unanticipated consequences or why a successful transition works and how it can be optimised.

### Methods

130 interviews with three different groups of stakeholders: young people with ADHD at different stages in the transition process (pre-transition, following a successful referral into adult services and when re-entering services after dropping out before 18 years old), clinicians and parents/carers from 11 National Health Service Trusts, located across England and with varying service configurations. Transcripts were analysed thematically using framework approach.

### Results

Themes to be discussed: the young person's engagement in treatment and their perception of their ADHD and how this changes through the transition process; the role of the parent in the process; and clinician's reflections on service delivery and practices and their colleagues' role in the process.

### Conclusions

Young people, parents and clinicians acknowledge the involvement of parents in enabling young people's engagement with services and in successful transition to adult services. These stories provide a unique insight in the lives of young people at different stages of transition into adult services, some with helpful and others with intensely distressing experiences of transition. In combination with the experiences of the health professionals involved, they provide a significant contribution to the evidence base of transitional health service delivery.

### Funding Acknowledgement:

This project was funded by the NIHR – HSD&R programme

## In transition from children's services to adult services: the case of ADHD

26 July 2018, 08:00 - 09:30, Forum Hall

RS 31.3

## How big is the problem and how to get national epidemiological data?

H. Eke<sup>1</sup>, A. Janssens<sup>1</sup>, R. Lynn<sup>2</sup>, A. Stimson<sup>1</sup>, T. Ford<sup>1</sup>

<sup>1</sup>University of Exeter Medical School, Exeter, United Kingdom

<sup>2</sup>Royal College of Paediatrics and Child Health, London, United Kingdom

### Objectives

The aim of this study is to find out how many young people need ongoing care when reaching the age boundary of children's services and how to assess this need. This presentation provides insight in a new methodology to quantify the need for transition and will present findings from the study.

### Methods

The surveillance study is run in collaboration with the British Paediatric Surveillance Unit (BPSU) and the Child and Adolescent Psychiatry Surveillance

System (CAPSS) across the United Kingdom. Starting in November 2015 for 13 months, paediatricians and psychiatrists registered with BPSU/CAPSS (n=4500) reported monthly on, young people seen with a diagnosis of ADHD, within 6 months of the age boundary of the service and requiring continued treatment in adulthood. Clinicians reporting a case received a questionnaire to confirm eligibility and gather further information. Follow up questionnaires were sent nine months after notification of eligible cases to establish the outcome of the transition.

### Results

228 eligible cases were reported via BPSU and 138 via CAPSS, with questionnaire response rates of 91% and 67% respectively. Preliminary results indicate poor transition processes with less than 25% of clinicians holding transition planning meetings and less than 50% having referrals accepted; 50% were referred to specialist adult ADHD services and 12% to primary care.

### Conclusions

Results indicate that patients requiring transition are not experiencing a smooth or successful process. The surveillance methodology is likely to provide an underestimate of incidence; cases are treated by different professionals, not all registered with the national services.

### Funding Acknowledgement:

This project was funded by the NIHR – HSD&R programme

## In transition from children's services to adult services: the case of ADHD

26 July 2018, 08:00 - 09:30, Forum Hall

RS 31.4

## Where to transition to: how transparent is the UK's and or your national service provision?

A. Price<sup>1</sup>, A. Janssens<sup>1</sup>, A.L. Woodley<sup>1</sup>, H. Eke<sup>1</sup>, T. Ford<sup>1</sup>

<sup>1</sup>University of Exeter Medical School, Exeter, United Kingdom

### Objectives

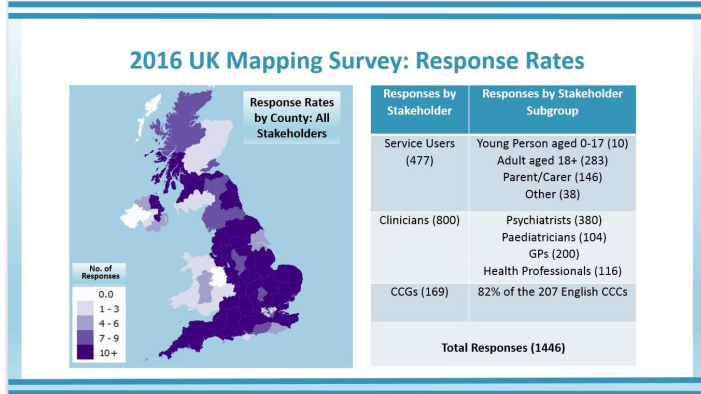
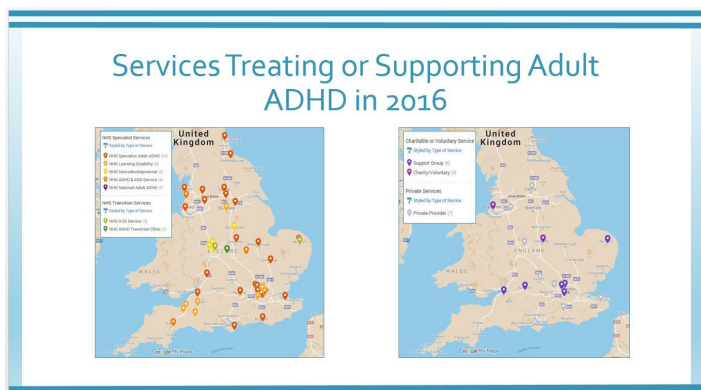
This study aims to investigate service provision from the point of view of key stakeholders and create a map of Attention Deficit Hyperactivity Disorder (ADHD) services for people aged 18 and above. This session will present the findings of the study and reflect on the novel technique of surveying national adult mental health services.

### Methods

Service users, clinicians and commissioners were surveyed using a brief online questionnaire. Survey links were distributed via national organisations such as the National Attention Deficit Disorder Information and Support Service; the Royal College of Psychiatrists; and clinical and academic networks. Methods included direct email, newsletters and social media.

### Results

The 2016 survey received a total of 1448 responses from 684 clinicians, 595 service users and 169 clinical commissioning groups. Respondents identified 217 unique services, including 27 specialist adult ADHD services, 102 'other' mental health services, 23 voluntary/charity organisations and 10 private providers. Visual maps show response rates by stakeholder group and UK region. A list of identified services will be published online and disseminated as resource for service users and clinicians (<http://medicine.exeter.ac.uk/catchus/mappingstudy/adhdservices/>). Findings from the 2018 survey are due in May 2018.



**Conclusions**

By collecting national level data, informed by multiple stakeholders and presenting it in a format accessible to all, this research aims to inform future service delivery, and improve service users' access to adult ADHD services.

NOTE: See Figures 1&2 (uploaded) for 'Responses' and 'Services Identified' from 2016 survey

**Funding Acknowledgement:**

This project was funded by the NIHR – HSD&R programme

**Enhancing the etiological conceptualisation of callous–unemotional traits**

26 July 2018, 08:00 - 09:30, North Hall

RS 32

**Enhancing the etiological conceptualisation of callous–unemotional traits**

J. Northam<sup>1</sup>

<sup>1</sup>University of Sydney, Sydney Child Behaviour Research Clinic- Department of Psychology, Sydney, Australia

**Symposium Overview**

This symposium provides new research data from studies focusing on children and adolescents with emotion processing deficits and Conduct Problems (CP), with the goal of expanding our etiological understanding of Callous–Unemotional (CU) traits. Children and adolescents with high CU traits and CPs present with distinctive clinical profiles. Emotionally, they demonstrate a lack of guilt/

empathy, shallow affect, reduced emotional reactivity and emotion processing deficits (Frick & Viding, 2009; Muñoz, 2009). Behaviourally, those with CPs and high CU traits are more likely to demonstrate severe behavioural profiles and acts of proactive aggression when compared to those with low CU traits (Frick et al., 2005). Differences are also seen in responses to punishment strategies to modify problem behaviour, with high CU trait children and adolescents not demonstrating typical behaviour modulation in response to punishment conditioning (Frick & Viding, 2012). Importantly, this punishment insensitivity is thought to influence the development of empathy deficits, as the punishment associated with social transgressions (that is, the experience of aversive states in response to the distress cues of others) is not experienced (Blair, 2010). Long-term outcomes for children with high CU traits are considerably worse than for those with low CU traits (Frick & Viding, 2009), including higher susceptibility to adult personality problems, such as psychopathy (Lynam et al., 2007).

Effective interventions remain underdeveloped for this group (Hawes & Dadds, 2007), further highlighting the need for better etiological understanding and conceptualisations of CU traits. Recent examples of studies demonstrated genetic vulnerabilities (Bezdzjian et al., 2011; Viding et al., 2008) and specific biomarkers (Blair & Viding, 2008; Blonigen et al., 2006), indicative of innate factors. However, environmental factors can influence genetic risk to either promote or ameliorate CU traits (Fontaine et al., 2010). Harsh and inconsistent parenting practices have been found to be associated with the increased expression of CU traits (Clark & Frick, 2016), while positive parenting practices, maternal warmth in particular, appear to minimise CU trait expression (Kochanska et al., 2013; Kimonis et al., 2012). For the development of effective interventions and stronger conceptualisations, we need to know more about how these various factors influence CU trait progression.

By providing new research data on the innate factors, including biomarkers (emotional reactivity and fMRI data), and environmental factors, parenting practices specifically, this symposium aims to increase the understanding of the etiology of CU traits. It provides a unique opportunity to learn about research being conducted in specialty research labs in Australia, the United Kingdom and the Netherlands.

**Enhancing the etiological conceptualisation of callous–unemotional traits**

26 July 2018, 08:00 - 09:30, North Hall

RS 32.1

**Emotional reactivity in children and adolescents with callous–unemotional traits: methodological and developmental considerations of affective deficits**

J.C. Northam<sup>1</sup>, M.R. Dadds<sup>1</sup>

<sup>1</sup>The University of Sydney, Sydney Child Behaviour Research Clinic- Brain and Mind Centre & School of Psychology, Sydney, Australia

**Objectives**

Studies focusing on emotional reactivity in children and adolescents with Callous–Unemotional (CU) traits are methodologically diverse. Methods used to induce emotion, measure attention to emotional cues and measure emotional responses vary between studies, raising questions about the validity of emotional reactivity research designs. This review explores the current literature on emotional reactivity in children and adolescents with a focus on emotion induction methodology and emotional reactivity measurement. It was hypothesised that results would demonstrate reduced emotional reactivity, independent of age and emotion induction methodological design.

**Methods**

This study followed PRISMA protocols for a systematic review. Of the 239 studies initially identified, 31 met inclusion criteria (that is, they were empirically-based, included measures of CU traits and emotional reactivity to a specific stimulus, and had samples heavily weighted towards children and adolescents [18 years and under]). Studies were organised by emotion induction method (predominantly tasks/games, film and static images [slides]) and their results by the measure of emotional reactivity (peripheral physiological, subjective experience and behavioural observations). Results from the 10 studies focusing on children (11 years and under) were compared to the 21 studies focusing on adolescents (12 to 18 years).

## Results

The studies varied in their emotion-induction designs and measures of emotional reactivity. Results were relatively stable across studies focusing on adolescents: those with high CU traits consistently demonstrated lower levels of emotional reactivity, independent of measurement type. Inconsistent results were found between studies focusing on children. Measures of attention were more prevalent in adolescent-focused studies than those that focused on children.

## Conclusions

Results indicate that affective deficits associated with CU traits, seen as reduced emotional reactivity, may be less stable in younger populations. Differences in methodological designs (such as a lack of attentional measures) may have contributed to the inconsistencies in results between studies.

## Enhancing the etiological conceptualisation of callous-unemotional traits

26 July 2018, 08:00 - 09:30, North Hall

RS 32.2

### Predicting the emergence of callous-unemotional traits using an attachment lens: clarifying the roles of child-driven contributions and maternal bonding

A. Mendoza Diaz<sup>1</sup>, D. Hawes<sup>1</sup>, C. Moul<sup>2</sup>, V. Eapen<sup>3</sup>, J. Kohlhoff<sup>3</sup>, E. Kimonis<sup>4</sup>, V. Sawrikar<sup>4</sup>, M.R. Dadds<sup>1</sup>

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<sup>3</sup>University of New South Wales, Faculty of Medicine, School of Psychiatry, Australia

<sup>4</sup>University of New South Wales, Faculty of Science, School of Psychology, Australia

## Objectives

This study aims to test whether the conditions leading to attachment disorganization are associated with the early emergence of Callous-Unemotional (CU) traits. More specifically, to examine the roles of maternal states of mind (fear, disinterest) and children's constitutional characteristics (affect, temperament) in the etiology of CU traits. It was hypothesized that both maternal fear and children's affective dysregulation would be positively associated with CU traits.

## Methods

This study had three parts. First, it tested whether maternal warmth mediated the association between maternal psychopathy and children's CU traits ( $n = 307$ ) in a clinical sample presenting mainly for conduct problems. Second, it tested whether retrospective maternal states of mind (fear, disinterest) and children's affect were associated with CU traits in a cross-sectional sample of clinic and community cases ( $n = 366$ ), using a new set of measurement tools. Third, it tested the hypothesis longitudinally in a new sample ( $n = 45$ ), replicating previous findings and extending these by including child temperament and maternal mood during the first year of the child's life.

## Results

It was found that maternal warmth mediated the association between maternal and child-traits. Second, aspects of the mother's early bonding experiences with the child (fear during pregnancy; disinterest while feeding), as well as the child's affective profile, were significantly associated with CU traits – uncovering novel associations predicted by attachment theory. Third, child affect and temperament were found to be the strongest longitudinal predictors of CU traits.

## Conclusions

Results suggested that, while maternal states of mind related to fear and disinterest towards the child are associated with CU traits, ultimately the children's own constitutional characteristics (affect and temperament) are most strongly associated with the emergence of CU traits.

## Enhancing the etiological conceptualisation of callous-unemotional traits

26 July 2018, 08:00 - 09:30, North Hall

RS 32.3

### What role does maternal warmth play in the development of callous-unemotional traits for young children with emotion processing deficits?

A.H. Prasad<sup>1</sup>, E.R. Kimonis<sup>1</sup>, M.N. Kyranides<sup>2</sup>, G. Fleming<sup>1</sup>, B. Le<sup>1</sup>, K. Fanti<sup>2</sup>

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<sup>2</sup>University of Cyprus, Department of Psychology, Nicosia, Cyprus

## Objectives

Children with Callous-Unemotional (CU) traits show deficits in emotional processing that are thought to contribute to their low levels of empathy and their severe conduct problems. Growing research indicates that certain parental practices can serve as protective factors against the development and worsening of emotional deficits and subsequent CU traits. In particular, maternal warmth (MW) (e.g., displays of affection, emotional responsiveness) is thought to be central to early affective communication, thus helping to develop and strengthen children's emotional processing and responding. Hence, it is hypothesized that those with diminished emotion processing and empathy (i.e., CU populations), who present with more severe CU traits, may have also had primary caregivers that displayed low levels of warmth.

## Methods

This cross-sectional study used a multi-method approach using a combination of rater, observed and laboratory measures to examine whether MW mediated the link between children's emotion processing ability and CU traits. Participants included families of 244 pre-schoolers (Mean age = 4.30 years, SD = 1.06) referred for intervention due to conduct problems.

## Results

While data collection is ongoing, preliminary results from linear regression analyses indicated that CU traits were negatively associated with children's accuracy in recognizing fearful facial expressions ( $b = -8.18$ ,  $p = .001$ ), and MW ( $b = -.8069$ ,  $p = .001$ ). Fear accuracy was also positively associated with MW, ( $b = 2.26$ ,  $p = .030$ ). Additionally, in partial support of the hypotheses, there was a significant indirect effect of fear recognition on CU traits through MW ( $ab = -1.82$ , Bootstrapped CI [-3.66, -.11]), indicative of partial mediation (see Figure).



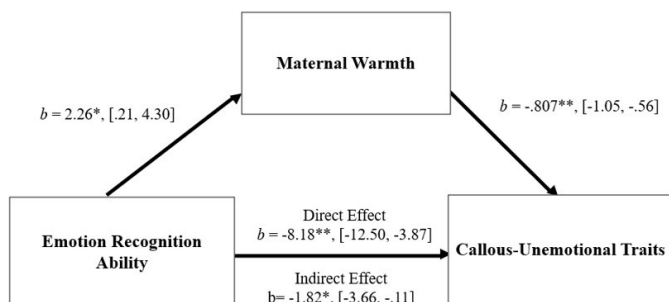


Figure. Unstandardized betas and 95% confidence intervals<sup>1</sup> for the relationship between emotion recognition ability and callous-unemotional traits as mediated by maternal warmth.

Note: \* $p < .05$ , \*\* $p < .001$ .

<sup>1</sup> Bootstrapped replication = 5000

### Conclusions

Results suggest that MW may partially account for higher levels of CU traits among children with emotion processing deficits (specifically for fearful faces), but that fear deficits also contribute unique variance. Such findings may have important prevention and treatment implications as they suggest that MW and child emotion recognition deficits may represent viable treatment targets for improving CU trait outcomes.

### Enhancing the etiological conceptualisation of callous-unemotional traits

26 July 2018, 08:00 - 09:30, North Hall

RS 32.4

### Callous-unemotional traits and sensitivity to rewards and punishment in early childhood

C.Y. Chhoa<sup>1</sup>, J. Huijding<sup>2</sup>, J.L. Allen<sup>1</sup>

<sup>1</sup>University College London, Department of Psychology and Human Development- UCL Institute of Education, London, United Kingdom

<sup>2</sup>Utrecht University, Faculty of Social and Behavioural Sciences, Utrecht, Netherlands

### Objectives

Punishment insensitivity and reward-dominance are thought to contribute to the development of Callous-Unemotional (CU) traits. This study aimed to investigate i) if punishment insensitivity and reward-dominance exhibited by adolescents and adults with CU traits is present in young children and ii) if high CU children are more motivated by tangible rewards than social rewards.

### Methods

Participants were 35 children aged three to six years (54% male). Parents completed questionnaires assessing child sensitivity to punishment and reward, reward preferences (tangible and social such as praise, affection and spending time with parents), and CU traits. Children completed novel experimental tasks assessing punishment and reward sensitivity.

### Results

The study is on-going and preliminary results are presented here. High CU children ( $n = 17$ ) were significantly more insensitive to punishment, but there were no group differences in reward sensitivity compared to low CU children ( $n = 18$ ) for parent report and experimental findings. High CU children were perceived as less likely to enjoy spending time with their parents. There were no group differences in preference for tangible rewards. All analyses were

conducted with conduct problems as a covariate.

### Conclusions

Results suggest that punishment insensitivity is present in young children with CU traits, but no evidence was found to support increased sensitivity to rewards or tangible rewards. This has implications for parenting of CU children for whom typical discipline strategies may not be effective. Findings will be discussed in terms of their implications for parenting interventions.

### Enhancing the etiological conceptualisation of callous-unemotional traits

26 July 2018, 08:00 - 09:30, North Hall

RS 32.5

### Me, myself, and...you: The neural mechanisms underlying non-social and social performance monitoring in healthy females scoring low or high on psychopathic traits

S. Overgaauw<sup>1</sup>, E. de Bruijn<sup>2</sup>

<sup>1</sup>Leiden University, Institute of Psychology, Leiden, Netherlands

<sup>2</sup>Leiden Institute for Brain and Cognition IIBC, Leiden, Netherlands

### Objectives

Monitoring own performance following a mistake in a non-social context requires motivation to achieve a specific goal, which could be the desire to perform well. In a social context, monitoring performance following mistakes is more complex as errors can be negative events that come along with associated distress (cooperation) or positive events leading to feelings of reward (competition). Therefore, the ability to successfully adapt your behaviour in a social situation depends on the motivation to create a successful interaction, as well as attempts to achieve a high level of positive self-affect.

### Methods

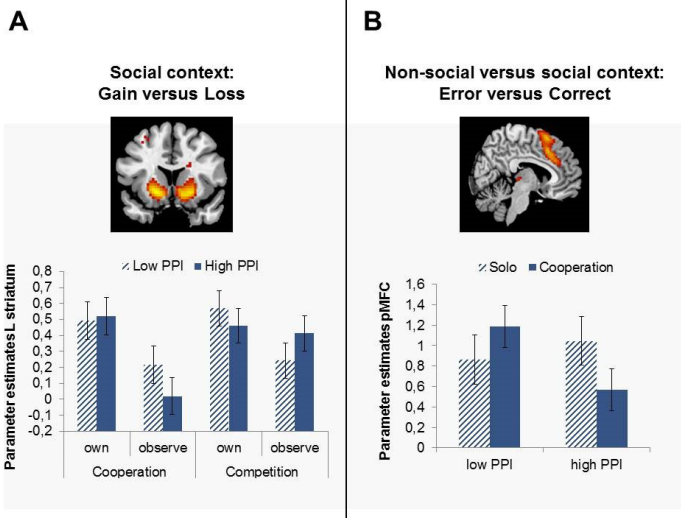
We used neuroimaging to investigate the role of individual differences in psychopathic traits on performance monitoring in a non-social and social context. 45 healthy late adolescent females were preselected based on their scores on the Psychopathic Personality Inventory questionnaire. 21 females scoring low and 24 females scoring high on psychopathic traits performed a cannon shooting task aimed to disentangle neural mechanisms for actions that affect only agents themselves versus actions that additionally influence the monetary outcome of co-actors.

### Results

fMRI results showed a significant interaction effect for the striatum (see Figure 1A). When observing the co-actor's performance, the group scoring high on psychopathic traits showed more striatal activity when gaining money in competitive contexts (own gain at the expense of the co-actor), whereas the group scoring low on psychopathic traits showed more striatal activity when gaining money in cooperative contexts (shared gain). No group differences have been found for own performance. Additionally, making mistakes in a social context versus a non-social context resulted in increased activation of the posterior medial frontal cortex in the group scoring low versus the group scoring high on psychopathic traits (see Figure 1B).

### Conclusions

Overall, these results provide new insights into neural aberrancies associated with female psychopathic traits, and highlight its role in social performance monitoring.



### Funding disclosure

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## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium I: Psychopathology and service delivery

26 July 2018, 08:00 - 09:30, South Hall 1A

RS 33

## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium I: Psychopathology and service delivery

J. Fayyad<sup>1</sup>, A. Seifeldine<sup>2</sup>

<sup>1</sup>Balamand University Faculty of Medicine, Department of Psychiatry and Clinical Psychology, Beirut, Lebanon

<sup>2</sup>Alexandria University, Faculty of Medicine, Alexandria, Egypt

### Symposium Overview

Childhood onset disorders such as Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASD) are encountered in clinical settings world-wide. In resource-poor settings such as Low and Middle- Income Countries (LMIC), addressing the needs of families of affected children is fraught with many challenges, particularly in the case of displaced families and refugees. This symposium brings together 4 speakers from Egypt, Lebanon and Tunisia to present research findings on ADHD and ASD from various perspectives. Dr Brahim will present interesting findings on early exposure to television and ASDs in a sample of Tunisian children. Ms Hamady will address a hitherto unexplored topic which is the needs and quality of life of parents of children with ASD among Syrian Refugees in Lebanon. Dr El Wasify will shed light on the relationship between ADHD and Enuresis in a sample of children from Egypt. Finally Dr El Nemais will discuss barriers to care and families' satisfaction with child and adolescent service delivery in Egypt. Together, these presentations shed light on special population needs in LMIC and illustrate the kind of research that can advance science further in the region and highlight unmet population needs.

## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium I: Psychopathology and service delivery

26 July 2018, 08:00 - 09:30, South Hall 1A

RS 33.1

## Early exposure to television and autism spectrum disorder: Characteristics and relationship

T. Brahim<sup>1</sup>, N. Gaddour<sup>1</sup>

<sup>1</sup>University of Monastir, Monastir, Tunisia

### Objectives

Autism Spectrum Disorder (ASD) is one of the most common neurodevelopmental disorders. His physiopathology involves multiple factors associating genetic and environmental participation.

**Aims:** to explore the prevalence of television exposition among ASD population and to study the relation between television and ASD.

### Methods

A cross sectional stud included the first 150 children diagnosed with ASD from Marsh 2015 to April 2016 at the outpatient unit of child and adolescent psychiatry in Monastir. One hundred fifty children with typical development (TD) were randomly chosen from kindergarden in the same region. We excluded from both group children with sensory losses due to physical conditions. ASD diagnosis was based on DSM-5 criteria, the scale CARS and the clinical outcome of the child during the period of the study. Exposition to television was evaluated by a questionnaire elaborated by our team (age of parents, obstetrical accidents', medical record and psychiatric history of parents, socioeconomic status, breastfeeding, work pf the mother).

### Results

Mean age of the ASD group was 2.66 years  $\pm$  0.55 years with a sex ratio of 3.2. Exposition to television before age of 1 year in the ASD group was 97% with a mean age of first exposition of 3.98 months  $\pm$  3.12 and an average duration of 7.36 hour per day  $\pm$  3.21. For the TD group, the percentage was 56% with a mean age of first exposition of 14.07 month  $\pm$  8.23 ( $p < 0.001$ ), with an average duration of 0.48 hour per day  $\pm$  0.76. ASD children were more exposed to video clips (76.4%) and TD children to varied programs (57.3%). We found a statistical relation between the age of first exposition to television and the duration of exposition and ASD. This relation remain even after controlling for multiples environmental factors.

### Conclusions

Exposition to television before the age of 1 year could be associated to sensory abnormalities that can precipitate the installation of ASD. Such exposition should be prevented.

## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium I: Psychopathology and service delivery

26 July 2018, 08:00 - 09:30, South Hall 1A

RS 33.2

## Quality of life of parents of Syrian refugee children with autism spectrum disorders in Lebanon

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<sup>2</sup>Restart Center for Rehabilitation of Victims of Violence and Torture, Clinical Advisor & Psychotherapist, Beirut, Lebanon

<sup>3</sup>Balamand University Faculty of Medicine, Department of Psychiatry and Clinical Psychology, Beirut, Lebanon

### Objectives

This study aims to assess the availability and type of treatment services that non-governmental organizations provide to Syrian refugee children with Autism Spectrum Disorders (ASD) in Lebanon. Furthermore, the quality of life (QoL) of parents of these children will be addressed, and correlations, if any, between QoL and number and type of services provided will be drawn.

### Methods

A sample of 60 parents of Syrian refugee children with ASD will be considered. Treatment services will be grouped into: mental health, psychomotor, education and medical. The Childhood Autism Rating Scale (CARS) will be used to control for severity of the child's ASD symptoms. To assess parents' perceived QoL, the Quality of Life in Autism (QoLA) questionnaire will be administered. A multinomial logistic regression will be conducted to assess the unadjusted and adjusted associations between the dependent variable (QoL) and the set of independent variables (type of service, number of service units provided, age, gender, ASD severity and treatment duration). Variables significant at the bivariate level will be included in the stepwise multivariable regression model.

### Results

This study predicts that the majority of children in this sample are not receiving the needed services. Parents are expected to have low perceived QoL scores, which is highly determined by whether or not sufficient services are provided to their children.

### Conclusions

These findings will accentuate the need for mental health and health professionals working with this population to consider QoL and parental concerns as important indicators of child treatment outcomes.

## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium I: Psychopathology and service delivery

26 July 2018, 08:00 - 09:30, South Hall 1A

RS 33.3

### Enuresis and its relation to attention deficit hyperactivity disorder

N.E. El Moggy<sup>1</sup>, M.E. El Wasify<sup>1</sup>, E.E. Elsheshtawy<sup>1</sup>, Z.E. Gomaa<sup>1</sup>

<sup>1</sup>Mansoura University, Mansoura City, Egypt

### Objectives

Although there is a strong association between enuresis and psychopathology, little is known about the prevalence of specific psychiatric disorders. We investigate the prevalence of attention deficit/hyperactivity disorder (ADHD) in children with enuresis and study the impact on child behavior, self-esteem and different EEG findings.

### Methods

A total number of one hundred 6 to 12 years old children diagnosed as functional enuresis taken from specialized university setting for enuresis at Mansoura Pediatric Outpatient Clinic, in which they could be subdivided into 2 groups after assessment of attention deficit hyperactivity disorder (ADHD) according to DSM-IV criteria, we also compare them with a third ADHD group taken from Mansoura Psychiatric Outpatient Clinic n=40 to match the co-morbid "enuresis with ADHD" group. All were subjected to a diagnostic interview conducted

and completed with parents and developmental and family history as well, also they subjected to conner's parent rating scale-93(CPRS-93), Rosenberg self-esteem assessment scale and EEG examination.

### Results

There was high prevalence of ADHD in our study with about 40% in children with enuresis especially who met the DSM-IV criteria of inattention attending a specialized setting for enuresis at Mansoura Pediatric Outpatient Clinic which is a tertiary setting where the older the children of enuresis the higher the prevalence of ADHD, also there is a relationship between abnormal epileptiform discharge in EEG finding and enuresis as same as ADHD which became greatly increased in the children who had both disorders who was the most affected group as regard behavioral problems and lowered self-esteem levels.

### Conclusions

The strong association between ADHD and enuresis suggests that the presence of enuresis should motivate diagnostic assessment of ADHD especially the inattentive subtype. Abnormal EEG finding in the form of generalized slow and sharp waves may be useful as a predictor for the presence of ADHD in children with enuresis. Also the co-morbidity increases the negative impact on child behavior and self-esteem.

## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium I: Psychopathology and service delivery

26 July 2018, 08:00 - 09:30, South Hall 1A

RS 33.4

### Child psychiatry service delivery in Egypt: Challenging resources isn't the only problem

M.E. El Nemais<sup>1</sup>

<sup>1</sup>Al Abbassia Mental Health Hospital, Child Psychiatry, Cairo, Egypt

### Objectives

Although the challenging resources for child mental health in Egypt is often cited as the major obstacle for good care, several problems related to service delivery may be just as great a threat to the delivery of child psychiatric care in Egypt. needs and the challenges facing current practice, and suggestions for change related to policies, research, training, budget allocation and practitioner collaboration are discussed.

### Methods

The scope of this article is twofold, encompassing both a systematic review of the status of child mental health services in Egypt and the parents' evaluation of one these services. The article first systematically reviews the (Medline, PubMed, Scopus, Web of Knowledge and Cochrane library of systemic reviews and clinical trials). The search strategy used the Mesh words: "Egyptian child law," "Egyptian Child Mental Health," "Child services in Egypt." and "Egyptian Child Mental health laws." Articles published since 2000 were prioritized. The reference sections of selected articles were searched for other potentially eligible papers. At the same time, the study evaluated parents' experience with Al Abbassia Child Psychiatry Clinic. Parent satisfaction questionnaire was asking about parents' concerns leading to the referral, the satisfaction from the service provided, adequacy of the follow-up plan, and outcome.

### Results

Seventy-five percent strongly agreed that the established services met their family's need. The limited help-seeking behavior due to stigma, shortage of trained care providers, excessively strict regulation, as in the case of access to some controlled psychiatric medications, inadequate financing of the medications, and interrupted supply chains are the most obvious challenges to provide for medications widely and safely.

## Conclusions

Despite some remarkable achievements, there is still a long road ahead for all the actors involved, including policymakers, researchers, practitioners, and advocates, it is vital that we continue to apply our research knowledge, and campaign for greater investment in child mental health care.

## Diagnostic and interventions in the context of migration and trauma

26 July 2018, 08:00 - 09:30, South Hall 2A

RS 34

## Diagnostic and interventions in the context of migration and trauma

A. Dixius<sup>1</sup>, E. Moehler<sup>2</sup>

<sup>1</sup>SHG Klinikum Idar-Oberstein, Clinic for Child and Adolescent Psychiatry, Idar-Oberstein, Germany

<sup>2</sup>SHG Clinics, Clinic for Child and Adolescent Psychiatry, Kleinblittersdorf, Germany

## Symposium Overview

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, hindering diagnostics as well as treatment. Therefore an Online Tool for standardized multilingual diagnostics with easy applicability was developed by Thorsten Sukale and colleagues. This PORTA-program (Providing Online-Support for Refugees and Tools for Assessment) is currently nationwide in use. In this symposium the author presents evaluation data and results from samples within the youth welfare system. Furthermore, a short, very low threshold program of first stabilization, stress regulation, emotion regulation and self-soothing was developed, 'START-Stress-Traumasympptoms-Arousal-Regulation-Treatment'. The Program is preferable use in culture integrative groups and is translated multilingual. The authors Andrea Dixius and Eva Möhler present the START program as well as evaluation data with regard to psychopathology, in particular stress reduction and emotion regulation and basic psychophysiology of refugee minors. Fana Asefaw, Lars Wöckel and colleagues are conducting a project with a strong focus on furthering resilience of traumatized young unaccompanied eritrean refugees in Switzerland. The need for improvement of resilience in a world of intense stress and stimulation seems mandatory for adolescents, specifically refugee minors.

Emotion regulation can be regarded as one central aspect of resilience. Evaluation data of all these novel approaches from Germany and Switzerland will be presented and applicability in current situations will be discussed. Future studies in different settings, different age groups and with larger sample sizes for all these approaches are underway.

## Diagnostic and interventions in the context of migration and trauma

26 July 2018, 08:00 - 09:30, South Hall 2A

RS 34.1

## PORTA - Providing online resource and trauma assessment for refugees – an internet-based tool for assessment of stress and planning intervention

T. Sukale<sup>1</sup>

<sup>1</sup>Universität Ulm, Clinic for Child and Adolescent Psychiatry, Ulm, Germany

## Objectives

As it has been shown, minor refugees have a high tendency for mental health problems (Fegert, Plener & Kölsch, 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.

## Methods

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 contains 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 pilot data. Participants showed elevated scores of internalizing problems, especially depressive and trauma-related symptoms.

## Conclusions

PORTA offers a low-barrier approach that can be used in different settings and can be easily distributed online.

## Diagnostic and interventions in the context of migration and trauma

26 July 2018, 08:00 - 09:30, South Hall 2A

RS 34.2

## START- Stress-Traumasympptoms-Arousal-Regulation-Treatment, A culture integrative concept of first stabilization for intensely stressed adolescents and minor refugees

A. Dixius<sup>1</sup>, E. Moehler<sup>2</sup>

<sup>1</sup>SHG Clinic for Child and Adolescent Psychiatry Idar-Oberstein, Idar-Oberstein, Germany

<sup>2</sup>SHG Clinic for Child and Adolescent Psychiatry- Kleinblittersdorf, Kleinblittersdorf, Germany

## Objectives

START is a structured concept of first stabilization for stress regulation of extremely stressed adolescents and minor refugees. START is based on a culture integrative approach. Adolescents with diverse cultural backgrounds and severe psychic burdens should be offered a first help to manage and regulate crises and acute burdens. Components of START are derived from elements of dialectic behavioral therapy and trauma-focused cognitive behavioral therapy for children. Also, START focuses on the support of prevention and reinforcement of safety factors and resilience. START is composed as a manual for practical with multilingual translated therapy materials, numerous pictures, worksheets and audio files.

## Methods

The START modules teach adolescents and minor refugees with severe psychic stress and trauma sequelae symptoms skills for stress regulation, relaxation and self-pacification. 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, trauma specific symptoms and experienced self-control. In the present study, 50 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

Traumasepecific symptom load was very high in the first 50 adolescents. A positive effect of START on stress and emotion regulation and self-control can be found. The results are clinical relevant. In addition, those results validate the special needs of children and adolescents in a culture integrative context.

#### Conclusions

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

### Diagnostic and interventions in the context of migration and trauma

26 July 2018, 08:00 - 09:30, South Hall 2A

RS 34.3

#### Influence of the ‚START‘-Program on adolescent psychophysiology

E. Moehler<sup>1</sup>, A. Dixius<sup>2</sup>

<sup>1</sup>SHG Clinic for Child and Adolescent Psychiatry, Kleinblittersdorf, Germany  
<sup>2</sup>SHG Clinic for Child and Adolescent Psychiatry, Idar-Oberstein, Germany

#### Objectives

The START-Program was designed by the authors as a stabilization tool for adolescents in acute stress, such as refugeeed minors

#### Methods

Mixed groups of regugeed and native adolescents were treated for 5 weeks and completed 10 sessions of the START-Program. Heart rate and psychosomatic symptoms were assessed immediately before and after treatment

#### Results

The evaluation data show a differential effect on heart rate and psychosomatic complaints as measured by the Refugee Health Screener

#### Conclusions

START can be used to reduce acute stress and stress-related symptoms. Thereby it can serve as a preparation for narrative exposure therapy or as a resilience training for adolescents in acute stress.

### Diagnostic and interventions in the context of migration and trauma

26 July 2018, 08:00 - 09:30, South Hall 2A

RS 34.4

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

F. Asefaw<sup>1</sup>, L. Wöckel<sup>1</sup>

<sup>1</sup>Clenia Littenheid AG, Center of Child and Adolescent Psychiatry and Psychotherapy, Littenheid, Switzerland

#### Objectives

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 postmigration challenges in the communities of their reception, they are often unable to activate their recourses.

#### Methods

Currently, there are data of 65 Eritrean ambulant patients available, all between the age of 14 and 21 years (YSR, DISYPS, UCLA). The data were collected during the transcultural interviews. The refugees concerned are unaccompanied youths or young adults.

#### Results

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

#### Conclusions

We conclude that insecure social enviroment leads to reactivation of earlier traumatic experiences.

### Challenge and chance: children of parents with mental illness

26 July 2018, 08:00 - 09:30, Terrace 2A

RS 35

#### Challenge and chance: children of parents with mental illness

C. Schwenck<sup>1</sup>, H. Christiansen<sup>2</sup>

<sup>1</sup>University of Gießen, Department of Special Needs Educational and Clinical Child and Adolescent Psychology, Gießen, Germany  
<sup>2</sup>University of Marburg, Department of Clinical Child and Adolescent Psychology, Marburg, Germany

#### Symposium Overview

The life-time prevalence for mental disorders represents about 30%. Mental disorders not only display a burden for the persons affected but also for their social environment. Particularly children of mentally ill parents can be highly impaired by the illness of their parents. They might have difficulties understanding their parent's unusual behavior, shoulder responsibilities and duties inadequate for their age, or suffer from feelings of guilt. According to past research, up to 77% of these children develop a mental disorder themselves and therefore constitute the next generation of patients with mental illness. The risk for a transgenerational transmission of mental disorders is mediated by different biological and psychosocial factors in the child, the mentally ill parent and the environment. Despite of the high potential for preventive intervention, studies on specific treatment targets and effectiveness of interventions are scarce to date.

The current symposium aims at presenting new research from different empirical European studies with specific points of view towards this topic. The conclusions which can be drawn from the results of these studies can lead to a better understanding of the transgenerational transmission of mental disorders and possible prevention strategies: Elaborated practice approaches to identify at risk children of parents with mental illness timely and to strengthen formal and informal support for these children effectively will be presented (Paul). An RCT study assessing the implementation of a high-quality intervention to interrupt the transgenerational transmission of mental disorders will be presented (Stracke). Two more studies will focus on specific transmission processes as potential targets for intervention: Emotion processing and emotion regulation in children

of mentally ill parents will be studied and compared to children of parents without a mental illness (Luczejko). Finally, children of parents with different mental disorders and without a mental disorder will be compared with respect to cognitive control and neuroanatomical as well as neurofunctional correlates (Plessen).

## Challenge and chance: children of parents with mental illness

26 July 2018, 08:00 - 09:30, Terrace 2A

RS 35.1

### How to raise a village to raise a child? Developing a model to strengthen formal and informal support for children of parents with a mental illness in Austria

J. Paul<sup>1,2</sup>, A. Bauer<sup>1,3</sup>, M. Goodyear<sup>1,4</sup>, H. Christiansen<sup>1,5</sup>, I.O. Lund<sup>1,6</sup>, B. Fatima<sup>1,7</sup>, I. Zechmeister-Koss<sup>1,8,9</sup>

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<sup>4</sup>Monash University, Melbourne, Australia

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<sup>6</sup>The Norwegian Institute of Public Health, Oslo, Norway

<sup>7</sup>The Aga Khan University, Karachi, Pakistan

<sup>8</sup>European Centre for Social Welfare Policy and Research Vienna, Vienna, Austria

<sup>9</sup>Ludwig Boltzmann Institute for Health Technology Assessment Vienna, Austria

#### Objectives

Children of parents with mental illness (COPMI) are more likely to experience negative long-term outcomes, and are less likely to receive supports for a healthy and happy life. This results in substantial lifelong costs for governments and wider society. We aim to strengthen formal and informal supports around the child.

#### Methods

With stakeholders, we will develop, implement and evaluate two practice approaches, focused on the child and on principles of collaborative care. The first will facilitate early identification of COPMI (often invisible in current systems of care), through the use of sensitive screening tool co-developed with relevant stakeholders (SENSE). The second concerns the strengthening of informal and formal support networks around the child, through the use of a collaborative village approach (CVA). This mixed-methods project will utilize a realist framework, involving numerous data collection methods including: literature reviews, questionnaires, focus groups, interviews, and observations.

#### Results

It is hypothesized that the practice approaches developed as part of this project, co-developed with stakeholders, will achieve a number of important positive child and family outcomes (such as resilience and self-esteem) that are also linked to positive longer-term impacts, including economic ones. Detailed logic models will outline the expected pathways that will be developed at the beginning of the project - it is hypothesized that collaborative care, strengthened informal and formal support networks will lead to better child outcomes, by offering personalized, child-focused support earlier.

#### Conclusions

A participatory and co-developed approach to the development of screening approaches and collaborative care, that is evidence-informed and evidence-generating, has not been implemented for COPMI. This project seeks to break the cycle of transgenerational transmission of poor (mental) health, and improve child development and quality of life in Austria cost-effectively.

**Acknowledgement:** Funded by the Ludwig Boltzmann Gesellschaft

## Challenge and chance: children of parents with mental illness

26 July 2018, 08:00 - 09:30, Terrace 2A

RS 35.2

### Children of mentally ill parents at risk evaluation (COMPARE)

M. Stracke<sup>1</sup>, K. Gilbert<sup>1</sup>, F. Sattler<sup>1</sup>, H. Christiansen<sup>1</sup>

<sup>1</sup>University of Marburg, Marburg, Germany

#### Objectives

Parental mental disorders launch a wave of risk factors that in turn predict the emergence of psychological problems in the offspring, and effective treatment of the parental disorder has been associated with reduced child psychopathology (launch & grow assumption). Furthermore, studies focusing on parent-child interaction demonstrate generally poorer parenting skills in parents with mental disorders, and the enhancement of such skills has been a significant mediator in improving child outcomes (parenting assumption). The major goal of COMPARE is to implement a high quality RCT to interrupt the transmission of mental disorders in children of parents with mental disorders. Our second major goal is to test the components of the trans-generational transmission model of mental disorders. A deeper understanding of risk mechanisms will reveal specific transmission profiles that will result in the early detection of and effective reduction in risk factors and thus improve the health of the children at risk.

#### Methods

To reach these goals, an RCT will compare state-of-the-art cognitive behavioral therapy for parents with mental disorders to CBT plus the Positive Parenting Program, a well-established and evidence-based program that enhances parenting skills. A total of N = 634 parents and their children will be assessed. The RCT is flanked by four add-on projects that apply behavioral, psychophysiological, and neuro-imaging methods to examine potential moderators and mediators of risk transmission.

#### Results

The study is still ongoing, first preliminary results will be presented.

#### Conclusions

This trial will be the first ever to address the launch & grow as well as the parenting assumption in one study. The combination of applied basic (bench) with clinical (to bedside) research facilitates both examining specific mechanisms of risk transmission and promotes the dissemination as well as implementation of results into a highly important but largely neglected field.

**Acknowledgement:** This study was supported by the Federal Ministry of Education and Research (BMBF), Research Grant # 01GL1748B

## Challenge and chance: children of parents with mental illness

26 July 2018, 08:00 - 09:30, Terrace 2A

RS 35.3

### Emotion processing and emotion regulation: potential risk factors for the transgenerational transmission of mental disorders

A.A. Luczejko<sup>1</sup>, C. Pieritz<sup>1</sup>, P. Leiders<sup>1</sup>, S. Weigelt<sup>2</sup>, R. Stark<sup>1</sup>, C. Schwenck<sup>1</sup>

<sup>1</sup>University of Gießen, Gießen, Germany

<sup>2</sup>University of Bochum, Bochum, Germany



### Objectives

According to the trans-generational-transmission of mental disorders model, child factors display a significant role in the transmission of mental disorders from parents to their children. Emotion processing (EP) and emotion regulation (ER) have been identified as potential trans-diagnostic skills that are involved in the genesis of mental disorders in general. Therefore, it can be assumed that their role in the transgenerational specific and unspecific transmission of mental disorders is crucial. However, the impact of the child's EP and ER on the transmission has not been studied to date, and it is still not clear, whether COPMI differ in EP and ER from children of parents without mental illness (COPWI). Therefore, the aim of the current study is to compare EP and ER in COPMI and COPWI.

### Methods

COPMI and COPWI aged 6-12 years participate in the current study. A task set for the assessment of different behavioral aspects of EP and ER, such as emotion recognition, affective perspective taking, affective arousal, and emotion regulation will be applied. Peripheral physiological measurements (heart rate and skin conductance) will be taken in all participants and in conjunction with all experimental tasks. Furthermore, mimicry, the motor component of EP, will be assessed.

### Results

The study is still ongoing, and first preliminary data will be presented.

### Conclusions

EP and ER display potentially important mediating processes between mental illness in parents and their children. The confirmation of this assumption would facilitate the identification of targets for effective prevention and intervention in order to prevent mental illness in the next generation.

**Acknowledgement:** This study was supported by the Federal Ministry of Education and Research (BMBF), Research Grant # 01GL1748C

## Challenge and chance: children of parents with mental illness

26 July 2018, 08:00 - 09:30, Terrace 2A

RS 35.4

### Studies using functional MRI to examine cognitive control in children, adolescents and young adults at familial high risk for schizophrenia and bipolar disorder

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<sup>7</sup>Aarhus University Hospital, Risskov, Denmark

### Objectives

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 to develop targeted early interventions in the future.

### Methods

We established a representative cohort, the "Danish High Risk and Resilience Study", at age 7 (VIA 7) with children at high risk and controls and that were recruited via Danish Registers and consisted of 200 children with a parent with schizophrenia, 120 children with a parent with bipolar disorder and 200 children of controls (defined as not diagnosed with SZ or BP). After having established the cohort at age 7, we will invite the families back at 11 years of age (VIA 11 study) to focus on underlying potential endophenotypes (neuropsychological tasks, MRI and EEG) in a crossdiagnostic perspective to understand the trajectories of psychopathology and specific underlying deficits. In this presentation, we will also present the literature examining young (<23 years) first-degree relatives (FDR) of individuals with schizophrenia and individuals with bipolar disorder using functional MRI.

### Results

First, the presenter will briefly summarize main results of behavioural findings in the domain of cognitive control from their own study at 7 years of age (VIA 7) that motivated the use of brain mapping in the follow-up at age 11. Second, we will review the existing literature, while focusing on tasks involving cognitive control in those young individuals at risk by discussing the overall findings for studies that largely identified consistent findings between individuals with the manifest disorder and individuals at risk. Third, we will present plans for our own imaging study.

### Conclusions

Methods of brainmapping using tasks requiring cognitive control to map activation during self-regulation in COPMI will contribute to the fine tune early interventions of prevention in this population.

**Acknowledgement:** This work is supported by the Mental Health Services of the Capital Region of Denmark, the Lundbeck Foundation Initiative for Integrative Psychiatric Research (iPSYCH), Aarhus University, Tryg Foundation and the Beatrice Surovell Haskell Fund for Child Mental Health Research of Copenhagen, Denmark.

## Children with special needs: latest researches from Turkey

26 July 2018, 10:45 - 12:15, Club D

RS 36

### Children with special needs: latest researches from Turkey

S.S. Başgöl<sup>1</sup>, S. Tural Hesapcioglu<sup>2</sup>

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### Symposium Overview

## Children with special needs: latest researches from Turkey

26 July 2018, 10:45 - 12:15, Club D

RS 36.1

### Evaluation of disability reports in a children's hospital: Data of a 1-year retrospective chart review

H. Özek Erkurun<sup>1</sup>, N. Cevher Binici<sup>1</sup>, Ö. Önen<sup>1</sup>, A. Kutlu<sup>1</sup>, A. Balm<sup>2</sup>, B. Çakaloğlu<sup>3</sup>

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<sup>2</sup>Dr. Behçet Uz Children's Research and Training Hospital, Department of Pediatrics, Izmir, Turkey

<sup>3</sup>Pamukkale University Medical School Hospital, Child Psychiatry Department, Denizli, Turkey

## Objectives

Having a disabled child, whether the disability is caused by physical restraints or mental issues, brings much burden along the process. Financial difficulties, strains regarding social circle and intrafamilial relationships, problems related to the education and health of the child need to be adequately handled. Challenges in maintaining safe and well-adjusted record systems to determine the actual numbers of disabled population in our country are still present, to this date. Along with this, scarce number of studies and studies that have been conducted so far, being resumed with a small population of participants, even though the actual prevalence is estimated to be much higher, conducted in this specific population limit the generalization of the findings. With our study, we have aimed to retrospectively review the charts of individuals between 0-18 years of age, that had applied to our hospital's related board, to obtain a disability report.

## Methods

We have assessed sociodemographic data, along with the type of referral, the reason for application, relevant psychiatric and physical diagnoses as well as the duration of the report given.

## Results

In total, data of 5000 children and adolescents were analysed, making our study among one of the largest sample sized study conducted in the relevant field, so far.

## Conclusions

Following presentation of our data and findings elaborately, we aim to discuss the challenges observed in our report system as well as interactively exchanging experiences of our colleagues from all over the world.

## Children with special needs: latest researches from Turkey

26 July 2018, 10:45 - 12:15, Club D

RS 36.2

### Difficulties experienced by parents of children with autism spectrum disorder

O.B. Dursun<sup>1</sup>, İ. Selçuk Esin<sup>1</sup>, B. Turan<sup>1</sup>, E. Abanoz<sup>1</sup>

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## Objectives

Autism Spectrum Disorder (ASD) is characterized by deficits in sociability and communication, increased repetitive and/or restrictive behaviors. Substantial empirical evidence has highlighted the psychological stress and negative well-being of parents whose children are diagnosed with ASD. Understanding the attitudes, challenges and mechanisms through which parents successfully overcome the challenges of caring for these children are essential for planning public services and helping families. This study aims to better understand the needs of families who have a child with ASD.

## Methods

A questionnaire was prepared, consisting of 8 titles and 83 questions, aimed to assess general level of parents' knowledge about autism, problems in pre-diagnostic, diagnostic and post-diagnosis processes, special education and medical treatment, attitudes towards alternative treatments. In the sociodemographic data form, risk factors associated with autism were questioned as well as sociodemographic features. The questionnaire and the sociodemographic data form were asked to be completed by parents of 110 children with ASD who had volunteered to participate in the study. Data were analysed by using

SPSS 20 programme.

## Results

Among participants; 84 % were male while 16% female, with mean age 104,14±44,9 months. 53,2 % of the parents of children with ASD stated that they had never heard of Autism before their children were diagnosed with ASD. Only 20,2% were receiving professional family support after being diagnosed with ASD. Moreover, 43% were aware of autism via relevant Non-Governmental Organization (s) but only 20% of the parents were in contact with these organizations. The percentage of those who tried any kind of alternative approaches was 38,9%, and those who stated that their child benefit from these methods were only 50% of the group. 74,5% of the families had problems with home care of their children. These problems were mostly related to self-care and education issues.

## Conclusions

As a result of these findings, it can be concluded that families did not have information on autism before actually encountering it and awareness programs for the public should be developed. Professional family support programs should be facilitated. Also, the time and quality of special education should be improved. Parents should be informed about alternative treatments and harmful approaches.

## Children with special needs: latest researches from Turkey

26 July 2018, 10:45 - 12:15, Club D

RS 36.3

### Prevalence of psychiatric disorders, global developmental delay and autism spectrum disorder among 18-60 months old children

O.B. Dursun<sup>1</sup>, İ. Selçuk Esin<sup>1</sup>, M. Akif Akıncı<sup>1</sup>, E. Özhan İbis<sup>1</sup>, E. Yıldırım Demirdöğen<sup>1</sup>, B. Turan<sup>1</sup>, H. Öğütü<sup>1</sup>

<sup>1</sup>Ataturk University, Department of Child and Adolescent Psychiatry- Faculty of Medicine, Erzurum, Turkey

## Objectives

The first three years of life is the most progressive and most complex period of development. In this period there is an opportunity to observe important developmental progress and re-regulation processes. Multidimensional processes during infancy that lead to the development of mental disorders also affect subsequent developmental stages. Infancy (0-12 months) and early childhood (12-48 months) have been described as "critical period" in almost every psychiatric theory. "The Center for Early Childhood Psychosocial Development" in Erzurum is a center for evaluating the developmental retardation of children aged 18 months to 6 years, autism spectrum disorder, psychiatric disorders, childhood sleep problems, relationship problems, psychosocial and environmental risk factors. If the risk is determined in the child, he/she is referred to Ataturk University Medical Faculty Child and Adolescent Psychiatry Department for diagnosis and intervention.

## Methods

The aim of this study was to evaluate the development of children who applied to "Early Childhood Psychosocial Development Centre" in Erzurum. Our purpose is to determine whether they are at high risk in terms of autism spectrum disorder, the most common psychiatric disorders in childhood, to control psychological, social and environmental stressors that may affect the healthy development of the child and to monitor and evaluate parent-child communication. Developmental screening test and various scales were used in our assessment.

## Results

In this context we reached 1691 children who were between 1-5 years old. 187 children were found to be screen positive.





### Conclusions

Diagnostic distribution obtained from the population-based sample will be elaborately discussed within the symposium at 23<sup>rd</sup> World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions.

### Children with special needs: latest researches from Turkey

26 July 2018, 10:45 - 12:15, Club D

RS 36.4

### Evaluating the differentiation between the death anxiety and state anxiety levels of mothers with and without a disabled child

A. Koca<sup>1</sup>, S.S. Basgul<sup>2</sup>

<sup>1</sup>Hasan Kalyoncu University, Psychology Department- Senior Psychologist, Gaziantep, Turkey

<sup>2</sup>Hasan Kalyoncu University, Psychology Department- Assoc. Prof., Gaziantep, Turkey

### Objectives

Aim of this research was to investigate the differentiation between Death Anxiety and State Anxiety levels of mothers of disabled children and mothers that do not have disabled children.

### Methods

The design of this quantitative study was of causal-comparative nature. Research sample consisted of 158 mothers in total; 80 mothers had a disabled child, while 78 mothers did not.

### Results

As a result, it was determined that the death anxiety scores in the subdimension of "fear of other conditions associated with death" were significantly higher in mothers with disabled children, compared to those without. No other difference was determined caused by having a disabled child, regarding other subdimensions of death anxiety. In addition, it was also found that both State and Trait anxiety levels of mothers with disabled children were significantly higher, compared to the scores collected from mothers without disabled children.

### Conclusions

It is important to assess and determine affective status and anxiety of mothers of disabled children, to provide better service and increase their overall well-being of all affected individuals and their families.

### Children with special needs: latest researches from Turkey

26 July 2018, 10:45 - 12:15, Club D

RS 36.5

### Psychiatric comorbidity of mild intellectual disability in clinical setting

S. Tural Hesapcioglu<sup>1</sup>, M. Fatih Ceylan<sup>1</sup>, M. Kasak<sup>1</sup>, C. Pinar Sen<sup>1</sup>

<sup>1</sup>Ankara Yildirim Beyazit University, Faculty of Medicine- Department of Child and Adolescent Psychiatry, Ankara, Turkey

### Objectives

Intellectual disability (ID) is a neurodevelopmental disorder that includes both in-

tellectual and adaptive functioning deficits in conceptual, social, and practical domains. Co-occurring mental, neurodevelopmental, and medical conditions are frequent in ID. The aim of this study was to investigate the psychiatric disorders that accompany the course of mild ID in school-age children, within a clinical setting.

### Methods

The study was conducted with patients that had applied to a Child and Adolescent Psychiatry outpatient clinic with different complaints and obtained an IQ score between 50-70 by the application of Wechsler Intelligence Scale for Children (WISC-R), and diagnosed as mild ID according to DSM-5. Kiddie - Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS) interview was conducted with cases and their parents.

### Results

Totally, 111 cases fulfilled the criteria of the study. The mean age of the cases were 12.09±3.28 (range: 6-18); 59 (53.2%) of them were males. The most common comorbid disorder was attention deficit hyperactivity disorder (64.9%), the second was generalized anxiety disorder (18.0%) and the third was enuresis (16.2%). Even though K-SADS does not include other neurodevelopmental disorders under a separate headline; communication disorders and autism spectrum disorders were also frequent among school-age children with mild ID.

### Conclusions

As a neurodevelopmental disorder, ID is usually comorbid with other neurodevelopmental and psychiatric disorders. Prevalance of certain conditions such as ADHD are higher compared to what has been observed in general population. Thus, being aware of the comorbid psychiatric disorder and planning treatment strategies targeting diagnoses as a whole might help better adaptation and rehabilitation of children with mild ID.

### Children with special needs: latest researches from Turkey

26 July 2018, 10:45 - 12:15, Club D

RS 36.6

### Investigation of the relationship between probability of suicide and social support perceived by disabled and non-disabled adolescents

A. Aslan<sup>1</sup>, S. Senem Basgul<sup>2</sup>

<sup>1</sup>Hasan Kalyoncu University, Psychology Department- Senior Psychologist, Gaziantep, Turkey

<sup>2</sup>Hasan Kalyoncu University, Psychology Department- Assoc. prof., Gaziantep, Turkey

### Objectives

Determining the reasons of suicide in childhood and adolescence period is extremely important, so that the young at risk can be noticed in time. In this context, our purpose was to examine the probability of suicide within disabled and non-disabled teenagers and related social support.

### Methods

Sample of this study consisted of 275 teenagers; of whom 127 were disabled and 148 non-disabled, that had been living in the cities of Istanbul, Ankara and Malatya and attending high school, at the time of the study. Participants were evaluated by using Socio-Demographic Information Form, Suicide Probability Scale, and Multidimensional Perceived Social Support Scale. Data were analyzed by SPSS program.

### Results

Lower probability of suicide was observed for both disabled and non-disabled teenagers as social support increased. It was found that the most important type of support that reduced the possibility of suicide, was the family support.

Furthermore, in non-disabled adolescents, support from the peer group was also found as an important factor in reducing the possibility of suicide. One important result derived from our study was that the prevalence of suicide was higher among disabled teenagers compared to the non-disabled peer group and disabled population had higher levels of hopelessness and hostility.

## Conclusions

providing social skills training and increasing social support systems would be important in preventing suicide.

## The complex interplay between genes, diet, and metabolomics in psychiatric disorders with a focus on Anorexia nervosa

26 July 2018, 10:45 - 12:15, North Hall

RS 37

## The complex interplay between genes, diet, and metabolomics in psychiatric disorders with a focus on anorexia nervosa

A. Hinney<sup>1</sup>, L. Libuda<sup>1</sup>

<sup>1</sup>University Hospital Essen, Child and Adolescent Psychiatry, Essen, Germany

### Symposium Overview

Genetic factors play a major role in the etiology of psychiatric disorders. Identification of genome-wide significant loci could help to understand underlying biological mechanisms. However, the interplay between genes and other potential causatives factors such as diet and metabolism is complex. Anorexia nervosa (AN) represents a model disorder as it constitutes an extreme physiological state with starvation causing numerous potentially sustainable metabolic, endocrine, somatic, and mental adaptations. Treatment of AN needs to take into account the high risk for somatic and mental comorbidities. An interdisciplinary approach that integrates genetic, dietary, and metabolomic technologies can help to identify potentially pathways that regulate the somatic and behavioral adaptation to starvation.

Genome-wide association studies (GWAS) and meta-analysis thereof provide insight in the role of genetic factors. In fact, the number of genetic variants with genome-wide significant association with somatic and psychiatric disorders increases steadily. Johannes Hebebrand (Essen, Germany) presents recent findings from these GWAS with a particular focus in the phenotypes relevant for eating and weight disorders.

Although more than 100 chromosomal regions have been found that influence body weight, the first genome-wide significant locus for AN was just recently identified. Cross-trait analysis with BMI delivered further loci which are involved in AN risk. Recent results from these analyses are summarized by Anke Hinney (Essen, Germany).

Risk group identification and personalization of refeeding regimes might be fostered by a deeper understanding of the metabolic consequences of severe starvation and subsequent refeeding. Targeted metabolomics offers a unique entry point for exploring the metabolic sequelae of acute, short-time refeed, and remitted AN. Jochen Antel (Essen, Germany) presents first insights and outlooks.

Depressive disorders are among the most prominent mental comorbidities in AN patients. Dietary approaches to decrease depressive symptoms with low risks of side-effects could also be effective to improve the AN treatment itself. Findings from RCTs point to potential beneficial effects of vitamin D on depressive symptoms in adults, but these studies do not focus on subjects with AN. Lars Libuda (Essen, Germany) provides results from a secondary analysis of the ANDI study on the association between vitamin D levels and depressive symptoms in adolescents with AN.

## The complex interplay between genes, diet, and metabolomics in psychiatric disorders with a focus on Anorexia nervosa

26 July 2018, 10:45 - 12:15, North Hall

RS 37.1

## Recent findings from genome wide association studies in psychiatric disorders

J. Hebebrand<sup>1</sup>, T.E. Peters<sup>1</sup>, A.E. Hinney<sup>1</sup>

<sup>1</sup>University Hospital Essen- University of Duisburg-Essen, Department of Child and Adolescent Psychiatry, Essen, Germany

### Objectives

Many disorders and phenotypes have been subjected to genome wide association studies (GWAS) to detect loci involved in the etiology of complex mental phenotypes. The recent breakthroughs for the first time offer an insight into the complex genetic architecture of such phenotypes.

### Methods

The GWAS and meta-analyses thereof performed within the Psychiatric Genetic Consortium (PGC) and GIANT are reviewed.

### Results

The focus is on the number of identified loci as well as the explained variance based on the genome wide significant loci and single nucleotide polymorphism (SNP) based heritability estimates.

### Conclusions

The progress in the elucidation of genetic factors involved in complex traits has led to novel insights. We focus on the phenomenon of missing heritability and discuss the future of GWAS within the context of eating and weight disorders. We address potential future implications.

## The complex interplay between genes, diet, and metabolomics in psychiatric disorders with a focus on Anorexia nervosa

26 July 2018, 10:45 - 12:15, North Hall

RS 37.2

## From genome wide association to cross-phenotype analyses: unexpected findings

A.E. Hinney<sup>1</sup>, T.E. Peters<sup>1</sup>, L.E. Libuda<sup>1</sup>, J.E. Antel<sup>1</sup>, J. Hebebrand<sup>1</sup><sup>1</sup>University Hospital Essen- University of Duisburg-Essen, Department of Child and Adolescent Psychiatry, Essen, Germany

### Objectives

Heritability is high for psychiatric disorders. Genome wide association studies meta-analyses (GWAMA) recently revealed a number of genetic loci for the analyzed psychiatric disorders. These genetic loci will help to unravel the biological mechanisms underlying these disorders. As for instance body mass index (BMI in kg/m<sup>2</sup>) is altered in a number of these disorders, the analysis of genetic variants for body weight variance in GWAMA for psychiatric disorders might lead to unexpected findings. Exemplarily results for a cross-disorder analysis for anorexia nervosa (AN) and BMI will be given.

### Methods

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 GWAMA for AN with the largest published GWAMA for BMI, including sex-stratified analyses, was performed.

#### Results

Associations (p-values < 5x10<sup>-05</sup>) 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.

#### Conclusions

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.

**Grants:** German Ministry for Education and Research (National Genome Research Net-Plus 01GS0820), the German Research Foundation (DFG; HI865/2-1)

### The complex interplay between genes, diet, and metabolomics in psychiatric disorders with a focus on Anorexia nervosa

26 July 2018, 10:45 - 12:15, North Hall

RS 37.3

#### Evaluation of metabolic profiles of acutely ill and weight recovered patients with anorexia nervosa

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<sup>3</sup>Genome Analysis Centre, Institute of Experimental Genetics, Helmholtz Zentrum München, Munich, Germany

#### Objectives

Acute anorexia nervosa (AN) constitutes an extreme physiological state, entails numerous endocrine and metabolic adaptations, and poses a large mental and somatic health risk.

#### Methods

We recruited 36 female adolescents with AN of the restrictive subtype (age range: 12–18 years) and 26 female controls of the same age range. Targeted metabolomics was used to analyze 226 metabolite concentrations at three time-points (acute stage of starvation (T0), after reaching half of the target weight (T1), and after reaching target weight (T2)) to detect alterations in metabolite concentrations at acute state of starvation and during realimentation.

#### Results

Eighty-five metabolite serum concentrations were found to be significantly different between at least 2 time points or versus controls. The comparison between the metabolite concentrations of T0 and T1 revealed 22 significant metabolites. Twelve metabolite concentrations were significantly different between controls and T2. As detected already in a previous study from this workgroup (Föcker et al., 2012) concentrations of controls differed more often and even more strongly from those of AN patients after short-term weight recovery (T1) than from those at the acute stage of starvation (T0).

#### Conclusions

First results from attempts to unravel metabolic pathways potentially involved in the observed changes of metabolite levels will be presented and may lead to a deeper understanding of affected metabolic pathways in acute and refeed AN patients.

### The complex interplay between genes, diet, and metabolomics in psychiatric disorders with a focus on Anorexia nervosa

26 July 2018, 10:45 - 12:15, North Hall

RS 37.4

#### Vitamin D levels in patients with Anorexia nervosa and their association with depression

L. Libuda<sup>1</sup>, N. Timmesfeld<sup>2</sup>, J. Seitz<sup>3</sup>, J. Bühlmeier<sup>1</sup>, B. Herpertz-Dahlmann<sup>3</sup>, J. Hebebrand<sup>1</sup>, M. Föcker<sup>1</sup>

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<sup>3</sup>Department for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, University Clinics RWTH Aachen, Germany

#### Objectives

Randomized controlled trials in adults point to beneficial effects of vitamin D on depressive symptoms. Depression is a common comorbidity in patients with Anorexia nervosa (AN). Little is known about the course of vitamin D levels during AN treatment and its association with depressive symptoms.

#### Methods

This analysis was based on the German multicentre randomized study ANDI using data from 93 female adolescent AN patients (age: 15.3 (± 1.5) ys) with complete information on serum vitamin D levels and depressive symptoms at admission, discharge, and 1 year follow-up. Depressive symptoms were assessed using Beck Depression Inventory (BDI). Mixed linear models were used to analyze the association between vitamin D levels and depressive symptoms. Furthermore, logistic regression analyses were conducted to evaluate the association between vitamin D supplementation during AN treatment and the risk of vitamin D deficits at discharge.

#### Results

At admission mean vitamin D levels (60.3 (± 19.0) nmol/l) indicated sufficient supply and did not significantly change during treatment (discharge: 59.3 (± 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 levels decreased by 5.3 nmol/l (p=0.027). Mixed linear models did not show significant associations between individual changes in vitamin D levels and concurrent changes in depressive symptoms over the complete study period (β=0.13, p=0.207). Usage of vitamin D supplements during AN treatment significantly decreased the risk of vitamin D deficiency.

#### Conclusions

Compared with the general population AN patients do not seem to have a particular risk of vitamin D deficiency at the beginning of their treatment. 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.

### Collaborative Asian research on Tourette syndrome

26 July 2018, 10:45 - 12:15, South Hall 1A

RS 38

## Collaborative Asian research on Tourette syndrome

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<sup>1</sup>The University of Tokyo Hospital, Department of Child Psychiatry, Tokyo, Japan

### Symposium Overview

Tourette syndrome (TS) is a neurodevelopmental disorder defined by multiple motor and one or more vocal tics which persist for more than 1 year. Although TS is believed to be a severe tic disorder, severity of tics is various among patients with TS. Continuity of tic disorders including TS is suggested also. Echolalia and coprolalia were regarded as vocal tics characterizing TS in the past, but are observed in a few patients with TS currently. Echolalia may show a tendency to respond easily to stimuli and to imitate them. Coprolalia may show a tendency to do actions although it is recognized that they should not to be done. These tendencies are related to impulsivity and compulsivity. Majority of TS patients are comorbid with neuropsychiatric disorders. Attention-deficit/hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD) are representative comorbid disorders of TS, and may show impulsivity and compulsivity.

Accurate assessment of condition and investigation on pathological mechanism will bring improvement of treatment for TS and life of TS patients.

We are working to promote collaborative research of TS in Asia. In this symposium, we would like to investigate TS and tic disorders from multiple viewpoints including comorbidities and treatment.

## Collaborative Asian research on Tourette syndrome

26 July 2018, 10:45 - 12:15, South Hall 1A

RS 38.1

### Prevalence, correlates, and comorbidities of DSM-IV tic disorder in children in Seoul, Korea

B.N. Kim<sup>1</sup>, H.B. Kim<sup>1</sup>, J. Lee<sup>1</sup>, S.Y. Park<sup>1</sup>

<sup>1</sup>Seoul National University, College of Medicine, Seoul, Korea Republic of

### Objectives

The present study reports one-year prevalence of and comorbidities associated with the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) disorders in 2800 children aged 6 to 12 years in Seoul, Goyang, Daegu & Cheju in Korea.

### Methods

The diagnosis was based on the parental version of the Diagnostic Interview Schedule for Children (DISC-IV) & Diagnostic Predictive Scale by DSM-IV (DPS).

### Results

The estimated prevalence of any full-syndrome and subthreshold DSM-IV disorders were 16.2% and 28.1%, respectively. The most prevalent disorders were specific phobia (9.6%), attention-deficit hyperactivity disorder (ADHD; 5.9%), and oppositional defiant disorder (ODD; 4.9%). The estimated prevalence of tic disorder was 2.9% according to the DISC-IV. We analyzed the association of various risk factors and tic disorder among our sample. The results will be presented in the symposium in IACAPAP, 2018 in Prague.

### Conclusions

The epidemiological survey by rigorous methods confirmed sufficient prevalence of tic disorder in children and suggested importance of further investigation.

## Collaborative Asian research on Tourette syndrome

26 July 2018, 10:45 - 12:15, South Hall 1A

RS 38.2

### Psychiatric comorbid conditions and social adjustment in children with tic disorders: an epidemiological study in Taiwan

S.S.F. Gau<sup>1</sup>, Y.L. Chen<sup>1</sup>

<sup>1</sup>National Taiwan University Hospital and College of Medicine, Department of Psychiatry, Taipei, Taiwan

### Objectives

The purpose of this study is to examine the school function and home behavior in children with tic disorders and their psychiatric co-morbidity and pattern.

### Methods

This is a national epidemiological study on a representative school-based sample of 4739 children aged 9-13. The mental disorders were examined using the Kiddie-Schedule for Affective Disorders and Schizophrenia-Epidemiologic version, modified for DSM-5. The school function and home behaviors were assessed by the subscales of Social Adjustment Inventory for Children and Adolescents. To avoid the confounding from other mental disorders, we selected children without any mental disorders as the control group to compare the school function and home behaviors to children with tic disorders.

### Results

The 6-month prevalence of tic disorders in children was 2.28% in Taiwan. Children with tic disorders were more likely to be comorbid with Attention-Deficit Hyperactivity Disorder (ADHD), generalized anxiety disorder, social phobia, and obsessive compulsive disorder (OCD). We found that children with tic disorders had more impairments in school functions and behavioral problems at home.

### Conclusions

The deficits of impulsive control might be the shared psychopathologies between ADHD, OCD and tic disorders. The nature of vocal and motor tics in children with tic disorders might result in more anxiety in school, social, and home setting, which was reflected in their comorbidity with anxiety disorders and impaired school functions and problematic home behaviors. Further studies are suggested to explore the shared etiological pathways of those disorders to provide thorough understanding and treatment for children with tic disorders.

## Collaborative Asian research on Tourette syndrome

26 July 2018, 10:45 - 12:15, South Hall 1A

RS 38.3

### Change in tics, sensory phenomena, and other features over the clinical course of Tourette syndrome

Y. Kano<sup>1</sup>, M. Fujio<sup>1</sup>, N. Matsuda<sup>1</sup>, N. Kajii<sup>1</sup>, M. Nonaka<sup>1</sup>, T. Kono<sup>1</sup>

<sup>1</sup>The University of Tokyo Hospital, Tokyo, Japan

### Objectives

We investigated change of tics, sensory phenomena, obsessive-compulsive symptoms, and global functioning after several years of usual treatment among Japanese patients with Tourette syndrome (TS).



#### Methods

TS patients followed at a specialty clinic were assessed twice (with an average interval of 4 years between test times).

#### Results

No significant differences were found in severity of tics and sensory phenomena, and global functioning between two assessments. Obsessive-compulsive symptoms in the second assessment were significantly less severe than those in the first assessment. Severity of tics in the first assessment was significantly correlated with severity of sensory phenomena and obsessive-compulsive symptoms in the second assessment. It was significantly negatively correlated with global functioning in the second assessment also. Change in severity of tics between two assessments was significantly correlated with change in severity of sensory phenomena, especially premonitory urges.

#### Conclusions

It is suggested that longitudinal investigation of sensory phenomena and obsessive-compulsive symptoms as well as tics is to be done.

Funding: This study was partly supported by a Grant for Comprehensive Research on Disability, Health and Welfare [H26-Seishin-Ippan007], an Intramural Research Grant (23-1) for Neurological and Psychiatric Disorders of the National Center of Neurology and Psychiatry (NCNP), a Grant-in-Aid for Scientific Research on Innovative Areas (Adolescent Mind & Self-Regulation) [grant number 26118704], and a Grant-in-Aid for Scientific Research (C) [15K09859].

### Collaborative Asian research on Tourette syndrome

26 July 2018, 10:45 - 12:15, South Hall 1A

#### RS 38.4 Research progress of herb medication to treat Tourette syndrome in China

Y. Zheng<sup>1</sup>

<sup>1</sup>Capital Medical University, Beijing An Ding Hospital, Beijing, China

#### Objectives

To evaluate the efficacy and safety of herb medication to treatment TS and explore the neurotransmitter mechanism.

#### Methods

Literature Analysis and experience summary.

#### Results

A total of 30 papers containing the 2758 cases were included from 2010 to 2017.

#### Conclusions

The treatment of TS using Chinese medication showed the effective rate higher than the Placebo and equally to western medication.

### Collaborative Asian research on Tourette syndrome

26 July 2018, 10:45 - 12:15, South Hall 1A

#### RS 38.5

#### Current treatment for Tourette's disorders in Japan: their achievements and unsolved issue

T. Okada<sup>1</sup>

<sup>1</sup>Nagoya University, Graduate School of Medicine, Nagoya, Japan

#### Objectives

To elucidate their achievements and unsolved issue of the current treatment options for Tourette's disorders (TD).

#### Methods

Literature analysis and experience summary for anti-psychotic administrations for TD, and deep brain stimulation for adult cases.

#### Results

Recent treatment options were replaced by novel antipsychotics including aripiprazole, risperidone, and blonanserin. These treatment options were well tolerable in extrapyramidal symptoms or sedation. However, they were often associated with mild body weight gain. Newly emergent treatment option for adults with severe TS was deep brain stimulations mainly targeting subthalamic nuclei. In the world, more than 300, including 30 cases in Japan, were treated with DBS. This seems well effective and mostly tolerable, but there were no randomized controlled trials to establish its efficacy and safety. Especially, long-term outcome has not been examined.

#### Conclusions

Current pharmacotherapy is superior in tolerability, but lacks in data concerning long-term outcome. Neuromodulation seems effective, but requires large-scale data acquisition and multi-site randomized trial.

Funding: This study was funded by Japan Agency for Medical Research and Development (AMED).

### Dissemination of child protection knowledge, epidemiology and legal frameworks of child sexual abuse

26 July 2018, 10:45 - 12:15, Terrace 2A

#### RS 39

#### Dissemination of child protection knowledge, epidemiology and legal frameworks of child sexual abuse

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<sup>1</sup>Universitätsklinikum Ulm, Klinik für Kinder- und Jugendpsychiatrie/Psychotherapie, Ulm, Germany

<sup>2</sup>DRK Kliniken Berlin - Westend, Kinderschutzambulanz, Berlin, Germany

#### Symposium Overview

Metanalyses and recent population studies show that all forms of child abuse and neglect are still highly prevalent in Europe and worldwide. Therefore, interventions on different levels are necessary. This symposium will focus on a range of efforts that have been made after the so called abuse scandals in Germany in 2010. The first presentation will focus on data from a recent representative sample of the German population. The second presentation will focus on results from a Critical Incident Reporting System that enabled adult victims of childhood sexual abuse to participate in a political reappraisal process in Germany. In response to the abuse scandals, one reaction has been the call for further education on the topic of child maltreatment. The third presentation will report on the design and first results of an e-learning program as a strategy to disseminate child protection knowledge. The last presentation will conclude on what has been learned and implications for future policy making.

Chair: Prof. Jörg Fegert, M.D. is a full professor for child and adolescent psychiatry and psychotherapy. He is the director of the Department of child and adolescent psychiatry and psychotherapy, University of Ulm. He is specialized in the field of child sexual abuse and has authored numerous books and scientific publications.

## Dissemination of child protection knowledge, epidemiology and legal frameworks of child sexual abuse

26 July 2018, 10:45 - 12:15, Terrace 2A

RS 39.1

### Child maltreatment in Germany: prevalence rates in the general population

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<sup>3</sup>Universität Leipzig, Abteilung für Medizinische Psychologie und Medizinische Soziologie, Leipzig, Germany

#### Objectives

Child maltreatment and its consequences are considered a major public health problem. So far, there is only one study from Germany reporting prevalence rates on different types of maltreatment.

#### Methods

A representative sample of the German general population was examined for experiences of child maltreatment using the Childhood Trauma Questionnaire (CTQ) between September and November 2016. A total of 2510 (53.3% female) participants between 14 and 94 years ( $M = 48.8$  years) were enrolled. Besides the CTQ, a range of sociodemographic information was collected. The interrelatedness of different types of maltreatment was examined using configuration analysis and predictors for maltreatment were identified by performing binary logistic regression analyses.

#### Results

Overall, 2.6% (f: 3.9%, m: 1.2%) of all participants reported severe emotional abuse, 3.3% (f: 3.4%, m: 3.3%) severe physical abuse, 2.3% (f: 3.7%, m: 0.7%) severe sexual abuse, 7.1% (f: 8.1%, m: 5.9%) severe emotional neglect and 9% (f: 9.2%, m: 8.9%) severe physical neglect. Women were more likely to report at least moderate sexual and emotional abuse than men. The largest difference between age groups was reported for physical neglect, with participants aged over 70 years reporting the highest rates. Participants who reported childhood maltreatment were more likely to be unemployed or have lower educational outcomes. The most common combination of maltreatment types were physical and emotional neglect, all five types of maltreatment combined and physical and emotional neglect and physical abuse combined.

#### Conclusions

Child maltreatment, especially physical neglect is common in the German population. Women seem to be at greater risk for sexual and emotional abuse than men. Knowledge about different types of maltreatment based on the Childhood Trauma Questionnaire (CTQ) can help to put findings of future studies into an epidemiological and societal context.

## Dissemination of child protection knowledge, epidemiology and legal frameworks of child sexual abuse

26 July 2018, 10:45 - 12:15, Terrace 2A

RS 39.2

### Listening to victims – results and implications of the participatory German reappraisal process of child sexual abuse

M. Rassenhofer<sup>1</sup>, J. Gerke<sup>1</sup>, J.M. Fegert<sup>1</sup>

<sup>1</sup>Universität Ulm, Klinik für Kinder und Jugendpsychiatrie/Psychotherapie, Ulm, Germany

#### Objectives

After a medial scandal in 2010 with the disclosure of severe and extensive sexual abuse of children in German institutions a political and societal reappraisal process was set up by the German Government. A Round Table as well as an Independent Commissioner were established in order to develop recommendations for future policies and to raise awareness about sexual abuse in the society. The innovative approach emphasized participation of victims and the use of their expertise in order to extend the knowledge about sexual abuse and to deduce necessary political and societal actions.

#### Methods

The Independent Commissioner established a critical incident reporting system where adults who were victims of past abuse or relatives of victims can anonymously provide testimonials and let policy makers know what is important to them. A hotline was set up, but respondents could also get into contact by (e)mail. During a first period (2010-2011) information was collected, but not in a standardized way. During the ongoing period since 2016, standardized questions as well as the Childhood Trauma Questionnaire were included.

#### Results

The participatory approach is very well accepted by victims and their relatives. In the first period, we collected analyzable data of 4,570 victims. In the ongoing period, until end of 2017 data of approximately 1,500 victims, 850 relatives and 300 professionals will be collected. We are gaining a deeper insight in the dynamics of sexual abuse as well as consequences and coping strategies of the victims. With the information gained, this process has already lead to important and concrete political changes.

#### Conclusions

Participation of victims and the use of their expertise (citizen science) is feasible, can impact policy making and lead to societal changes and should be continued as it represents an important aspect of knowledge transfer in this field.

## Dissemination of child protection knowledge, epidemiology and legal frameworks of child sexual abuse

26 July 2018, 10:45 - 12:15, Terrace 2A

RS 39.3

### Strategies for the dissemination of child protection knowledge

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#### Objectives

As a consequence of past child sexual abuse (CSA) in German institutions, a politically appointed Round Table committee was established in 2010. At this Round Table the working group "Research and Education" demanded inter alia a transfer of knowledge in the daily work of professionals dealing with affected children.

#### Methods

Financed by the Ministry for Research and Education a web-based training for pedagogical and health professionals concerning prevention of CSA was developed. The research design evaluated the outcome in relation to knowledge, executive competencies and emotional learning. Furthermore, the participants made an assessment about the quality of the online-course.

#### Results



Nearly 2000 participants completed the training in the development phase. The online-course has been certified by the State Chamber of Physicians Baden-Württemberg with 80 CME-points.

Results of the accompanying evaluation show an increase in knowledge, executive competencies and self-efficacy as well as a high satisfaction with the course and the offered learning materials. E-Learning has been considered as a suitable method to learn about the prevention of CSA.

Representatives of professional associations have been stressing the additional necessity of addressing specific topics next to the basic program. Consecutively we requested the participants of the online-course "prevention of child sexual abuse" on which other topics concerning the issue of child protection they have further need for qualification. They state interests in diagnostics and therapy, interventions and support for affected children, conversational skills and development of guidelines.

#### Conclusions

Based on positive results in evaluation of online-course „prevention of child sexual abuse“ and the demand of further education programs we spread out our portfolio of online-courses on other topics of child protection like trauma, CAN and concepts for safety and security of children in institutions. Furthermore the online-courses are part of different blended-learning-concepts.

#### Dissemination of child protection knowledge, epidemiology and legal frameworks of child sexual abuse

26 July 2018, 10:45 - 12:15, Terrace 2A

RS 39.4

#### Policy making in the face of child maltreatment: Lessons learned for the future?

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#### Objectives

As one consequence of past child sexual abuse (CSA) in German institutions, a politically appointed Round Table committee was established in 2010. In the following years, based on the implications of the round table, the German government founded several research programs to analyze the factors that made CSA possible and might have hindered the course of justice. Moreover, the Roman Catholic as well as the Protestant Church in Germany invested in historical analysis and awareness campaigns.

#### Methods

The study focusses on the one hand on the amount of investment in historical analysis and the dealing with awareness campaigns in the light of media reporting and media coverage on child sexual abuse and child maltreatment. It shows the reaction of German Government as well as other institutions like the church or sport federations.

On the other hand, the study shows the different ways of establishing legal child protection and prevention systems in Germany based on the described analyses.

#### Conclusions

The study shows that there is an increasing investment in information, educational works and awareness campaigns after a time of high media coverage. It also leads to the conclusion that institutions that are not in the main media focus try to "hide" behind those institutions in which CSA was obviously.

#### The World Association for Infant Mental Health (WAIMH) invited symposium: Clinical and research aspects of infant psychiatry

26 July 2018, 14:45 - 16:15, Forum Hall

RS 40

#### The World Association for Infant Mental Health (WAIMH) invited symposium: Clinical and research aspects of infant psychiatry

M. Keren<sup>1</sup>

<sup>1</sup>Sackler Medical School- Tel Aviv University and Geha Mental Health Center, Child and Adolescent Psychiatry, Tel Aviv, Israel

#### Symposium Overview

This symposium will offer the opportunity to have a glance over some less well-known clinical entities in Infant Psychiatry, starting with updated research data on preterm babies long term outcomes. The overall findings are that individuals born very preterm do encounter more mental health problems, although the nature and rate of the disorders vary across cohorts. The second presentation will be about the clinical aspects of gender identity and gender expression for very young children. A small number of toddlers may behave and make strong personal statements which reveal a dissonance between the physical characteristics of the body, and how they experience an internal sense of gender. For some children this dissonance is so intense as to be intolerable and perhaps suppressed. For others supported by family they may explore creatively how it feels to have a body with physical characteristics of one gender, but to feel that they are of the opposite gender. The third presentation will report findings of a current 6-year longitudinal study examined trajectories in a high-risk cohort, oversampled for internalizing symptoms, as well as several preschool risk factors (stressful life events, maltreatment, stress-hormone regulation, and maternal psychopathology) and school age outcomes. The fourth presentation will address the commonalities and differences between the various modalities and settings of parent-infant psychotherapy. Dyadic, triadic, and group parent-infant psychotherapies focus either on the interactional level – the here and now, or on the psychodynamic level – links with parents' past experience of co-parenting. A clinical vignette of domestic violence will illustrate the specific modality of trauma-focused parent-child psychotherapy.

#### The World Association for Infant Mental Health (WAIMH) invited symposium: Clinical and research aspects of infant psychiatry

26 July 2018, 14:45 - 16:15, Forum Hall

RS 40.1

#### Becoming me: clinical aspects of gender identity and gender expression for infants and very young children

C. Paul<sup>1,2,3</sup>

<sup>1</sup>WAIMH, President Elect, Melbourne, Australia

<sup>2</sup>University of Melbourne, Melbourne, Australia

<sup>3</sup>Royal Children's Hospital, Melbourne, Australia

The process of becoming aware of the body begins in infancy. Most toddlers may demonstrate awareness of the differences between male and female bodies, and their own gendered body before the end of their third year of life. A small number of toddlers may behave and make strong personal statements which reveal a dissonance between the physical characteristics of the body, and how they experience an internal sense of gender. For some children this

dissonance is so intense as to be intolerable and perhaps suppressed. For others supported by family they may explore creatively how it feels to have a body with physical characteristics of one gender, but to feel that they are of the opposite gender. Determinants of the child's experience include the capacity of the parents, immediate family and broader social network to be attuned to, and accepting of the child's emerging sense of self. For some children the solution to an uncertain gendered self is to suppress completely their experience of their body. A form of "false self" (Winnicott) may develop if there are restrictions on the child's capacity to play and creatively explore their gender identity early. Approximately 20% children and adolescents under the age of 18 years seen in the Royal Children's Hospital Melbourne Gender Service were aged 8 years or under when referred and seen. Individual and family interventions may help the child develop a confident sense of self-in-body within the context of a safe environment with people with good reflective function or capacity.

## The World Association for Infant Mental Health (WAIMH) invited symposium: Clinical and research aspects of infant psychiatry

26 July 2018, 14:45 - 16:15, Forum Hall

RS 40.2

### Psychiatric outcomes following very preterm birth

P. Anderson<sup>1</sup>

<sup>1</sup>Monash University, Professor of Paediatric Neuropsychology- Monash Institute of Cognitive and Clinical Neurosciences, Melbourne, Australia

Children born very preterm (< 32 weeks' gestation) are at high risk for cognitive, motor and educational difficulties. More recently it has been acknowledged that this clinical population also has a higher rate of mental health problems, with a preterm behavioural phenotype proposed consisting of increased difficulties in attention, impulse control, emotion (anxiety, depression, social withdrawal), and social communication (Johnson & Marlow, 2011). Indeed, numerous studies have reported elevated rates of anxiety and mood disorders, attention deficit hyperactivity disorder (ADHD) and autism in very preterm cohorts when compared to term born peers. This presentation will review the existing evidence regarding mental health outcomes in survivors born very preterm. Firstly, data from population based data linkage studies will be reviewed, followed by cohort studies that have administered structured mental health interviews. Finally, preliminary data from an individual patient data meta-analysis will be presented which collated data from major cohorts in Europe, North America and Australasia. The overall findings are that individuals born very preterm do encounter more mental health problems, although the nature and rate of the disorders vary across cohorts. Some of this variability appears to be related with the age at assessment, as expected, but other factors that are likely to be important include regional practices and assessment approaches.

## The World Association for Infant Mental Health (WAIMH) invited symposium: Clinical and research aspects of infant psychiatry

26 July 2018, 14:45 - 16:15, Forum Hall

RS 40.3

### Depression and anxiety in preschool age

K. von Klitzing<sup>1,2</sup>

<sup>1</sup>WAIMH, President, Leipzig, Germany

<sup>2</sup>University of Leipzig, Department of Child and Adolescent Psychiatry, Leipzig, Germany

### Objectives

Not much is known about etiology and long-time course of preschool anxiety and depression. Our current 6-year longitudinal study examined trajectories in a high-risk cohort, oversampled for internalizing symptoms, as well as several pre-school risk factors (stressful life events, maltreatment, stress-hormone regulation, and maternal psychopathology) and school age outcomes.

### Methods

Parents of 325 children completed the Strengths and Difficulties Questionnaire on up to four waves of data-collection from preschool (age 3-4 years) to late school age (8-9 years) and Preschool Age Psychiatric Assessment interviews at preschool and late school age. Multi-informant data (parents, teachers, children) were collected on risk factors and symptoms.

### Results

We identified four trajectory classes of internalizing symptoms with stable low, rising low to moderate, stable moderate, and stable high symptoms. Children in the stable high symptom trajectory manifested clinically relevant internalizing symptoms, with a majority diagnosed with anxiety disorders/depression at preschool and late school age. Stressful life events (loss/ separation), maltreatment, stress-hormone regulation, and maternal psychopathology were significant predictors. At school age, trajectories continued to differ on symptoms, disorders and impairment.

### Conclusions

The results help identify risk patterns under which preschool anxiety and depression symptoms are likely to persist, calling for early intervention.

## The World Association for Infant Mental Health (WAIMH) invited symposium: Clinical and research aspects of infant psychiatry

26 July 2018, 14:45 - 16:15, Forum Hall

RS 40.4

### Modalities of treatment for infant psychopathology

M. Keren<sup>1,2,3,4</sup>

<sup>1</sup>WAIMH, Past President, Tel Aviv, Israel

<sup>2</sup>WPA, Perinatal Psychiatry Section- Chair, Tel Aviv, Israel

<sup>3</sup>Geha Mental Health Center, Director of IMH Unit and Child and Adolescent Section, Tel Aviv, Israel

<sup>4</sup>Tel Aviv University School of Medicine, Child and Adolescent Psychiatry- Assistant Clinical Professor, Tel Aviv, Israel

The intrapsychic and interpersonal processes between parent and very young child are very much intertwined: the parent's internal world is reflected in the way she/he interacts with the child, which in turn, influences the development of the child's inner world, through processes of projective identification. In clinical practice, we encounter what Stern has named the "clinical infant", i.e. the symptoms that reflect the distorted parental perception of their child. Dyadic parent-infant psychotherapies have been the most common modality of treatment for many years. The observed clinical fact that co-parenting is very often problematic has led to the inclusion of both parents in the therapy room with the infant, as named triadic psychotherapy. As we will describe in this presentation, dyadic, triadic, and group parent-infant psychotherapies, like dyadic psychotherapies, focus either on the interactional level – the here and now, or on the psychodynamic level – links with parents' experience of co-parenting. We will illustrate with a clinical vignette of domestic violence the specific modality of trauma-focused child parent psychotherapy. We will end while noting the lack of clear guidelines for specific modalities of treatment as function of the type of psychopathology the infant manifests through his/her symptoms.





**The MILESTONE project – first results of research into mental health transitions in Europe**

26 July 2018, 14:45 - 16:15, North Hall

RS 41

**The MILESTONE project – first results of research into mental health transitions in Europe**

S.P. Singh<sup>1</sup>, G. de Girolamo

<sup>1</sup>University of Warwick, Division of Health Sciences- Warwick Medical School, Warwick, United Kingdom

**Symposium Overview**

The European MILESTONE project (2014-19) focuses on young people attending child and adolescent mental health services (CAMHS) who need to move on, or "transition" to, an adult mental health service (AMHS). A potential care gap during transition from child to adult mental health services may affect the health and wellbeing of young service users. The "MILESTONE study" aims to evaluate the course and outcomes of adolescents approaching the transition boundary (TB) of their CAMHS. Furthermore, it is designed to assess the effectiveness of the model of Managed Transition in improving the outcomes for the young adults, compared to treatment as usual. We provide an overview of the MILESTONE project and present preliminary findings and conclusions from some of the sub-studies looking at transition from different perspectives. Our young project advisors also evaluate what progress has been made concerning transition and which aspects still need to be addressed to smoothen the transition process. As a basis for further research, a structured mapping survey of transition policies and practices in Europe was performed. Information was obtained from all 28 European Union countries using a bespoke instrument. First results of the MILESTONE longitudinal cohort study will be the subject of the third presentation. We will present baseline data on mental health, need for care, quality of life, illness perception, functioning and socio-demographics. Research Assistants also take a closer look at the methods of, and problems with, recruitment and retention of young people into the study in the vulnerable phase of adolescence/young adulthood.

The MILESTONE project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 602442.

**The MILESTONE project – first results of research into mental health transitions in Europe**

26 July 2018, 14:45 - 16:15, North Hall

RS 41.1

**Researching child to adult mental health service transitions in Europe: the MILESTONE Project**

H. Tuomainen<sup>1</sup>, S.P. Singh<sup>1</sup>

<sup>1</sup>University of Warwick, Mental Health and Wellbeing- Warwick Medical School, Coventry, United Kingdom

**Objectives**

The current service configuration of distinct Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) is increasingly viewed as an impediment to holistic and comprehensive care for young people. There is growing international concern about the disruption of care

at the CAMHS-AMHS interface, and the long-term adverse effects on young people's health and wellbeing. The overall objective of the MILESTONE project (2014-19) is to improve transitions from child to adult-oriented mental health services in diverse healthcare settings in Europe. The aims include mapping CAMHS characteristics and interface with AMHS across Europe; developing transition-related outcomes measures; exploring the ethical challenges of providing appropriate transitional care; and developing training modules for clinicians, and policy guidelines. In the 'MILESTONE study', a large cohort of young people who have reached the end of care at CAMHS are followed up to evaluate their longitudinal outcomes and experiences. The study contains a nested cluster randomised controlled trial which tests the model of Managed transition in improving outcomes and experiences.

**Methods**

Data have been collected via systematic reviews, bespoke surveys, and focus groups with stake holders. For the MILESTONE study, over 1000 CAMHS users, their parents/carers, and clinicians have been recruited in eight EU countries (Belgium, Croatia, France, Germany, Ireland, Italy, Netherlands, UK). Assessments have been scheduled for 9, 15 and 24 months after baseline.

**Results**

Initial findings show that there is great variability in the characteristics and activities of CAMHS, and inadequate official policymaking regards transitional care in Europe. Length of CAMHS care varies across countries, potentially explained by the variation in diagnoses and differences in mental health care organisation. Further findings are expected in 2018-19.

**Conclusions**

The MILESTONE project will provide unprecedented information on the nature and magnitude of problems at the CAMHS-AMHS interface, and potential solutions to overcome these.

**The MILESTONE project – first results of research into mental health transitions in Europe**

26 July 2018, 14:45 - 16:15, North Hall

RS 41.2

**The current state of child and adolescent mental health services in Europe: a survey in 28 countries**

G. de Girolamo<sup>1</sup>, G. Signorini<sup>1</sup>

<sup>1</sup>Saint John of God Clinical Research Center, Brescia, Italy

**Objectives**

Transition to adulthood is the period of onset of most serious mental disorders. The current discontinuity of care between Child and Adolescent Mental Health (CAMHS) and Adult Mental Health (AMHS) Services is a major socioeconomic and societal challenge for the EU.

Aims: In the framework of the MILESTONE project this study aims to map current services and transitional policies across Europe, highlighting current gaps and the need for innovation in care provision.

**Methods**

An on-line mapping survey has been conducted across all 28 European Countries through the administration of two ad-hoc instruments: The Standardized Assessment Tool for Mental Health Transition (SATMEHT) and the European CAMHS Mapping Questionnaire (ECM-Q). The survey systematically collected data about CAMHS organization and characteristics, with a specific focus on actual national transition policies and practice.

**Results**

Response rate was 100%. Written policies for managing AMHS-CAMHS interface are available only in 4/28 Countries and transition support services

are reported as missing by half of the respondents. Lack of connection between CAMHS and AMHS is confirmed as the major (82%) obstacle experienced by young service users.

## Conclusions

There is a marked variability, not explained by prevalence estimates, in characteristics of services and in data activity among the 28 European countries, with important missing information at national level about CAMHS and their functioning. All these conclusions warrant an improvement in data collection and service planning and delivery.

## The MILESTONE project – first results of research into mental health transitions in Europe

26 July 2018, 14:45 - 16:15, North Hall

RS 41.3

### Perspectives on the importance of improving transition: progress and challenges still to be addressed

C. Street<sup>1</sup>

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Poor care at the point of transition between children and young people's mental health services and mental health services for adults is a longstanding area of concern and is frequently raised by children, young people, parents and carers when they are asked for feedback about mental health services. It is also one of the areas that they identify as needing to significantly improve. Young people have described the experience of transition as being like having to move home because of a flood – it seems unexpected, unplanned, scary with little choice and a lot of uncertainty as to where they will end up. Despite policies and procedures in many mental health services that set out good practice such as planning well in advance, involving young people and their families, sharing information and offering a period when both children's and adults services work with the young person to provide joined up care, the reality is very far from this. Young people talked of feeling left out of discussions and decisions, of the process being abrupt and rushed. Often it seems that the onus is on them to negotiate their way through complex service arrangements and to explain their needs. Worse, some have experienced being told they were "not ill enough" for adult services, leaving them adrift with no support. Hardly surprising that many talk of feeling highly stressed and anxious as to what transition means. In this presentation, young advisors to The MILESTONE project will explore some of these issues further and drawing on practice from around the UK, will provide ideas about how to improve transition for young people needing to move to adult mental health services.

## The MILESTONE project – first results of research into mental health transitions in Europe

26 July 2018, 14:45 - 16:15, North Hall

RS 41.4

### The MILESTONE study – first results of the cohort study

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<sup>4</sup>Maastricht University Medical Center, Psychiatry, Maastricht, the Netherlands

## Objectives

There are currently no longitudinal data on the long term course and outcomes of young people who cross the transition boundary from CAMHS to AMHS. The Milestone cohort study aims to map long term mental health care trajectories as well as the mental health of these young people. The aim of this study is to describe the population of young people that are in care at CAMHS in 8 European countries, who are making the transition into adulthood, by addressing the following research questions: What is the population of current CAMHS users across Europe at the border of transition? And: What are the variations based on their current mental health profile and functioning deemed to warrant transition into AMHS?

## Methods

Because of the variation in services, care, and ages at transition across European countries, we included CAMHS service users at the specific age of transition in this prospective, multisite cohort study. From October 2015 till December 2016 a total of 763 adolescents aged 15,2-19,6 years were recruited. In this study we describe their mental health, need for care, quality of life, illness perception, functioning and socio-demographics.

## Results

The Milestone cohort is diverse in clinical diagnoses, with depression, anxiety and neurodevelopmental disorders as the most prevalent. Length of mental health service use is related to the type of clinical diagnosis. Significant relationships between different aspects of illness perception, quality of life (different domains), clinical diagnoses and suicidality will be presented.

## Conclusions

The population of CAMHS users across Europe at the border of a possible transition or end of care is very diverse. Given the severity of their problems and the impact, a large proportion of these young people might benefit from continuing care, potentially within AMHS.

## The MILESTONE project – first results of research into mental health transitions in Europe

26 July 2018, 14:45 - 16:15, North Hall

RS 41.5

### Recruitment and retention methods for vulnerable young people in mental health research

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Difficulty recruiting from a vulnerable population often means that mental health research can struggle with recruitment and retention of participants. Add to this, the difficulties in engaging children and young people, it is no wonder that mental health research in this particular population is lacking. Currently, there is little evidence to show which strategies of recruitment and retention are most effective in this cohort. Considering that recruitment and retention are pivotal to the success of patient focussed research, this will be an important piece of work in research methodology. The MILESTONE Study is exploring transition from CAMHS and following young people over a two period. Creative methods have been used by the researchers across eight European countries, in order to maximise recruitment and engage young people with poor mental health, in research. Methods such as researcher flexibility, collaboration with clinicians and incentives have been employed. These methods and more will be described and their impact assessed. As the study is not due to complete data collection until December 2018, recruitment methods and first follow up retention methods will be evaluated. Recruitment methods across countries will be explored against recruitment rates. The retention methods will also be analysed in terms



of completion of assessments at the second time point. Reasons for missed data collection will be reported. This report will be an important resource for those mental health researchers who wish to engage young people in research.

### School-based mental health promotion

26 July 2018, 14:45 - 16:15, South Hall 2A

RS 42

### School-based mental health promotion

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<sup>2</sup>University of Koblenz-Landau, Clinical Child and Adolescent Psychology and Psychotherapy, Landau, Germany

#### Symposium Overview

Schools can be an ideal place to deliver programs to prevent mental health problems, as many children and adolescents can be reached at the same time in a non-stigmatizing way. This symposium gives an overview of four different approaches to mental health promotion in schools. The first intervention presented in this symposium (Kaess, Jantzer, Ossa, Haffner, Resch) targets bullying as a major risk-factor for mental health issues in children and adolescents. The German version of the Olweus Bullying Prevention Program (OBPP) was evaluated in German schools, involving N=3172 students. This whole-school approach showed successful prevention of bullying along with a reduction of emotional and behavioral problems in students. Two other factors closely involved in mental health are stress and emotion regulation. A study from Houston, Texas, USA (Saxena, Kahlon, Arvind, Shergay, Gillan) investigated the effects of Yoga versus general physical exercise (PE) on stress, as well as attention and emotion regulation in 9th graders. The third study presented in this symposium (In-Albon, Pfeiffer, Gutzweiler) evaluated a universal prevention program on emotion regulation in German schools, which showed very promising results. Furthermore, this program can be delivered successfully by Bachelor students, providing a cost-effective option. Bullying, stress, and insufficient emotion regulation skills are some of the most prominent risk factors for non-suicidal self-injury (NSSI). The fourth study presented in this symposium (Brown, Bohnacker, Plener) presents the evaluation of a German gatekeeper program for school-staff focusing on NSSI and suicidality. Results showed that a workshop for teachers and school-social workers can successfully enhance knowledge, perceived knowledge, and confidence when dealing with students presenting with NSSI and/or suicidality.

Learning Objectives: To learn about different approaches of prevention in schools by (1) targeting specific risk factors like bullying, (2) directly targeting stress and emotion regulation skills in students, and (3) indirectly affecting student's well-being by enhancing school-staff's abilities to deal with mental health issues like non-suicidal self-injury and suicidality.

### School-based mental health promotion

26 July 2018, 14:45 - 16:15, South Hall 2A

RS 42.1

### Bullying prevention and subsequent reduction of adolescent emotional and behavioral problems

M. Kaess<sup>1,2</sup>, V. Jantzer<sup>2</sup>, F. Ossa<sup>2</sup>, J. Haffner<sup>2</sup>, F. Resch<sup>2</sup>

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<sup>2</sup>University Hospital Heidelberg, Department of Child and Adolescent Psychiatry- Center for Psychosocial Medicine, Heidelberg, Germany

#### Objectives

Bullying is defined as negative actions against an individual persistently and over a period of time where the victim finds it difficult to defend him- or herself against these actions (imbalance of power). Around 10% of adolescents report being victims of bullying. Moreover, bullying is a major risk factor for the development of various mental health problems. The aim of this study was to test the German version of the Olweus Bullying Prevention Program (OBPP) with regards to the reduction of bullying as well as a subsequent reduction of adolescent emotional and behavioral problems.

#### Methods

The OBPP was implemented in 22 German secondary schools. 3172 students participated in both baseline assessment and 1-year follow-up. Bullying was measured using the Olweus Bully-Victim Questionnaire (OBVQ), emotional and behavioral problems were measured using the strengths and difficulties questionnaire (SDQ).

#### Results

Prevalence of victimization by bullying was 8.2% at baseline and 5.3% at the 1-year follow-up. A significant reduction of 34.7% was achieved. Reduction of bullying was significantly associated with a reduction of emotional and behavioral problems (mean change=-3.1; p<.01). Data of the 2-year follow-up are currently analyzed and will also be presented.

#### Conclusions

Bullying can be successfully reduced by whole-school prevention approaches such as the OBPP. Moreover, reduction of bullying seems to go along with a reduction of emotional and behavioral problems and may thus benefit adolescents' mental well-being.

### School-based mental health promotion

26 July 2018, 14:45 - 16:15, South Hall 2A

RS 42.2

### Examining the benefits of yoga/meditation for high school students

K. Saxena<sup>1</sup>, R. Kahlon<sup>2</sup>, R.P. Arvind<sup>2</sup>, B.A. Shargey<sup>3</sup>, L. Gillan<sup>4</sup>

<sup>1</sup>Baylor College of Houston, Associate Professor of Psychiatry, Houston, USA

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<sup>3</sup>DeBaakey High School, Dean, Houston, USA

<sup>4</sup>Institute for Spirituality and Health, Houston, USA

#### Objectives

Research in yoga/meditation suggests its benefits including reduced stress and the overall improvement of well being. Schools incorporating yoga programs in their curriculum have shown a decrease in students' aggression, restlessness, physical ailments, and increase in their coping abilities. This pilot study incorporated yoga/meditation classes twice a week for 3 weeks into the 9<sup>th</sup>-grade school curriculum of students at the DeBaakey High School in Houston, Texas, USA. The first goal was to assess the feasibility of implementing this practice into a school. The second goal was to assess the impact of yoga/meditation in reducing stress in a group of 9<sup>th</sup> graders engaged in yoga and physical exercise (PE) in comparison to a group of 9<sup>th</sup> graders receiving PE only.

#### Methods

The Baylor College of Medicine IRB in Houston approved this study. Certified yoga instructors conducted the yoga classes twice a week in the mornings at the school. Both groups of students were given self-reports related to stress, attention and emotion regulation self-reports at the beginning and end of the three weeks.

#### Results

44 students were enrolled into the yoga and PE group and 22 students were enrolled into the PE only group. All 44 yoga group students participated in all six yoga sessions. Statistical analyses and findings from the self-reports will be presented at the conference.

## Conclusions

This practice was easily implemented into a high school setting. Given the accessibility of yoga (its ability to be offered in community settings without the requirement of equipment) and its cost-effective nature (as participants learn skills in group settings and continue to practice individually), it is worthwhile to examine how yoga might decrease the stress levels and overall well-being of high school students.

## School-based mental health promotion

26 July 2018, 14:45 - 16:15, South Hall 2A

### RS 42.3

## School-based universal prevention in emotional regulation with children and adolescents implemented with Bachelor students

T. In-Albon<sup>1</sup>, S. Pfeiffer<sup>1</sup>, R. Gutzweiler<sup>1</sup>

<sup>1</sup>University of Koblenz-Landau, Clinical Child and Adolescent Psychology and Psychotherapy, Mainz, Germany

## Objectives

Emotion regulation is an essential feature of mental health. Therefore, an emotion regulation perspective in prevention programs seems highly beneficial. Bachelor students in psychology are a valuable resource for the implementation of prevention programs in schools. We developed a program using empirically evaluated modules that can be conducted by Bachelor students in schools. Since 2014, we investigate acceptance from the school children, teachers, and students. Since 2017, we investigate also effectiveness of the program.

## Methods

We designed a universal primary prevention program with a main focus on emotional regulation. Modules consist of emotional awareness, psychoeducation on emotion regulation, focusing on the importance and functions of emotions in daily life. Second focus is the transfer of strategies in adaptive emotion regulation, to preserve and promote mental health. 2016, 52 school classes received the program, ranging from six to ten school hours. Acceptance rates were assessed with a questionnaire with a sample of 187 adolescents (M=15.52 years; SD=.59), 248 children (M=10.26 years; SD=.61), 38 teachers, and 88 students. 2018, 12 schools will receive the program. Effectiveness will be investigated using questionnaires on self-efficacy, emotion regulation, and psychopathology.

## Results

So far, teachers, children, adolescents, and students reported high acceptance rates. Overall, all participating groups reported a high benefit as well as a high interest and motivation in the program. Over 85% of the children and adolescents would recommend the program. Primarily results on the effectiveness indicate a significant increase in constructive-palliative emotion regulation.

## Conclusions

The results so far demonstrated a successful implementation of a modular prevention program on adaptive emotion regulation implemented by students as group leaders.

## School-based mental health promotion

26 July 2018, 14:45 - 16:15, South Hall 2A

### RS 42.4

## The Strong Schools Against Self-Injury and Suicidality (4S) Program

R. Brown<sup>1</sup>, I. Bohnacker<sup>1</sup>, P.L. Plener<sup>1</sup>

<sup>1</sup>University Hospital Ulm, Department of Child and Adolescent Psychiatry and Psychotherapy, Ulm, Germany

## Objectives

Around one third of adolescents in Germany have thought about ending their life at least once. Despite declaring a lack of knowledge and confidence in dealing with suicidal thoughts and behaviors, school staff (e.g. teachers or school social workers) are often the first adults to be confronted with, or approached by, suicidal adolescents. Aim of this study was to evaluate a gate-keeper workshop for school staff aimed at improving knowledge, skills and confidence in those skills.

## Methods

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. Knowledge concerning suicidality increased significantly from pre- to post-assessment and was still significantly increased at six-month follow-up. The same was true for perceived knowledge and confidence in dealing with suicidal adolescents. Attitudes towards suicidal adolescents were not negative before the workshop and remained unchanged directly after the workshop and at follow-up. Although participants stated to be motivated to make changes at six-month follow-up, they reported obstacles such as lack of resources and support from school-administration.

## Conclusions

This two-day gate-keeper workshop was effective in enhancing knowledge and confidence in school staff regarding suicidality. Future workshops would benefit from ongoing supervision and inclusion of school-administration in order to facilitate long-term changes on a behavioral level.

## African Association for Child and Adolescent Mental Health (AACAMH) symposium: social and cultural aspects of CAMH in Africa

26 July 2018, 14:45 - 16:15, South Hall 2B

### RS 43

## African Association for Child and Adolescent Mental Health (AACAMH) symposium: social and cultural aspects of CAMH in Africa

Y. Oshodi<sup>1</sup>, N. Gaddour<sup>2</sup>

<sup>1</sup>University of Lagos, Psychiatry, Lagos, Nigeria

<sup>2</sup>University of Monastir, Monastir, Tunisia

## Symposium Overview

The field of Child and Adolescent Psychiatry (CAP) is a rapidly developing one with its importance evident in both developed and developing countries around the globe. However due to disparities in resources we find that there is often a lack of skilled manpower to cater to children and adolescents with mental health problems in low and middle income countries - many of whom fall within the African continent. Though there has been a deliberate drive over the last decade to explore strategies to solve the child and adolescent mental health treatment gaps within the larger context of mental health generally, as



well as with specific strategies targeted at child and adolescent needs, it is still inadequate.

Child and adolescent mental health in Africa has to be culturally and socially relevant. Practitioners need to adjust and tailor evidence-based interventions to the context. For this purpose, relying on existing resources and considering the importance of socio-cultural and religious factors is crucial. Appropriate trainings for professionals, without mimicking existing models, is one of the key-elements to efficient mental health interventions

### **African Association for Child and Adolescent Mental Health (AACAMH) symposium: social and cultural aspects of CAMH in Africa**

26 July 2018, 14:45 - 16:15, South Hall 2B

RS 43.1

#### **Parenting and autism spectrum disorders: importance for intervention and prognosis**

N. Gaddour<sup>1</sup>

<sup>1</sup>University of Monastir, Monastir, Tunisia

##### **Objectives**

Tunisian and African context in general are marked by a shortage of human and technical resources to deliver structured and intensive interventions to the fast growing number of children diagnosed with neurodevelopmental disorders (NDD), especially Autism Spectrum Disorder (ASD). The race to meet theoretical standards of effective care, such as stated in manualized interventions, seems useless. Hence the importance of simpler interventions using available resources, mainly parents.

Objective: to design simple tools for the follow-up of interventions coordinated with parents of children with ASD

##### **Methods**

Compilation of literature on social communication development milestones and different interventions (behavioural, developmental) to foster their acquisition, confronted to clinical practice with more than 1000 children with ASD and their families.

##### **Results**

the social communication chart is a simple grid in three segments:

1. Basics of communication: eye contact, joint attention, imitation, proto-imperative gestures.
2. Symbolic communication: pretend play, sharing experiences, proto-declarative gestures, expressive language
3. Social communication: narrative skills, social rules, theory of mind, pragmatic language.

It was used with more than 200 children and their caregivers and led to more involvement of parents. Each acquisition was explained with appropriate actions proposed to parents as "homework" and checked and rated at follow-up sessions

##### **Conclusions**

In our experience, practical and simple actions, proposed by clinicians with a minimal structured aspect, and applied by parents and educators under supervision, can lead to robust improvements for children with ASD.

### **African Association for Child and Adolescent Mental Health (AACAMH) symposium: social and cultural aspects of CAMH in Africa**

26 July 2018, 14:45 - 16:15, South Hall 2B

RS 43.2

#### **Child and adolescent psychiatry (CAP) training for Africa: Existing models, a personal narrative, and strategies moving forward**

Y. Oshodi<sup>1</sup>

<sup>1</sup>University of Lagos, Lagos, Nigeria

##### **Objectives**

The challenge of getting suitable and relevant training programs to produce Child Psychiatrists who are to continue to participate in this process remains unresolved in many African countries. This paper reviews existing programs, presents a training narrative and describes recommendations focused at addressing existing gaps.

##### **Methods**

A review of data collated current training programs catering to CAP training in Africa and the benefits and challenges are examined.

##### **Results**

To date most CAP training options in Africa are limited, costly and logistically difficult. There are a few western trained subspecialists who return back to the continent to contribute but these are hampered by issues of adaptability, cultural competence and understanding of the existing health systems. Current training solutions can be found in subspecialty training programs in centers in Southern Africa and also via the center for child and adolescent mental health in Ibadan, Nigeria. It is however clear that in the face of the huge unmet need for specialized training on the continent, these are grossly inadequate.

Most of these training centers require interested individuals to leave their base to go and get trained. Where ever it may be, training comes at a cost to the trainee, family, institution and their communities. Furthermore, there are also additional but often invisible costs of training that is not often reckoned with, during the discourse about subspecialty training on the continent. Cost such as financial, emotional and cultural integration challenges are often less focused upon but they indeed play a significant role in making training options more challenging that they already are. A need to rethink these models is evident.

##### **Conclusions**

There is definitely a need for innovative and culturally relevant training models that identify and care for child and adolescent psychiatric conditions as they occur within Africa. While standardized intra-continent learning must take place, the collaborations with global partners regarding CAP training and CAMH manpower development for Africa must also continue.

### **African Association for Child and Adolescent Mental Health (AACAMH) symposium: social and cultural aspects of CAMH in Africa**

26 July 2018, 14:45 - 16:15, South Hall 2B

RS 43.3

#### **Religion and child and adolescent mental health in low and middle income countries: Don't throw away the baby with the bath water**

C. Ani<sup>1</sup>

<sup>1</sup>Imperial College London, London, United Kingdom

## Objectives

Current discourses of religion are often falsely coloured by extremism and conflation with socio-political and ethnic hegemony inappropriately cloaked with religion. When devoid of these conflations, mainstream religions can be associated with positive physical and mental health outcomes. This paper explores the potential positive effect religion on Child and Adolescent Mental Health (CAMH) with reference to Low and Middle Income Countries (LMICs)

## Methods

Literature review of publications in PubMed and Google Scholar - using the following search terms "religion", "spirituality", "child and adolescent mental health", "depression", "substance use", "suicidality" "low income countries"

## Results

The studies reviewed suggest that mainstream religious practices can have a positive effect on CAMH in LMICs such as in coping with depressive symptoms, promoting hope, and reducing suicidal behaviour and substances misuse. Cognitive Behavioural Therapy (CBT) incorporating religious coping has been found to be effective in LMICs. Mindfulness, which has increasingly good evidence of benefit to CAMH has its origins in religions such as Buddhism and Taoism which are widely practiced in many LMICs.

## Conclusions

Religious extremism is undoubtedly harmful and should be discouraged. However, mainstream religious practices have the potential to benefit CAMH. This is pertinent in LMICs where orthodox CAMH resources are very limited. Positive religious coping could be encouraged in LMICs to minimise the current wide CAMH "support / treatment gap". Traditional religious healers are common sources of help for children and adolescents with mental disorders in LMICs. Working collaboratively with these "help providers" to improve their practice could benefit CAMH in LMICs.

### **African Association for Child and Adolescent Mental Health (AACAMH) symposium: social and cultural aspects of CAMH in Africa**

26 July 2018, 14:45 - 16:15, South Hall 2B

RS 43.4

### **Profile of children and adolescents seeking mental health services at a Kenyan tertiary healthcare facility**

J. Kamau<sup>1</sup>

<sup>1</sup>University of Nairobi, Lecturer, Nairobi, Kenya

## Objectives

Specialist child and adolescent mental health services are scarce in Kenya, with only two facilities providing specialist CAMH services in the country. The aim of this study was to determine the psychiatric morbidity and sociodemographic features of patients who present for child and adolescent mental health services in Kenya. Knowledge of the patterns of presentation of mental health disorders is key in the planning of service scale up and training.

## Methods

This was a cross sectional descriptive study. Included in the study were 166 participants presenting to the child and adolescent mental health clinic for care. Data was captured using a researcher designed sociodemographic questionnaire and the Kiddie Schedule for affective disorders and Schizophrenia Present and Lifetime (KSADS-PL 2009 Working draft), and thereafter analyzed using SPSS (Statistical Package for Social Scientists).

## Results

The mean age of participants in the study was 13.6 years, with a greater male representation (56%). Substance use disorders were the most prevalent presentation (30.1%), with most referrals to the clinic coming from medical practitioners and teachers.

## Conclusions

The presentation of mental health problems in this child and adolescent population was largely similar to other African settings, but substance use disorder presentation was much higher. Efforts should be made to scale up comprehensive CAMH service provision outside of the tertiary facilities.

### **African Association for Child and Adolescent Mental Health (AACAMH) symposium: social and cultural aspects of CAMH in Africa**

26 July 2018, 14:45 - 16:15, South Hall 2B

RS 43.5

### **10 years of Forensic 30 days assessments in the Northern Cape: psychiatric aspects of children & adolescents in conflict with the law**

K. Kirimi<sup>1</sup>

<sup>1</sup>University of the Free State, Kimberley, South Africa

This communication relates to a 10 years experience of forensic assessments of children and adolescents dealt with diverse law breaking behaviors in a low resourced region of South Africa

### **Cross-cultural approaches for ADHD: parenting and psychoeducation programs and transition to adult mental health services**

26 July 2018, 16:45 - 18:15, Club E

RS 44

### **Cross-cultural approaches for ADHD: parenting and psychoeducation programs and transition to adult mental health services**

B. Semerci<sup>1</sup>, M. Ferrin<sup>2</sup>

<sup>1</sup>Hasan Kalyoncu University, Psychology, Istanbul, Turkey

<sup>2</sup>Southampton University, Developmental Brain-Behavior Laboratory, London, United Kingdom

## Symposium Overview

**Learning Objectives:** To examine psychoeducation as a non-pharmacological approach for ADHD in different cultural backgrounds, to discuss its applicability in community care settings, understand cross-cultural aspects of ADHD epidemiology and the implications of transitioning to adult mental health services with a focus on forensics.

The session will include brief presentations followed by questions and discussion as follows:

Evren Tufan: ADHD epidemiological studies conducted in Turkey on various samples.

Maite Ferrin: Efficacy of a psychoeducation program for families of children and adolescents in two different countries, Spain and the UK

Andrea Bilbow, OBE: Parenting and psychoeducation programs as part of the community treatments for children, young people and adults with ADHD

Bengi Semerci: Transition age youth and adults with ADHD in Turkey with a focus on forensics.



**Cross-cultural approaches for ADHD: parenting and psychoeducation programs and transition to adult mental health services**

26 July 2018, 16:45 - 18:15, Club E

RS 44.1

**ADHD epidemiology in Turkey**

E. Tufan<sup>1</sup>

<sup>1</sup>Acibadem University Medical Faculty, Department of Child and Adolescent Psychiatry, Istanbul, Turkey

**Objectives**

Available data on epidemiology of ADHD is mainly from western countries and epidemiological data from other countries are scarce. This presentation aims to summarize the Turkish studies conducted on ADHD epidemiology.

**Methods**

Studies are searched with search engines of YOK (Turkish Institute of Higher Education) via key words „adhd“, „attention“ and „hyperactivity“. Epidemiological studies conducted as original research or dissertations were selected by perusal of abstracts. This presentation will evaluate 40 (forty) epidemiological studies conducted on community and clinical samples from different age groups in Turkey. Descriptive statistics are used in analyses.

**Results**

In Turkish studies on youth prevalence of ADHD in community was 8.1- 8.6 % while rates on clinical samples varied from 8.6 to 29.4 %. There was a signal that prevalence was higher in children attending earlier grades and those with earlier enrolment in primary schools. The weighted prevalence of adult ADHD in community samples was 3.1 % (95 % CI= 2.4- 3.8 %). Weighted prevalence of ADHD in adult psychiatric outpatients was 5.8 % (Range= 1.6 %- 15.9 %). ADHD comorbidity was commoner among adults with a primary diagnosis of bipolar, major depressive and substance use disorder. ADHD in adult samples from correctional institutions and those with a primary diagnosis of antisocial personality disorder varied between 41.6 % and 83.3 %.

**Conclusions**

Prevalence of ADHD among Turkish samples are in accordance with results reported from other countries. Earlier enrollment in primary schools may have affected prevalence. Among adults ADHD mostly accompanies bipolar, major depressive and substance use disorders. ADHD rates in samples from correctional institutions may be especially high.

**Cross-cultural approaches for ADHD: parenting and psychoeducation programs and transition to adult mental health services**

26 July 2018, 16:45 - 18:15, Club E

S 44.2

**Cross-cultural approaches for ADHD: Parenting and psychoeducation programs**

M. Ferrin<sup>1</sup>

<sup>1</sup>Southampton University, Developmental Brain-Behaviour Laboratory, London, United Kingdom

**Objectives**

Psychoeducation forms part of the current practice for ADHD, and it is recommended as first line treatment either in itself or as part of other non-pharmacological approaches by different guidelines in different countries. Cross-cultural comparisons of psychoeducation and parenting programs may help evaluate

patient needs and provision of services.

**Methods**

We present the results of two different randomised control trials (RCT) using the same psychoeducation programme in two different countries, Spain and the UK. In Spain, 81 children/adolescents with ADHD were randomly assigned for their families to receive either a well-structured psychoeducation programme, or a parent counselling and support intervention. In the UK, 69 children/adolescents with ADHD were randomly assigned for their families to receive the psychoeducation programme, or belong to a control group.

**Results**

The psychoeducation programme showed effectiveness in reducing ADHD symptoms in both Spanish and UK populations which persisted after 6 and 12 months of follow-up; results and differences between both groups are presented in this symposium.

**Conclusions**

Both psychoeducation and parenting programmes can be provided by non-clinical services working hand in hand with clinical services in order to promote well-being and better outcomes for young people with ADHD and their families

**Cross-cultural approaches for ADHD: parenting and psychoeducation programs and transition to adult mental health services**

26 July 2018, 16:45 - 18:15, Club E

RS 44.3

**The need for, the role of, and the impact of psychoeducation as seen through the work of a patient advocacy organisation in the community**

A. Billow<sup>1</sup>

<sup>1</sup>OBE, The National Attention Deficit Disorder Information and Support Service ADDISS, London, United Kingdom

**Objectives**

Psychoeducation and parenting programmes can be provided by non-clinical services including patient advocacy organizations and in coordination with clinical services. The presentation will focus on the experiences of The National Attention Deficit Disorder Information and Support Service (ADDISS) in coordinating those services.

**Methods**

Parents and families as well as children's experiences receiving psychoeducation via ADDISS will be presented.

**Results**

Psychoeducation is a necessary component of management of ADHD and its beneficial effects are noted by both families and patients.

**Conclusions**

Patient advocacy organizations and other non-governmental organizations may help families of youth with ADHD in accessing psychoeducation and coordinate their activities with clinical services.

**Cross-cultural approaches for ADHD: parenting and psychoeducation programs and transition to adult mental health services**

26 July 2018, 16:45 - 18:15, Club E

RS 44.4

## Transition to adult services for youth with ADHD with a focus on forensic psychiatry: Status in Turkey

B. Semerci<sup>1</sup>

<sup>1</sup>Hasan Kalyoncu University, Psychiatry, Istanbul Istanbul, Turkey

### Objectives

It is known that ADHD is related with various medical problems and psychopathologies across the life-span and that early diagnosis and treatment may protect against adverse outcomes. Among ADHD symptoms, especially hyperactivity and impulsivity may be related with legal problems.

### Methods

Studies conducted in Turkey by our group focusing on transition services and awareness of ADHD among adults will be presented.

### Results

Studies conducted in Turkey, both ours and by other groups suggest that awareness of ADHD and its treatments among adult patients may be limited. Psychiatrists in Turkey evaluating adult patients with ADHD may also have bias for the diagnosis and available treatments. Among adult Turkish patients with ADHD who were first diagnosed in adult years treatment compliance and motivation seem to be problematic. Additionally transition age youth who were diagnosed with ADHD while they were children and receiving treatment may experience problems in continuing treatment after they were transferred to adult services.

### Conclusions

Services for transition age youth with ADHD in Turkey may be limited and such youth may be over-represented among delinquent youth in correctional institutions.

## Perspectives on Nonsuicidal Self-Injury (NSSI) in adolescents

26 July 2018, 16:45 - 18:15, Forum Hall

RS 45

### Perspectives on Nonsuicidal Self-Injury (NSSI) in adolescents

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### Symposium Overview

Nonsuicidal Self-Injury (NSSI) is a highly prevalent phenomenon with systematic reviews reporting lifetime prevalence rates of about 18% in school samples from different countries and cultures. As NSSI is often linked to accompanying mental health disorders and has been identified as risk factor for suicidal behavior, there is a rising need in child and adolescent psychiatry to better understand the mechanisms behind and the motives for NSSI to be able to tailor intervention that suit self-injuring adolescents. Our symposium will offer different perspectives on NSSI, presented from a group of internationally renowned experts on NSSI. Starting from a neurobiological viewpoint, alterations of the cortisol response in adolescents will be presented. Furthermore, a deeper understanding of the associations between the process of identity formation and NSSI will help to better target NSSI therapeutically. To address therapeutic issues, the longitudinal follow-up of a RCT of therapeutic assessment will be presented. Another presentation will focus on the relevant clinical association between NSSI and suicidality with a final talk providing an overview about NSSI portrayal in social media. Our multi-perspective approach tries to cover the diverse aspects linked both etiologically as well as therapeutically to NSSI.

## Perspectives on Nonsuicidal Self-Injury (NSSI) in adolescents

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### Differential alterations of the cortisol response to stress or pain in adolescents with nonsuicidal self-injury

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### Objectives

Non-suicidal self-injury (NSSI) is associated with increased vulnerability to stress and reduced pain sensitivity. Both human stress and pain response are characterized by reactivity of the hypothalamic-pituitary-adrenal (HPA) axis. The aim of this talk is to summarize own research on HPA axis reactivity to stress (psychosocial stress and trauma retrieval) and pain in adolescents with NSSI.

### Methods

Three studies were conducted including adolescents fulfilling DSM-5 diagnostic criteria for NSSI and matched controls. In study 1 (N=28), adolescents were exposed to the Trier Social Stress test. In study 2 (N=64), adolescents reported on own child abuse and neglect during a semi-structured interview. In study 3 (N=60), adolescents received cold pain stimulation. Self-reports on pain experience and current distress as well as salivary cortisol samples were taken before and after paradigms.

### Results

In study 1, patients with NSSI showed a statistically significant lower cortisol response to psychosocial stress ( $p < .01$ ). In study 2, a similar pattern of attenuated cortisol reactivity to the retrieval of childhood trauma was observed ( $p < .01$ ). In study 3, cortisol analyses indicated greater cortisol response to experimentally induced pain in patients with NSSI ( $p = .037$ ). The higher cortisol response to pain was associated with significant improvements of mood ( $p < .001$ ) and body awareness ( $p < .01$ ) after pain in the NSSI group.

### Conclusions

While the HPA axis seems hypo-responsive towards stress in adolescents with NSSI, it may be specifically hyper-responsive towards painful stimuli in this group. Cortisol secretion after self-injury might help to cope with environmental stressors or traumatic memories not resulting in demand appropriate cortisol secretion. Increased cortisol response to acute pain in NSSI might support the functions of NSSI to reduce negative affect or dissociation.

## Perspectives on Nonsuicidal Self-Injury (NSSI) in adolescents

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S 45.2

### Identity formation and non-suicidal self-injury in community adolescents and psychiatric patients

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### Objectives

Non-suicidal self-injury (NSSI) refers to the direct destruction of one's body tissue without suicidal intent and constitutes an important health issue in community adolescents and especially in patients with an eating disorder (ED) or borderline personality disorder (BPD).

### Methods

In a first study, we examined the incremental predictive power of identity formation towards NSSI above and beyond well-established predictors such as demographic variables, anxiety, depression, and the Big Five personality traits. A total of 348 female adolescents and 131 psychiatric patients completed self-report questionnaires. In a second study, we investigated the directionality of association between NSSI and identity formation. We collected data on NSSI and identity from 380 high school students using self-report questionnaires at two measurement waves separated by a one-year period. We performed cross-lagged analyses to investigate the directionality of effects.

### Results

Logistic regression analyses indicated that identity confusion in adolescents (positively) and identity synthesis in patients (negatively) predicted NSSI. Conclusion: Our findings suggest that the associations between NSSI and identity synthesis and confusion are likely to be bi-directional. Hence, therapists are encouraged to focus on issues of identity formation when developing prevention and intervention efforts.

### Perspectives on Nonsuicidal Self-Injury (NSSI) in adolescents

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RS 45.3

### Randomised controlled trial of therapeutic assessment versus usual assessment in adolescents with self-harm: long term follow-up

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### Objectives

To determine long-term outcomes for the same adolescents focusing on frequency of Accident and Emergency (A&E) self-harm presentations and treatment engagement. An earlier randomised controlled trial demonstrated improved treatment engagement in adolescents who received Therapeutic Assessment (TA) versus Assessment As Usual (AAU), following an emergency presentation with self-harm.

### Methods

Patients in the TA groups (n=35) and the AAU group (n=34) were followed up 2 years after the initial assessment. Their primary and secondary care electronic records were analysed.

### Results

There was no significant difference in the frequency of self-harm resulting in A&E presentations between the two groups (OR 0.69, 95% CI 0.23 to 2.13, p=0.53). Treatment engagement remained higher in the TA group than the AAU group. 8-year follow-up data will also be presented.

### Conclusions

TA is not associated with a lower frequency of A&E self-harm presentations. The effect of TA on engagement is maintained 2 years after the initial assessment. Interventions to reduce self-harm in adolescents are needed.

Trial registration ISRCTN 81605131, <http://www.controlled-trials.com/>

ISRCTN81605131/

### Perspectives on Nonsuicidal Self-Injury (NSSI) in adolescents

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### The unique role of non-suicidal self-injury in the onset of suicidal thoughts and behaviors

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### Objectives

Non-suicidal self-injury (NSSI) is a salient risk factor for attempted suicide. We examined: **a**) the impact of mental disorders on this association, **b**) whether NSSI plays a unique role in the transition from ideation to attempt, and **c**) which NSSI characteristics indicate increased odds for subsequent onsets of suicidal thoughts and behaviors.

### Methods

Using discrete time-survival models based on age-of-onset reports from the Australian and Belgium arms (n = 6,393, 56.8% female) of the WHO World Mental Health Surveys Initiative International College Student Project, we evaluated time-lagged associations between the onset of NSSI thoughts and behaviors and mental disorders (i.e., MDD, Broad Mania, GAD, PD, and Alcohol Dependence) and subsequent onsets of suicide ideation, plans, and attempt. Associations between NSSI characteristics and subsequent suicide trajectories were examined using logistic equations.

### Results

NSSI was associated with increased risk for all suicidal thoughts and behaviors (ORs = 3.3-9.0), and predicted transitions to suicide attempt (ORs = 1.7-3.0). These associations were significant among people with and without mental disorders (ORs = 2.8-7.4). Students with comorbid MDD and NSSI were at higher risk of subsequent suicidal thoughts and behaviors than those with either NSSI or MDD. Up to half of suicide attempts might be preventable if it were possible to detect and treat NSSI in a timely manner. Subgroup analyses revealed that several NSSI characteristics (e.g., positive automatic reinforcement, earlier onset NSSI thoughts, NSSI frequency) were uniquely associated with subsequent onset of suicide trajectories.

### Conclusions

NSSI thoughts and behaviors are important risk factors that warrant consideration in the prevention of suicidal thoughts and behaviors. Prioritizing identification and appropriate referral of youth who self-injure might be one fruitful strategy to offset significant future suicidal thoughts and behaviors.

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### Perspectives on Nonsuicidal Self-Injury (NSSI) in adolescents

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RS 45.5

## Nonsuicidal Self-Injury (NSSI) online

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### Objectives

Social contagion is a known and well-described process in the spread of Nonsuicidal Self-Injury (NSSI) among adolescents. However, display of NSSI does not only happen in real life, but also on social media. Given the time, that adolescents spend on social media, this is an area of crucial interest for both prevention and intervention research.

### Methods

We conducted an analysis of the 14 most common German hashtags on the social network Instagram referring to NSSI over one month and rated all pictures and comments that were posted in that time frame. We furthermore conducted an additional in-depth study on 75 heavy network users concerning NSSI and suicidality

### Results

Our analysis revealed social positive reinforcement mechanisms for displaying wounds. Further in-depth analysis fostered this finding and underscored the portrayal of NSSI as a means to communicate with other users.

### Conclusions

Social media is used as communication channel by individuals with NSSI. Large companies have started to counter these development by offering help. Machine learning algorithms might present a future possibility to identify people in need of help.

## Selective mutism: new insights into a neglected disorder

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RS 46

## Selective mutism: new insights into a neglected disorder

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### Symposium Overview

Selective Mutism (SM) is a mental disorder comprising symptoms of consistent failure to speak in specific social situations despite of speaking in others. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classified SM among anxiety disorders for the first time. This decision was based on a significant number of studies indicating anxiety as a central phenomenon in people with SM, a common etiology between SM and other anxiety disorders. SM is associated with severe impairment of the child in several environmental conditions, and social as well as scholastic development can be influenced considerably. Despite of the burden associated with the disorder and a prevalence of about 1% which is comparable to other mental disorders such as autism spectrum disorder or anorexia nervosa, systematic research about diagnostic instruments, underlying mechanisms, and empirically proved concepts for intervention are rare so far.

The current research symposium aims at presenting new insights into SM from different empirical studies with specific points of view towards this disorder. The

conclusions which can be drawn from the results of these studies can lead to a better understanding of the disorder, its risk factors and possible targets for intervention: Many children with SM fulfill diagnostic criteria for social phobia as well, which raises the question of the character of the relationship between both entities and their effective diagnostic differentiation (Gensthaler). Different risk-factors for the development of SM have been discussed in epidemiological studies. The specific prognostic role of bilingualism compared to other risk factors over a longitudinal course of nine months will be presented (Starke). The comparison of monolingual children with SM with multilingual children who either acquired languages simultaneously or sequentially allows for interesting insights into underlying causes of silence and possible subgroups (de Jonge). In general, elevated physiological arousal can be assessed in anxiety disorders with respect to fear inducing situations, and avoidance behavior leads to a decrease of arousal. Silence in SM might either be the result of over-arousal in situations with speech demands or an effective avoidance behavior resulting in a decrease of arousal (Vogel).

## Selective mutism: new insights into a neglected disorder

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RS 46.1

## Development and Evaluation of the Frankfurt Scale of Selective Mutism (FSSM), a novel parent-rating scale for Selective Mutism

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### Objectives

Clinical diagnosis and research of selective mutism (SM) has been restricted due to a lack of diagnostic measures. The study reports on the development and evaluation of the novel Frankfurt Scale of Selective Mutism (FSSM).

### Methods

Reliability and validity of a parent-rated, age-adjusted questionnaire to assess selective mutism (SM) were examined among children and adolescents aged 3-18 years with SM, social phobia (SP), internalizing disorders (INT) and a control group (CG). Each of the three versions for kindergarteners (age 3-7 years), school children (age 6-11 years) and adolescents (age 12-18 years) consists of a Diagnostic Scale (DS) and a Severity Scale (SS).

### Results

For all three versions, item analysis resulted in high item-total correlation, and internal consistencies of the different scales were excellent with Cronbach's  $\alpha = .90-.98$ . Exploratory factor analysis of the SS consistently yielded a one factor solution. Mean sum scores of the DS differed significantly between the diagnostic groups and receiver operating characteristic (ROC) analysis resulted in optimal cutoffs for the distinction of SM from all other groups with area under the curves (AUC's) of  $.94-1.00$ . Furthermore, mean sum scores of the SS yielded significant differences between diagnostic groups. The SS scale scores reflected clinician-rated symptom load in school children and adolescents, but not kindergarteners.

### Conclusions

Current results support the FSSM as a valid diagnostic instrument of SM for research and clinical practice. The questionnaire not only successfully differentiates between children with SM and typically developing children but also



between SM and other clinical groups with a related profile of symptoms.

### Selective mutism: new insights into a neglected disorder

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RS 46.2

#### Selective mutism in bilingual children: Anxiety, language skills and parental cultural adaptation as potential risk factors?

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##### Objectives

Bilingual children are considered to have a risk four times higher than monolingual children for selective mutism (SM). Although a relatively high proportion of children with immigrant or bilingual backgrounds and SM is discussed in previous studies, there is little known about the association between bilingualism or migration status and the development of SM.

##### Methods

In this study eighteen mute mono- and bilingual children and twelve control children (age 3;0 – 5;8) were assessed longitudinally over a nine months' period. Language, anxiety, parental cultural adaptation, interactional and speaking behavior were evaluated through a multi-method approach.

##### Results

Anxiety best predicted the development of speaking behavior for both mono- and bilingual children. Those, who remained silent, showed the highest level of anxiety. Additional effects of socioeconomic background and language competencies were found for the preschool setting. Results also indicate some influence of parental cultural adaptation on the development of SM. Children of parents with a high orientation to the culture of origin tend to remain silent at the end of the study.

##### Conclusions

High levels of anxiety may serve as an early risk factor, especially in bilingual children. The association of acculturation styles in the child's parents and the development of SM need to be determined in future studies.

### Selective mutism: new insights into a neglected disorder

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RS 46.3

#### Selective mutism in monolingual, simultaneous and sequential multilingual children

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##### Objectives

Multilingualism is considered a risk factor for the development of selective mutism. Multilingual children however, represent a heterogeneous group. Simultaneous multilingual children are exposed to different languages from birth, while sequential multilingual children are usually exposed to a new language when entering preschool. The present study aims to investigate differences between monolingual children, simultaneous and sequential multilingual children with selective mutism.

##### Methods

Data from children referred between 2005-2015 to a specialized outpatient unit were retrieved from clinical files. Inclusion criteria were: age < 13y; diagnosis selective mutism; and, for multilingual children: at least 6 months exposure to the Dutch language and selective mutism not restricted to their second language but also present in their first language. Speech questionnaires for parents and teachers were used to examine reluctance to speak in different situations. The Child Behavior Checklist (CBCL), and Teacher Report Form were administered. Non-verbal IQ and Dutch receptive vocabulary scores were collected.

##### Results

109 monolingual children (71%), 24 simultaneous (16%) and 21 sequential multilinguals (14%) were included. Median age = 5.5y. The majority of the sequential multilinguals had been at least 16 months in a Dutch school environment. Monolingual, simultaneous and sequential multilingual children did not differ in age and non-verbal IQ. Sequential multilinguals had significant lower receptive vocabulary scores than the other groups. The groups did not differ in reluctance to speak in different situations according to parents, but monolingual children were rated more anxious on the CBCL. Teachers reported higher reluctance to speak in sequential than in simultaneous and monolingual children.

##### Conclusions

The results suggest that while monolingual children with selective mutism may be more anxious in general, sequential multilingual children, may be more reluctant to speak because of anxiety about their language skills.

### Selective mutism: new insights into a neglected disorder

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RS 46.4

#### Psychophysiological reactions to social stress between children with selective mutism, social phobia and typically developing children

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##### Objectives

Past research has consistently shown that children with selective mutism (SM) and children with social phobia (SP) share many similarities such as an elevated state anxiety during social situations. Recent research considers silence in SM as an avoidance behavior leading to a reduction of arousal during situations with an expectation to speak. However, other research results indicate an over-arousal to underlie the failure to speak. Studies using objective data instead of self-reports are sparse. Therefore, conclusions regarding underlying mechanisms of silence are difficult to draw. Thus, the current study aims at investigating psychophysiological arousal in children with SM, SP, and typically-developing children during social situations.

##### Methods

All children (8-12 years) participated in two different social-evaluative tasks, differing in terms of whether the children are expected to speak (verbal task) or not (nonverbal task). Due to a social evaluative component, both tasks are considered to be fear inducing. However, and in contrast to tasks with an expectation to speak, nonverbal tasks are cannot be avoided by remaining silent. In order to gain a better insight in the detailed course of the children's psychophysiological arousal, peripheral physiological markers such as skin conductance, heart rate and respiratory sinus arrhythmia are assessed at several time points throughout the tasks.

##### Results

Data collection of the study is still ongoing. We expect children with SM to dis-

play a higher arousal in the verbal task compared to the nonverbal task, while children with SP are supposed to display comparable arousal in both tasks.

## Conclusions

Based on psychophysiological reactions to social-evaluative tasks with and without the opportunity to avoid social evaluation, we will gain a better understanding of underlying mechanisms of silence in SM.

## Mechanisms of fetal programming in child and adolescent mental health

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RS 47

## Mechanisms of fetal programming in child and adolescent mental health

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## Symposium Overview

Child and adolescent psychiatry is rife with examples of prenatal adversities associated with specific mental health conditions (Van den Bergh et al., 2017; O'Donnell et al., 2017). However little is known about the mechanisms of this fetal programming. Our session puts together epi-(genetic), imaging- and electrophysiological studies that investigate biological pathways underlying specific behavioral, cognitive or neurophysiological phenotypes of children with a history of prenatal adversities, such as maternal depression, alcohol- and nicotine exposure during pregnancy.

Using functional magnetic resonance imaging Holz and colleagues examines the effect of maternal smoking during pregnancy on the neural circuitries of response inhibition and reward processing and their association with related behavioral phenotypes such as attention deficit hyperactivity disorder (ADHD). Their findings point to a functional involvement of prenatal nicotine exposure in intermediate phenotypes associated with ADHD, suggesting a possible mechanism in conferring susceptibility to this disorder.

Golub and colleagues will report a study of the impact of prenatal alcohol exposure on epigenetic programming of several key neurodevelopmental genes resulting in attentional and cognitive alterations in children at the age of 7-9 years.

Barker and colleagues show associations between prenatal and postnatal effects of environmental exposures, inflammation-related epigenetic polygenic risk scores (i-ePGS) at birth and age 7, cognitive functions and child internalizing and externalizing problems in a large cohort of mother-child pairs.

Last but not the least, Frey et al. will report on a large longitudinal study (from pregnancy till the primary school age) investigating the influence of prenatal depression on basal child hypothalamic-pituitary-adrenal axis (HPA)-activity and testing the mediation hypothesis of DNA methylation as an underlying mechanism. Their results give rise to DNA methylation, in the key genes of the HPA-Axis, as one pathway of prenatal depression effects on the function of the child's stress system.

Taken together, our session suggests causal models on the neurophysiological, molecular and epigenetic levels that underlie associations of prenatal adversities and risks for mental health disorders. These findings not only deepen our knowledge of the fetal programming in child and adolescent psychiatry but may also lead to the development of more successful and precise preventive and

curative interventions.

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## Mechanisms of fetal programming in child and adolescent mental health

26 July 2018, 16:45 - 18:15, South Hall 1B

RS 47.1

## Effect of prenatal exposure to tobacco smoke on inhibition and reward processing: neuroimaging results from a prospective study over 25 years

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## Objectives

Accumulating evidence suggests a role of maternal smoking during pregnancy in the etiology of attention-deficit/hyperactivity disorder (ADHD). Research on the neurobiological underpinnings of these disorders has highlighted deficits during response inhibition and reward processing. The present study aimed at clarifying the influence of maternal smoking during pregnancy on the neural circuitries of response inhibition and reward processing and their association with related behavioral phenotypes such as ADHD and novelty seeking in the mother's offspring.

## Methods

Functional magnetic resonance imaging data during NoGo flanker (N=178) and a monetary incentive delay task (N=169) were acquired in participants from an epidemiological cohort followed since birth. In addition, voxel-based morphometry was performed to study brain volume differences of the offspring. Prenatal smoking and lifetime ADHD symptoms were determined using standardized parent interviews at the offspring's age of 3 months and over a period of 13 years, respectively. Possible covariates were controlled for in the analyses, including sex, parental postnatal smoking, psychosocial adversity, obstetric adversity, maternal prenatal stress and lifetime substance abuse.



## Results

Participants prenatally exposed to nicotine exhibited a weaker response in the anterior cingulate cortex, the right inferior frontal gyrus, the left inferior frontal gyrus, and the supramarginal gyrus during the processing of the NoGo compared to neutral stimuli, while presenting a decreased volume in the right inferior frontal gyrus. In addition, a weaker activity in core regions of the reward system including the ventral striatum, the caudate, and the putamen, emerged during the receipt of reward. Consistent with its specific role ADHD, inhibition-related IFG activity correlated inversely with ADHD symptoms, whereas ACC activity correlated negatively with novelty seeking.

## Conclusions

These findings point to a functional involvement of maternal smoking during pregnancy in intermediate phenotypes associated with ADHD, suggesting a possible mechanism in conferring susceptibility to this disorder.

## Mechanisms of fetal programming in child and adolescent mental health

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RS 47.2

### Prenatal alcohol exposure is associated with adverse cognitive effects and distinct whole-genome DNA methylation patterns in primary school children

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## Objectives

Prenatal alcohol exposure (PAE) is known to elicit a broad range of systemic effects, including neurophysiological alterations that result in adverse behavioural and cognitive outcomes. However, molecular pathways underlying these long-term intrauterine effects remain to be investigated. Here we tested a hypothesis that PAE may lead to epigenetic alterations to the DNA resulting in attentional and cognitive alterations of the children.

## Methods

Our study included 156 primary school children of the Franconian Cognition and Emotion Studies (FRANCES) cohort which were tested for an objective marker of PAE, ethyl glucuronide (EtG) in meconium at birth. Each child was tested among others for IQ and the event-related potential (ERPs) recorded during a cued Go/Nogo task. DNA for methylation analysis was extracted from buccal cells. Genome-wide DNA methylation analysis was performed using the Infinium Human Methylation 450K BeadChip array (Illumina).

## Results

32 newborns were found to be exposed to alcohol with EtG values above 30 ng/g (EtG+). PAE was associated with lower IQ and smaller amplitude of the ERP-component P3 in go trials (Go-P3), which indicates a reduced capacity of attentional resources. We detected 193 differentially methylated genes in children with positive meconium EtG, that were clustered into groups involved in epigenetic modifications, neurodegeneration, neurodevelopment, axon guidance and neuronal excitability. Furthermore, we detect mediation effects of the methylation changes in DPP10 and SLC16A9 genes on the EtG related cognitive and attention-related deficits.

## Conclusions

Our results suggest that system-wide epigenetic changes are involved in life-long effects of prenatal alcohol exposure. In particular, we show an epigenetic mediation of PAE effects on cognition and attention-related processes.

## Mechanisms of fetal programming in child and adolescent mental health

26 July 2018, 16:45 - 18:15, South Hall 1B

RS 47.3

### Prenatal depressive symptoms are associated with DNA methylation of HPA axis-related genes and diurnal cortisol profiles in primary school-aged children

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## Objectives

Prenatal depression is associated with altered HPA-axis functioning. To date epigenetic modifications are discussed as an underlying mechanism. In a longitudinal study, DNA methylation changes related to prenatal depressive symptoms were investigated in 167 children aged 6 to 9 years.

## Methods

Hypothesis-driven, the methylation status of 126 CpGs of six genes was considered for the analysis together with basal child HPA activity as reflected by diurnal cortisol levels.

## Results

Children exposed to prenatal depressive symptoms had lower bedtime cortisol ( $p = .003$ ,  $p_2 = .07$ ) and a steeper diurnal slope ( $p = .023$ ,  $p_2 = .06$ ). For total cortisol release, prenatal exposure was related to lower cortisol release in boys, and higher release in girls. Prenatal depressive symptoms were associated with altered methylation in NR3C1, NR3C2 and SLC6A4, with some sex-specific effects ( $p = .012-.040$ ,  $p_2 = .03-.04$ ). In a mediation

analysis prenatal depressive symptoms predicted bedtime cortisol mediated by NR3C2 methylation (indirect effect: -0.07, 95 % confidence interval: -0.16, -0.02) in boys.

## Conclusions

Our results indicate effects of prenatal depressive symptoms on child basal HPA activity and DNA methylation, with different effects on both sexes.

## ADHD, nutrition, growth and lifestyle

27 July 2018, 08:00 - 09:30, North Hall

RS 48

## ADHD, nutrition, growth and lifestyle

A. Díez-Suárez<sup>1</sup>, C. Soutullo<sup>1</sup>

<sup>1</sup>*Clinica Universidad de Navarra, Child and Adolescent Psychiatry Unit- Psychiatry and Clinical Psychology Department, Pamplona, Spain*

## Symposium Overview

ADHD is associated with multiple health complications and an increased risk of death. It has been related to alterations in metabolism and weight, with an increased risk of obesity and overweight, in children and adolescents. Maternal prenatal nutrition has been suggested as a risk factor for the development of symptoms of hyperactivity-inattention and conduct problems in the offspring. Although it is not still clear if ADHD is associated to delayed growth itself, treatment with stimulants has been related to a decreased final height. Considering that hyperactivity has always been a cardinal symptom in ADHD, some clinicians have raised the question whether sports or training may improve ADHD symptoms. Time perception could play a role in this lifestyle. Learning Objectives: to learn about which lifestyles are associated to ADHD, specially referring to nutrition, obesity, growth, and physical activity.

## ADHD, nutrition, growth and lifestyle

27 July 2018, 08:00 - 09:30, North Hall

RS 48.1

## Diet during pregnancy and children's trajectories of externalizing difficulties from 3 to 8 years

C. Galera<sup>1</sup>

<sup>1</sup>*University of Bordeaux, Bordeaux, France*

## Objectives

Whereas prenatal diet has been linked to externalizing problems it is not known whether Attention Deficit Disorder Hyperactivity (ADHD) and conduct problems are distinctively influenced by prenatal diet. The objective of the study was to assess the role of maternal prenatal diet in offspring's symptoms of hyperactivity-inattention and conduct problems from ages 3 to 8 years.

## Methods

We used data from the French EDEN cohort followed up from pregnancy until the children were 8 years of age (1242 mother-child pairs). Prenatal diet patterns (DP) were assessed with food frequency questionnaires. Children's externalizing problems were assessed using the Strength and Difficulties Questionnaire (ages 3, 5 and 8 years). We conducted multivariable logistic models to study associations adjusted for a range of potential confounders including DP of the children at age 2 years, maternal stress and depression, gestational diabetes and socio-economic variables.

## Results

Results showed significant adjusted associations between maternal "low healthy diet" (Odds Ratio (OR) = 1.61;  $p < .01$ ) and "high western diet" (OR = 1.67;  $p < .01$ ) during pregnancy and children's trajectories of high symptoms of hyperactivity-inattention. There was no significant adjusted associations between prenatal diet and conduct problems trajectories.

## Conclusions

Prenatal diet was independently related with children's hyperactivity-inattention symptoms but not with conduct problems. Early ADHD preventive interventions targeting diet in pregnant women should be conducted.

## ADHD, nutrition, growth and lifestyle

27 July 2018, 08:00 - 09:30, North Hall

RS 48.2

## Growth, stimulants and ADHD: systematic review and meta-analysis

A. Díez-Suárez<sup>1</sup>

<sup>1</sup>*Clinica Universidad de Navarra, Child and Adolescent Psychiatry Unit- Psychiatry and Clinical Psychology Department, Pamplona, Spain*

## Objectives

To conduct a meta-analysis to evaluate growth and final height in children and adolescents diagnosed with ADHD treated with stimulant medication.

## Methods

PubMed, Web of Science, Cochrane Library and PsycInfo were searched for articles until august 2017. Additional studies were identified by contacting clinical experts and searching grey literature databases as OpenGrey. Used keywords included ADHD, height, growth, methylphenidate and other stimulants. Published studies which evaluate the relationship between stimulant treatment and height in children and adolescent with ADHD were included. Two investigators independently screened all studies by title and abstract using standardized forms and study quality indicators.

## Results

Eight studies met our inclusion criteria. Follow-up periods ranged from 2.3 to 6.3 years. High heterogeneity among studies was observed (I<sup>2</sup>: 94%) due to the methodology used (diverse ages and follow-up periods, and lack of control groups in most studies, among others). The pooled height reduction was -0.19 (95% confidence interval -0.27 to -0.10) SDS. Systematic review registration number: PROSPERO protocol number: CRD42015027827

## Conclusions

This meta-analysis suggests an association between a reduction in the expected height (SDS) and the use of methylphenidate in children and adolescents with ADHD. Further research, specially studies with longer follow-up periods, until adulthood, are needed to clarify the impact of continuous treatment with stimulants on growth in patients with ADHD.

## ADHD, nutrition, growth and lifestyle

27 July 2018, 08:00 - 09:30, North Hall

RS 48.3

## ADHD and physical exercise



M. Huss<sup>1</sup>

<sup>1</sup>Universitätsmedizin der Johannes-Gutenberg - Universität Mainz  
Mainz, Germany

Hyperactivity has been for decades a leading symptom in the early definition of ADHD and even research has differentiated this simplistic link between hyperactivity and ADHD, for clinicians motor activity is still a crucial topic. It is therefore not surprising that many concepts have been proposed to use motor activity itself as an therapeutic option. In particular, many researchers and clinicians have raised the question whether sports or training may improve ADHD symptoms, and if so, whether this is ADHD-specific or a more general effect. While animal studies in ADHD models demonstrate strong evidence for a potential benefit of motor activity on the behavioral and the neurobiological level, clinical evidence is still sparse and too heterogeneous in order to give specific advice for integrating this option into a multi-modal treatment regimen. We will present the current state of art with regards to ADHD and physical exercise and cross-validate the data with other reasearch domains, which have generated more conclusive data (i.e. mood disorders and physical exercise). This state-of-art report will also include possible mechanisms of action such as effects on executive functions and a potential role of lactate. In addition, we report on our own systematic clinical data assessment focussing on the question, which kind of exercise (aerobic/anaerobic; individual sports/group sports) may be beneficial in real live settings.

### ADHD, nutrition, growth and lifestyle

27 July 2018, 08:00 - 09:30, North Hall

RS 48.4

### ADHD, lifestyle and time perception

R. Ptacek<sup>1</sup>

<sup>1</sup>Charles University, Department of Psychiatry- General Teaching Hospital,  
Prague, Czech Republic

The review examines Attention Deficit Hyperactivity Disorder (ADHD in its Child and Adult form) and its various presentations (Hyperactive Impulsive, Inattentive, and Combined) with a particular focus on environmental (incl. social factors), lifestyles and comorbidities. It is argued that ADHD is best understood in a holistic and interactive context and a vast empirical literature is presented to illustrate the point: Environmental factors include stress in general as well as exposure to toxins (phthalates, bisphenol A). Social factors are illustrated by effects of social deprivation and seduction to unhealthy lifestyles. Maternal lifestyle during pregnancy is pointed out (particularly her exposure to nicotine, alcohol, caffeine, and drugs, even seemingly benign medications like acetaminophen), which all tend to be related to ADHD. Family environment is discussed with respect to protective effect of (mainly authoritative and autocratic) parenting styles. Societal factors include mainly economic and political issues: income inequality and poverty (low SES is an ADHD risk factor) and a growing moral dilemma between a humanistic effort to globally spread the knowledge of ADHD and the medicalization and commercialization of the disorder. The second part of the review is devoted to ADHD related lifestyles and resulting comorbidities (e.g., food addiction and obesity, substance abuse, electronic media dependencies and conduct and personality disorders). Although ADHD is a neurodevelopmental disorder, its assessment and treatment are also linked to environmental, behavioral and social factors and their interactions.

### Young refugees' mental health care takes a step forward: action research in Belgium, France and the US

27 July 2018, 08:00 - 09:30, South Hall 2A

RS 49

### Young refugees' mental health care takes a step forward: action research in Belgium, France and the US

L. Benoit<sup>1</sup>

<sup>1</sup>Maison de Solenn, Youth Psychiatry, Paris, France

#### Symposium Overview

This research symposium highlights the recent difficulties of taking care of young refugees in the US, France and Belgium. Childhood experts recognize the need for specific and tailored support if minors are to access education and professional skills trainings, make their residency legal, and gain recognition of their needs and pursuit of autonomy. And yet social workers in children's protection, teachers and health professionals face difficulties in meeting targeted needs, and in providing proper healthcare for somatic diseases or injuries, as well as for mental health care.

Since 2012 in France, the number of Non-Accompanied Minors has significantly increased. This is reflected in the context of social services for children's protection (10% of children supported by these services are Non-Accompanied Minors), as well as in the proportion of minors among the migrants arriving in France (one in three migrants was under 18 years old in 2015) (UNICEF 2016). While these young migrants were initially stationed in just a few French regions (Île-de-France, Hauts-de-France, Auvergne-Rhône-Alpes), since 2013 the government tried to allocate them more equitably throughout the French territory. However, these policies do not address the needs of children and the reallocation sometimes breaks fragile bounds, while the resources to replace them by a continuous support are not available.

Since 2016, given the current political climate in America, undocumented immigrants have utilized less services for fear of deportation. In New York, recently there has been a decrease in the utilization of the Safe Horizon Immigration and Anti-trafficking Programs likely relating to the current US administration. Facing insufficient funding, health professionals of the Flemish part of Belgium decided to assess the actual availability and the content of the mental health care provided by their services.

Based on three research actions carried by the Safe Horizon Program (New York), the NAMIE Program (Paris), and the mental health professionals of the Flemish part of Belgium, this symposium aims at describing Non-Accompanied Minors' needs, providing an international comparison of local policies and social movements supporting care and finally sharing practical guidelines based on the most recent approaches in primary care.

### Young refugees' mental health care takes a step forward: action research in Belgium, France and the US

27 July 2018, 08:00 - 09:30, South Hall 2A

RS 49.1

### Unaccompanied minors in America: needs and care

S.M. Palyo<sup>1</sup>

<sup>1</sup>New York Medical College, Langone NYU School of Medicine- Clinical Assistant Professor of Psychiatry and Behavioral Sciences, New York, USA

#### Objectives

The presentation will utilize clinical material from Safe Horizon, a victim assistance nonprofit formed in 1978 in New York City that provides assistance, advocacy and support to victims of trauma. The organization has several programs including the Immigration Law Project, Anti-trafficking Project, and Counseling Center.

Given the current political climate in America, undocumented immigrants have utilized less services for fear of deportation. Recently there has been a decrease in the utilization of the Safe Horizon Immigration and Anti-trafficking Programs likely relating to the current US administration. Since most of the clients have a history of trauma, this emerging situation has impacted clients due to general trauma symptoms as well as the triggering aspects of the U.S. government's behaviors. This has resulted in clients being less engaged in services, more isolation, and stagnation in the process.

## Methods

In addition to the information regarding work at Safe Horizon, U.S. and New York statistics of unaccompanied minors and treatment interventions have been assessed. The presentation will briefly discuss unaccompanied minors in the United States and their progression in social services and trauma informed treatment.

## Results

The review of the literature and experience in a trauma focused non-profit organization shows that addressing trauma in unaccompanied minors benefits longer-term stability for clients. Victims of trauma, especially if the victim is not a citizen of the country, are hesitant to seek and maintain treatment due to numerous barriers as well as providers may not consider trauma in general evaluations.

## Conclusions

This presentation helps facilitate improvement in understanding obstacles and improving access to care.

## References:

Outcry After Immigration Agents Seen at Queens Human Trafficking Court. (n.d.). Retrieved June 24, 2017, from <http://www.nyc.org/story/outcry-after-immigration-agents-come-trafficking-victim-queens-court-house>  
[www.safehorizon.org](http://www.safehorizon.org)

## Young refugees' mental health care takes a step forward: action research in Belgium, France and the US

27 July 2018, 08:00 - 09:30, South Hall 2A

RS 49.2

## Unaccompanied minors in America: transitions to adulthood

S. Palyo<sup>1</sup>

<sup>1</sup>New York Medical College, Langone NYU School of Medicine- Clinical Assistant Professor of Psychiatry and Behavioral Sciences, New York, USA

## Objectives

The presentation will utilize clinical material from Safe Horizon, a victim assistance nonprofit formed in 1978 in New York City that provides assistance, advocacy and support to victims of trauma. The organization has several programs including the Immigration Law Project, Anti-trafficking Project, and Counseling Center. Safe Horizon's Anti-Trafficking Program serves unaccompanied minors who came to the United States as teens as well as trafficking survivors who were recruited at a young age and were trafficked into adulthood. Many of our young adult trafficking survivors have a history of significant trauma that lingers with them. A focus for our organization has been on noting the significant impact on trafficking throughout the lifespan of victims.

## Methods

Our program has been greatly involved with youth (who were trafficked) transitioning into adulthood who are now receiving support related to their trauma symptoms for the first time. As these children develop, one can see the impact of trauma when survivors, after many years, reunify with family members, who

may also have unaddressed histories of trauma. A brief case presentation will highlight the experience of one unaccompanied minor who was trafficked and receives services and then ultimately reunited with her family.

## Results

The review of the literature and experience in a trauma focused non-profit organization shows that addressing trauma in unaccompanied minors benefits longer-term stability for clients. The presentation will discuss unaccompanied minors in the United States and their progression in social services and trauma informed treatment.

## Conclusions

Victims of trafficking, especially unaccompanied minors, have lingering symptoms of posttraumatic stress disorder and understanding how these symptoms impact one's development into adulthood and with developing relationships.

## References:

[www.safehorizon.org](http://www.safehorizon.org)

## Young refugees' mental health care takes a step forward: action research in Belgium, France and the US

27 July 2018, 08:00 - 09:30, South Hall 2A

RS 49.3

## The role of psychiatric care for non-accompanied minors supported by social services for children's protection in Paris, France

S. Minassian<sup>1</sup>, R. Radjack<sup>1</sup>, M.R. Moro<sup>1,2</sup>

<sup>1</sup>Maison de Solenn, Hospital Cochin- APHP, Paris, France

<sup>2</sup>University of Paris Descartes, Paris, France

## Objectives

In France, the number of Non-Accompanied Minors (MNA) has significantly increased. This action research aimed to provide and evaluate a specific setting for these minors, addressing their needs. First, the health care program focuses on the traumatic impact, culture-bound symptoms, and the distinction between physical and psychological symptoms. Second, the life project of each young refugee is designed hand in hand with his referent educator. Third, institutional and administrative constraints are highlighted, in order to help them in negotiating their life project despite the existing suspicions and contradictions stressed by the distinctive actors they encounter in given situations.

## Methods

A follow-up research designed by the action-research group NAMIE (Nouvel Accueil Mineurs Isolés Étrangers) aimed to evaluate the trans-cultural skills of professionals working with non-accompanied minors, took place at Hospital Cochin from 2012 to 2016. Anonymized qualitative interviews assessed misunderstandings, caregivers' unconscious prejudices, burn-out of professionals in highly complex situations, and institutional and administrative constraints.

## Results

The results highlight the characteristics of this vulnerable population (trauma, distinctive cultural features), the predicaments these people face while seeking access to medical and psychological care. It emphasizes the importance of a coordinated institutional response. Distinctive barriers and levels of intervention will be illustrated through a case study. It will explore the situation of one non-accompanied minor, who suffered from post-traumatic symptoms, and had to face administrative obstacles. An important focus of this study will be this minor's relationship with his referent educator.

## Conclusions

Since 2015, and following this research, a new program for a specific psychological care designed for non-accompanied minors, NatMIE (Nouvel Accueil





Thérapeutique des Mineurs Isolés Étrangers) has been implemented at the one-stop youth friendly service of Cochin Hospital (Maison des Adolescents). The NatMIE program will be described during the presentation.

#### References:

www.mda.aphp.fr/  
Conference 2016: Isolated Migrant Minors, from [http://www.transculturel.eu/2016-Mineurs-isoles-etrangers-Pouvoir-enfant-poser-les-valises\\_a301.html](http://www.transculturel.eu/2016-Mineurs-isoles-etrangers-Pouvoir-enfant-poser-les-valises_a301.html)

### Young refugees' mental health care takes a step forward: action research in Belgium, France and the US

27 July 2018, 08:00 - 09:30, South Hall 2A

RS 49.4

#### Mental health care for young refugees in Flanders, Belgium

W. Ang<sup>1</sup>

<sup>1</sup>University of Antwerp, Child and Adolescent Psychiatrist, Antwerp, Belgium

#### Objectives

Recognizing and appropriately treating mental health problems among new immigrants and refugees in primary and secondary care is a challenge because of differences in language and culture and because of specific stressors associated with migration and resettlement (Kirmayer et al., 2011). While Belgium offers subsidized general health care to refugees, mental health care is not included in national health insurance.

#### Methods

This research action aims at providing an overview of the mental health care design and implementation for young refugees in the Flemish part of Belgium. A qualitative study among users and caregivers was conducted during clinical practice and the Flemish network of care was described in a public health perspective.

#### Results

Flemish mental health care services do not even meet the needs of the general population, where long waiting lists apply. Thus, a network of informal mental health services has been shaped to address the special needs of young refugees. During this presentation, we will discuss the availability of those services and the content of the mental health care that can be provided when care is available. Finally, we will look into our clinical practice working with refugee families on a daily basis presenting a brief case report. We will focus not only on clinical work but also on training and supervision of 'first line' professionals like teachers and staff in group homes.

#### Conclusions

This research action provides general guidelines for mental health professionals in primary care for new immigrants. These guidelines are grounded on the actual resources and needs in the Flemish part of Belgium and are therefore realistic ones.

#### Reference:

Kirmayer IJ, Narasiah L, Munoz M, Rashid M, Ryder A, Guzder J, Hassan G, Rousseau C, Pottie K (2011) Common mental health problems in immigrants and refugees: general approach in primary care. *CMAJ*, 183 (12): E959-E967

### Neurocognitive, neuroendocrine, neuro image and genetic studies on attention-deficit hyperactivity disorder

27 July 2018, 08:00 - 09:30, Terrace 2A

RS 50

### Neurocognitive, neuroendocrine, neuro image and genetic studies on attention-deficit hyperactivity disorder

S.S.F. Gau<sup>1</sup>

<sup>1</sup>National Taiwan University Hospital and College of Medicine, Department of Psychiatry, Taipei, Taiwan

#### Symposium Overview

**Synopsis:** Despite evidence of deficits in a wide range of neuropsychological function and altered brain structure and function in children and adolescents with attention-deficit hyperactivity disorder (ADHD), neural substrates, neuroendocrine, and genetic contribution underpinning these deficits have not been well studied. This symposium will fill this gap by presentation of four studies. The symposium consists of research on the STS and SULT2A1 genes and neurosteroids level in youth with ADHD, DAT1 genes on the striatal functional connectivity in youth with ADHD, genetic epidemiological studies on the genetic and environmental contributions in UK twin cohort, and a follow-up investigation of neuropsychological functions in preschoolers with ADHD to improve our understanding of multi-dimensional contribution from genetic variants and neurobiology to the expression and mechanism of ADHD across lifespan from preschoolers to young adulthood.

**Dr. Liang-Jen Wang** from Kaohsiung Chang Gung Memorial Hospital and College of Medicine, Kaohsiung, Taiwan, will present his work on the relationships among polymorphisms of the STS gene and SULT2A1 gene, dehydroepiandrosterone (DHEA) and its sulfated form (DHEA-S), and characteristics of ADHD in a sample of 255 ADHD probands (mean age: 8.7 years; 200 boys and 55 girls) and their biological parents. Cheek swabs were used to obtain the genomic DNA. Three SNPs in the STS gene (rs6639786, rs2270112, and rs17268988) and one SNP in the SULT2A1 gene (rs182420) were genotyped. Saliva samples were collected from the ADHD patients to analyze DHEA and DHEA-S levels. The results showed rs2270112 within the STS gene to be over-transmitted in males with ADHD, but not in the female patients. These findings support potential sex differences in the underlying biological pathogenesis of ADHD with regard to STS polymorphisms and neurosteroid levels.

**Professor Susan Gau** from National Taiwan University Hospital and College of Medicine, Taiwan, will present the effects of the **DAT1** rs27048 (C)/rs429699 (T) haplotype on the striatal functional connectivity and visual memory performance in 96 drug-naïve youths with ADHD and 114 typically developing (TD) youths. These participants were assessed with the resting-state functional MRI and the Delayed Matching to Sample, and Spatial Recognition Memory tasks for visual memory. A novel gene-brain-behavior association between bilateral DC functional connectivity and visual memory performance in ADHD youths with the **DAT1** rs27048 (C)/rs429699 (T) haplotype suggests a differential effect of DAT1 genotype altering specific brain function causing neuropsychological dysfunction in ADHD.

**Dr. Kate Liu** from University College London, London, United Kingdom, will present her analysis of a total of 5634 twin pairs born in the UK between 1994 and 1996 to examine the genetic and environmental contributions on the developmental course of ADHD symptoms and academic achievement. Inattention and hyperactivity/impulsivity symptoms were assessed at ages of 14.2, 11.3, 7.9 and 16.3 years, academic achievement at age 16. The latent growth curve model multivariate genetic model was used. The results indicate that individuals with increasing inattention level across age are at a higher risk of academic underachievement. Shared genetic etiology implies common neurobiological underpinnings between the development of ADHD symptoms and cognitive ability, which warrants further investigation.

**Dr. Shou-Lian Hwang** from Chang Gung University, Linko, Taiwan, will present his follow-up study comparing the different profiles in

neuropsychological functions between 19 children with ADHD diagnosed at preschool and 11 children with ADHD diagnosed at follow-up (i.e., 1st grade) as compared to 39 children without ADHD. The attention profiles, inhibitory response, and delay aversion were assessed by the Conners Kiddie Continuous Performance Test (KCPT), flanker task and Day/Night Stroop, and delay choice task, respectively. The results showed that only 1st graders with ADHD diagnosed at preschool demonstrated deficits in attention profiles and inhibition control, and had slower decision time at choice delay task compared to the other two groups. The findings imply different developmental trajectories in neuropsychological functions according to the emerging ADHD symptoms severity among young children with ADHD.

#### Learning Objectives:

1. Neurosteroid pathways may contribute to the sex difference in the pathophysiology of ADHD.
2. The identification of a novel gene-brain-behavior association suggests a differential effect of DAT1 genotype altering specific brain function causing neuropsychological dysfunction in ADHD.
3. The genetic and environmental contributions on the developmental course of ADHD symptoms and academic achievement were revealed based on a huge UK twin cohort.
4. Differential neuropsychological function is a function of the emerging ADHD symptoms severity reaching the DSM-5 diagnostic criteria before or after age of 6 among young children with ADHD.

#### REFERENCES:

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2. Wang LJ, Chan WC, Chou MC, Chou WJ, Lee MJ, Lee SY, Lin PY, Yang YH, Yen CF (2017). Polymorphisms of STS gene and SULT2A1 gene and neurosteroid levels in Han Chinese boys with attention-deficit/hyperactivity disorder: an exploratory investigation. *Sci Rep. Apr 3;7:45595*.
3. Shang CY, Lin HY, Tseng WY, Gau SS (2018). A haplotype of the dopamine transporter gene modulates regional homogeneity, gray matter volume and visual memory in children with attention-deficit/hyperactivity disorder. *Psychol Med* (in press).
4. Lin HY, Cocchi L, Zalesky A, Lv J, Perry A, Tseng WYI, Kundu P, Breakspear M, Gau SS (2018). Biotyping childhood-onset attention-deficit hyperactivity disorder in drug-naïve adults. *Psychol Med* (in press).
5. Larsson H, Dilshad R, Lichtenstein P, Barker ED (2011). Developmental trajectories of DSM-IV symptoms of attention-deficit/hyperactivity disorder: genetic effects, family risk and associated psychopathology. *J Child Psychol Psychiatry*. 52(9), 954-963.
6. Romano E, Tremblay RE, Farhat A, Cote S (2006). Development and prediction of hyperactive symptoms from 2 to 7 years in a population-based sample. *Pediatrics*. 117(6), 2101-2110.

#### Neurocognitive, neuroendocrine, neuro image and genetic studies on attention-deficit hyperactivity disorder

27 July 2018, 08:00 - 09:30, Terrace 2A

RS 50.1

#### Polymorphisms of the STS gene and SULT2A1 gene and neurosteroid levels in children with attention-deficit/hyperactivity disorder

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<sup>2</sup>*Kaohsiung Medical University, Department of Psychiatry- School of Medicine- and Graduate Institute of Medicine- College of Medicine, Kaohsiung, Taiwan*

#### Objectives

Neurosteroids, including dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulfate (DHEA-S), has been implicated in the pathophysiology of attention-deficit/hyperactivity disorder (ADHD). This study aimed to investigate the relationships between neuroendocrine substrates (DHEA and DHEA-S), candidate genes (STS gene and SULT2A1 gene) and the clinical presentations of ADHD.

#### Methods

We used cheek swabs to obtain the genomic DNA of 255 ADHD probands (mean age: 8.7 years; 200 boys and 55 girls) and their biological parents. Three SNPs in the STS gene (rs6639786, rs2270112, and rs17268988) and one SNP in the SULT2A1 gene (rs182420) were genotyped. Saliva samples were collected from the ADHD patients between 7:00 and 8:00 am to analyze DHEA and DHEA-S levels. Neurocognitive function was assessed using the Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV) and Conners' Continuous Performance Test (CPT).

#### Results

We found rs2270112 within the STS gene to be over-transmitted in males with ADHD, but not in the female patients. Polymorphisms of rs182420 within the SULT2A1 gene were not associated with ADHD. In the male patients, the C allele carriers of rs2270112 demonstrated significantly higher DHEA-S levels than non-C carriers. In contrast, the C allele carriers of rs17268988 had significantly lower DHEA levels than non-C carriers in the female patients. Salivary levels of DHEA and DHEA-S were positively correlated with attention as measured by the CPT in both boys and in girls.

#### Conclusions

These findings support potential sex differences in the underlying biological pathogenesis of ADHD with regard to STS polymorphisms and neurosteroid levels. The information may serve as an important reference for elucidating the endocrine-related pathophysiology of ADHD.

#### Neurocognitive, neuroendocrine, neuro image and genetic studies on attention-deficit hyperactivity disorder

27 July 2018, 08:00 - 09:30, Terrace 2A

RS 50.2

#### The effects of the dopamine transporter gene variants on the striatal functional connectivity in youths with attention-deficit hyperactivity disorder

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#### Objectives

The dopamine transporter gene (DAT1), striatal network dysfunction and visual memory deficits have been consistently reported to be associated with attention-deficit hyperactivity disorder (ADHD). This study aimed to examine the effects of the DAT1 rs27048 (C)/rs429699 (T) haplotype on the striatal functional connectivity and visual memory performance in youths with ADHD.



### Methods

A total of 96 drug-naïve youths with ADHD and 114 typically developing (TD) youths were assessed with the resting-state functional MRI and the Delayed Matching to Sample (DMS), and Spatial Recognition Memory (SRM) tasks for visual memory. We examined the effects of diagnosis, genotype, and the diagnosis-by-genotype interaction on the functional connectivity of five striatal seeds. We also correlated visual memory performance with the functional connectivity of striatal subregions with significant diagnosis-genotype interactions.

### Results

Compared with the TD group, the ADHD group showed significant hypoconnectivity of the left dorsal caudate (DC) with bilateral sensorimotor clusters. Significant diagnosis-by-genotype interactions were found in the connectivity between the left DC and the right sensorimotor cluster, and between the right DC and the left dorsolateral prefrontal/bilateral anterior cingulate clusters. Furthermore, the connectivity of bilateral DC showing significant diagnosis-genotype interactions was associated with DMS and SRM performance in youths with ADHD who carried the DAT1 CT haplotype.

### Conclusions

A novel gene-brain-behavior association between bilateral DC functional connectivity and visual memory performance in ADHD youths with the DAT1 rs27048 (C)/rs429699 (T) haplotype suggests a differential effect of DAT1 genotype altering specific brain function causing neuropsychological dysfunction in ADHD.

### Neurocognitive, neuroendocrine, neuro image and genetic studies on attention-deficit hyperactivity disorder

27 July 2018, 08:00 - 09:30, Terrace 2A

RS 50.3

### Genetic and environmental links between ADHD symptom development and academic achievement

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### Objectives

Attention-deficit/hyperactivity (ADHD) symptoms are associated with academic underachievement. This study aimed to examine whether the developmental course of ADHD symptoms also influences academic achievement and the underlying genetic and environmental contributions.

### Methods

A total of 5634 twin pairs born in the UK between 1994 and 1996 were included in the study. Inattention and hyperactivity/impulsivity symptoms were assessed using the Revised Edition of Conners Parents Scale at age 7.9, 11.3, 14.2 and 16.3 years. Academic achievement was measured by the National General Certificate of Secondary Education at age 16. Latent growth curve model was used to estimate the baseline level and the developmental course of ADHD symptoms. Multivariate genetic model was fitted to delineate genetic and environmental contributions to interindividual differences in the developmental course of ADHD symptoms. The final analysis investigated the genetic and the environmental contributions to the association between the developmental course of ADHD symptoms and academic achievement.

### Results

Inattention exerted greater influence on academic achievement compared to hyperactivity/impulsivity. The developmental course of inattention symptoms independently predicted academic achievement at age 16 years. The genes contributing to interindividual differences in the baseline level and the developmental course of inattention symptoms explained 10% and 5% of the variance in academic achievement. Non-shared environment played a negligible role in the covariation between ADHD symptoms and academic achievement.

### Conclusions

Individuals with increasing inattention level across age are at higher risks of academic underachievement. Shared genetic aetiology implies common neurobiological underpinnings between the development of ADHD symptoms and cognitive ability, which warrants further investigation.

### Neurocognitive, neuroendocrine, neuro image and genetic studies on attention-deficit hyperactivity disorder

27 July 2018, 08:00 - 09:30, Terrace 2A

RS 50.4

### Explore the different profiles in neuropsychological functions of the continuity of ADHD symptoms within the preschoolers: Based on 18 months follow-up study

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### Objectives

The aim of this study was to examine the youth with ADHD onset from preschool whether had more impaired the neuropsychological functions (eg. attention measured by Conners Kiddie Continuous Performance Test (KCPT), inhibitory response measured by flanker task and Day/Night Stroop, and delay aversion measured by delay choice task) compared to the youth with ADHD onset at the elementary school through 18 months follow-up study.

### Methods

Participants included 19 youth with ADHD onset from preschool, 11 youth with ADHD onset at the elementary school, and 39 typically developmental children. neuropsychological tasks designed to measure attention (KCPT), inhibitory control (flanker task and Day/Night Stroop), and delay aversion (delay choice task). The ADHD diagnosis was made by Chinese version of the Kiddie epidemiologic version of the Schedule for Affective Disorders and Schizophrenia (K-SADS-E) based on DSM-IV criteria for ADHD.

### Results

Our results showed only youth with ADHD onset from preschool had impaired functions with attention and inhibition and had slower decision time at choice delay task compared to the other two groups. The youth with ADHD onset at elementary school did not show impairment in attention, inhibition and delay aversion.

### Conclusions

The current study demonstrated that youth with the longer with ADHD symptoms, they had tendency with more impaired neuropsychological functions. That implicated there were different developmental trajectories in ADHD.

### Child and Adolescent Mental Health (CAMH) service innovations in resource-limited settings

27 July 2018, 10:45 - 12:15, North Hall

RS 51

## Child and Adolescent Mental Health (CAMH) service innovations in resource-limited settings

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### Symposium Overview

#### Objectives

Up until a decade ago, there were virtually no dedicated services to cater to the mental health needs of children and adolescents in most resource poor settings of the world. These regions harbour most of the world's children, have largely youthful populations and enormous mental health needs as they emerge from the scourge of disease, war and poverty. Creativity and innovation are required in such settings to provide much needed CAMH services. This symposium utilises five examples to describe the process and content involved in the creation of innovative, sustainable and reliable CAMH services in resource-poor regions.

#### Methods:

Data revealing the process and content involved in establishing and maintaining five service innovations in the low-resource settings of Ghana, Nigeria and Sierra Leone are presented.

#### Results:

Two presentations focus on paediatric liaison services. The first describes a joint service run by child psychiatrists and paediatric neurologists in a tertiary hospital where children and adolescents with neuropsychiatric conditions are provided holistic care. The second describes the establishment of mental health care in a Paediatric HIV service. A privately owned service providing holistic care for children with neurodevelopmental disorders is the third example while the fourth and fifth presentations describe the establishment of pioneer CAMH clinics in Sierra Leone and Ghana respectively.

#### Conclusions:

The establishment of these CAMH service innovations in resource-constrained settings demonstrate that it is possible to reach children and adolescents everywhere with mental health care. No child or adolescent deserves to be without access to CAMH care.

## Child and Adolescent Mental Health (CAMH) service innovations in resource-limited settings

27 July 2018, 10:45 - 12:15, North Hall

RS 51.1

### Clinical audit of the Joint Child Psychiatry-Paediatric Neurology Clinic, in Ibadan, Nigeria

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#### Objectives

A high prevalence of neuropsychiatric conditions has been reported among paediatric neurology patients. The need to address these frequent co-morbidities came to the fore at a workshop on Child and Adolescent Psychiatry jointly organized by the West African College of Physicians (WACP) and the Faculty of Child and Adolescent Psychiatry of the Royal College of Psychiatrists in Ibadan, Nigeria in 2009. Consequently, a joint child and adolescent psychiatry (CAP) and paediatric neurology clinic was started at the University College Hospital (UCH) in 2010. This audit reports the clinical activities of this liaison service and highlights the opportunities and challenges encountered.

#### Methods

Data was gathered by a direct observation of the clinical presentations and interventions offered at the weekly neurology clinic, which has received input from the CAP team for a 7-year period. In addition, a review of case notes, clinical logs and registers at the clinic since the inception was conducted.

#### Results

Approximately 12 referrals were made to the CAP team from paediatric neurology monthly. The common reasons for referral were neuro-developmental challenges, hyperactivity and mood-related symptoms. The diagnoses made most frequently were intellectual disability, ADHD, and ASD. Depressive disorders in caregivers were also a concern. Psychopharmacological, psychotherapeutic and social approaches were all used for treatment. Internalizing symptoms in both patient and caregiver were sometimes missed. Clinic time, space and staffing restrictions limited the opportunities for in-depth evaluation.

#### Conclusions

The UCH Joint CAP/Paediatric Neurology Liaison service now provides more needed access to specialist services for children with both psychiatric and neurological problems. This has resulted in improved treatment adherence, identification of and intervention for emotional and behavioural problems, and improved psychosocial functioning. Collaboration, learning and partnership between CAP and paediatrics are enhanced. Urgent needs are more space, time and staff to improve the effectiveness of this service.

## Child and Adolescent Mental Health (CAMH) service innovations in resource-limited settings

27 July 2018, 10:45 - 12:15, North Hall

RS 51.2

### Mental health and paediatric HIV – clinical and research collaborations in Ibadan, Nigeria

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<sup>7</sup>University of North Carolina, Department of Neurology, Chapel Hill, USA

<sup>8</sup>Northwestern University Feinberg School of Medicine, Division of Infec-



tious Diseases, Chicago, USA

### Objectives

Prevalence of paediatric HIV remains high in Nigeria and associated psychosocial challenges make CAMH services for children living with HIV in the region a necessity. The objectives here are to describe

1. Successful approaches for incorporating psychiatric care into existing paediatric HIV tertiary services in Ibadan
2. CAMH service-research collaboration through the Ibadan Cohort on NeuroAIDS in Children (ICONIC)

### Methods

A review of the evolution of paediatric HIV/CAMH collaborative services through incorporation into CAMH training was conducted and qualitative evaluation of a typical case co-managed by CAMH and Paediatric HIV specialists was done. The ICONIC study was reviewed, highlighting its multidisciplinary relevance and summarizing preliminary results.

### Results

Certain significant events and processes have facilitated the evolution of collaborative CAMH/Paediatric HIV services in Ibadan, Nigeria:

1. Preliminary data from the ICONIC study reveals significantly increased prevalence of emotional and behavioural problems among children with perinatally-acquired HIV compared to unexposed, uninfected controls (10.8% vs 3.9%;  $p=0.014$ )
2. Paediatric HIV rotations were successfully incorporated into subspecialty Child Psychiatry training
3. CAMH services were successfully introduced into paediatric HIV clinical care

### Conclusions

Inclusion of CAMH services has the potential to improve qualitative outcomes among children with HIV in Nigeria. Research projects such as ICONIC present an important platform for research collaboration, stimulating interdisciplinary exchange. Specialist paediatric clinics present unique opportunities, even in low-resource settings like sub-Saharan Africa, for collaborative research and clinical care, with potentially valuable contributions to science and improved patient outcomes.

Research training and funding for the ICONIC study was supported by the Fogarty International Center and National Institute of Mental Health of the National Institutes of Health under Grant Award Number D43TW009608 (PI Babafemi Taiwo).

### Child and Adolescent Mental Health (CAMH) service innovations in resource-limited settings

27 July 2018, 10:45 - 12:15, North Hall

RS 51.3

### Providing services for children with developmental disorders: experiences from a privately owned one-stop care centre in South West Nigeria

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### Objectives

Developmental disorders tend to run a chronic course and influence social, communication, and behavioural interaction in affected children and adolescents. It causes difficulties in educational development and skill acquisition. Globally, about 15% of children aged 3 through 17 years suffer one or more developmental disorders. Many of these children live in the developing countries where there is a scarcity of child and adolescent mental health (CAMH) services and appropriate interventions. This presentation describes a one-stop care centre for children with developmental disorders established following a needs assessment in southwest Nigeria.

### Methods

The full range of interventions and support for children with developmental disorders in this Centre are described.

### Results

This private comprehensive service provides interventions in special education, speech therapy, occupational therapy, physiotherapy, music therapy, play therapy, sensory integration therapy, child psychiatric consultation services and medical care. Care options include centre-based, home-based and mainstream school-based approaches. Children who receive comprehensive interventions often show significant improvement. However, there is a huge gap in public knowledge about developmental disorders. Lack of resources such as trained personnel, financial aid for families, stigma and discrimination are some of the observed limitations.

### Conclusions

There is a huge need for interventions for children with developmental disorders in low-resource settings and a strong need for private ownership to complement government efforts.

### Child and Adolescent Mental Health (CAMH) service innovations in resource-limited settings

27 July 2018, 10:45 - 12:15, North Hall

RS 51.4

### The successes and challenges with establishing the first child and Adolescent Mental Health Clinic (CAMH) in Sierra Leone

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<sup>4</sup>Kings Sierra Leone Partnership, Mental Health Coordinator, Freetown, Sierra Leone

### Objectives

In Sierra Leone, the mental health treatment gap is 98% and this is worse for child and adolescent mental health (CAMH), despite the immense need in a country that has experienced multiple crises. In 2016, the Ola During Children's Hospital in Freetown, Sierra Leone, in collaboration with the Ministry of Health and Sanitation, the Centre for Child and Adolescent Mental Health (CCAMH), University of Ibadan and the King's Sierra Leone Partnership (KSLP), established the country's first and only CAMH service. This presentation describes the processes involved in establishing this CAMH service and the current activities to ensure its sustainability.

### Methods

Documented processes leading to the establishment of the clinic as well as case notes of patients were reviewed. Appropriate items of information were extracted and analysed.

## Results

A needs assessment and consultative meetings were strategies used prior to the establishment of the CAMH service unit. The CAMH service unit was officially opened in March 2016. Referrals are received for developmental, behavioural, emotional and psychosocial problems. The unit is presently run by a CAMH trained nursing officer in partnership with a psychiatrist from Kings Sierra Leone Partnership and paediatricians. Weekly activities include outpatient clinics, home visits and outreach services. An increasing number of referrals are received and children and adolescents receive prompt assessments and management.

## Conclusions

A free CAMH service is now available in Sierra Leone at the Ola Daring Children's Hospital. Future plans for the service include the incorporation of maternal mental health care, training and research as well as community outreach services.

## Child and Adolescent Mental Health (CAMH) service innovations in resource-limited settings

27 July 2018, 10:45 - 12:15, North Hall

RS 51.5

## The first multi-disciplinary Child and Adolescent Mental Health Clinic (CAMH) in Ghana

*K. Kusi-Mensah*<sup>1,2</sup>, *R. Owusu-Antwi*<sup>1</sup>, *O. Omigbodun*<sup>2</sup>

<sup>1</sup>*Komfo Anokye Teaching Hospital, Department of Psychiatry, Kumasi, Ghana*

<sup>2</sup>*University of Ibadan, Centre for Child and Adolescent Mental Health, Ibadan, Nigeria*

## Objectives

The mental health treatment gap in Ghana is 97.8% with child and adolescent mental health (CAMH) being even more under-resourced. This presentation describes one of several attempts to bridge the CAMH treatment gap through the creation of a multi-disciplinary CAMH clinic within a tertiary hospital in Kumasi, Ghana.

## Methods

A review of processes involved in setting up the clinic as well as case file and seminar reviews were carried out to provide information on the development of the CAMH clinic in Kumasi, Ghana.

## Results

After training at the Centre for Child and Adolescent Mental Health, University of Ibadan (CCAMHUI), KKM (1<sup>st</sup> Author) returned to Ghana and consulted with hospital authorities in the Komfo Anokye Teaching Hospital Kumasi with a view to establishing a CAMH clinic. A CAMH clinic was started in September 2017 and four weeks afterwards, a joint clinic between Paediatric Neurology and Psychiatry dubbed the "Behavioural Clinic" was started. Services provided include consultation and assessments, neuropsychological testing, behavioural interventions including parental skills training. Capacity building activities also occur through joint management of neurological disorders with psychiatric comorbidities, and quarterly training of Primary Care workers in the Kumasi metropolis.

## Conclusions

This is the first multi-disciplinary CAMH clinic of its kind in Ghana, making high quality CAMH services available and accessible to all in a major public tertiary centre strategically located in central Ghana.

## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium II: Using community resources for child mental health interventions

27 July 2018, 10:45 - 12:15, South Hall 1B

RS 52

## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium II: Using community resources for child mental health interventions

*J. Fayyad*<sup>1</sup>, *N. Gaddour*<sup>2</sup>

<sup>1</sup>*Balamand University Faculty of Medicine, Department of Psychiatry and Clinical Psychology, Beirut, Lebanon*

<sup>2</sup>*UNiversity of Monastir, Monastir, Tunisia*

## Symposium Overview

Given the widespread prevalence of child and adolescent psychiatric disorders in all countries and settings, and given the very low numbers of child mental health professionals, there is a clear gap in service provision as well as prevention services. Turning to existing community resources for such services has taken hold in several models of care, whether as school-based interventions or in training professionals in primary care. This symposium brings together 4 speakers from Dubai, Egypt, and Lebanon to present research findings on using community resources to promote interventions and services in non-mental health settings such as school, primary care and medical schools. Dr Maalouf will present findings on a school-based resilience building intervention in Lebanese students. Dr Albanna will describe an innovative strategy for training primary care providers in Dubai on detection and treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children. Dr Seifeldine will present findings from medical students in Alexandria, Egypt. Finally Dr El Wasify will describe psychotropic prescriptions in Egypt and how it fits international guidelines and indications. Together, these presentations will highlight innovative methods in utilizing available community resources in order to promote detection, prevention and early intervention in child and adolescent mental health.

## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium II: Using community resources for child mental health interventions

27 July 2018, 10:45 - 12:15, South Hall 1B

RS 52.1

## Building emotional resilience in Lebanese youth: A school-based intervention to prevent anxiety and depression

*F. Maalouf*<sup>1</sup>, *R. Afifi*<sup>2</sup>, *L. Alrojolah*<sup>1</sup>, *A. Becker*<sup>3</sup>, *L. Akoury Dirani*<sup>1</sup>, *L. Ghandour*<sup>4</sup>, *R. Nakkash*<sup>2</sup>, *F. Tabaja*<sup>1</sup>

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## Objectives

In Lebanon, approximately 1 in 4 adolescents suffers from a psychiatric



disorder; of those, an estimated half has an anxiety disorder. Alarming, 94% of adolescents with a mental disorder have not sought any treatment, a clear treatment gap. This study assessed the effectiveness of a school-based universal mental health intervention (the FRIENDS program) in reducing depression and anxiety symptoms in middle school students in Lebanon.

#### Methods

A total of 281 grade 6 students were recruited from 10 randomly chosen schools in

Beirut. Schools were matched on basic characteristics and randomly assigned as intervention or control. The intervention was translated to Arabic, adapted and then administered by trained mental health professionals over 10 sessions in a classroom setting over 3 months. Self-reported anxiety using the Scale for Childhood Anxiety and Related Disorders (SCARED), depression, and general psychopathology were obtained at baseline, post-intervention and at 6 and 9 months. We present results of the self-report analysis.

#### Results

Post-intervention data including students that attended 70% or more of the sessions showed significant time x group x gender interaction for SCARED total score ( $F=8.696$ ,  $P=0.004$ ). In females, post-hoc analysis showed significant time x group interaction for total SCARED score ( $F=6.5$ ,  $P=0.012$ ) indicating significant decrease in anxiety. No significant difference was found for other measures. Six-month and nine-month follow-up data will be included in the final presentation.

#### Conclusions

The FRIENDS program showed reduced anxiety among females immediately following the intervention. This shows that schools can be a key setting for promoting mental health in Lebanese youth.

**Funding Source: Harvard Medical School Center for Global Health Delivery-Dubai**

### The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium II: Using community resources for child mental health interventions

27 July 2018, 10:45 - 12:15, South Hall 1B

RS 52.2

#### Collaborative tele-mental health strategy to improve access to child mental health services in Dubai: the training of primary health care physicians in the treatment of ADHD

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<sup>1</sup>Al Jalila Children's Specialty Hospital, Head and consultant child and adolescent psychiatrist, Dubai, United Arab Emirates

<sup>2</sup>Emirates Society of Child Mental Health, President, Dubai, United Arab Emirates

<sup>3</sup>MBRU, Adjunct assistant professor, Dubai, United Arab Emirates

<sup>4</sup>Harvard medical school, Assistant professor, Boston, USA

<sup>5</sup>Boston Children's Hospital, attending psychiatrist, Boston, USA

<sup>6</sup>Al Jalila Children's Specialty Hospital, Consultant in Neurodevelopmental Pediatrics, Dubai, United Arab Emirates

<sup>7</sup>Al Jalila Children's Specialty Hospital, Research Coordinator, Dubai, United Arab Emirates

#### Objectives

Despite the prevalence of ADHD and availability of effective evidence-based treatment, a large proportion of children with ADHD in the UAE lack access to effective interventions due to several factors including lack of child mental

health professionals. Currently, children with ADHD generally present to primary healthcare centers in Dubai and are subsequently referred to secondary and tertiary care facilities that mainly include assessment and treatment by pediatric neurologists and child psychiatrists. This model results in significantly long wait-lists and treatment delays. Research shows that children with ADHD who do not receive timely evidence based treatments are at higher risks of short and long term adverse outcomes. Given the prevalence and burden of ADHD in Dubai, coupled by the extreme shortage of mental health professionals, novel approaches are desperately needed in order to bridge this gap and improve healthcare access for children with ADHD. Effectiveness of Collaborative Tele-Mental Health Services for ADHD in Primary Care is a randomized trial that aims to assess the effectiveness of a collaborative tele-mental health approach for treatment of children with ADHD presenting to primary healthcare centers in Dubai. The first phase of the study involved training primary healthcare physicians on the diagnosis, treatment and management of ADHD. This paper will outline the first phase of the study including the development, implementation and impact of the intensive training program.

Present research methodology framework for ECTSAP study

Summarize phase 1 training program, and its outcomes

#### Methods

The study underwent multiple preparatory steps including signing memorandums of understanding between Al Jalila Children's, Dubai Health Authority and Harvard university. Further, policies and guidelines were adjusted to allow implementation of this trial, including the structure of primary care services and privileges of participating physicians.

A total of 6 child health physicians from within the Dubai Health Authority who consult in primary health care centers were selected to participate in the study. The participants were assessed pre- and post-training using two measures; level of confidence and impact on knowledge.

At post-training there were no dropouts, and participants reported a high rate of satisfaction with the training program. All six participants demonstrated significant increases in level of confidence and knowledge in the diagnosis, treatment and management of ADHD.

#### Conclusions

The results of this pilot training program support the feasibility of this type of program being part of the implementation of a collaborative care approach for the treatment of ADHD. Implemented effectively, a collaborative care approach improves access to care.

### The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium II: Using community resources for child mental health interventions

27 July 2018, 10:45 - 12:15, South Hall 1B

RS 52.3

#### Profile of emotional status among international students at Alexandria school of medicine

A. Seifeldine<sup>1</sup>, S. N. Abdelrahman<sup>2</sup>

<sup>1</sup>Alexandria University, Professor of Mental Health- Faculty of Medicine, Alexandria, Egypt

<sup>2</sup>Skema Mental Health Center, Clinical Psychologist, Alexandria, Egypt

#### Objectives

Students who exposed themselves with medical education are more prone to develop anxiety and depression symptoms. Anxiety is 1-9 times more among female students and 1-8 times among students who were forced by their

families to study medicine.

Since anxiety and depression are one of the important indicators for mental health assessment in the community. It is believed that this may affect the overall performance of medical students and lead to a cascade deterioration at both personal and educational levels.

**Objective:** To assess emotional profile, among international students at Alexandria school of medicine

## Methods

A survey was done among randomly selected medical students in Alexandria University. Self-administrative questionnaires were distributed among a random sample from fourth and fifth year of medical school for international students. To assess emotional profile, Hamilton Anxiety scale for anxiety and Beck depression inventory for depression.

A self administrative questionnaire to assess biological and social interaction with others, family relations plus academic achievement.

## Results

On Hamilton scale and depression inventory, there was a correlation between the prevalence of the emotional status and several external factors. It is essential to emphasize that in the present study the prevalence of anxiety and depression are multifactorial and intermingled.

## Conclusions

It is recommended to help international students to enroll themselves in Arabic language courses to improve their communication skills in interacting, socializing with the locals and involve themselves in various organization and activities such as sports, charity and social programs.

## The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP) invited symposium II: Using community resources for child mental health interventions

27 July 2018, 10:45 - 12:15, South Hall 1B

RS 52.4

### Study of the pattern of psychotropic medications prescribed for children referred to child psychiatry clinic, Mansoura University Hospital

A.E. Sami<sup>1</sup>, M. El Wasify<sup>1</sup>, M.E. El Hadidy<sup>1</sup>, S.E. Tobar<sup>1</sup>

<sup>1</sup>Mansoura University, Mansoura city, Egypt

The number of children diagnosed with psychiatric disorders as well as the use of psychotropic drugs in children has increased significantly in the past two decades.

This situation is of concern because it is not clear that the benefits of many psychotropic medications exceed the potential harms in children.

To the best of our knowledge there are no regional studies in Egypt that review and summarize the pattern of psychotropic prescriptions in children.

**Objectives:** Degree of concordance between psychotropic medications prescribed for children referred to child psychiatry clinic, MUH and the Maudsely guidelines.

## Methods

All the enrolled patients were subjected to:

1-clinical assessment using the Arabic version of MINI KID

2-the socio-economic status scale for health research in Egypt.

The study population prescriptions were reviewed to assess those pattern versus the Maudsely guidelines, 12th edition.

## Conclusions

The degree of concordance between psychotropic medications prescribed for children referred to child psychiatry clinic, MUH and the Maudsely guidelines was ordered as follow:

- 42.3% disagreed
- 34.2% partially agreed
- 23.5 totally agreed

## Psychosocial and neuroimaging evidence to validate new DSM-5 disorders

27 July 2018, 10:45 - 12:15, Terrace 2A

RS 53

### Psychosocial and neuroimaging evidence to validate new DSM-5 disorders

V.C.H. Chen<sup>1</sup>

<sup>1</sup>Chang Gung University, Department of Medicine, Taoyuan, Taiwan

## Symposium Overview

**Synopsis:** After the published DSM5- in October 2013, the clinical data to support the validation of several new diagnosis from DSM5- has emerged in the past few years. In Taiwan, we had prepared the Kiddie epidemiologic version of the Schedule for Affective Disorders and Schizophrenia for DSM5- (K-SADS-E for DSM5-) to be used in a recent national epidemiological study of child mental disorders in 2017-2015. Among the new DSM5- psychiatric disorders, Disruptive Mood Dysregulation Disorder, Internet Gaming Disorder, and Nonsuicidal Self Injury have drawn our clinical and academic interest. The symposium consists of four studies examining the psychosocial correlates, clinical features, comorbid psychiatric conditions, and social functions among children and adolescents with Disruptive Mood Dysregulation Disorder; providing the novel result of functional connectivity of youth with Internet Gaming Disorder; and identifying the predictors of youth self-harm behaviors in the community.

**Dr. Yu-Ju Lin** from Far-Eastern Memorial Hospital, Taipei County, Taiwan, explored the comorbid psychiatric conditions and social adjustment difficulties of (0.6) 30) children, aged 13-8 years old, with Disruptive Mood Dysregulation Disorder (DMDD) from a national survey of 4816 children. In addition to the K-SADS-E-DSM5- interview, parents and children reported on the Social Adjustment Inventory for Children and Adolescents. The results showed that children with DMDD were more likely to have neurodevelopmental disorders, oppositional defiant disorder, anxiety disorders, and trauma- and stress-related disorders; and had more behavioral problems at school and home than those without DMDD.

**Dr. Pei-Yin Pan** from National Defense Medical Center, Taiwan, examined the psychometric properties of three Chinese version inventories of irritability, which is the main manifestation of the new DSM-5 diagnosis of DMDD, in a sample of 97 youth aged 6-18. The instruments include the K-SADS-E for DSM-5, Aderant Behavior Checklist (ABC)-irritability subscale, and Affective Reactivity Index (ARI). The results demonstrated good reliability and validity of the ABC-irritability and parent-reported ARI. Irritability rated by parents was significantly correlated





with all the dimensions of emotional and behavioral difficulties. Self-reported irritability in youth was significantly associated with poorer adjustments including school attitude, school problems, peer relationships and problems with peers and parents. These scales for measuring the irritability is beneficial for further studies related to childhood irritability in clinical and neurobiological studies. The findings also suggest Children with self-reported irritability may be at increased risk for school and social maladjustment.

**Dr. Shao-Chien Chen** from Cathy General Hospital, Taipei, conducted a resting-state functional MRI study on 43 college students with Internet gaming disorder (IGD) and 46 college students with RGU recreational Internet game use (RGU). Her study aims to test whether brain functional connectivity within the executive, affective network and salience networks will be reduced based on the independent component analysis. The results showed reduced functional connectivity in the right orbital frontal cortex and right subgenual anterior cingulate cortex (RSACC) within an affective network, and in the right supplementary motor area within a sensorimotor network. The RSACC functional connectivity was negatively correlated with addiction severity.

**Dr. Yu-Hsin Huang** from Mackay Memorial Hospital, Taipei, Taiwan, conducted the Taiwanese Adolescent Self-Harm Project of 5,879 students from 14 senior high schools in northern Taiwan. They surveyed the risk factors of self-harm behaviors (SH) continuation for a 1-year follow-up period. At Time 1, the lifetime prevalence rate of SH was %25.04; at Time 2) 2nd year, 4,331 (%73.67) completed follow-up assessments. Of them, 212 who had SH at both years as the SH continuation group; 877 who had SH at Time 1 only as the SH stop group. They identified distal risk factors for SH continuation: low school ranking, lifetime suicide plan, and higher alcohol use; proximal risk factors: depressive symptoms, alcohol use severity, low self-esteem, and familiar people mention suicide.

#### Learning Objectives:

1. Children with DSM-5 Disruptive Mood Dysregulation Disorder are at risks of comorbid psychiatric conditions, and they reported more behavioral problems at school and home settings.
2. Irritability in children can be measured using a reliable and valid instrument, especially parent-rated forms.
3. Irritability is associated with emotional and behavioral difficulties and impaired adaptations among children.
4. Emotional dysregulation and a disrupted sense of self may be fundamental in the development and maintenance of Internet Gaming Disorder
5. Adolescents with a history of self-harm need close intervention to offset further SH if they had academic difficulty, a suicide plan, more depressive symptoms, alcohol use, low self-esteem and negative peer influence of suicide.

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### Psychosocial and neuroimaging evidence to validate new DSM-5 disorders

27 July 2018, 10:45 - 12:15, Terrace 2A

RS 53.1

### Psychiatric comorbidity and social adjustment difficulties in youth with disruptive mood dysregulation disorder: data from a national survey

Y.J. Lin<sup>1,2</sup>, S.S.F. Gau<sup>2</sup>

<sup>1</sup>Far-eastern Memorial Hospital, Department of Psychiatry, Taipei County, Taiwan

<sup>2</sup>National Taiwan University Hospital and College of Medicine, Department of Psychiatry, Taipei, Taiwan

#### Objectives

Disruptive mood dysregulation disorder (DMDD) is a new diagnosis in DMS-5. We explored the psychiatric comorbidity and social adjustment difficulties of DMDD from a national survey.

#### Methods

We randomly chose administrative units based on the urbanization level and then recruited the schools in the chosen administrative units. Students of grade 3, 5 and 7 and their parents of the school who agreed to participate our project were recruited. Finally, 4816 children [2520 boys (52.33%)] completed the interview by the Kiddie epidemiologic version of the Schedule for Affective Disorders and Schizophrenia (K-SADS-E), Social Adjustment Inventory for Children and Adolescents (SAICA), self- and parent-report and Strengths and Difficulties Questionnaires (SDQ), self-, parent- and teacher-report. Regressions for survey data that controlled for stratification and clustering was used for data analysis.

#### Results

There was 30 children diagnosed as DMDD based on the K-SADS-E, including 23 boys (76.67%) and 7 girls. There were no significant differences in grade, parental ages, parental education in youth with and without DMDD. Youth with DMDD had significant higher risks to have neurodevelopmental disorders, oppositional defiant disorders, anxiety disorders, and trauma- and stress-related disorder than those without DMDD. There was no significant group differences in parent-report SCAICA, and in other difficulties of teacher-, parent- and self-report SDQ. Youth with DMDD by themselves reported more problems in school behavior and home behavior in SAICA ( $p < 0.01$ ).

#### Conclusions

Youth with DMDD had significant higher risks of psychiatric comorbidities and they subjectively experienced more difficulties at school and home.

### Psychosocial and neuroimaging evidence to validate new DSM-5 disorders

27 July 2018, 10:45 - 12:15, Terrace 2A

RS 53.2

## Emotional and behavioral difficulties and impaired adaptations of children with irritability

P.Y. Pan<sup>1</sup>, C.B. Yeh<sup>1</sup>

<sup>1</sup>National Defense Medical Center, Department of Psychiatry- Tri-Service General Hospital, Taipei, Taiwan

### Objectives

Irritability is the main manifestation of the new DSM-5 diagnosis of disruptive mood dysregulation disorder (DMDD). However, investigations on the measurement of irritability have been scarce. This study examined the psychometric properties of three Chinese version inventories of irritability and the associations between youth's irritability and adjustment problems.

### Methods

A total of 97 children aged 6-18 participated in this study. They were recruited from a psychiatric outpatient clinic in a university hospital and healthy volunteers in Taiwan. All the subjects were interviewed with DSM-5 criteria. The inventories to assess irritability included Aberrant Behavior Checklist (ABC)-irritability subscale, and both parent and self-reported Affective Reactivity Index (ARI). The youths' emotional and behavioral difficulties and adjustments were evaluated with validated questionnaires. Analyses of the association between irritability and psychosocial function were conducted.

### Results

All the subscales of ABC, and parent-reported ARI showed excellent internal consistencies and test-retest reliabilities. ABC-irritability and both parent and self-reported ARI were significantly higher in subjects with DMDD than healthy volunteers. Irritability rated by parents was significantly correlated with all the dimensions of emotional and behavioral difficulties. Self-reported irritability in youth was significantly associated with poorer adjustments including school attitude, school problems, peer relationships and problems with peers and parents.

### Conclusions

ABC-irritability, and parent-reported ARI are reliable instruments that can be used in clinical setting for the measurement of irritability in youth. However, children with self-reported ARI may be at increased risk for school and social maladjustment.

## Psychosocial and neuroimaging evidence to validate new DSM-5 disorders

27 July 2018, 10:45 - 12:15, Terrace 2A

RS 53.3

## Decreased functional connectivity in affective and sensorimotor networks in Internet gaming disorder

S.C. Chen<sup>1</sup>

<sup>1</sup>Cathay General Hospital, Department of Psychiatry, Taipei, Taiwan

### Objectives

Internet gaming disorder (IGD) is included in section III of DSM-5, warranting additional clinical and research attention. Some individuals have been reported to play games for recreation but do not develop an addiction. Such individuals have been defined as practicing recreational Internet game use (RGU). However, few published studies have assessed differences between RGU and IGD in this regard. In this study, it is hypothesized that IGD participants will have reduced brain functional connectivity compared to RGU within the executive, af-

fective network and salience networks. Furthermore, it is hypothesized that there may be interactions among different networks, and that functional connectivity measures may correlate with addiction severity.

### Methods

This study utilized independent component analysis in resting-state functional magnetic resonance imaging to compare brain functional connectivity between university students with IGD (n= 43) and RGU (n= 46). The addiction severity was scored by Young's Internet Addiction Test.

### Results

Compared to the RGU group, the IGD group showed reduced functional connectivity in the right orbital frontal cortex and right subgenual anterior cingulate cortex within an affective network, and in the right supplementary motor area within a sensorimotor network. Furthermore, functional connectivity in the right subgenual anterior cingulate cortex was found to be negatively correlated with addiction severity.

### Conclusions

The association between IGD and these two networks may suggest emotional dysregulation and a disrupted sense of self to be fundamental in the development and maintenance of IGD.

## Psychosocial and neuroimaging evidence to validate new DSM-5 disorders

27 July 2018, 10:45 - 12:15, Terrace 2A

RS 53.4

## Risk factors for adolescent self-harm continuation: a community study in Taiwan

Y.H. Huang<sup>1</sup>, H.C. Liu<sup>1</sup>, F.J. Tsai<sup>2</sup>, K.Y. Huang<sup>3</sup>, Y.H. Huang<sup>4</sup>, Y.J. Tsai<sup>5</sup>, S.I. Liu<sup>1</sup>

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<sup>4</sup>Taipei City Hospital, Department of Psychiatry, Taipei, Taiwan

<sup>5</sup>New Taipei City Hospital, Department of Psychiatry, Taipei, Taiwan

### Objectives

To survey the risk factors of self-harm behaviors (SH) continuation for a 1-year follow-up period

### Methods

The Taiwanese Adolescent Self-Harm Project is a cohort study of SH among adolescents. We recruited 5,879 students from 14 senior high schools in northern Taiwan. On-line questionnaires on sociodemographic data, suicidality, depressive symptoms, self-esteem, social support, family discord, impulsivity, and alcohol and tobacco use were assessed at baseline and at 1 year of follow-up. Logistic regression analysis was performed to evaluate the risk factors of SH continuation, i.e. those who had SH at baseline and repeated during the 1 year follow-up period.

### Results

5,879 adolescents were recruited. 56.73% were female. Mean age 16.02 y/o (STD 0.52). At the first year (T1), the lifetime prevalence rates of SH were 25.04%. At the second year (T2), 4,331 (73.67%) students completed follow-up assessments. There were 212 students who had SH at both two years and were labeled as SH continuation group; 877 students who had SH at T1 but not noted during follow-up were labeled as SH stop group. Logistic regression analysis showed distal risk factors of SH continuation were low school ranking, lifetime suicide plan\_T1, higher alcohol use\_T1. Proximal risk factors were depressive symptoms\_T2, alcohol use severity\_T2, low self-esteem\_T2, and familiar people mention suicide at T2. Previous study also found



depression to be a risk factor for SH continuation [1].

### Conclusions

Students who had low school ranking, those who had suicide plan, with more depressive symptoms, more alcohol use, low self-esteem and negative peer influence of suicide need more intervention to prevent further SH.

### Cultural diversity and Its impact on mental health care

27 July 2018, 14:45 - 16:15, Club A

RS 54

### Cultural diversity and Its impact on mental health care

S. Palyo<sup>1</sup>

<sup>1</sup>Langone NYU School of Medicine/New York Medical College, Psychiatry/  
Psychiatry & Behavioral Sciences, New York, USA

#### Symposium Overview

When engaging children and families for medical care, culture is a significant factor to keep in mind. Four New York City child psychiatrists from different clinical settings will explore obstacles, cultural differences and finally solutions to bridge successful treatments with youth. Cultural variations can hinder treatment and there could be situations of mental illness, violence, abuse, neglect, and other traumas that are not addressed especially in disadvantaged and transitioning families from one country to another.

The first medical setting for most families is primary care. It is important to at that time to screen and referral children for psychiatric evaluations. Dr. Shapiro will share her experiences at two medical clinics with bridging mental health care as well as evaluating families for asylum. Given the significant, and under-reported, amount of trauma in disadvantaged families, Dr. Palyo will highlight and explain the importance of engaging the caregiver and creating an alliance with him or her in order to facilitate trauma informed treatments. Dr. Oatis explores the theme of micro and macro aggression in inner city youth and discusses appropriate treatment interventions. As higher level of care treatments maybe warranted, Dr. Ivanov will speak about his role at a day treatment facility that provides care to disadvantaged families and embraces diversity in order to lessen stigma about mental health.

Each presenter will speak for 15 minutes followed by a 30-minute discussion.

### Cultural diversity and Its impact on mental health care

27 July 2018, 14:45 - 16:15, Club A

RS 54.1

### Improving treatment of children with trauma by engaging caregivers

S. Palyo<sup>1</sup>

<sup>1</sup>Langone NYU School of Medicine/New York Medical College, Psychiatry/  
Psychiatry & Behavioral Sciences, New York, USA

#### Objectives

While clinicians engage families, later there tends to be more uncomfortable information about the family that is disclosed. When there are reports of trauma, a large obstacle occurs as to how the family responds to these situations. In many instances, the caregiver does not believe the child or does not wish to cause any commotion within the home or the community. The presentation will discuss general barriers to treatment-language, stigma, finances, contin-

ued traumatic settings and legal issues-but also explore a significant factor, engaging the caregiver. The caregiver of children who have been abused, may have to come to terms with his or her own abuse history, feel pressure from the perpetrator or the community, and experience his or her own guilt and other uncomfortable feelings. The presentation will present material from the Safe Horizon Counseling Center, the only licensed mental health clinic in New York specializing in treatment of survivors of crime. Caregiver engagement interventions have shown to improve treatment attendance, access to care for the caregiver and/or other children in the home, create safety plans and lessen engagement with perpetrators.

Learning Objectives: Identify barriers to trauma focused care. Highlight ways to improve an alliance with caregivers of children with a trauma history.

#### Methods

The presentation will highlight trauma focused treatments, practical tools in engaging the caregiver, and explain how the role of the caregiver significantly improves success rates of trauma informed treatments. Case material will be presented throughout the presentation to illustrate caregiver engagement.

#### Results

The review of the literature and experience in a trauma focused clinic show that addressing caregiver concerns and engaging the caregiver significantly improves the ability for children to receive appropriate psychiatric interventions.

### Cultural diversity and Its impact on mental health care

27 July 2018, 14:45 - 16:15, Club A

RS 54.2

### Unconscious bias, micro verses macro aggressions

M. Oatis<sup>1</sup>

<sup>1</sup>New York University Langone Medical Center, Clinical Assistant Profes-  
sor of Child and Adolescent Psychiatry, New York, USA

Words, intentions and beliefs can have a profound impact upon our own life and the lives of our patients. The ability to address these processes remain at the core of practicing clinicians work however without examining our own biases, both conscious and unconscious, we risk missing critical opportunities to explore realities of great importance to our patients' health. This presentation will explore unconscious bias, provide resources for clinicians to examine their own bias while discussing concepts of micro verses macro aggressions and their implications to the patient and society at large when not addressed.

#### Methods:

The presentation providing definitions micro and macro-aggressions, how the concepts have been studied and the relevance to our clinical work. Results and Conclusions: The construct of race, how an individual is perceived and society's reaction to various individuals poses a stressor with great potential to impact ones psychological and physical health. Clinicians are well positioned to examine and discuss these stressors to promote resilience and teach coping skills Practice gaps: Extremely educated professionals may have bias which prevent candid discussions with their patients resulting in an under appreciation of factors that affect their health and the diagnostic conclusions rendered. A divide can be bridged with a willingness to discuss sensitive, emotional material allowing clinicians to validate the experiences of their youth of color while providing useful tools that impact their developmental trajectory positively.

### Cultural diversity and Its impact on mental health care

27 July 2018, 14:45 - 16:15, Club A

RS 54.3

## Immigrant youth and families seeking asylum

G. Shapiro<sup>1</sup>, K. Long<sup>2</sup>

<sup>1</sup>*Icahn School of Medicine at Mt. Sinai, Professor of Psychiatry, New York, USA*

<sup>2</sup>*Institute for Expressive Analysis, New York, USA*

### Objectives

To expose the attendees to the experiences of youth and parents fleeing war and trauma and discuss the barriers to treatment as well as challenges of navigating the transition to a new country and culture.

### Methods

A brief review of the psychosocial history of the patient and family will be presented including treatment history; video recordings of the patient and family discussing their experiences will be shown to the audience. Treatment challenges will be delineated, as will successful treatment strategies and why they produced positive outcomes.

### Results

Working with Immigrant Youth and Families seeking Asylum after suffering the atrocities and trauma of violence and in some cases war, is a special challenge for the child and adolescent psychiatrist. Compassion Fatigue Syndrome can result in trauma and anxiety symptoms in providers. This case presentation will include videos of the child and parent discussing their experiences in their home country, fleeing for their lives and the struggles they have had seeking shelter, safety and a path to being legally in the USA.

The psychiatric sequelae manifested by the child and the history of her treatment will be discussed.

A brief discussion of Compassion Fatigue Syndrome symptoms and how to address them in providers will be incorporated into the presentation.

After this presentation the attendee will learn tools to work with this special population and feel more familiar and comfortable working with immigrant youth and families and assisting with their transition to a new culture.

### Practice gaps:

Children and families seeking asylum who have suffered severe trauma may have multiple barriers to access to care, including distrust of a strange and alien system, language, socioeconomic and educational deficits and isolation. Providers will also feel challenged by their ignorance of the patients experience, premorbid functioning and culture. The complex psychosocial issues related to the care of these children and families frustrate medical providers. It is important for providers to be trained to work with these patients and feel comfortable providing comprehensive clinical care and treatment of families who have suffered extreme trauma. This clinical presentation will provide an intimate view of the impact of trauma on these families and how to work through the challenges of treating these families as a clinician.

## Cultural diversity and Its impact on mental health care

27 July 2018, 14:45 - 16:15, Club A

RS 54.4

## Mental health services delivery to special populations - minorities, emigrants, and LGBT youth

I. Ivanov<sup>1</sup>

<sup>1</sup>*Icahn School of Medicine at Mt. Sinai, Associate Professor of Psychiatry,*

New York, USA

### Objectives

Adolescents from ethnic minorities, emigrant families or LGBT youth are exposed to high rates of adversity and stress that can trigger the development of internalizing disorders like depression and anxiety, trauma related syndromes (e.g. acute stress reactions, complex PTSD) and substance use. Seeking out professional help is hampered by cultural stigma about mental health, concerns about undocumented legal status, eligibility for medical coverage, but also reluctance within the family structure to acknowledge psychological conditions as „illness“ or „disorders“ that require medical treatment.

**Learning Objectives:** Participants will learn about the principals of the Minority Stress Model, how these principles inform clinicians to overcome barriers to reaching out and receiving mental health services and which treatments can be effectively implemented in treating minority youth and families presenting with complex mental health problems.

### Methods

The presentation will discuss the principals of The Minority Stress Model<sup>1,2</sup> and its theoretical and practice applications in the treatment philosophy of a specialized treatment program in NYC call Comprehensive Adolescent Rehabilitation and Education Services (CARES). CARES delivers various mental health treatments together with educational services and is designed to provide care to disadvantaged families and youth from minority backgrounds who suffer with depression, anxiety, substance use disorders and gender dysphoria. These treatment approaches will be illustrated by case presentations and related measures of social functioning (e.g. Problem Oriented Screening Instrument for Teenagers (POSIT)<sup>3</sup> scores) and motivation for change (University of Rhode Island Change Assessment Scale (URICA)<sup>4</sup> scores) collected over the course of treatment.

### Results

The existing literature clearly identifies minority populations as individuals at risk for the development of various mental health disorders, who at the same time face numerous barriers to receiving the needed assessment and treatments<sup>5</sup>. This presentation will examine in depth the factors that can hamper access to mental health services in minority populations and will discuss treatment approaches, some implemented at CARES and supported by empirical evidence<sup>6</sup>, which can facilitate to overcome these barriers to care.

### Practice gaps:

Persons from ethnic minorities, immigrants and LGBT youth may experience many limitations in relation to access to care. As minorities face unique stressors related to their status as a minority (i.e. not a general stress that all people face), which are also chronic (i.e. related to relatively stable social and cultural structures) and might be socially based (i.e. come from social institutions & structures beyond the individual) it is imperative that clinicians are 1) aware of the minorities unique status in relation to stress, and 2) acquire new knowledge as to how to provide most efficient care to these patient populations; 3) acquire information about efficacious treatments to overcome barriers to care for minority populations. This presentation aims to improvement in clinicians' understanding on these important topics.

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# IACAPAP 2018

UNDERSTANDING DIVERSITY  
AND UNIQUENESS

23–27 JULY 2018  
PRAGUE, CZECH REPUBLIC



## ACADEMIC PERSPECTIVES



## Academic perspectives

### Frequently asked questions at two nationwide child protection hotlines for medical professionals in the Netherlands and Germany

24 July 2018, 10:45 - 12:15, Club A

AP 01

### Frequently asked questions at two nationwide child protection hotlines for medical professionals in the Netherlands and Germany

E.M. van de Putte<sup>1</sup>, O. Berthold<sup>2</sup>

<sup>1</sup>Wilhelmina Kinderziekenhuis, Divisie Kinderen- Algemene Pediatrie, Utrecht, Netherlands

<sup>2</sup>DRK Kliniken Berlin - Westend, Kinderschutzambulanz, Berlin, Germany

#### Academic Perspective Overview

The session will present two very different approaches, how expert support to medical professionals in child protection can be implemented. The Netherlands and Germany are neighboring countries, and still the political and judicial frameworks in child protection are quite different. The same is true for the two projects, which will be presented: nationwide child protection hotlines for medical professionals.

Differences and commonalities between child protection frameworks and the implementation of nationwide projects in The Netherlands and Germany will then be presented by colleagues from the respective groups. The presentations will include characteristic cases, frequently asked questions, obstacles and personal experiences.

In soccer, a Dutch – German meeting always makes for an entertaining match. And although child protection is all about cooperation, not rivalry, an interesting session can be expected.

### Frequently asked questions at two nationwide child protection hotlines for medical professionals in the Netherlands and Germany

24 July 2018, 10:45 - 12:15, Club A

AP 01.1

#### Presentation 1

E.M. van de Putte<sup>1</sup>

<sup>1</sup>Wilhelmina Kinderziekenhuis, Divisie Kinderen- Algemene Pediatrie, Utrecht, Netherlands

Prof. Dr. van de Putte will present how the three branches Youth Welfare, Health and Justice cooperate in providing expert support to health care professionals caring for maltreated children. In the Netherlands, physicians, who suspect child maltreatment, have a legal obligation to take action. Although there is no mandatory reporting, the "Meldcode" requires five steps to ensure safety for the child. In the first step the physician collects information about the patient in question and assesses the potential for the presence of child abuse. If the physician needs an expert view on this information, he asks advice from the Dutch Expertise Center for Child Abuse (DECCA) which is 24/7 available by phone. The DECCA is initiated by three university pediatric hospitals (Emma Children's Hospital - Academic Medical Center

Amsterdam, Sophia Children's Hospital – ErasmusMC Rotterdam, and Wilhelmina Children's Hospital – University Medical Center Utrecht) and the department of forensic medicine of the Netherlands Forensic Institute, the Hague. DECCA as such is a virtual organization in which about 20 physicians (mostly pediatricians) are united to give advice about individual cases taking into account the best available evidence and all available facts about the case. The DECCA started in 2015. The most recent analysis showed that in 473 cases 10% was almost certain child abuse and 13% almost certainly not. If child abuse is confirmed the physician comes to the second step in which the 'Safe Home' is consulted without disclosing patient name. The 'Safe Home' will advise about communication with parents and about the need to report (with patient details) to Safe Home if the safety of the child is not secured. Together with 'Safe Home' a treatment plan for parents and child will be developed. Safe Home will decide about the need for a police report. All 5 steps of the reporting code will be explained.

### Frequently asked questions at two nationwide child protection hotlines for medical professionals in the Netherlands and Germany

24 July 2018, 10:45 - 12:15, Club A

AP 01.2

#### Presentation 2

V. Clemens<sup>1</sup>

<sup>1</sup>Charité, Department of Psychiatry, Berlin, Germany

Although legislation is similar in Germany, child protection is implemented quite differently. Anonymous counsel to health care professionals is offered by the youth welfare services. From the juridical side, a nationwide child protection act that came into force in 2012, regulates the communication between professional secrets and youth welfare. Even though a national medical guideline for child protection is still missing in Germany, many forces as e.g. the Deutsche Gesellschaft für Kinderschutz in der Medizin (DGKiM), is currently drawing up a guideline for child protection, i.a. in cooperation with youth welfare.

Despite these promising approaches to strengthen child protection in Germany by standard nationwide regulations, qualitative interviews revealed that physicians express a substantial insecurity and need for counsel when it comes to issues of child abuse and neglect. Moreover, surveys demonstrated that the regulations of the child protection act and the possibility of anonymous counselling is widely unknown among health care professionals and surprisingly, those who know, rarely seek counsel by youth welfare services. Possible reasons for this astonishing finding encompass, despite lack of knowledge, inter alia different need such as counselling during night shifts and difficulties to find a common language.

One innovative approach based directly at the interface between medicine and youth welfare is a 24-hour nationwide child protection helpline that offers medical advice to physicians and other healthcare professionals to bring health care and youth welfare together. Two helpline consultants, Dr. Clemens and Mr. Berthold, will present the idea behind this unique concept of care and its implementation as well as exemplary cases and frequently asked questions. Furthermore, first statistical analyses of the utilization and remaining difficulties and yet unmet needs will be discussed.

### World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: The 5th Leaders forum: the future of child and adolescent psychiatry

24 July 2018, 14:45 - 16:15, South Hall 1A



AP 02

**World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: The 5th Leaders forum: the future of child and adolescent psychiatry**

N. Skokauskas<sup>1</sup>

<sup>1</sup>NTNU, Institute of Psychiatry, Trondheim, Norway

**Academic Perspective Overview**

**Leaders forum: the future of child and adolescent psychiatry**

This is the fifth international symposium "The future of child and adolescent psychiatry". This forum brings together leaders of the largest Child and Adolescent Mental Health associations around the globe to discuss the most pressing issues our field is facing. The leaders forum aims not only to be a platform to share experiences and knowledge, but also to develop the insights, initiatives and actions necessary to respond to current and emerging challenges in the area of child and adolescent mental health.

The first "Leaders forum: the future of child and adolescent psychiatry" was held in Helsinki, Finland during ESCAP (European Society for Child and Adolescent Psychiatry) Congress 2011. The second symposium was held in Dublin, Ireland during ESCAP (European Society for Child and Adolescent Psychiatry) Congress 2013. The third forum was held during IACAPAP 2014 congress in S. Africa and the fourth was held during IACAPAP 2016 congress in Canada. All symposiums attracted large audiences and were well received. Since 2016 there have many changes in the area of child mental health and this session will bring new leading figures representing largest child and adolescent psychiatric societies.

The symposium will be chaired by Professor Bruno Falissard (President IACAPAP) and Prof. Norbert Skokauskas (Chair, World Psychiatric Association, Child and Adolescent Psychiatry section).

The following organizations will be represented by their Presidents:

Part 1

IACAPAP (International Association for Child and Adolescent Psychiatry and Allied Professions),

WPA CAP (World Psychiatric Association, Child and Adolescent Psychiatry section)

AACAP (American Academy of Child and Adolescent Psychiatry)

Part 2

ISAPP (International Society for Adolescent Psychiatry and Psychology)  
WAIMH (The World Association for Infant Mental Health)

NBUP (The Norwegian Association for Child and adolescent Mental Health in Norway)

**World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: The 5th Leaders forum: the future of child and adolescent psychiatry**

**24 July 2018, 14:45 - 16:15, South Hall 1A**

AP 02.1

**Current situation of CAMHS and the way forward (IACAPAP)**

**B. Falissard**<sup>1</sup>

<sup>1</sup>IACAPAP, President, Paris, France

Thanks to the burden of diseases study 2010 done by WHO we have now a clearer estimation of the current situation of CAMHS across the world, and it is obviously among the highest priorities (and even the first priority in occidental countries). However, country resources dedicated to CAMH are not in parallel with this important level of burden.

To change this situation we have to tackle several points:

- To make a clear separation between what correspond to mental health problems and what correspond to psychiatric problems

- Concerning psychiatric problems, we have to answer to questions like : „who should treat ?" and „what is the generalisability and sustainability of occidental EBM?"

- Concerning mental health problems, we should make an inventory of all potential are givers to optimize the use of existing resources

- These three points will be helpful to determine National Mental Health and Psychiatric Policy, which is a necessity

IACAPAP can help by promoting training (eTextbook, MOOC, iCAMH)

Evaluation of public health policies and of local strategy of treatment are, at the end, of a crucial importance.

**World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: The 5th Leaders forum: the future of child and adolescent psychiatry**

**24 July 2018, 14:45 - 16:15, South Hall 1A**

AP 02.2

**WPA CAP (World Psychiatric Association, Child and Adolescent Psychiatry section)**

N. Skokauskas<sup>1</sup>

<sup>1</sup>World Psychiatric Association, Child and Adolescent Psychiatry section's session - chair, Trondheim, Norway

Mental health is an essential part of children's and adolescents' health. It interacts complexly with general physical health and significantly impacts upon ability to succeed in school and society. According to the World Health Organization, approximately 10-20% of youth experience mental health disorders. Furthermore, 70% of mental health disorders have their onset prior to the age of 25 years. Untreated mental health problems in childhood can be transmuted into various psychiatric diseases. Moreover, there are several psychiatric disorders (i.e. early onset neurodevelopmental disorders) that are most often diagnosed in childhood and that require early interventions. The aim of this presentation are

A) To present successful leadership and collaboration examples in child and adolescent psychiatry;

B) To promote global child mental health;

C) To highlight World Psychiatric Association, Child and Adolescent Psychiatry section activities.

Final message

The WPA Section on Child and Adolescent Psychiatry CAP has developed a much more engaged membership and has become more active in terms of

its own interests and the broader interests of the field. While there is room for optimism because so much has been accomplished in a short period of time, there are particular challenges ahead that the field must address but can only address proactively and collaboratively.

## **World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: The 5th Leaders forum: the future of child and adolescent psychiatry**

**24 July 2018, 14:45 - 16:15, South Hall 1A**

**AP 02.3**

### **AACAP (American Academy of Child and Adolescent Psychiatry)**

***K.D. Wagner<sup>1</sup>***

*<sup>1</sup>AACAP, President, Galveston, USA*

The American Academy of Child and Adolescent Psychiatry (AACAP) is a professional medical organization committed to leading its membership through collective action, peer support, and continuing education. AACAP focuses on providing child and adolescent psychiatrists with the resources they need to best help children and their families.

Established in 1953 and comprised of over 9,300 child and adolescent psychiatrists and other interested physicians, our global membership pride themselves on giving direction and responding quickly to new developments designed to address the ever-changing/evolving health care needs of children and adolescents. The mission of AACAP is to promote the healthy development of children, adolescents, and families through advocacy, education, and research, and to meet the professional needs of child and adolescent psychiatrists throughout their careers.

## **Psychodynamic psychotherapy stream: Psychodynamic perspectives on treatment and research in child, adolescent and family mental health**

**24 July 2018, 14:45 - 16:15, South Hall 1B**

**AP 03**

### **Psychodynamic psychotherapy stream: Psychodynamic perspectives on treatment and research in child, adolescent and family mental health**

***S. Dean<sup>1</sup>***

*<sup>1</sup>Monash University, Monash University Centre for Developmental Psychiatry and Psychology, Hughesdale, Australia*

Academic Perspective Overview

#### **Learning Objectives:**

1. To introduce the contributions of psychodynamic theory to the development of the discipline of Psychology and to the field of child and adolescent mental health, and the progressive empirical study of these contributions
2. To explore psychodynamic perspectives on child and adolescent mental health, especially involving expressive art in therapy and brief child and family work
3. To demonstrate psychodynamic approaches across a broad range of mental health difficulties and risk

Abstract: This session, the first of a stream at this Congress titled "Psychodynamic thinking and approaches in child and adolescent mental health", encompasses three papers. Each discusses a distinct perspective on psychodynamic

issues in child and adolescent mental health and their clinical implications. Psychodynamic practice grew from the psychoanalytic principles proposed by Freud. Repeatedly critiqued, revised and elaborated, they have generated numerous powerful theories, shaping fundamental areas of the Psychology discipline, from child development to social interaction, and stimulated vast research programs. This session considers prominent theories relevant to child, adolescent and family mental health practice today, as well as empirical research exploring the validity of psychodynamic approaches in such practice, including work with the seriously mentally ill and with those facing out-of-home care.

## **Psychodynamic psychotherapy stream: Psychodynamic perspectives on treatment and research in child, adolescent and family mental health**

**24 July 2018, 14:45 - 16:15, South Hall 1B**

**AP 03.1**

### **The interplay of internal and external worlds: the growth and empirical questioning of psychodynamic understandings in child and adolescent mental health**

***S. Dean<sup>1</sup>, J. Pullen<sup>1</sup>, B. Tonge<sup>1</sup>***

*<sup>1</sup>Monash University, Centre for Developmental Psychiatry and Psychology, Melbourne, Australia*

#### **Objectives**

1. To trace the growth of psychodynamic principles and practice in the understanding of human psychological life and development, and in the child, adolescent and family mental health field
2. To evaluate how empirical research has supported this growth across the range of the discipline of Psychology and of mental health diagnostic and therapeutic practice
3. To investigate the cutting edge of this field, identifying current, outstanding questions for both theory and research

Psychodynamic understanding of child psychological development began in clinical case material, observations made by clinicians of the lived experience of the internal world reported by adult and later child patients suffering mental health problems. Such observations came to inform the basic substrate of Developmental Psychology, and the external world of the empirical study of development, as well as of other fundamental areas in Psychology such as Personality, Cognition and Social Psychology. Psychodynamic understanding also underlies the basic principles of all forms of Psychotherapy extant today, and conditions standard Diagnostic Assessment and Formulation. This paper briefly traces this theoretical evolution, exploring the key concepts contributed to child, adolescent and family mental health, including the practice of Psychotherapy, and evaluates the research process that has validated and continues to support psychodynamic understandings. Continuous questioning of theory and the complementarity of quantitative and qualitative research methods are stressed, highlighting an interplay of evidence from the internal world and evidence from the external world

## **Psychodynamic psychotherapy stream: Psychodynamic perspectives on treatment and research in child, adolescent and family mental health**

**24 July 2018, 14:45 - 16:15, South Hall 1B**

**AP 03.2**

### **Expressive art in therapy for trauma: a Jungian perspective**





C. Wilkes<sup>1,2</sup>

<sup>1</sup>Alberta Health Services, Child and Adolescent Mental Health and Addictions,  
Calgary, Canada

<sup>2</sup>University of Calgary, Calgary, Canada

### Objectives

1. To discuss the four key Conscious functions and four key principles of Depth Psychology generate by Jung
2. To explore how psychological trauma disrupts the symbolic function of art, mythology and religion
3. To outline the healing role of the protective and defensive self in expressive art, when a child or young person has experienced trauma

### Methods

We live in a busy, extraverted and thinking world and most of our interventions for depression and trauma are talking therapies – for example CBT, IPT, Short term dynamic therapies and group therapy. This minimizes the fact that we are also feeling individuals with a sensation function and intuition. Consequently, we minimize the contribution of the arts and humanities in therapy. But C.G. Jung emphasized the importance of living a symbolic life which engages the whole person. This paper emphasizes how the expressive arts can be used in Depth Psychology and how this especially helps the traumatized person, however young, to recover the lost connection to the Self. According to Jungian theory, our health is determined by a healthy connection between the two psychic centres, the Ego and the Self. Too much connection leads to Ego inflation, while too little leads to marginalization or dissociation, fostering depression. A healthy connection allows the numinous magic of play of childhood to be present throughout life, maintaining a self-regulating Psyche. Now Art work, myths and religion link the world of the Ego with the transpersonal, numinous experience of the Self. Exploring the connection between Ego and Self through play, art and dreams allows for the holding of tension between opposites, so that a living third thing is produced - a symbol which is intermediate between the mystery of life and the Ego's life struggles.

### Psychodynamic psychotherapy stream: Psychodynamic perspectives on treatment and research in child, adolescent and family mental health

24 July 2018, 14:45 - 16:15, South Hall 1B

#### AP 03.3

### Swings and roundabouts: When your first session could be your last

M. Lynch<sup>1</sup>

<sup>1</sup>Take Two Service, Berry Street, Victoria, Australia

### Objectives

1. To elucidate the psychodynamic principles and practice that underpin brief therapeutic intervention in the child and family mental health field
  2. To demonstrate the application of such principles and practice in brief therapy in an innovative program delivered to vulnerable children and families subject to the Child Protection system, who are potentially involved in a future of out-of-home care
  3. To illustrate, through both case vignettes and the prospect of evaluation research, how this program provides an effective service through its use of psychodynamic concepts
- This paper revisits short-term psychodynamic principles and practice in providing brief therapeutic interventions to children and families caught in the

adversarial child protection and legal systems. There are multiple systemic and practice issues when working with clients of Child Protection. Children who have experienced trauma would benefit from extensive therapy and may need to be in long-term care with attuned carers. However, it is a very long time before this stabilization can occur and therapy for child and family is put on hold. Berry Street Take Two has partnered with Child Protection to trial the provision of a twenty-hour intervention for children and families recently notified to Child Protection. The focus of the intervention is on family reunification or family preservation, with the plan to identify immediate therapeutic needs and find ways to engage the families to accept therapeutic supports. The key concepts of Brief Psychodynamic Therapy are presented from the point of referral and consultation, identification of the type of intervention, use of clinical measures, recommendations and outcomes. Case vignettes are utilised, demonstrating the promising nature of this innovative approach to child protection clients. The challenges to the integration of the learnings, evaluation, and implications for practice and project expansion are considered.

### Global capacity building initiatives for child & adolescent mental health

24 July 2018, 16:45 - 18:15, Meeting Room 3.1

#### AP 04

### Global capacity building initiatives for child & adolescent mental health

S. Younus<sup>1</sup>, A. Mian<sup>1</sup>

<sup>1</sup>Aga Khan University, Psychiatry, Karachi, Pakistan

### Academic Perspective Overview

The global shortage of mental health professionals compromises assessment and treatment of children with mental health disorders and is referred to as 'treatment gap'. Training is essential to develop a workforce to meet existing need, but pediatric psychiatric training programs remain inadequate in many areas of the world. In such a situation, it is essential to educate and train all those who deal with children directly or indirectly in the prevention, diagnosis and management of children with mental health disorders. Capacity building initiatives have been developed in many countries and can augment the impact of existing mental health professionals by manifold.

This academic perspective will begin with a discussion on the development, implementation and evaluation of a 2 week child mental health capacity building training workshop for pediatricians, general physicians and psychologists at the Aga Khan University, Pakistan. This will be followed by presentations from Nigeria, United States of America and United Arab Emirates. Each presenter will discuss the capacity building initiatives undertaken in their setting. They will highlight the need for such an initiative in their local context, discuss the outcomes of that initiative and will describe how that capacity building strategy can be utilized in other settings.

### Global capacity building initiatives for child & adolescent mental health

24 July 2018, 16:45 - 18:15, Meeting Room 3.1

#### AP 04.1

### Building capacity in child & adolescent mental health and neurodevelopmental disorders in Africa

T. Bella – Awusah<sup>1,2</sup>, O. Omigbodun<sup>1,2</sup>

<sup>1</sup>University of Ibadan, Centre for Child and Adolescent Mental Health, Ibadan, Nigeria

<sup>2</sup>University of Ibadan, Department of Psychiatry College of Medicine, Ibadan, Nigeria

## Objectives

This presentation looks at the achievements and impact of the Centre for Child and Adolescent Mental Health (CCAMH) on training, service delivery and research in child & adolescent mental health on the sub - continent in the last half decade of its existence.

## Methods

Risk factors for child and adolescent mental health (CAMH) problems such as poverty, low school enrollment rates, poor educational quality and poor obstetric care, remain highly prevalent in many parts of Sub-Saharan Africa. A few epidemiological studies on CAMH problems in the sub- continent also reveal rates which are similar to those in the Western world, with 1 in every 5 children or adolescents having a CAMH problem. The history of CAMH in Sub - Saharan Africa highlights a lack of focused CAMH programs for training, service delivery & research until very recently. The CCAMH was established as a Centre of excellence within the University of Ibadan, Nigeria to provide training for highly - skilled leaders in the field of child and adolescent mental health across a variety of disciplines.

## Conclusions

Development of focused CAMH programs aimed at training leaders in service delivery, education and research is an integral element in managing the child mental health 'treatment gap'.

## Global capacity building initiatives for child & adolescent mental health

24 July 2018, 16:45 - 18:15, Meeting Room 3.1

### AP 04.2

## WHO Eastern Mediterranean Region (EMRO) School Mental Health Program (SMHP)

H. Hamoda<sup>1,2</sup>

<sup>1</sup>Boston Children's Hospital, Staff Psychiatrist, Boston, USA

<sup>2</sup>Harvard Medical School, Assistant Professor, Boston, USA

## Objectives

This session will discuss the EMRO SMHP as an example of task shifting and opportunity for scaled community based mental health interventions. A compelling case will be made for schools' investments in the mental health of their students and the impact of such investment on students (emotionally, socially, academically), schools (including teachers' satisfaction) and on society as a whole (including crime rates etc). We will discuss technology as a tool for scale up and also discuss challenges in implementing and evaluating such program.

## Methods

It is estimated that 10-20% of children globally are affected by a mental health problem. Child mental health has been identified as a priority within the WHO's EMRO. Following consultations with international and regional experts and stakeholders, WHO EMRO developed an evidence-based manualized School Mental Health Program (EMRO-SMHP).

## Conclusions

School mental health programs can act as mental health interventions impacting not only students, but also schools and society as a whole.

## Global capacity building initiatives for child & adolescent mental health

24 July 2018, 16:45 - 18:15, Meeting Room 3.1

### AP 04.3

## Capacity building in child mental health - a perspective from the United Arab Emirates

A. Albanna<sup>1</sup>

<sup>1</sup>Child and Adolescent Mental Health Center of Excellence, Head, Ottawa, Canada

## Objectives

The presentation will highlight the opportunities that arise through a collaborative cross-agency approach and some of the challenges faced. The presentation will also discuss important obstacles and solutions such as changing physicians' privileges through a research based collaborative approach with PHC leadership.

## Methods

Al Jalila Children's Specialty Hospital is the first tertiary care pediatric hospital in the United Arab Emirates (UAE), and is home to the Child and Adolescent Mental Health Center of Excellence. Since it opened its doors in November 2016, this Dubai-based center has been playing a critical role advocating for child mental health and establishing clinical services, research, and training. As a case example, this presentation will focus on two initiatives: working with the Dubai Executive Council and healthcare, education, regulatory agencies to setup a comprehensive system of care for Autism Spectrum Disorder in Dubai, and a research based project to improve access to mental health services in primary care centers in Dubai. This research based project included training primary care physicians on the assessment and treatment of ADHD, and providing care via a collaborative tele-mental health approach with child and adolescent psychiatrists at Al Jalila Children's.

## Conclusions

Coordination with healthcare, education and regulatory agencies can play an important role in developing services for child mental health.

## Ethical perspectives on twentieth century child and adolescent psychiatry: the good, bad, and ugly, and lessons for the modern-day professional

24 July 2018, 16:45 - 18:15, Terrace 2A

### AP 05

## Ethical perspectives on twentieth century child and adolescent psychiatry: the good, bad, and ugly, and lessons for the modern-day professional

J. Weathers<sup>1</sup>, A. Martin<sup>1</sup>

<sup>1</sup>Yale Child Study Center, Child and Adolescent Psychiatry, New Haven, USA

## Academic Perspective Overview

LEARNING OBJECTIVES: To examine ethical principles that should prevail in today's practice of child and adolescent psychiatry, and to view them through the painful historical lens of mid-twentieth century Central Europe, during which such principles were ignored or subverted for political purposes. A fresh look at clinical ethics is relevant at times like ours, which include limited and inequitable global resource allocation, rapid technological advance, and ideological



polarization.

**CONTRIBUTIONS DESCRIPTION:** This Academic Perspective on ethics in child and adolescent psychiatry will have four components: 1) Judah Weathers (chair) will set the stage and review: the core principles of autonomy, beneficence, non-maleficence, and justice that undergird modern-day ethics; the role of the Declarations of Nuremberg and Helsinki; informed consent and Institutional Review Boards; and other critical milestones; 2) Rael Strous will describe the role of physicians (and very specifically of psychiatrists) as literal ‘partners in crime’ of Nazi-era atrocities, and of how science came to be subverted toward ideological and political ends. This historical perspective of mid-twentieth century Central Europe will provide a springboard for discussion of changes and advances made in its wake, and of how historical precedent provides no guarantee against future lapses; 3) Maciej Pilecki will present — as a part of the discussed topic — the socio-historical perspectives of post-communist Eastern European countries, such as Poland. He will reflect on how the pre-war history, the Second World War and communism followed by the process of rapid westernization have affected Polish society, and thus the child and adolescent psychiatry and its ethical dilemmas; 4) Laurie Cardona will next discuss how current ethical principles provide a framework to approach the allocation of limited resources and how technological advancements in the care of severely handicapped children and adolescents have outpaced ethical and psychological considerations of sustaining the lives of the severely handicapped and terminally ill; 5) Andrés Martin will wrap up the session by identifying common threads and lessons running through all of the sessions. He will ensure there is ample time available for discussion between panelists and participants.

**CONCLUSION:** Child and adolescent psychiatrists and allied professionals must adhere to a professional ethic that takes into account the patient, the law, and larger societal mores. We must pay careful attention to ethical principles involved in prevention, treatment, education, and access to resources of children and adolescents. By looking back to the good and bad in our history we can better understand what has gone wrong before, and use those experiences to model ethically sensitive roles to our patients, community and trainees. There is an urgent need to practice ethically sound psychiatry, as it may be our best hope at preventing catastrophic consequences in the future.

Robertson, M., Walter, G. (2007). Overview of Psychiatric Ethics I: Professional Ethics and Psychiatry. *Australasian Psychiatry*. 15(3): 201–206.

Robertson, M., Walter, G. (2010). *Psychiatry’s Contract With Society: Concepts, Controversies, and Consequences*. London, England: Oxford University Press.

### **Ethical perspectives on twentieth century child and adolescent psychiatry: the good, bad, and ugly, and lessons for the modern-day professional**

**24 July 2018, 16:45 - 18:15, Terrace 2A**

**AP 05.1**

#### **Presentation 1**

R. Strous<sup>1</sup>

<sup>1</sup>*Tel Aviv University, Department of Psychiatry, Tel Aviv-Yafo, Israel*

The Nazi regime was responsible for the deaths of untold numbers of individuals, and the systematic maltreatment and genocide of millions of child and adult minorities or with mental health needs, and the disabled. The central role of psychiatrists in this devastating period, including the killing of millions of innocent children and adults, was in part energized by a complex relationship between the psychiatric profession, power, hatred, and social change. The history and contributions of psychiatrists in targeting minority groups to kill and

enslave during Nazi Europe will be reviewed. From this review, ethical lessons for the modern-day professional in child and adolescent mental health will be discussed. Conflicts arose in Nazi Europe regarding the care of severely handicapped children and adolescents, including those labeled as “defective”, “inferior”, and “unworthy to live.” The care of severely handicapped children and adolescents will be reviewed, including the role that scarcity of resources and technological advances can have in care. As the world has entered a time of renewed division, hatred, racism, adversity, poverty and nationalism, a critical analysis of what can be learned from this chapter in human history is of timely relevance.

Strous, R., Weiss, M., Irit, F., Finkel, B. et al. (2005). Video Testimony of Long-Term Hospitalized Psychiatrically Ill Holocaust Survivors. *American Journal of Psychiatry*. 162(12): 2287-2294.

Strous, R. (2007). Psychiatry during the Nazi Era: Ethical Lessons for the Modern Professional. *Annals of General Psychiatry*. 6(1): 8.

### **Ethical perspectives on twentieth century child and adolescent psychiatry: the good, bad, and ugly, and lessons for the modern-day professional**

**24 July 2018, 16:45 - 18:15, Terrace 2A**

**AP 05.2**

#### **Presentation 2**

M. Pilecki<sup>1</sup>

<sup>1</sup>*Jagiellonian University Medical College, Department of Child and Adolescent Psychiatry, Kraków, Poland*

Psychiatry, like no other field of medicine, is a subject of significant influence of politics, history and socio-cultural factors. One cannot recognize the specifics of ethical dilemmas of contemporary Polish child and adolescent psychiatry and psychotherapy without understanding how they are root in Poland’s complicated past. This issue is usually discussed in the context of the rapid westernization processes taking place in Poland since the fall of the “Iron curtain” some 29 years ago. However, this is a narrow approach that does not take into account the consequences of long periods of lack of independence and short moments of building a national integrity of Poles during the last few centuries. In Polish child and adolescent psychiatry, pre-war achievements have been forgotten as well. For the Polish child and adolescent psychotherapy the Holocaust was especially devastating. Almost all psychoanalysts working with children and adolescents in Poland were Jews, who were then killed during the Second World War or emigrated from Poland after it. From a wider perspective we must deal with the superficial homogeneity of Polish society, discrepant efforts to achieve integrity and with the fear of anything recognized as strange. These factors influence the psychopathology, patients intra-psycho conflicts, families and society attitudes towards patients and their symptoms. They also frame, to some extent, the etiological concepts, therapeutic strategies and attitudes towards patients’ rights.

### **Ethical perspectives on twentieth century child and adolescent psychiatry: the good, bad, and ugly, and lessons for the modern-day professional**

**24 July 2018, 16:45 - 18:15, Terrace 2A**

**AP 05.3**

#### **Presentation 3**

L. Cardona<sup>1</sup>

<sup>1</sup>*Yale University, Child Study Center, New Haven, USA*

Conflict can arise between medical providers, parents, and society when considering the care of severely handicapped children and adolescents with life-limiting conditions. Technological advancements in the care of severely handicapped children and adolescents have outpaced ethical and psychological considerations of sustaining the lives of the severely handicapped and terminally ill. Important lessons on the ethical practice of medicine can be learned from how limited resources and technological advancements have influenced the care of medically fragile children and adolescents over the past two decades. The valuable role of child mental health professionals in developing and advancing ethical practice parameters that safeguard the best interests of medically fragile children and their families is also discussed.

Cardona, L. (2017). Ethical Considerations in the Care of Children with Life-Limiting Conditions: A Case Illustration of the Role of a Pediatric Psychologist on a Hospital Ethics Committee. *Clinical Practice in Pediatric Psychology*, 5(3): 287-293.

## Ethical perspectives on twentieth century child and adolescent psychiatry: the good, bad, and ugly, and lessons for the modern-day professional

**24 July 2018, 16:45 - 18:15, Terrace 2A**

**AP 05.4**

### Presentation 4

A. Martin<sup>1</sup>

<sup>1</sup>*Yale University, Child Study Center, New Haven, USA*

Ethical principles are not cautionary tales intended for unsavory and disreputable characters, and, as such, easily dismissed. They are core values that we must adhere to at all times, but which can be easily overlooked and infringed upon. Prevention is worth more than cure, which is why it is so critically important to learn from our past to be more properly versed in ethical principles of research and clinical practice.

Walter, G., Rey, J.M., Soh, N., Bloch, S. Publishing ethics in child and adolescent psychiatry: essentials for authors and readers. *Child and Adolescent Psychiatric Clinics of North America* 2008; 17: 149-163.

Committee on Publication Ethics (COPE). Guidelines (various). Committee on Publication Ethics. <http://publicationethics.org/resources/guidelines>. Accessed September 2, 2017.

Scott-Lichter, D. and the Editorial Policy Committee, Council of Science Editors. (2012). *CSE's White Paper on Promoting Integrity in Scientific Journal Publications, 2012 Update. 3rd Revised Edition*. Wheat Ridge, CO: Council of Science Editors.

Martin, A. (2014). Just Do It! Pointers to get your work published in the academic literature (...and why you should, no pressure). *Journal of the American Academy of Child and Adolescent Psychiatry Connect*. 1(2): 20-23.

## Donald J. Cohen alumni symposium: a decade of fellowship fostering children's mental health

**25 July 2018, 10:45 - 12:15, Club D**

**AP 06**

## Donald J. Cohen alumni symposium: a decade of fellowship fostering children's mental health

A. Martin<sup>1</sup>, C. Prins-Aardema<sup>2</sup>

<sup>1</sup>*Yale School of Medicine, Child study Center, New Haven, USA*

<sup>2</sup>*Free University Amsterdam, Child Psychiatry, Amsterdam, Netherlands*

### Academic Perspective Overview

#### Learning Objectives

To examine the outcomes of a Congress-based mentorship program established by IACAPAP fourteen years ago.

#### Contribution Description

At IACAPAP's 2004 Congress in Berlin no one could have anticipated the lasting power that the Donald J. Cohen Fellowship Program for International Scholars in Child and Adolescent Mental Health (DJCP) was destined to have, or that it would become the talent incubator that it has – helping spawn a new generation of child mental health leaders out into the far reaches of the world. The fundamentals of the Program have not substantially changed in its nine iterations since its inception in 2004. In fact, the key elements of that earliest experience in Berlin have only been refined and operationalized over time. Some of the components of the Fellowship's 'magic sauce' include: identification and selection of fellows and mentors; establishment of small groups that are diverse and balanced across professional background, geographical origin, and areas of expertise; making the Fellowship experience an integral component of the Congress, with specific time slots and space in which to interact together; Program-specific lectures, poster sessions, and yes, social events; lodging of fellows at the same venue in order to maximize interaction and collaboration; and communication that starts before the Congress and lasts well beyond it.

#### Conclusion

Fourteen years after its inception, it is high time for the Program's alumni to share their trajectories - and how the program influenced their development. This Academic Perspective will be co-chaired by a DJCP former co-director (AM) and fellow (CP), and feature eight short, TED-talk-style presentations by alumni hailing from each of the world's continents and representing a wide array of clinical, research and policy practices. There will be ample time for discussion - and for thinking about future directions for this signature Program.

## International Society for Adolescent Psychiatry and Psychology (IS-APP) invited session: The yellow brick road: risk-taking, resiliency, and taking responsibility in adolescence and emerging adulthood

**25 July 2018, 10:45 - 12:15, North Hall**

**AP 07**

## International Society for Adolescent Psychiatry and Psychology (IS-APP) invited session: The yellow brick road: risk-taking, resiliency, and taking responsibility in adolescence and emerging adulthood

L. Flaherty<sup>1</sup>, F. Çuhadaroğlu Çetin<sup>2</sup>

<sup>1</sup>*Harvard University, Cambridge Health Alliance, Cambridge- Massachusetts, USA*

<sup>2</sup>*Hacettepe University, Department of Child and Adolescent Psychiatry, Ankara, Turkey*

### Academic Perspective Overview

The increasing prevalence of mental health problems in late adolescence (15-18 year olds) and emerging adults (ages 18-24) has been termed an "emerging epidemic." These problems tend to be chronic and can lead to a lifetime of disability and diminished achievement academically, socially and vocationally.



Decreasing resilience among young people has been cited as a factor. Schools are required to make accommodations to help students who struggle academically or socially, but sometimes their efforts to help students may increase students' use of avoidance as a coping strategy. Parents' attempts to shield their children from stressful situations—so-called “helicopter parenting”—may similarly backfire. How much help is too much? How can parents and schools provide appropriate support and encouragement to adolescents to take healthy risks and cope with failure when their attempts don't succeed.

School refusal can be seen as a paradigm of poor functioning in adolescence. The adolescent who avoids school as a way of coping with overwhelming anxiety is unable to complete one of the basic developmental tasks of adolescence – developing autonomy. In addition, his or her social interactions, academic achievement, and development of a sense of self-efficacy and positive identity are likely to be severely curtailed.

Families and schools play a complex role in the transition to adulthood, and college students face particular difficulties negotiating this transition. The challenges are particularly difficult for young people with pre-existing mental disorders, such as anxiety and depression, or ADHD.

This symposium will examine ways that clinicians can work with late adolescent and college age teens to promote resilience, and incorporate parents as a resource for promoting teens' and emerging adults' successful transition to adulthood and the workforce.

**International Society for Adolescent Psychiatry and Psychology (IS-APP) invited session: The yellow brick road: risk-taking, resiliency, and taking responsibility in adolescence and emerging adulthood**

**25 July 2018, 10:45 - 12:15, North Hall**

**AP 07.1**

**Too much of a good thing: helicopter parenting**

M. Semkowska<sup>1</sup>

<sup>1</sup>*University of Limerick, Psychology, Castletroy, Ireland*

**Objectives**

Participants will be able to recognize the detrimental effects of helicopter parenting on late adolescents and emerging adults.

**Methods**

While parental involvement in their children's lives is generally beneficial, overinvolvement may be detrimental. Helicopter parenting is a parenting style in which parents are overly involved and behave in developmentally inappropriate ways with their children in order to protect offspring from negative outcomes and to ensure success. It is high in warmth and support but is also high in control and low in autonomy granting. It has been linked to detrimental outcomes in young children, including anxiety, depression, and low self-esteem. In school aged children it has been associated with peer difficulties and social withdrawal. Although there has been relatively little research on helicopter parenting in late adolescents and emerging adults, it has been linked to depression and anxiety, narcissism, a sense of entitlement, lower grade point averages, low self-efficacy, low psychological wellbeing, and difficulties with peers, especially among college and university students. The mechanisms by which helicopter parenting may be exerting its negative effects on university students have not been well studied.

**Conclusions**

The author's research suggests that one of the mediating factors in increased vulnerability to mental illnesses such as depression may be declining levels of

resilience, owing to negative effects of helicopter parenting.

**International Society for Adolescent Psychiatry and Psychology (IS-APP) invited session: The yellow brick road: risk-taking, resiliency, and taking responsibility in adolescence and emerging adulthood**

**25 July 2018, 10:45 - 12:15, North Hall**

**AP 07.2**

**The importance of risk-taking**

L. Ponton<sup>1</sup>

<sup>1</sup>*University of California at San Francisco, San Francisco, USA*

**Objectives**

Participants will learn about current research findings, underscoring connections between the process of adolescent risk-taking and resiliency as well as other positive outcomes. They will be able to apply this knowledge to their clinical work.

**Methods**

Adolescence is a developmental period of rapid physical, psychological, sociocultural, and cognitive changes characterized by efforts to confront and surmount challenges and to simultaneously establish autonomy and a sense of identity. Adolescents take risks as a way of developing and defining themselves, often taking on challenges in areas that they understand very little about, and in this process, engaging in a whole range of behaviors with results that range from devastating to extremely positive.

Parenting styles play a role in this important developmental process. We will initiate a discussion on parenting styles, risk-taking and resiliency.

**Conclusions**

While much has been written about the negative aspects of risk-taking, recent studies indicate links between patterns of healthy risk-taking and adolescent resiliency.

**International Society for Adolescent Psychiatry and Psychology (IS-APP) invited session: The yellow brick road: risk-taking, resiliency, and taking responsibility in adolescence and emerging adulthood**

**25 July 2018, 10:45 - 12:15, North Hall**

**AP 07.3**

**Building resilience in school-avoidant teens**

I. Ivanov<sup>1</sup>

<sup>1</sup>*Mount Sinai Medical School, New York, USA*

**Objectives**

Participants in this symposium will be familiarized with the current conceptualization of risk factors leading to chronic absenteeism and evidence based treatments that can address mental health and substance use disorders in adolescents with chronic absenteeism.

**Methods**

Chronic absenteeism from school is a pervasive problem with complex causes and long reaching consequences. Absenteeism has been associated with

increased likelihood to engage in criminal behavior, sexual risk behaviors, abuse of illicit substances and dropout of school entirely and as such represents a public health problem that deserves to be closely studied in respect to its origins, types of clinical presentations and response to treatment interventions. Students who are chronically absent also display high rates of psychiatric comorbidities, with anxiety disorders and disruptive behavior disorders being particularly prevalent, which may further necessitate the inclusion of mental health services. Providers, however, seem not well familiarized with the current conceptualizations of this problem and more importantly with the possible strategies for remediation. The presentation will discuss the conceptualization of chronic absenteeism as comprised of two larger groups of conditions, namely school refusal and truancy.

## Conclusions

Successful treatments often require a combination of interventions that can target different risk factors as well as factors that perpetuate absenteeism.

## Addressing the resource gap in child mental health services through collaboration with pediatric primary care providers: from training to practice

25 July 2018, 14:45 - 16:15, Club A

### AP 08

## Addressing the resource gap in child mental health services through collaboration with pediatric primary care providers: from training to practice

J. Mohatt<sup>1</sup>

<sup>1</sup>Weill Cornell Medicine, Psychiatry, New York, USA

### Academic Perspective Overview

#### Learning Objectives:

1. Will understand the rationale for collaborative care models in child mental health (MH)
2. Will be able to describe novel models for increasing child MH services through collaboration with primary care providers
3. Will be able to describe models for integrating collaboration into medical training.

Overview: The large resource gap for child mental health (MH) treatment is a well-documented global concern. Even in the United States, with its wealth and resources, there is a critical shortage of child and adolescent psychiatrists. Integrating MH services into pediatric primary care is one way to increase access for children. This can be achieved with new models of care and by educating pediatricians to provide first-line treatment.

We will review novel models of care for addressing the resource gap for child mental health. We will describe ongoing research into educational innovations to better prepare pediatricians to care for children with MH problems. We will also describe novel systems to enhance collaboration between pediatricians and MH specialists at the residency training level and the implementation of collaborative models within large academic medical centers. Lastly, we will discuss an initiative to educate pediatricians and enhance collaboration between practicing pediatricians and child and adolescent psychiatrists.

## Addressing the resource gap in child mental health services through collaboration with pediatric primary care providers: from training to practice

25 July 2018, 14:45 - 16:15, Club A

### AP 08.1

## The state of mental health training in pediatrics and the need for collaboration

C.M. Green<sup>1</sup>

<sup>1</sup>Weill Cornell Medical College, New York, USA

### Objectives

1. Participants will understand the current state of pediatric residency training in mental health (MH).
2. Participants will learn about emerging research on strategies to improve MH training in pediatric residency programs.
3. Participants will learn about an integrated model of MH care in a pediatric training program.

### Methods

The need for pediatric residency training to evolve in order to better prepare pediatricians to care for children with MH problems has been recognized since the 1970s. In 1997 the ACGME mandated every pediatric residency program to have a 4-week rotation in development and behavior. However, the majority of pediatricians are not addressing pediatric MH problems and cite training as a barrier.

Many training programs have an on-site MH specialists in their residents' primary care clinics, and there is some research to suggest this improves their knowledge and skills. This presentation will review the current data on MH training in pediatrics. It will also describe a recent study that identified ideas that were rated as important and feasible to implement in order to better prepare future pediatricians for providing MH care. The need for collaboration between pediatricians and MH specialists was rated as important for all stakeholders. Therefore, this presentation will conclude by describing the implementation of an integrated MH program at New York Presbyterian Hospital/Weill Cornell Medicine.

### Conclusions

Improving pediatric training programs to prepare future pediatricians to provide MH care to children has been a challenge for decades. Recent study describes ideas that are deemed important and feasible by multiple stakeholders, such as integrated models of care. It is feasible to implement an integrated model of MH care in pediatric residency training programs.

## Addressing the resource gap in child mental health services through collaboration with pediatric primary care providers: from training to practice

25 July 2018, 14:45 - 16:15, Club A

### AP 08.2

## Understanding diversity and uniqueness: "The Buddy System"

S. Fritsch<sup>1</sup>

<sup>1</sup>University of Colorado School of Medicine, Aurora, USA

### Objectives

1. Participants will understand professional cultural barriers to collaborative care.



2. Participants will learn about "The Buddy System", a program developed to enhance collaborative relationships with pediatric and child and adolescent psychiatry trainees.

3. Participants will understand the development of the program with the need for key stakeholders to lead change.

## Methods

Traditional pediatric residencies guided by the ACGME have limited requirements for child mental health didactic and clinical training, yet on any given day 40 – 60% of pediatric primary care visits have a behavioral health component. Pediatric residents may only have had a 4 – 6-week psychiatry experience in medical school. Child and adolescent psychiatry fellows may have only taken care of pediatrically ill patients on a medical school rotation, yet chronic pediatric illnesses impact development and psychological functioning of the youth and families treated by child and adolescent psychiatrists (CAP).

Defined collaborative care models and mental health integration models exist throughout the United States, but training of these models for primary care residents and fellows is limited and often without model curricula. This presentation will outline the development of The Buddy System, a collaborative training model developed between the CAP Fellowship and the Pediatric Residency at Maine Medical Center. The Buddy System began in 2012 to help pediatric residents and CAP fellows break down professional cultural barriers, participate in shared learning on pediatric conditions with shared medical and behavioral concerns, learn co-management skills, and develop collaborative care relationships.

## Conclusions

Collaboration between pediatrics and child psychiatry is fundamental for excellent care. The Buddy System is a successful training model that overcomes professional cultural barriers and develops collaborative care skills.

## Addressing the resource gap in child mental health services through collaboration with pediatric primary care providers: from training to practice

25 July 2018, 14:45 - 16:15, Club A

### AP 08.3

## How to engage pediatricians in child mental health care: lessons learned from the Collaborative Care Initiative

E. Fallucco<sup>1</sup>

<sup>1</sup>University of Florida – Jacksonville College of Medicine, Jacksonville, USA

## Objectives

1. Participants will gain knowledge about a novel model to promote mental health integration in primary care, the Collaborative Care Initiative
2. Participants will understand how to address the common barriers to engaging primary care providers in integrated care
3. Participants will be able to apply practical strategies to adapt and implement this type of model to their own healthcare system

## Methods

An estimated 13-20% of youth suffering from mental illness, yet, only 20% of children and adolescents with mental illness receive treatment. To improve access to mental health care, a team of over 100 pediatricians, child psychiatrists, and pediatric psychologists in North Florida have developed the Collaborative Care Initiative (CCI). The CCI provides clinical training for primary care providers to adequately screen, diagnose and treat at-risk youth. Once trained, PCPs are eligible to refer patients for psychiatrist consultation

through the CCI Psychiatric Consultation Clinic. This clinic allows primary care providers to co-manage mental health problems with a partnering child and adolescent psychiatrist.

This practical seminar will cover a step-by-step guide to implementing this type of model, and to addressing potential challenges (i.e. pediatrician and psychiatrist „buy-in“, limited resources). Findings and data about the impact of this model on quality of care and access to mental health care will be reviewed. The potential public health impact of this sustainable model will be highlighted.

## Conclusions

The CCI model shows promise to improve access to child mental health care. Given the major public health problem of untreated mental illness in youth, the CCI model should be considered for adaptation and dissemination to other communities.

## An exploration of pharmacogenomics: how do we apply current science to our clinical practice?

25 July 2018, 14:45 - 16:15, North Hall

### AP 09

## An exploration of pharmacogenomics: how do we apply current science to our clinical practice?

M. Loftus<sup>1</sup>

<sup>1</sup>Institute of Living/Hartford Hospital, Child Psychiatry, Hartford, USA

## Academic Perspective Overview

### Learning Objectives:

The audience will become familiar with:

- the evolution of personalized medicine and the science behind pharmacogenomics relevant to psychopharmacology
- resources and guidelines available to clinicians
- considering the potential role for integrating pharmacogenomic guidance into clinical practice and treatment planning as well as its potential limitations

The background of the development of pharmacokinetic and pharmacodynamic genetic testing will be provided. The potential benefits and limitations surrounding the application of pharmacogenomic evaluations in clinical care will be explored. An overview of genetic testing, including current clinical guidelines and examples of how to best interpret the results within the context of the management of patients will be discussed. Personalized medicine is becoming an important part of 21st century medicine and clearly has a possible role in the treatment of patients with complex medical and psychiatric disorders. Given that the technology exists to obtain genomic testing for genes that play a role in medication pharmacokinetics and pharmacodynamics, it will be important for the child and adolescent psychiatrist to continue to explore the possible application of this technology in clinical care. This will require enhancing our knowledge base, as well as expanding research opportunities, that will provide clarity on the limitations and benefits of such testing.

## An exploration of pharmacogenomics: how do we apply current science to our clinical practice?

25 July 2018, 14:45 - 16:15, North Hall

### AP 09.1

## Understanding the origins and science of pharmacogenomics

S. Malik<sup>1</sup>

<sup>1</sup>*SIDRA Medicine, Department of Psychiatry - Training Director- Senior Attending, Doha, Qatar*

### Objectives

The audience will become familiar with:

1. The evolution of personalized medicine and the science behind pharmacogenomics relevant to psychopharmacology
2. The possible role and limitations of pharmacogenetic testing

### Methods

Research in pharmacogenomics is currently focusing on identifying specific genes and gene products associated with various diseases, which may act as targets for new drugs, and identifying genes and allelic variants of genes that affect our response to current drugs. It is now clear that much of the individuality in drug response is inherited; this genetically determined variability in drug response defines the research area known as pharmacogenetics. An introductory overview of the evolution of personalized medicine will be provided. This will include a review of science behind pharmacogenomics, including molecular genetics and genome sequencing. There will also be a review of basic terminology of pharmacogenomics and a brief overview of pharmacokinetic and pharmacodynamic genes. The presentation will also cover the nomenclature currently used to characterize one's metabolic status based on the gene findings and how one uses a genotyping report. There will also be review of literature highlighting different perspectives regarding the role, limitations, and clinical applications of pharmacogenomics.

### Conclusions

Pharmacogenomic technology offers patients and prescribers an opportunity to individualize prescribing. Clinical pharmacogenomics is still developing, and there are limitations to consider, but the era of more meaningful application of testing results is rapidly evolving. Given the increasing availability of such testing, understanding the potential applications and the potential misuse of such testing is becoming increasingly relevant for the practice of child and adolescent psychiatry.

## An exploration of pharmacogenomics: how do we apply current science to our clinical practice?

25 July 2018, 14:45 - 16:15, North Hall

AP 09.2

### A closer look at relevant genes in psychopharmacology

M. Loftus<sup>1</sup>

<sup>1</sup>*Institute of Living/Hartford Hospital, Child and Adolescent Psychiatry Attending, Hartford, USA*

### Objectives

The audience will become familiar with:

1. The scientific evidence behind the recognition and identification of some of the important pharmacokinetic and pharmacodynamic genes
2. A review of the relevant resources, such as the PharmGkb and CPIC websites

### Methods

It is now recognized that genetic polymorphisms within the genes that code for proteins involved in the metabolism and the targets of drug therapy can have an even greater influence on the efficacy and toxicity of medications than clinical

variables. Virtually every pathway of drug metabolism, transport, and action is susceptible to genetic variation. A review of the current evidence relevant to the key pharmacokinetic and pharmacodynamic genes that may play a role in determining tolerance and response of an individual to pharmacotherapy will be provided. Examples of genes that code for 2D6, 2C9, 2C19, serotonin transporter gene, serotonin receptor gene, MTHFR (methyltetrahydrofolate reductase), and COMT (catechol-O-methyltransferase) will be discussed. In addition, a review of the relevant resources, such as the PharmGkb website, which can serve as a resource for clinicians, will also be provided.

### Conclusions

Pharmacogenomic testing, although in its infancy in terms of indications, interpretations, and limitations, is emerging as a powerful tool on a case-by-case basis, especially in complex patients who have a history of significant side effects or lack of response to previous treatments. Therefore, it is important for the child and adolescent psychiatrist to become familiar with the evidence regarding the genes often found on the commercially available pharmacogenomics products to make their own assessments regarding the relative importance of the gene findings that might exist in some of their patients.

## An exploration of pharmacogenomics: how do we apply current science to our clinical practice?

25 July 2018, 14:45 - 16:15, North Hall

AP 09.3

### View from the front line: a 10-year exploration of pharmacogenomics

L. Namerow<sup>1</sup>

<sup>1</sup>*Institute of Living/Hartford Hospital, Child and Adolescent Psychiatry Attending, Hartford, USA*

### Objectives

The audience will become familiar with:

- The role for integrating pharmacogenomic guidance into clinical practice and treatment planning
- The limitations of genotyping given the complexities of what determines outcomes of pharmacotherapy

### Methods

The role of pharmacokinetic genes in the field of pharmacotherapy has been an area of interest and clinical investigation at the Institute of Living since 2005. This presentation will provide an overview of our clinical and research experience in an attempt to explore clinical applications of such testing. In addition, following such extensive experience, the possibility of using clinical probe questions to determine patients at risk for P450 vulnerabilities will be presented and further explored. Two exploratory research studies, one looking at genomic findings in patients who had significant behavioral reactions following exposures to SSRIs, and one looking at whether using pharmacogenomic guidance to enhance depression treatment will be presented. In spite of the findings not supporting universal pharmacogenetic testing, the trend that patients with p450 vulnerabilities did as well as patients with no vulnerabilities suggests that for high-risk patients, the use of pharmacogenomic testing may be very helpful. A series of clinical probe questions will be presented, which might serve to detect these at-risk patients.

### Conclusions

Although the field of pharmacogenomics is rapidly expanding, the research remains limited in terms of clinical application and efficacy. Since the industry has marketed numerous products for clinical use, it remains extremely important that the child and adolescent clinician becomes familiar enough with the science





behind this testing to make an informed decision about the use of pharmacogenomic testing within clinical practice.

### **An innovative and comprehensive homicide assessment tool: I-HARRT**

**25 July 2018, 16:45 - 18:15, Meeting Room 2.1**

**AP 10**

### **An innovative and comprehensive homicide assessment tool: I-HARRT**

M. Loftus<sup>1</sup>

<sup>1</sup>*Institute of Living/Hartford Hospital, Child Psychiatry, Hartford, USA*

#### **Academic Perspective Overview**

Learning Objectives: The audience will become familiar with:

1. Different types of homicide risk and etiological pathways, as well as various models of homicide assessment and the history of their development
2. The RISC model of homicide assessment
3. An in-depth description of the I-HARRT model through a case example and the results of its implementation in an inpatient setting

Child and adolescent psychiatrists are often faced with assessing patients who express homicidal thoughts. To date, clinicians estimate the likelihood of acting on homicidal thoughts by taking into account risk factors, type of violence, and risk level.

The VSTAG (Virginia Student Threat Assessment Guidelines) is an evidence-based model for schools to use in conducting threat assessments and has been the basis for the subsequent development of RISC (Review of Interpersonal Safety Concerns), which was adapted for inpatient units. However, both the VSTAG and RISC require specialized training and the availability of particular resources. Therefore, in order to aid clinicians in any setting regardless of resources, we developed a semi-structured screening tool, which uses a risk management focused approach to assess individual threats of violence: I-HARRT (Institute of Living Homicide Assessment and Review of Risk Factors Tool).

### **An innovative and comprehensive homicide assessment tool: I-HARRT**

**25 July 2018, 16:45 - 18:15, Meeting Room 2.1**

**AP 10.1**

### **Assessing homicidal statements and threats of violence: the history**

S. Malik<sup>1</sup>

<sup>1</sup>*SIDRA Medicine, Department of Psychiatry - Training Director- Senior Attending, Doha, Qatar*

#### **Objectives**

The audience will become familiar with:

1. Different types of homicide risk and their etiological pathways
2. Different models of homicide assessment and the history of their development
3. An overview of the VSTAG

#### **Methods**

This presentation will begin with a discussion of the rationale for the use of

threat assessment to prevent violence as well as a discussion of how fear and reactivity can create barriers to effective violence prevention. An overview of the three pathways to violent behavior will be given: psychotic, antisocial and conflicted. An introduction to the VSTAG (Virginia Student Threat Assessment Guidelines) will be presented. The VSTAG uses an evidence-based, risk management focused approach to assess individual threats made by students to determine whether a youth has not only made a threat but also poses a threat of harm to others, proposes interventions that mitigate the risk of violence, and supports follow-up assessment of implemented interventions to assure safety. Research data from field tests, controlled studies, and large scale implementation studies demonstrating its efficacy will be reviewed.

#### **Conclusions**

The presentation will review the various models of homicide assessment and will focus on a risk focused management approach as exemplified by the VSTAG. This represents the only threat assessment model recognized as an evidence-based practice by the National Registry of Evidence-Based Programs and Practices (NREPP) and has been adapted for use in multiple arenas to date. It has also been adapted for application in child and adolescent inpatient settings as a part of the Review of Interpersonal Safety Concerns (RISC) Assessment Model.

### **An innovative and comprehensive homicide assessment tool: I-HARRT**

**25 July 2018, 16:45 - 18:15, Meeting Room 2.1**

**AP 10.2**

### **Comprehensive threat assessment on an inpatient psychiatric unit using the Review of Interpersonal Safety Concerns (RISC)**

K. Young<sup>1</sup>, S. Walker<sup>2</sup>

<sup>1</sup>*IOL/Hartford Hospital, Coordinator - Neuropsychology Fellowship, Hartford, USA*

<sup>2</sup>*University of Connecticut, School of Medicine, Hartford, USA*

#### **Objectives**

The audience will understand limits of self-report data, describe important domains to assess in threat assessment, understand how to conduct a semi-structured interview and integrate psychological testing into their assessment.

#### **Methods**

RISC employs a structured professional judgment model aimed at identifying risk factors to directly inform risk-mitigation in the inpatient environment. RISC assumes a high degree of case complexity and utilizes a comprehensive approach. The model addresses common flaws in threat assessment, such as response bias, variability in approach across providers, and poor classification rates and lack of reliability between providers. As such, it is designed to improve care and reduce provider overwhelm.

Methods: Flaws in current approaches, such as difficulty detecting deception are avoided through the RISC approach. The RISC process yields a hypothesized pathway to violence, classifies aggression type, and assesses 11 risk domains. The semi-structured interview assesses both the specific threat as well as the germane risk domains. Interview data is augmented by complementary patient/collateral interviews and integration of psychological and neuropsychological test data. We will discuss the use of feedback sessions as well as "how to" adapt the RISC framework for unique environments.

#### **Conclusions**

By using a systematic, risk-management approach, RISC shifts focus away from a dichotomous, yes/no risk identification strategy to a risk mitigation approach that focuses on identifying factors that increase risk of carrying out specific threats. Confidence in findings is increased due to the use of collateral

interview and a reliance on convergent data. Therapeutic feedback sessions with patient, family and treatment team are a unique part of the approach and are designed to enhance and guide treatment.

## **An innovative and comprehensive homicide assessment tool: I-HARRT**

**25 July 2018, 16:45 - 18:15, Meeting Room 2.1**

**AP 10.3**

### **I-HARRT: a homicide assessment screening tool**

M. Loftus<sup>1</sup>

<sup>1</sup>*Institute of Living/Hartford Hospital, Child and Adolescent Psychiatry Attending, Hartford, USA*

#### **Objectives**

The audience will become familiar with:

1. An in-depth description of the different domains included in the I-HARRT: clinical episode, review of risk factors and mental status exam
2. The results of its implementation in a child and adolescent inpatient setting

#### **Methods**

Child and adolescent psychiatrists are often faced with assessing patients who express homicidal thoughts in various settings such as inpatient, outpatient, emergency room, and schools. The clinician needs to ultimately determine if patients can return safely to the community. While there seems to be some consensus regarding the assessment of potential suicide, such a consensus lacks when it comes to the assessment of homicide. To date, clinicians are offering estimates of likelihood for acting on homicidal thoughts while taking into account risk factors, type of violence and risk level. However such assessments are subjective, depending on the clinician's experience and can potentially create a significant amount of anxiety. A more reliable assessment would be an evidence-based, risk management focused approach. In order to aid clinicians in any setting regardless of resources, we developed a semi-structured screening tool: I-HARRT (Institute of Living Homicide Assessment and Review of Risk Factors Tool).

#### **Conclusions**

Through a case example, the crucial domains that need to be explored in order to determine the level of risk for homicide will be presented: the "Current Episode" which is a focused History of Present Illness; a "Review of the Risk and Protective Factors" that mitigate the potential risk of acting on homicidal thoughts; and a structured "Mental Status Exam" with emphasis on the pertinent areas relevant to a patient who expresses homicidal thoughts.

## **The Child/Adolescent Anxiety Multimodal Study (CAMS) – current findings and future directions**

**25 July 2018, 16:45 - 18:15, South Hall 1B**

**AP 11**

### **The Child/Adolescent Anxiety Multimodal Study (CAMS) – current findings and future directions**

J. Piacentini<sup>1</sup>

<sup>1</sup>*UCLA, Psychiatry, Los Angeles, USA*

#### **Academic Perspective Overview**

The recognition and treatment of childhood anxiety disorders has come of

age in the last 10 years since the publication of the Child/Adolescent Anxiety Multimodal Study (CAMS). The publication of CAMS acute and intermediate outcomes support the efficacy of cognitive behavioral therapy and pharmacological treatment with SSRIs. Subsequent analyses of CAMS data and long term follow-up of the CAMS sample suggest good news about outcome, but also the limitations of short term treatment on longer term outcomes. Specific limitations to be addressed in future research and discussed in this Academic Perspective are: how best to address family and environmental factors to improve outcomes; how best to sequence treatment to improve rates of remission and durability of outcome; and how long to treat especially how long to treat with medication to reduce the risk of recurrence after remission.

## **The Child/Adolescent Anxiety Multimodal Study (CAMS) – current findings and future directions**

**25 July 2018, 16:45 - 18:15, South Hall 1B**

**AP 11.1**

### **Presentation 1**

J. Piacentini<sup>1</sup>

<sup>1</sup>*UCLA Semel Institute for Neuroscience and Human Behavior, Professor of Psychiatry and Biobehavioral Sciences, Los Angeles, USA*

#### **Objectives**

At the end of the presentation, participants will be able to: 1) discuss the short and longer-term outcomes of CAMS treatment 2) discuss family-related predictors of treatment response for youth with anxiety 3) discuss treatment-related predictors of treatment response for youth with anxiety

#### **Methods**

The NIMH CAMS trial demonstrated the short and intermediate term efficacy for cognitive-behavior therapy (CBT) and selective serotonin reuptake (SSRI) medication alone or in combination. Anxiety severity, caregiver strain and primary social anxiety at baseline predicted acute treatment response. Although about 40% of CAMS participants were in diagnostic remission at 6-9 year follow-up, less than 25% this sample maintained remission status over the subsequent four years. Importantly, positive initial treatment response predicted better longer-term outcomes. CAMS results have also provided clinically relevant information about possible treatment mechanisms. For example, more rigorous behavioral exposure predicted better outcomes and were associated with more positive patient-therapist relationships. In addition improvement in family functioning with treatment predicted better outcomes in conjunction with caregiver strain.

#### **Conclusions**

CAMS findings have significantly impacted clinical practice for the treatment of pediatric anxiety. This presentation will discuss the implications of more recent findings from the CAMS trial for enhancing acute and longer-term treatment outcomes for youth with anxiety disorders.

## **The Child/Adolescent Anxiety Multimodal Study (CAMS) – current findings and future directions**

**25 July 2018, 16:45 - 18:15, South Hall 1B**

**AP 11.2**

### **Presentation 2**

J. Walkup<sup>1,2</sup>



<sup>1</sup>Ann and Robert H. Lurie Children's Hospital of Chicago, Professor of Psychiatry, Chicago, USA

<sup>2</sup>Northwestern University Feinberg School of Medicine, Chicago, USA

### Objectives

At the end of the presentation the participant will be able to: 1. discuss the importance of site difference in treatment outcome studies in general and specifically in CAMS 2. discuss how site differences may be reflected not only in CBT outcomes but also in pharmacotherapy outcomes 3. discuss how to improve CBT and pharmacotherapy outcomes by addressing not only treatment fidelity but also treatment attitudes and orientation

### Methods

A number of large US treatment outcome studies have evaluated site differences in outcome. Fidelity to CBT in multisite studies is considered the most challenging but that medication management can be implemented with fidelity at a high level. However, the medication only study, The Treatment of Early Age Mania Study found site difference in retention and drug responsiveness by site; and the Treatment of Resistant Depression in Adolescents study found difference in medication treatment as well as combination treatment of medication that were related to site differences in the baseline characteristic of the sample and differences across treatment modalities within sites. Similarly, the Pediatric OCD Treatment Study found substantial site differences in CBT. In CAMS site difference with respect to CBT and medication management were identified. In this presentation, CAMS site differences will be explored and discussed with respect to how best to address heterogeneity of treatment implementation in multisite studies and the implications of site differences for integrating evidenced based treatments into primary care

### Conclusions

Site differences in treatment outcomes is likely the rule not the exception. Understanding factors associated with site differences will be necessary for the successful implementation of evidenced based practices into primary care.

### The Child/Adolescent Anxiety Multimodal Study (CAMS) – current findings and future directions

25 July 2018, 16:45 - 18:15, South Hall 1B

AP 11.3

### Presentation 3

S. Compton<sup>1</sup>

<sup>1</sup>Duke University Medical Center, Associate Professor of Psychiatry and Behavioral Sciences, Raleigh, USA

### Objectives

At the end of the presentation the participant will be able 1) To discuss new experimental designs—sequential multiple assignment randomized trials (SMART)—that inform the development of adaptive treatment strategies. 2) To discuss critical issues concerning the implementation of SMART trials; and how these new experimental designs are an improvement over more traditional randomized clinical trials in building an evidence base and decision rules in the management of pediatric anxiety disorders. 3) To discuss methods for determining how long to treat children with anxiety disorder to reduce the risk of recurrence after remission.

### Methods

Although CAMS documents that current psychosocial and medication treatments are effective for pediatric anxiety disorders, not every child responds. Among clinicians there is little debate about the heterogeneity of treatment effects which vary based on disorder severity, psychiatric comorbidity, and demographic characteristics, as well as during the course of treatment itself. In addition, parents often question how long their child will need to be in treatment to ensure

the smallest risk for recurrence after remission. The successful management of patients requires that clinicians make a sequence of treatment decisions to maximize outcome and improve the chance for the child to successfully be able to discontinue treatment. Adaptive treatment strategies have recently begun to receive increasing attention in the mental health literature as a principled way to operationalize sequential clinical decision making to optimize outcome.

### Conclusions

CAMS advanced our understanding of treatment of the childhood onset anxiety disorder but substantial research is needed to answer the next generation of treatment questions specifically best sequences of care to optimize treatment and once remission occurs how long to treat to reduce the risk of recurrence.

### Diversifying our understanding of ADHD: beyond stimulants and school troubles

26 July 2018, 08:00 - 09:30, Club B

AP 12

### Diversifying our understanding of ADHD: beyond stimulants and school troubles

R. Sultan<sup>1</sup>

<sup>1</sup>Columbia University, Psychiatry, New York, USA

### Academic Perspective Overview

Attention Deficit/Hyperactive Disorder (ADHD) is the most common neurodevelopmental disorder in childhood with U.S. community prevalence estimates as high as 8.6% and active treatment rates of approximately 69%. Symptoms generate clinically significant functional impairments, and persist into adulthood with ~65% of cases with high levels of morbidity and risk for the development of comorbid conditions.

In the U.S., community practice ADHD evaluation concentrates on symptom-based rating scales, such as the SNAP-IV, that only evaluate hyperactivity, inattention, and impulsivity. Concurrently, treatment focuses on stimulant medication dosing and educational interventions. Yet there is limited attention to the morbid risks of ADHD, such as motor vehicle accidents, suicidality, and use of public assistance programs. Further, common comorbid conditions include Autism Spectrum Disorders (ASD), anxiety and mood disorders have their own morbidity risks and treatment needs. Stimulant treatment of ADHD is common and effective but increasingly families and prescribers are interested in alternative treatments, such as Omega-3 and neurofeedback. Yet much of this knowledge remains absent from current ADHD practice guidelines.

This Academic Perspective will expand and diversity clinician's knowledge by examining the evidence of ADHD's impact beyond symptoms and academic function. Specifically, long term morbidity risks, alternative treatments and evaluation/management of comorbid conditions in ADHD.

### Diversifying our understanding of ADHD: beyond stimulants and school troubles

26 July 2018, 08:00 - 09:30, Club B

AP 12.1

### Long-term outcomes and maladaptive behaviors of ADHD

R.S. Sultan<sup>1,2,3</sup>

<sup>1</sup>Columbia University, Department of Psychiatry- College of Physicians and Surgeons, New York, USA

<sup>2</sup>New York-Presbyterian Hospital, New York, USA

<sup>3</sup>New York State Psychiatric Institute, New York, USA

## Objectives

At the end of the presentation the participant will be able:

- 1) Appreciate how current conceptualizations of ADHD focus primarily symptoms and academic concern
- 2) Understand the range of morbidity risks and comorbid conditions associated with ADHD
- 3) Recognize the need to identify and address adverse outcomes and morbidity in ADHD.

## Methods

ADHD is characterized by poor attention, hyperactivity, impulsivity and can lead to severe behavior and emotional disturbances. Functional impairment associated with ADHD has traditionally focused on academic issues including the need for remedial academic services and special education classes. Clinical literature also exists establishing higher rates of suspensions, expulsions, and repeating a grade as compared with controls as well as maladaptive behaviors and impairments outside of academic troubles, such as substance use and aggression.

More recent research demonstrates that a diagnosis of ADHD increases the risk of adverse outcomes in occupational, legal, sexual and emotional domains. For example, young adults with ADHD are more likely than same aged peers to have anxiety and mood disorders, contact with police, younger first intercourse, first offspring before age 18 or used public assistance programs.

## Conclusions

Adverse outcomes and maladaptive behaviors in ADHD youth extend beyond academic difficulties. Research focused on predictors of impairment for youth with ADHD may help to identify potential clinical antecedents for adverse outcomes. Addressing risk factors and focusing treatment on early maladaptive behaviors can improve the mental health burden and impact of ADHD.

## Diversifying our understanding of ADHD: beyond stimulants and school troubles

26 July 2018, 08:00 - 09:30, Club B

### AP 12.2

## Alternatives to medication in the treatment of ADHD: What does the evidence tell us?

J. Mohatt<sup>1,2</sup>

<sup>1</sup>Weill Cornell Medical College, Department of Psychiatry, New York, USA

<sup>2</sup>New York-Presbyterian Hospital, New York, USA

## Objectives

At the end of the presentation the participant will be able:

- 1) Describe the evidence base supporting or refuting the use of common and emerging alternative treatments for ADHD
- 2) Compare the evidence for alternative treatments to that of traditional stimulant treatments.
- 3) Educate patients and families regarding the use of alternative treatments for ADHD.

## Methods

ADHD is a highly common disorder of childhood and a well-documented risk factor for a range of long-term outcomes. Despite these concerns a substantial percentage of impacted individuals do not receive treatment. Poor access to care, patient/family preferences, intolerance of traditional pharmacologic options and poor response to prior treatments all represent potential barriers to successful treatment. In the U.S., stimulants represent the cornerstone of treatment for ADHD. Despite strong evidence supporting these medications as a primary treatment, some patients and families prefer to seek alternative options.

There is increasing public and academic interest in the investigation of non-traditional treatment for ADHD. Given this growing interest, it is important for providers to gain an understanding the evidence base for these alternative treatments for ADHD.

We will review the literature evaluating alternative treatments for ADHD. Specifically, we will discuss and examine the roles of nutritional supplements, specialized diets, neurofeedback, cognitive remediation/training, mindfulness meditation and parent training in the treatment of ADHD.

## Conclusions

Patients and caregivers are eager for alternative treatments which provide symptom relief for ADHD. Stimulant continue to have the strongest evidence for treatment of ADHD. While some alternative treatments appear to offer possible benefits, many do not yet have evidence to support their role as a first-line treatment options.

## Diversifying our understanding of ADHD: beyond stimulants and school troubles

26 July 2018, 08:00 - 09:30, Club B

### AP 12.3

## Evidence-base and treatment strategies for comorbidities of ADHD

J.T. Walkup<sup>1,2</sup>

<sup>1</sup>Ann & Robert H. Lurie Children's Hospital of Chicago, Department of Psychiatry, Chicago, USA

<sup>2</sup>Northwestern University, Feinberg School of Medicine, Chicago, USA

## Objectives

At the end of the presentation the participant will be able:

- 1) To discuss the variety of relationships of ADHD to co-occurring conditions
- 2) To discuss the role of diagnostic assessment in guiding treatment
- 3) To discuss approach to pharmacological and behavioral treatment of ADHD symptoms in ASD, Anxiety Disorders and Major Depression

## Methods

There are a variety of relationships among co-occurring conditions that dictate clinical management. For example, ASD and ADHD, some children with ASD are overactive, impulsive and have poor attention that are part of their ASD. These youth may meet criteria for ADHD and will not necessarily respond to stimulant medication. Alternatively, some children with ASD and ADHD symptoms will appear to have two different conditions and will respond to stimulant medication. Similar confusion exists for anxiety. High levels of worry can cause inattention that mimics the inattentive subtype of ADHD and Children with ADHD may develop secondary anxiety from struggles with academic tasks that require persistent attention. Major depression can also have an analogous relationship to ADHD; depression can cause inattention, mimicking ADHD. Alternatively, children with ADHD can experience demoralization that mimics depression.



We will examine the complex interaction of these disorders and ADHD. Specifically, we will discuss evidence-base for treatment of each disorder and present diagnostic and treatment strategies.

## Conclusions

Co-morbidity in ADHD is highly common. Understanding the relationship among co-occurring conditions dictates the initial approach to treatment. Treatment should concentrate of the underlying condition, such as ADHD, when it is causing aberrant symptoms in diagnostic domains (ASD or anxiety or dysphoria).

## American Academy of Child and Adolescent Psychiatry (AACAP) invited session

26 July 2018, 10:45 - 12:15, Forum Hall

### AP 13.1

## Child and adolescent psychiatry work force in the United States; the past, present and future

W.J. Kim<sup>1</sup>

<sup>1</sup>Robert Wood Johnson Medical School- Rutgers University, Psychiatry, Piscataway, USA

## Objectives

The national shortage of the child and adolescent psychiatrists (CAPs) in the United States has been well documented for decades. This presentation will review trends in CAP workforce of the United States in the last 20 years. The lessons learned from the U.S. may be applicable to other developed and developing countries.

## Methods

The American Academy of Child and Adolescent Psychiatry (AACAP) launched a 10 year Workforce Initiative in 2002 on the recommendation of the AACAP's Task Force on Workforce Needs. The former co-chair of Task Force will review the CAP workforce over the last 20+ years based on national CAP Match Data, Accreditation Council for Graduate Medical Education data, Association of American Medical Colleges data, American Medical Association data, etc. He will also review AACAP's interactive national map of CAP workforce as a tool for advocacy and public health projections.

## Results

The current CAP workforce of 8,000 is well below the estimated need of 30,000 or more to meet increasing demands for child mental health access in the U.S. The AACAP's 10 year Workforce Initiative along with societal and public health needs have produced modest incremental changes in recruitment and retention. But the "traditional models" for recruitment and clinical care will not solve the geographic maldistribution, aging, and inefficiency of the current CAP workforce.

## Conclusions

In spite of multi-pronged efforts, we have not bridged the gap in child mental health services. Our emphasis on increasing numbers of CAPs has shifted to pragmatic and public health conscious roles of CAPs.

## American Academy of Child and Adolescent Psychiatry (AACAP) invited session

26 July 2018, 10:45 - 12:15, Forum Hall

### AP 13.2

## AACAP Presidential address: depression awareness and screening in children and adolescents

K.D. Wagner<sup>1</sup>

<sup>1</sup>University of Texas Medical Branch, Psychiatry and Behavioral Sciences, Galveston, USA

## Objectives

To discuss the American Academy of Child and Adolescent Psychiatry Presidential Initiative.

## Methods

Screening for depression will be discussed.

## Results

Major components of this initiative are education of parents and youth, expansion of AACAP's online Depression Resource Center, and collaboration with professional organizations and government agencies that deal with children's mental health agencies.

## Conclusions

It is important to raise public awareness of depression in youth and to promote routine screening for depression in youth.

## Psychiatric, neurological, legal and public health challenges facing refugee children: an integrated approach

26 July 2018, 10:45 - 12:15, Meeting Room 3.1

### AP 14

## Psychiatric, neurological, legal and public health challenges facing refugee children: an integrated approach

D. Stubbe<sup>1</sup>

<sup>1</sup>Yale, Yale University Child Study Center, New Haven, USA

## Academic Perspective Overview

Learning Objectives: Participants will

1. Understand the epidemiology, legal and public health challenges facing refugees
2. Consider the neurological and cognitive changes associated with refugee traumatic experiences
3. Discuss the psychiatric treatment methods for refugee children and families

This interdisciplinary presentation addresses issues critical to understanding and treating the needs of refugee children. We present a critical literature review of the neurological impact, including epigenetic implications, of forced migration, clinical observations of illness and treatment modalities, video narratives from refugee children, and the legal and public health framework in which these children struggle.

This presentation concludes by observing that refugee expectations are often incompatible with available legal solutions and public health resources. This tension has particular consequences for refugee children, who often present with complex mental health needs, which may be exacerbated by ongoing stress and lack of basic needs (such as housing, food, clothing, etc). It is essential to

engage children and families around their identified values and goals in order to provide effective interventions. The trauma of the refugee experience also catalyzes neurological changes that may manifest in the offspring of refugees, thereby exacerbating the harm caused and extending it for generations.

## Psychiatric, neurological, legal and public health challenges facing refugee children: an integrated approach

26 July 2018, 10:45 - 12:15, Meeting Room 3.1

AP 14.1

### Legal and public health challenges facing refugee children: an integrated approach

W.J. Thomas<sup>1</sup>, C.N. Thomas<sup>2</sup>, D.E. Stubbe<sup>3</sup>

<sup>1</sup>Quinnipiac University School of Law, North Haven, USA

<sup>2</sup>Brown University, Rhode Island, USA

<sup>3</sup>Yale Child Study Center, New Haven, USA

#### Objectives

Participants will 1. Understand the legal and public health challenges facing refugee children 2. Discuss the parameters of an integrated solutions to these challenges

#### Methods

This presentation will use video recordings of interviews to provide context to a discussion of the challenges facing refugee children. In these conversations, children discuss their aspirations, fears, and health concerns. We will use these narratives as a backdrop to our substantive presentations. This presentation utilizes three methodologies. 1) Interviews of refugee children. We begin our symposium with video clips of interviews of refugee children. 2) Legal research. We present an international comparison of immigration laws, with a particular focus on laws that affect refugees. We begin with the 1951 United Nations Refugee Convention and its related 1967 United Nations Protocol. We then survey in regions with the greatest refugee crises, including those of Europe, the Middle East, and the US. With respect to the US, we emphasize the legal treatment of "unaccompanied minors" from countries non-contiguous with the US and the effects of President Donald Trump's Executive Order Travel Bans. 3) Public health resources survey. We present information from the Office of the United Nations High Commissioner for Refugees, various national public health agencies, and, in the US, the agencies of states with high refugee and immigrant populations.

#### Conclusions

Refugee expectations are often incompatible with available legal solutions and public health resources. This tension has particular consequences for refugee children, which our other panel members address.

## Psychiatric, neurological, legal and public health challenges facing refugee children: an integrated approach

26 July 2018, 10:45 - 12:15, Meeting Room 3.1

AP 14.2

### Neurological challenges facing refugee children: an integrated approach

C.N. Thomas<sup>1</sup>, W.J. Thomas<sup>2</sup>, D.E. Stubbe<sup>3</sup>

<sup>1</sup>Brown University, Rhode Island, USA

<sup>2</sup>Quinnipiac University, Hamden, USA

<sup>3</sup>Yale Child Study Center, New Haven, USA

#### Objectives

Participants will 1. Learn the neuroscientific bases behind harm facing families who experience forced immigration 2. Discuss the potential epigenetic consequences of similar trauma moving forwards

#### Methods

Studies suggest that refugees, populations in need of and seeking asylum, and those undergoing refugee application processes present much higher for a variety of mental disorders including Post Traumatic Stress Disorder. Many of these disorders exhibit great levels of comorbidity among refugee populations. Those suffering from any number of these disorders, however, show, on average, improvement in mental health condition after achieving asylum in a more secure environment. The data suggest that the degradation of refugee mental health is correlated with the timespan of the asylum granting process, and that older applicants perform worse after relocation than their younger peers; refusal to grant asylum to refugees worsens mental health issues, and leads to subsequent worse performance in society after relocation, suggesting a critical period for asylum granting that may predict subsequent refugee success in their relocated country. Prolonged trauma has been shown to increase methylation on the Glucocorticoid receptor, which in turn results in fewer glucocorticoid receptors, and higher stress reactivity. Higher stress reactivity is correlated with psychiatric disorders such as Post-Traumatic Stress Disorder and anxiety disorders. Research suggests that such alterations in individual gene expression may be inherited by future generations, alluding to potential heritability of refugee trauma.

#### Conclusions

The literature reveals that refugees suffer cognitive disorders including loss of memory, MDD, and PTSD. The severity and duration of trauma facing refugees and asylum-seekers may affect the heritability of such disorders in their progeny.

## Psychiatric, neurological, legal and public health challenges facing refugee children: an integrated approach

26 July 2018, 10:45 - 12:15, Meeting Room 3.1

AP 14.3

### The psychiatric challenges facing refugee children: an integrated approach

D.E. Stubbe<sup>1</sup>, C.N. Thomas<sup>2</sup>, W.J. Thomas<sup>3</sup>

<sup>1</sup>Yale Child Study Center, New Haven, USA

<sup>2</sup>Brown University, Rhode Island, USA

<sup>3</sup>Quinnipiac University, Hamden, USA

#### Objectives

Participants will 1. Describe risk and resilience factors associated with prognosis for refugee children 2. Discuss evidence-based interventions for refugee populations 3. Consider treatment best practices in working with refugee children and families

#### Methods

As children and families throughout the world have been forced to leave their homes and countries-of-origin to flee war, persecution, or economic hardship, many present with complex mental health and basic living needs. These children and families are at high risk for stress-related disorders, such as post-traumatic stress disorder, depression and anxiety. Developmentally vulnerable, children often suffer the most. Understanding the risk and resilience factors for mental health disorders provides a framework for assessing the needs of refugees. This presentation discusses factors related to needs assessment, culturally sensitive engagement, and treatment effectiveness for this population of vulnerable individuals. Identifying culturally-sensitive supports and having



basic needs, such as housing, food, clothing, and healthcare, met, may do much to alleviate the psychiatric disability. In addition, engagement through an understanding of beliefs and values and joint goal-setting forms the basis for therapeutic interventions. Evidence-based psychotherapies and psychopharmacology may be indicated. A review of the literature regarding refugee mental health needs and effective evidence-based interventions is supplemented by clinical vignettes.

#### Conclusions

Refugee children and families often present with complex mental health needs, which may be exacerbated by ongoing stress and lack of basic needs (such as housing, food, clothing, etc). It is essential to engage children and families around their identified values and goals in order to provide effective interventions.

### Young people with experience of mental illness – the importance of sharing personal stories and empowering young patients

26 July 2018, 10:45 - 12:15, Meeting Room 3.2

#### AP 15

### Young people with experience of mental illness – the importance of sharing personal stories and empowering young patients

M. Salomonová<sup>1</sup>, T. Růžičková<sup>1</sup>

<sup>1</sup>*Nevypust' duši- z. s., Nevypust' duši- z. s., Prague, Czech Republic*

#### Objectives

The objective of this seminar is to present two stories of young psychiatric patients with experience of professional mental health care in the Czech Republic as well as in the United Kingdom. The seminar will also emphasise the importance of empowering young patients and spreading awareness of mental health care and prevention including breaking the stigma surrounding mental illness.

#### Methods

Marie has been dealing with anxiety-depressive disorder since 13 years of age, Tereza suffers from panic disorder since adolescence. They have both experienced care in the Czech Republic as well as in the United Kingdom during their university studies. Apart from psychiatric care and medication, Tereza was also involved in Oxford MBCT (Mindfulness-Based Cognitive Therapy course). Both, Tereza and Marie, believe in empowering young patients as well as high quality evidence-based prevention and promotion in mental health.

#### Results

Tereza and Marie founded a student-led project, now an NGO, Nevypust' duši (Don't lose your mind) which aims to spread awareness, debunk myths and promote prevention in mental health. This initiative works with personal stories of young patients, such as the ones of Marie and Tereza, and uses them to illustrate the importance of the issue as well as to show concrete examples of good practice and possible interventions. Nevypust' duši has an excellent reach on several social media platforms and organises workshops for high schools and public.

#### Conclusions

Marie graduated at the University of Nottingham with a Masters degree in Neuroscience, Tereza studies Experimental psychology at Oxford University.

### Systems transformation in youth mental health services: learnings from the implementation experiences of Canada and Australia

26 July 2018, 10:45 - 12:15, South Hall 1B

#### AP 16

### Systems transformation in youth mental health services: learnings from the implementation experiences of Canada and Australia

J. Henderson<sup>1</sup>, S. Iyer<sup>2</sup>, D. Rickwood<sup>3,4</sup>

<sup>1</sup>*Centre for Addiction and Mental Health, Children- Youth and Emerging Adults Program, Toronto, Canada*

<sup>2</sup>*McGill University, Division of Social and Transcultural Psychiatry, Montreal, Canada*

<sup>3</sup>*headspace National Youth Mental Health Foundation, Chief Scientific Advisor, Canberra, Australia*

<sup>4</sup>*University of Canberra, Professor of Psychology- Faculty of Health, Canberra, Australia*

#### Academic Perspective Overview

Given longstanding youth mental health system fragmentation and poor access to evidence-based services, there is increasing international emphasis on developing innovative models of service delivery. This symposium discusses initiatives in Australia and Canada that are transforming youth mental health care. ACCESS Open Minds is a multi-stakeholder network implementing youth mental health hubs in a wide range of communities, combining shared principles with flexibility to meet the needs of urban, rural, remote, Indigenous, immigrant, homeless and state-protected youth. The headspace model in Australia encompasses 110 community-based youth service centres. headspace has developed a strong brand that youth recognize throughout Australia, so they know where to go for help. The YouthCan IMPACT model in Canada focuses on stepped-care, youth friendliness, and authentic engagement to develop sustainable community-based services. The team has created an implementation guidebook to support similar systems-transformative initiatives. Core project components across the three models include youth engagement, services tailored to local need, and systematic data collection to determine effectiveness. Despite commonalities, each has had its own unique implementation experiences that can inform future service development initiatives.

### Systems transformation in youth mental health services: learnings from the implementation experiences of Canada and Australia

26 July 2018, 10:45 - 12:15, South Hall 1B

#### AP 16.1

### Transforming youth mental healthcare in Canada: the ACCESS Open Minds initiative

S. Iyer<sup>1,2</sup>, A.E. Malla<sup>1,2</sup>

<sup>1</sup>*McGill University, Montreal, Canada*

<sup>2</sup>*Douglas Mental Health University Institute, Psychiatry, Montreal, Canada*

#### Objectives

Growing recognition of young people's unmet mental health needs has promoted attempts to radically reconstruct youth mental healthcare. In Canada, ACCESS Open Minds, a national multi-stakeholder network, is systematically implementing and evaluating a transformation of youth mental healthcare.

Learning objectives: Drawing on ACCESS Open Minds' experience, this presentation seeks to (a) elucidate core principles involved in transforming youth mental health services, and (b) discuss key implementation issues, including service design; training; program evaluation; and sustainability.

#### Methods

ACCESS is transforming how services are accessed by and delivered to youths at 14 sites across Canada by addressing five key principles: early identification; rapid access; appropriate care; eliminating age-based transitions

between services; and engaging youth and family/carers. Using examples, this presentation will explain how these core principles are being implemented in ways that reflect the needs of diverse sites, that serve urban, rural, remote, Indigenous, immigrant, homeless and state-protected youths.

## Results

To evaluate ACCESS and help create a pan-Canadian portrait of youth with mental health problems, the services they receive and their outcomes, a Minimum Evaluation Protocol is being implemented at all sites. Notably, evaluations are informing clinical decisions and quality improvement efforts in real-world community settings (in some cases, for the first time).

## Conclusions

Our model is highly scalable and generalizable because it is based on the context-sensitive application of core principles; and optimization of existing resources with added capacity, rather than the creation of a parallel system. Having been funded as a five-year research project, ACCESS is engaging policy-makers to ensure sustainability and scale-up. Examining the learnings and insights from this initiative can help advance youth mental health in Canada and elsewhere.

## Systems transformation in youth mental health services: learnings from the implementation experiences of Canada and Australia

26 July 2018, 10:45 - 12:15, South Hall 1B

### AP 16.2

## Transforming youth mental health services across Australia – the headspace experience

D. Rickwood<sup>1,2</sup>

<sup>1</sup>headspace National Youth Mental Health Foundation, Chief Scientific Advisor, Canberra, Australia

<sup>2</sup>University of Canberra, Professor of Psychology- Faculty of Health, Canberra, Australia

## Objectives

headspace is Australia's national youth mental health foundation, initiated in 2006 with funding from the Australian government to transform mental health services to meet the needs of young people. Over the past 10 years, 110 headspace centres have been progressively set up across Australia, supported by a national online service and school support program. Learning Objectives. This paper will describe the factors that have been critical in the successful implementation of headspace. Contribution Description. Factors include building a strong, consistent and trusted 'brand' that enables young people and their families to know where to go for help. Genuine, empowered youth participation embedded at all levels is critical to ensuring that services are youth-friendly and focussed. Community support, service integration, and ongoing advocacy to ensure political support, have been essential for sustainability. headspace has prioritised both internal and external evaluation from the outset to inform ongoing service development and to be open and transparent to its funders and the community about progress. A nationally consistent, routine data collection system was developed to monitor service uptake and understand the characteristics of young people accessing services, describe the services provided, and measure outcomes. Meaningful measures and effective data collection and feedback processes have been an ongoing focus for innovation in this transformative mental health care approach. The essential components of the headspace model have been progressively articulated and refined through practice-based evidence, evaluation and reviews of the scientific evidence. Conclusion. While many challenges remain, Australia's headspace shows that the youth mental health service system can be transformed to be more accessible, responsive and intervene earlier to meet young people's needs.

## Systems transformation in youth mental health services: learnings from the implementation experiences of Canada and Australia

26 July 2018, 10:45 - 12:15, South Hall 1B

### AP 16.3

## Implementing transformative community youth mental health hubs in Ontario: the YouthCan IMPACT and provincial directions

J. Henderson<sup>1,2</sup>, P. Szatmari<sup>1,2</sup>, G. Chaim<sup>1,2</sup>, A. Cheung<sup>2,3</sup>, K.E. Cleverley<sup>1,2</sup>, L.D. Hawke<sup>1,2</sup>

<sup>1</sup>Centre for Addiction and Mental Health, Children- Youth and Emerging Adults Program, Toronto, Canada

<sup>2</sup>University of Toronto, Department of Psychiatry, Toronto, Canada

<sup>3</sup>Sunnybrook Health Sciences Centre, Toronto, Canada

## Objectives

There is considerable international focus on developing innovative models of youth mental health and addictions (MHA) care to address critical service gaps. One such model in Toronto, Canada, is the YouthCan IMPACT model. Learning Objectives. Couched in the implementation science literature, this presentation focuses on the implementation of this type of complex youth MHA model, as well as implications for province-wide systems transformation.

## Methods

YouthCan IMPACT is a community-based MHA service hub offering needs-based, youth-friendly, evidence-informed services, while promoting sustainability by strengthening community resources. The model was developed through extensive collaboration, including youth and family engagement, to address a diversity of needs. Based on this experience, the team has developed an implementation guidebook offering concrete guidance for teams wishing to develop integrated MHA hubs in their community. From setting the stage for model development, through team building and service planning, to service launch and ongoing evaluation, the guidebook encourages reflection on all aspects of implementation. Leveraging the Consolidated Framework for Implementation Research, the guidebook encourages communities to consider proximal and distal implementation aspects ranging from the community's needs and political context to the characteristics of the services and service providers. Learning from this implementation experience, the province of Ontario is working to support a province-wide launch of similar models in diverse communities.

## Conclusions

The YouthCan IMPACT team's implementation experience can help guide organizations wishing to implement similar integrated, collaborative youth MHA service hubs, with each community considering its local needs, service availability, system gaps, and integration possibilities.

## International treatment models for challenging behaviors in autism spectrum disorders

26 July 2018, 10:45 - 12:15, South Hall 2A

### AP 17

## International treatment models for challenging behaviors in autism spectrum disorders

L. Wachtel<sup>1</sup>, V. Guinchat<sup>2</sup>

<sup>1</sup>Kennedy Krieger Institute/Johns Hopkins School of Medicine, Child psychiatry, Baltimore, USA

<sup>2</sup>Hopital Pitie-Salpetriere, Child Psychiatry, Paris, France





### Academic Perspective Overview

Learning Objectives: to present international treatment models in the assessment and treatment of behavioral crises in youth with autism spectrum disorders

### Contribution Description:

Challenging behaviors represent a significant obstacle for many youth with ASDs and may reach crisis level. Various psychiatric, behavioral, medical, and combined treatment models exist, as well as pro-active protective strategies to minimize the use of restraint.

In the US, the neurobehavioral model is one paradigm that combines classic psychiatric diagnosis, psychopharmacology and the principles of applied behavioral analysis in order to determine the biological, environmental and combined factors behind challenging behaviors. The tandem usage of biological and behavioral modalities can offer profound resolution of the most severe and treatment-refractory behaviors.

In France, a unique program of inpatient, mobile intervention and step-down units was developed to address acute behavioral crises in autistic youth, and facilitate their safe return to the community. A care framework allows for safe observation, evaluation and functional behavioral assessments, a multidisciplinary team model allows for management of complex situations and comorbidities, and global care procedures allow for safe discharge home.

During the management of behavioral crises, the potential risk for harm to patients and caregivers is highly problematic. While the use of restrictive measures is common, it optimally should be limited. Personal protective equipment (PPE) is widely used internationally and may allow for efficacious handling of dangerous behaviors while preserving the physical and moral integrity of both patient and caregiver.

### Conclusion:

Challenging behaviors pose significant obstacles in the lives of many autistic youth. Fortunately, different treatment models exist to address even the most dangerous and difficult behaviors.

### International treatment models for challenging behaviors in autism spectrum disorders

26 July 2018, 10:45 - 12:15, South Hall 2A

#### AP 17.1

### The neurobehavioral treatment model for challenging behaviors in autism spectrum disorders

L.E. Wachtel<sup>1</sup>

<sup>1</sup>Kennedy Krieger Institute/Johns Hopkins School of Medicine, Child psychiatry, Baltimore, USA

### Objectives

to present the neurobehavioral model for the assessment and treatment of challenging behaviors in autism spectrum disorders.

### Methods

relevant English-language literature, direct clinical experience and myriad demonstrative patient examples.

### Results

Challenging behaviors are a significant problem for many autistic youth. Such behaviors are typically classified as self-injurious, aggressive or disruptive, referring to actions targeting the self, others and the environment. Challenging behaviors vary widely in terms of severity and frequency, and often encompass more than a single topography. Prompt and efficacious resolution of such behaviors is tantamount to a child's safety and development.

An accepted approach in the evaluation and treatment of challenging behaviors is the neurobehavioral model. This model approaches deleterious behaviors with the combined lenses of applied behavioral analysis and classic psychiatric diagnosis. Psychiatric evaluation aims to identify comorbid psychiatric illness, and may include any DSM5 diagnosis. Vigilance in the detection of such is indicated given that psychopathology occurs at higher rates in the intellectually disabled. Applied behavioral analysis involves the objective assessment of operant, or environmental, functions of behavior, with the most commonly identified functions including access to tangibles and attention, and escape from demands, with some patients demonstrating different functions for different behavioral topographies. Behavioral treatment is based directly upon the individual child's functions. The neurobehavioral model treats the behavior based on the identified psychiatric etiology or operant function, with interventions implemented one at a time and objectively evaluated for efficacy.

### Conclusions

the neurobehavioral model is a combined treatment paradigm that confers profound benefit in the resolution of difficult and dangerous behaviors in autism.

### International treatment models for challenging behaviors in autism spectrum disorders

26 July 2018, 10:45 - 12:15, South Hall 2A

#### AP 17.2

### An innovative health care network for behavioral crises in autism

Y. Guinchat<sup>1</sup>, D. Cohen<sup>2</sup>

<sup>1</sup>Hopital Pitie-Salpetriere, Child Psychiatry, Paris, France

<sup>2</sup>University Pierre & Marie Curie, Paris, France

### Objectives

to outline an innovative health network in the Iles-de-France dedicated to the management of complex situations in autism.

### Methods

direct clinical experience and program development over the past six years.

### Results

our unique program serves a catchment area of approximately 10 million people, and admits autistic patients with acute, severe behavioral regression including aggression, self-injury and other negative, impulsive behaviors. A range of services includes three mobile intervention units, an inpatient unit, and four step-down health care units facilitating successful discharge into the community. After 6 years' experience we can identify three core treatment components:

1. A care framework allowing observation, quantitative evaluation and functional analysis of behavioral disorders. It involves identifying secure spaces, alternative tools for mechanical restraint and concerted interventions for major behavioral disturbances.
2. A diagnostic approach and multidimensional care method in complex clinical situations, including a systematic search for comorbid conditions in autism. Our model underlines the necessity of effective management of gastrointestinal and sensory integrative disorders, and includes discrete criteria for further medical exploration and access to alternative interventions.
3. The optimization of global care procedures in this challenging population to facilitate safe and timely discharge back to the patient's family and community, and allow limited intensive resources to be available to more patients in acute crisis.

### Conclusions

the child psychiatrist working in this special population must adopt a transversal approach, and work hand-in-hand with other medical specialties, encouraging pooling of resources to maximally address the needs of these most vulnerable patients.

## International treatment models for challenging behaviors in autism spectrum disorders

26 July 2018, 10:45 - 12:15, South Hall 2A

AP 17.3

### Personal protective equipment (PPE) & restraint alternatives in the management of challenging behaviors in autism

J. Lefevre-Utile<sup>1</sup>

<sup>1</sup>Hôpitaux de Paris, Department of Child and Adolescent Psychiatry, Paris, France

#### Objectives

to review the myriad forms of personal protective equipment in current use in intensive and emergency psychiatry units, and describe their usage through caregiver experience.

#### Methods

a focused ethnography based on the observation, justification and formalization of personal protective equipment and procedures used as an alternative to restraint, focusing on caregivers' representations of violent patient encounters. The research was a comparative study in three psychiatric inpatient units in Canada, the USA and France dedicated to the assessment and treatment of challenging behaviors in individuals with autism and intellectual disability.

#### Results

in intensive and emergency psychiatry units, caregivers are often faced with severe behavioral disturbance, including self-injury, aggression and extreme psychomotor agitation. The associated risk of harm is highly problematic. While the use of restrictive measures is common, it optimally should be limited. Innumerable forms of personal protective equipment (PPE) exist, including helmets, gloves, sleeves, jackets, bodysuits, cushions, splints, padded shields, papoose boards, and more, and their usage confers a safe alternative to the containment of behavioral crises. Appropriate handling of challenging, recurring behaviors is also imperative to the preservation of physical and moral integrity in both patient and caregiver.

#### Conclusions

personal protective equipment (PPE) decreases harm associated with the management of challenging behaviors, and promotes respect of individual integrity and fundamental moral rights. The usage of PPE further assists understanding of behavioral etiologies, and subsequent provision of personalized and efficacious therapy.

## Clinical pathways in mental health care: organizing systems to improve care delivery in pediatric hospitals

26 July 2018, 14:45 - 16:15, Meeting Room 2.1

AP 18

### Clinical pathways in mental health care: organizing systems to improve care delivery in pediatric hospitals

K. Brahmhatt<sup>1</sup>

<sup>1</sup>University of California- San Francisco, Psychiatry, San Francisco, USA

#### Academic Perspective Overview

Hospital-based pediatricians manage chronically and severely physically ill patients who frequently experience co-morbid mental health conditions (1). Consulting Child and Adolescent Psychiatrists (CAPs) are called to assist in their management. In the USA, common reasons for consults include: suicide risk assessment, somatic symptoms and delirium (2). Pediatric hospitals utilize clinical pathways (CPs) as tools to structure the process of care for various conditions though they have not been used for mental health co-morbidities (3). A group of 24 child psychiatrists from USA and Canada formed a workgroup: Pathways in Clinical Care (PaCC) within the Physically ill child committee of the American Academy of Child and Adolescent Psychiatry (AACAP). AACAP Abramson's Fund grant helped PaCC develop CPs for suicide risk screening, somatic symptoms and delirium. These pathways outline a step wise process of care that is flexible and modifiable to fit local realities in diverse settings. Representatives from the PaCC workgroup will present the background and methodology of pathway generation, followed by 3 individual presentations reviewing the 3 CPs in depth. There will be active audience participation and discussion for each pathway.

#### Learning objectives:

1. Learn the rationale and process for developing CPs for multidisciplinary care of physically ill children with co-morbid psychiatric conditions
2. Understand the steps in care of suicide risk screening, somatic symptoms and delirium in pediatric hospitals
3. Learn about dissemination and assessment of outcomes for these pathways

#### References:

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## Clinical pathways in mental health care: organizing systems to improve care delivery in pediatric hospitals

26 July 2018, 14:45 - 16:15, Meeting Room 2.1

AP 18.1

### Suicide risk screening in a pediatric hospital: using a clinical pathway

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#### Objectives

1. Learn about using a clinical pathway to help hospitals screen for suicide risk in pediatric patients
2. Understand ways to use these pathways in local settings



### Methods

Attempted and completed suicides in pediatric patients is a major contributor to morbidity and mortality across the globe. In the USA, youth suicide represents a significant public health problem, ranking as the second leading cause of death among individuals age 15-24 and the third leading cause of death for 10-14 year-olds. Most youth who complete suicide have received health care services in the year prior to the completed suicide for unrelated reasons. This might be an opportunity to detect and address suicidal ideation before it proves fatal. Most pediatric providers do not have specialized training in assessing for suicide and may feel unprepared in caring for these youth.

### Results

Screening with a validated tool can help empower practitioners and hence improve early recognition. Once recognized, access to a structured plan for intervention is important. The Pathways in Clinical Care (PaCC) subgroup created standardized workflows for suicide screening in pediatric hospitals using validated tools, and aligned patient interventions to the level of risk. The screening and interventions are tailored for patients presenting to an emergency room or assessed on an inpatient floor. Pathways for both these settings will be presented.

### Conclusions

Suicide is a significant issue in children and adolescents and providers in pediatric hospital settings often interface with these youth. Clinical pathways can empower hospital systems by using validated tools for suicide risk screening to help identify at risk youth early and put into place interventions to address this risk.

## Clinical pathways in mental health care: organizing systems to improve care delivery in pediatric hospitals

26 July 2018, 14:45 - 16:15, Meeting Room 2.1

### AP 18.2

## Somatic symptoms in pediatric hospital settings: using a clinical pathway

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<sup>2</sup>Boston Children's Hospital, Boston, USA

### Objectives

1. Review the use of a clinical pathway to help hospitals evaluate and manage somatic symptoms across the continuum of pediatric care
2. Understand ways to use these pathways in local settings

### Methods

SSRD complaints are the second most common consultation request to pediatric psychiatry consultation liaison (CL) services in the United States (US). Youth with somatization experience a high burden of illness and functional impairment, often utilizing healthcare services at higher rates than those without somatization. Historically, care systems have provided fragmented care for youth with SSRD, causing both provider and patient dissatisfaction. This can also potentially lead to misdiagnosis as medical conditions, costly and unnecessary medical procedures and treatments in children. There is a need for creating a structured approach to patients who present with somatization in order to address any concerns early on, thereby potentially reducing iatrogenic injury and improving outcomes.

### Results

PaCC created a standardized and stepwise approach to identifying patients who are at risk for somatization as well as ways to intervene. Early involvement of mental health and using the appropriate language to explain the diagnosis to families and patients can be key to success. An overview of this pathway which includes provider education and communication and family engagement will be described.

### Conclusions

Pediatric SSRDs are associated with high rates of medical and psychiatric co-morbidities, frequent utilization of intensive medical services and high economic burden. If left untreated or under-treated, children with SSRD suffer from significant functional impairment and/or adverse consequences of unnecessary care provided. Utilizing a standardized approach holds promise as a path forward in improving the outcomes for these patients, preventing unnecessary medical interventions and reducing health care costs.

## Clinical pathways in mental health care: organizing systems to improve care delivery in pediatric hospitals

26 July 2018, 14:45 - 16:15, Meeting Room 2.1

### AP 18.3

## Screening and addressing delirium in pediatric hospital setting – a clinical pathway

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### Objectives

1. Learn about using a clinical pathway to help hospitals manage delirium in pediatric patients
2. Understand ways to use these pathways in local settings

### Methods

International point prevalence studies have found that patients in the pediatric intensive care units experience delirium at a 20% prevalence rate. Delirium further is associated with higher morbidity and mortality and can lengthen the duration of hospital stay. Historically, pediatric delirium has not been well recognized in hospitals in the USA and recognition and management needs to be addressed. Screening patients for delirium can lead to improved recognition and hence intervention.

### Results

PaCC generated a screening and intervention pathway for pediatric delirium that utilizes validated tools and evidence based recommendations for intervention where available.

### Conclusions

Pediatric delirium is an important contributor to morbidity in critically ill children and needs to be addressed early to limit morbidity when left untreated. Screening and systematic prevention is the first step, and when paired with intervention may lead to improved outcomes.

## Survey on the response to developmental disorders at ages 12 and higher in general psychiatric outpatient care in Japan

26 July 2018, 14:45 - 16:15, Meeting Room 3.1

### AP 19

## Survey on the response to developmental disorders at ages 12 and higher in general psychiatric outpatient care in Japan

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### Academic Perspective Overview

In recent years, Japan has also seen an increase in cases of developmental disorder experienced in general psychiatric outpatient care, and this has brought with it a host of new issues. These include treating comorbid mental illness and dealing with behavioral problems, however, the actual circumstances are poorly understood. We therefore wish to report the results of a developmental survey sent to general outpatient clinical facilities with a psychiatry department throughout Japan, as a baseline survey for creating a future manual on addressing such disorders, with where patients' manner of cognitive behavior differs from conventional disorders. The term "developmental disorder" as used here refers to disorders at ages 12 and higher that are included in "Pervasive and specific developmental disorders" (F80-F89) and "Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)" in the ICD-10 (International Statistical Classification of Diseases and Related Health Issues), in accordance with the definition of developmental disorders in Japan's Developmental Disabilities Support Act.

## Survey on the response to developmental disorders at ages 12 and higher in general psychiatric outpatient care in Japan

26 July 2018, 14:45 - 16:15, Meeting Room 3.1

AP 19.1

### Presentation 1

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### I. Subjects and Methods

Clinic directors of facilities belonging to the Japanese Association of Neuro-Psychiatric Clinics were surveyed in November 2014. With the consent and cooperation of the Association, a total of 1,605 facilities across Japan were surveyed.

### II. Results

Survey responses were collected from 378 facilities, representing a collection rate of 23.5%. In the breakdown of the facilities, the monthly mean number of patients was 657. The proportion of patients with developmental disorders was less than 5% in 62.7% of facilities, but accounted for 5% or more in 32.7% of facilities.

1) Breakdown of facilities: The monthly mean number of patients was 657, and responses were found to be concentrated in urban areas such as Tokyo, Osaka, and Fukuoka

2) Proportion of patients with developmental disorders: The proportion of patients with developmental disorders among overall outpatients in one month was less than 5% in 62.7% of facilities, but accounted for 5% or more in 32.7% of facilities.

3) Types of developmental disorders, and comorbid disorders: The most frequently reported type was autism spectrum disorder (ASD), followed by comorbid ASD and attention deficit hyperactivity disorder (ADHD). The third

most common was ADHD. The most common comorbid disorder was mood disorder, followed by neurotic disorder, stress-related disorder, and somatoform disorder, with the third being schizophrenia, schizotypal disorder, and delusional disorder.

4) Difficulties in treatment of Developmental Disorders: As shown in "Difficulties in treatment", 80% of facilities had some kind of difficulty, with 16% responding "very difficult", 24% responding "difficult", and 40% responding "somewhat difficult".

5) Types of especially challenging symptoms, and their behavioral features: These were stim, obsessive compulsion behavior and abusive language or violent behavior. Regarding behavioral problems, a survey of individual behaviors showed that violent behavior, theft, arson, and murder or etc occurred at 74.9%, 51.6%, 14.8%, and 4% of facilities, respectively. Social withdrawal and online gaming dependence were also observed in 84.7% and 68.3% of facilities, respectively.

6) Circumstances of drug therapy for behavioral problems with developmental disorders

In terms of drug therapy for behavioral problems related to developmental disorders, the most commonly-selected drug therapy was atypical antipsychotics, with the second being mood stabilizers and the third being non-stimulant ADHD medication. Examination of the hierarchy of combinations of these drugs shows that the most common was an atypical antipsychotic and a mood stabilizer, with the second being an atypical antipsychotic and an antidepressant, and third being an atypical antipsychotic and an anxiolytic or traditional Japanese medicine (Kampo). Among atypical antipsychotics, the most frequently used were risperdal, aripiprazole, and olanzapine, in this order. Among ADHD medications, there were differences in the approval times for adult indications for the two. The first was non-stimulant ADHD medication, followed by stimulant ADHD medication.

7) Desire for measures to address behavioral problems with developmental disorder

The most common response to behavioral problems with developmental disorders was a desire for a simple consultation desk, such as the installation of a consultation center for developmental disorders in different prefectures and regions of Japan, as shown in graph III. This was followed by the development of a simple response manual, with the third response being the desire for investment in emergency response facilities.

## Survey on the response to developmental disorders at ages 12 and higher in general psychiatric outpatient care in Japan

26 July 2018, 14:45 - 16:15, Meeting Room 3.1

AP 19.2

### Presentation 2

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### III. Discussion

The survey results show that for more than 30% of facilities, dealing with developmental disorders accounted for at least 5% of outpatient care, and 80% of facilities indicated that such disorders are difficult to address, indicating that there are considerable needs concerning the difficulties of treatment.

There were, in fact, a large number of cases with ASD or comorbid ASD and ADHD. The most frequent comorbid disorder was mood disorder, and this is



believed to be related to the properties of the drugs of choice for drug therapy, (i.e. atypical antipsychotics and mood stabilizers), observed in the survey. The hierarchy of use of ADHD medications may involve the difference in the time of approval. Japan approved atomoxetine for adults in August of 2012, and approved sustained-release methylphenidate for adults in December 2013. Reflective of the fact that there were many ASD-related cases, behavioral problems that were often observed included obsessiveness and obsessive-compulsive behavior. The fact that no small number serious cases involving theft, arson, murder, or other criminal acts was experienced at the clinical level also speaks to the importance of prevention and treatment that includes cooperation from medical, educational, and governmental institutions. This survey considered ages 12 and over, but there are also many cases where behavioral problems involving criminal acts begin before the start of junior high school, and medical collaboration from early childhood on to adulthood is an important issue. Investigation of cases on the basis of this survey shows that in some cases, developmental disorders were diagnosed for the first time after individuals were involved in criminal cases [A1], while in others, developmental disorders below the diagnostic threshold values were comorbid, and there is a need for case management that bears not only indications of diagnostic criteria in mind, but also simple scales that allow for the extraction of a case's developmental disorder characteristics, or their cognitive characteristics. This indicated a need for further development of strategies to raise awareness of such disorders, in order to allow for early detection and early intervention to such cases.

In terms of government measures, there was a desire for consultation centers for developmental disorders to be set up in the various prefectures and regions in Japan, but it was found that even where these were already set up, needs were still not being fully met, or the centers were not well published. There is also a need, in descending order, to establish and distribute an easy response manual, and to invest in emergency response facilities. In summary there is a desire for investment in a response system commensurate with the circumstances.

#### IV. Conclusion

In general clinical practice in psychiatry departments in Japan, developmental disorders pose various behavioral problems, and various issues were also found in the clinical setting. Investment in support systems and techniques for use in the field, would therefore make it possible to prevent serious behavioral problems from occurring, and there are plans to draft a manual premised on the results of this study in the future.

The present study was conducted as a part of the "2014 Health Sciences Research: Research on challenging cases of adolescents and adults with ASD, in particular those who withdrew from society, withdrawing into the seclusion of their homes, and/or becoming involved in domestic violence and forensic issues," (Contribution Research Chief researcher: Tokio UCHIYAMA Contribution from: Hironobu ICHIKAWA).

#### Latin American Federation of Child and Adolescent Psychiatry Associations (FLAPIA) invited session on global perspective in CAP training

26 July 2018, 14:45 - 16:15, South Hall 1A

#### AP 20.1

#### Child and adolescent psychiatry training in Indonesia: current situation and challenges

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#### Objectives

Indonesia is an archipelago country with 17 thousand islands and 225 million inhabitants, 30% of them are children and adolescents. Surveys in several places of Indonesia showed 10-20% children have mental health problems. Despite the high need of child mental health service, gap occurs due to limited resources. The aim of this talk is to describe child-adolescent psychiatry training in Indonesia.

#### Methods

Review of child-adolescent psychiatry training in Indonesia.

#### Results

In Low/Middle-income countries, government allocates only 0.5% of health budget for mental health services. Awareness of mental health is far left behind the "physical" health, and concern to child/adolescent mental health is even less. Public knowledge about mental health of children is very little. Lack of understanding of the importance of psychiatric care for children with mental disorders leads to confusion among policy makers regarding services. Number of psychiatrists in Indonesia is approximately 900, 50 are trained child-psychiatrist, therefore limiting access to adequate child/adolescent mental health services. There are 9 centers for psychiatric residency training and two centers on child and psychiatry sub-specialist. Training other health professionals on CAP is one way to improve the challenge on workforce distribution and access.

#### Conclusions

Collaboration among different parties are important in order to better face the challenge in training of child and adolescent psychiatry training in LMIC.

#### Latin American Federation of Child and Adolescent Psychiatry Associations (FLAPIA) invited session on global perspective in CAP training

26 July 2018, 14:45 - 16:15, South Hall 1A

#### AP 20.2

#### Teaching/ training of child psychiatry in Mexico

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Child psychiatry in Mexico is concentrated in four main sites, the HPIJN-N, (child Psychiatric Hospital), the INPRF (National Psychiatry Institute), the IMSS (Social security Mexican Institute) and the Hospital Universitario de Nuevo León (three states of 32), getting by year 33 Child psychiatrists. The program is held during 2 years, by mean of the National University program. The Nuevo Leon State hospital has its own program similar to the UNAM. The main themes are child development, psychopathology and treatment. So we have a shortage of child psychiatrists, with no interest from public health about child development as a primary care issue, even though it is one of the main interest of WHO nowadays. In the main hospitals in Mexico there isn't a knowledge about child psychiatry skills and possibilities of helping child development. Education alternatives in order to enhance number of child psychiatrists will be discussed and the participation of pediatric hospitals in this training will be reviewed.

#### Management of child sexual abuse in India: Perspective on practical challenges in assessment, service provision and framework for

## change

26 July 2018, 16:45 - 18:15, Meeting Room 1.1

AP 21

### Management of child sexual abuse in India: perspective on practical challenges in assessment, service provision and framework for change

S. Satapathy<sup>1</sup>

<sup>1</sup>All India Institute of Medical Sciences AllMS, Psychiatry Clinical Psychology, New Delhi, India

#### Academic Perspective Overview

Child Sexual Abuse (CSA) is a rampant issue in India affecting wide range of children across gender, age, and socio-economic status. A judicial change has been recently witnessed with an introduction of new policy POCSO (Protection of Child against Sexual Offence Act, 20012) in India where reporting of such cases has improved many folds. But, in the absence of definite guidelines on treatment delivery in CSA, parallel growth has not been observed in management of such cases. The situation is further complicated by existence of cultural specific practical & professional barriers which yet remains to be addressed. Thus, it was considered urgent to incorporate academic perspective of mental health professionals on some of the most practical issues and challenges faced in the management of CSA when a child is brought to the clinic. Further, a need was also felt to not only provide our perspectives on associated complications but suggest effective measures on various ways in which we can improve the difficulties such that optimal mental health and wellbeing can be ensured to all children in our country. Thus, present academic perspective on CSA was conceptualized.

The sessions consist of 3 parts where the Part 1 will be dealt by Dr. Ananya Mahapatra, enumerating challenges associated with providing adequate psychiatric care to patients after disclosure of CSA. Part 2 of the session, will be taken by Ms. Vandana Choudhary who will be elaborating on the unseen impact on abuse on family members (including caretakers and siblings) of the survivors with presentation of framework for change. Part 3 of the session will be dealt by Dr. Renu Sharma, who will bring forth some of the practical issues & challenges while managing cases of CSA clinically and ways in which treatment adherence can be increased in psychotherapy.

### Management of child sexual abuse in India: Perspective on practical challenges in assessment, service provision and framework for change

26 July 2018, 16:45 - 18:15, Meeting Room 1.1

AP 21.1

#### Psychiatric complications in CSA: from diagnosis to discharge

A. Mahapatra<sup>1</sup>

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#### Objectives

- To explore the literature specific to psychopathology studies in CSA in India and to categorize and organize this literature in a way that identify gaps in current knowledge to guide future research.

#### Methods

All studies conducted in India which explored the association of psychiatric

disorders/psychopathology/psychological distress in subjects (adult/child) with a history of childhood sexual abuse (CSA) were considered eligible for the present review. Study selection was conducted in two phases: (1) abstracts and titles were screened (2) full texts of the selected titles were obtained to determine the final sample set.

#### Results

After excluding reviews and commentaries, a total of 8 studies - 2 case report, 2 retrospective chart reviews and 4 cross-sectional studies were included which explored the association between CSA and psychiatric disorders in Indian population. The prevalence of psychiatric disorder in patients with a history of childhood sexual abuse has been found to be up to 75%. The most common psychiatric disorders observed in children with history of CSA are Depressive Disorder (35%) followed by Stress related disorders - PTSD and Acute Stress Disorder (25%).

#### Conclusions

There is a critical need to address the psychiatric consequences of sexual abuse in children. A mental health professional must make attempts to explore survivor's and their family's awareness, interpretation and impact of the incident along with exploration of available and perceived support for the child.

### Management of child sexual abuse in India: Perspective on practical challenges in assessment, service provision and framework for change

26 July 2018, 16:45 - 18:15, Meeting Room 1.1

AP 21.2

#### Addressing the unseen: Family trauma in CSA and need for comprehensive psycho-social care

V. Choudhary<sup>1</sup>

<sup>1</sup>All India Institute of Medical Sciences AllMS, Psychiatry Clinical psychology, New Delhi, India

#### Objectives

- To highlight the mental health needs of families having children with CSA  
- To highlight need for a comprehensive framework of management

#### Methods

The research literature between 2005 and 2015 was searched using PubMed, Google Scholar, IndMED, MedIND, ResearchGate, and other indexed databases along with incorporating clinical experience from the field.

#### Results

Secondary trauma and emotional distress was found to have most significant impact on the family along with strain in parent-child relationship, poor quality of life, social isolation and financial instability. Mothers and siblings were most effected due to abuse which further compromises their caregiving role and hence maintains the cycle of family distress.

#### Conclusions

We need to develop a comprehensive management framework for families having children with sexual abuse. This will incorporate management strategies for dealing with stress related to individual functioning as well as their role as caregiver to ensure optimal mental health for all.

### Management of child sexual abuse in India: Perspective on practical challenges in assessment, service provision and framework for change



## change

26 July 2018, 16:45 - 18:15, Meeting Room 1.1

AP 21.3

### Challenges associated with psychotherapy in CSA and enhancing retention of children in psychotherapy

R. Sharma<sup>1</sup>

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#### Objectives

- To highlight the practical issues and challenges associated with management of CSA
- To suggest ways of enhancing retention of children in psychotherapy/treatment process

#### Methods

The research literature between 2005 and 2015 was searched using PubMed, Google Scholar, IndMED, MedIND, ResearchGate, and other indexed databases along with incorporating clinical experience from the field

#### Results

Cultural barriers were perceived as one of the biggest challenges in psychotherapy: on issues such as stigma associated with treatment and CSA, high belief in medical model of treatment, gender issues, poor follow-up due to low socio-economic status etc. Given the range of factors responsible for poor treatment adherence, addressing these factors in general and bringing awareness for mental health care in the minds of masses are two crucial agents for change.

#### Conclusions

Thus, to ensure enhanced treatment effectiveness on survivors and their families, cultural barriers must be adequately dealt with along with awareness generation on the need for mental health care in people.

### Electroconvulsive therapy in pediatric and special populations: a primer of key issues

26 July 2018, 16:45 - 18:15, North Hall

AP 22

### Electroconvulsive therapy in pediatric and special populations: a primer of key issues

L. Wachtel<sup>1</sup>

<sup>1</sup>Kennedy Krieger Institute/Johns Hopkins School of Medicine, Child Psychiatry, Baltimore, USA

#### Academic Perspective Overview

Title: Electroconvulsive therapy in pediatric and special populations: a primer of key issues

Learning Objectives: To explore the indications, efficacy and safety of electroconvulsive therapy in child and adolescent psychiatry, as well as special considerations in youth. To explore the usage of ECT in refractory pediatric psychopathology, and discuss the expanding role of ECT in autism spectrum disorders (ASDs) and other neurodevelopmental disabilities.

Description: Recent studies report high efficacy rates for youth treated with ECT, most commonly for affective, psychotic and catatonic pathology, as well as

acute suicidality. Legislative requirements involving pediatric ECT vary across states within the USA, and there are no internationally-accepted guidelines regarding ECT in youth. Studies indicate that most child and adolescent psychiatrists have minimal knowledge and hands-on ECT experience, which may hinder timely access for their patients.

Further education and review of ECT, however, can help child psychiatrists feel more comfortable considering this as a treatment option for refractory conditions. A course of ECT follows straightforward, well-established paradigms for anesthesia induction, stimulus delivery and seizure induction. There are no absolute contraindications to ECT, with the most common side effects being headache and nausea. Similarly, there is no evidence that ECT negatively impacts brain development.

ECT is also salient in youth with autism spectrum disorders, who present with high rates of psychiatric and behavioral disturbance. Repetitive self-injury is a particularly dangerous presentation in autism, yet in some instances presents within the context of agitated catatonia, with excellent response to ECT. Both acute and maintenance ECT are relevant in autism. Despite life-changing results, ECT-related stigma impedes access for many autistic youth.

Conclusion: Electroconvulsive therapy is a safe and efficacious intervention for treatment-refractory psychiatric illness in many youth, including those with autism. Education is imperative in expanding knowledge and acceptance of ECT among child psychiatrists, to the benefit of the most vulnerable patients.

### Electroconvulsive therapy in pediatric and special populations: a primer of key issues

26 July 2018, 16:45 - 18:15, North Hall

AP 22.1

### Electroconvulsive therapy in pediatric patients: an overview of key issues

N. Ghaziuddin<sup>1</sup>

<sup>1</sup>MBBS, USA

#### Objectives

to present key issues about the use of electroconvulsive therapy (ECT) in pediatric patients (< 18 years), including response to treatment, longitudinal outcome, legislative restrictions, and experience and knowledge among child and adolescent psychiatrists.

#### Methods

A review of published studies and unpublished data.

#### Results

Recent studies find high response and remission rates in pediatric patients treated with ECT. Although affective disorders are the main indication, other severe disorders, including life-threatening eating disorders, which are often comorbid with mood disorders, also appear to respond favorably to ECT. Acute positive ECT outcome may therefore be irrespective of comorbid psychiatric diagnoses. There is scarcity of data involving long-term ECT outcome. However, many youth experience lasting benefit in mood and suicidal behaviors. This is especially pertinent given that completed suicide is a leading cause of mortality in youth.

Legislative requirements involving pediatric ECT vary across states within USA. In some states, ECT is prohibited based on age, while in other states, pediatric ECT is only possible if a judge gives approval. There are no internationally-accepted guidelines to assist clinicians in determining optimal use. Studies regarding knowledge and experience about ECT indicate that the majority of child and adolescent psychiatrists lack hands-on experience, thereby raising

concern for timely access to ECT for severely ill youth.

## Conclusions

Despite emerging experience, there are many information gaps regarding ECT in minors. Systematic national and international data collection may address this paucity of knowledge. Focused study groups at major educational conferences, may also provide the opportunity to promote optimum ECT use.

**Electroconvulsive therapy in pediatric and special populations: a primer of key issues**

**26 July 2018, 16:45 - 18:15, North Hall**

**AP 22.2**

## The ECT procedure in youth

K. Sowa<sup>1</sup>

<sup>1</sup>*University of New Mexico, Child and Adolescent Psychiatry, New Mexico, USA*

## Objectives

This presentation provides an overview of electroconvulsive therapy (ECT) in youth. We will review treatment indications for and efficacy of ECT; consider risks, benefits, and means to evaluate appropriateness for the treatment; and discuss the ECT procedure itself.

## Methods

Review of relevant peer-reviewed publications.

## Results

Many child psychiatrists possess relatively little knowledge on indications and efficacy of ECT for youth. ECT has been better studied and more frequently utilized for adults; however, in case reports and retrospective series of ECT for severely ill youth, it has demonstrated a robust record of efficacy, particularly for catatonia (80-100% response rate), mood disorders (63-92% response rate), and psychotic illness (48-78%). ECT is also indicated for neuroleptic malignant syndrome.

Education and review of the ECT treatment itself may help child psychiatrists feel more comfortable considering ECT for refractory conditions. A course of ECT typically includes multiple independent treatments, involving administration of anesthesia and delivery of an electric stimulus to generate a generalized seizure. There are no absolute medical contraindications to ECT; however, the process does stimulate both the sympathetic and parasympathetic nervous system, and affects cardiopulmonary function. Short-term side effects are usually benign, and there is no evidence for ECT negatively impacting neuronal development. However, particular tools and information can assist child psychiatrists in considering the risks and benefits of ECT in youth.

## Conclusions

ECT has been demonstrated as a safe and comparatively effective option for severe and treatment-resistant psychopathology in youth. Encouraging further ECT education and training for child psychiatrists can improve access and decrease barriers to ECT.

**Electroconvulsive therapy in pediatric and special populations: a primer of key issues**

**26 July 2018, 16:45 - 18:15, North Hall**

**AP 22.3**

## Electroconvulsive therapy in autism spectrum disorders

L.E. Wachtel<sup>1</sup>

<sup>1</sup>*Kennedy Krieger Institute/Johns Hopkins School of Medicine, Child Psychiatry, Baltimore, USA*

## Objectives

to present the role of electroconvulsive therapy (ECT) in the resolution of affective, psychotic and catatonic pathology in youth with autism spectrum disorders (ASDs).

## Methods

review of relevant English-language literature, direct clinical experience, and multiple patient examples.

## Results

Since its inception 8 decades ago, ECT has been repeatedly demonstrated as safe and efficacious in the treatment of refractory affective, psychotic and catatonic illness across the lifespan. This is highly salient in youth with ASDs and intellectual disability, who present with psychiatric illness at higher rate than the general population. Such patients may also display comorbid challenging behaviors, including highly dangerous repetitive self-injurious behaviors, some of which may exist along the agitated catatonia spectrum. Multiple reports over the past 2 decades have presented autistic youth ranging from age 8 through adulthood who have experienced profound remission of severe psychiatric and behavioral pathology with ECT. Many of these children were profoundly incapacitated for extended periods of time prior to ECT, yet subsequently returned to baseline functioning, including regular school, community and family activities. Acute and maintenance ECT paradigms are relevant in autism, with many patients requiring maintenance ECT for sustained mental health. ECT-related stigma remains one of the greatest barriers to timely implementation, despite repeated demonstration of life-saving benefit.

## Conclusions

The role of ECT in autism spectrum disorders is expanding as more youth with complex affective, psychotic and catatonic pathology are demonstrating swift and robust response to ECT when other treatments have failed.

**Invited Asian Association for Child and Adolescent Psychiatry and Allied Professions (AACAPAP) academic perspective**

**26 July 2018, 16:45 - 18:15, South Hall 2B**

**AP 23**

## Child and Adolescent Mental Well Being in Asia beyond 2025

D. Saputro<sup>1</sup>

<sup>1</sup>*Child Development and Learning Difficulties Center, Jakarta, Indonesia*

Globally, mental disorders account for a significant portion of disease burden in youths, with poor mental health impacting the young person physical health and development by affecting their academic and vocational achievements, social relationships, and exposing them to stigma and discrimination. Asia has the largest number of children in the world, 4 countries with the largest number of children under 18 in the world located in Asia, India (20%, 446m), China (12%, 267m), Pakistan (3%, 78m), Indonesia (3%, 72m), Bangladesh (2%, 50m).

Recent epidemiological studies from 51 Asian countries showed the general prevalence of child and adolescent mental health problems to be in the range of 10-20%. In recent decades, there have been concerted efforts to improve mental health services for youths alongside the challenges of rising healthcare costs and increasing demand for mental health needs.

Treating youths required specialized child-friendly and youth-oriented therapeutic approaches with few psychiatrists and professionals choosing to specialize





in this area, particularly in the Asian region. One important phenomenon is the shift from traditional clinic-based care to community-based mental health services to improve accessibility to services and provide patient-centred care.

The purpose of this presentation is to provide an overview of the challenges that occur in Asia in an effort to provide access to services to improve the mental wellbeing of children.

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### **World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: Leaders forum: the future of child and adolescent psychiatry: Part 2**

**26 July 2018, 16:45 - 18:15, Terrace 2A**

#### **AP 24**

### **World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: Leaders forum: the future of child and adolescent psychiatry: Part 2**

N. Skokauskas<sup>1</sup>

<sup>1</sup>NTNU, Institute of Psychiatry, Trondheim, Norway

#### **Academic Perspective Overview**

This is the fifth international symposium "The future of child and adolescent psychiatry". This forum brings together leaders of the largest Child and Adolescent Mental Health associations around the globe to discuss the most pressing issues our field is facing. The leaders forum aims not only to be a platform to share experiences and knowledge, but also to develop the insights, initiatives and actions necessary to respond to current and emerging challenges in the area of child and adolescent mental health.

The first "Leaders forum: the future of child and adolescent psychiatry" was held in Helsinki, Finland during ESCAP (European Society for Child and Adolescent Psychiatry) Congress 2011. The second symposium was held in Dublin, Ireland during ESCAP (European Society for Child and Adolescent Psychiatry) Congress 2013. The third forum was held during IACAPAP 2014 congress in S. Africa and the fourth was held during IACAPAP 2016 congress in Canada. All symposiums attracted large audiences and were well received. Since 2016 there have been many changes in the area of child mental health and this session will bring new leading figures representing largest child and adolescent psychiatric societies.

The symposium will be chaired by Professor Bruno Fallisard (President IACAPAP) and Prof. Norbert Skokauskas (Chair, World Psychiatric Association, Child and Adolescent Psychiatry section).

The following organizations will be represented by their Presidents:

#### **Part 1**

IACAPAP (International Association for Child and Adolescent Psychiatry and Allied Professions),

WPA CAP (World Psychiatric Association, Child and Adolescent Psychiatry section)

AACAP (American Academy of Child and Adolescent Psychiatry)

#### **Part 2**

ISAPP (International Society for Adolescent Psychiatry and Psychology)

WAIMH (The World Association for Infant Mental Health)

NBUP (The Norwegian Association for Child and adolescent Mental Health in Norway)

### **World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: Leaders forum: the future of child and adolescent psychiatry: Part 2**

**26 July 2018, 16:45 - 18:15, Terrace 2A**

#### **AP 24.1**

### **ISAPP (International Society for Adolescent Psychiatry and Psychology)**

L. Flaherty<sup>1</sup>

<sup>1</sup>ISAPP - International Society for Adolescent Psychiatry, President, Cambridge, USA

The International Society for Adolescent Psychiatry and Psychology (ISAPP) is a non-profit organization made up of mental health professionals - psychiatrists, psychologists and social workers - working with disturbed adolescents in several parts of the world.

The organization was established in 1984 as an international professional society to fill a void in the mental health arena. It is the only multi-disciplinary international organisation devoted solely to the mental health needs of adolescents.

The principle aim of the organization is to provide a forum for intellectual exchange among professionals concerned with disturbed adolescents.

ISAPP schedules every year several national and international meetings in various parts of the world and a major international congress every four years. Prior congresses have taken place in Paris, Geneva, Chicago, Athens, Aix-en-Provence, Rome and Montreal. International experts in the area of adolescence invariably head up the list of participants. International congresses attract over a thousand participants from up to twenty different nations.

### **World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: Leaders forum: the future of child**

## and adolescent psychiatry: Part 2

26 July 2018, 16:45 - 18:15, Terrace 2A

AP 24.2

### WAIMH (The World Association for Infant Mental Health)

K. von Klitzing<sup>1</sup>

<sup>1</sup>WAIMH - The World Association for Infant Mental Health, President, City, Germany

The World Association for Infant Mental Health (WAIMH) is an interdisciplinary scientific organization for medical, psychological and educational professionals. WAIMH's central aim is to promote the mental wellbeing and healthy development of infants throughout the world, taking into account cultural, regional, and environmental variations, and to generate and disseminate scientific knowledge.

#### WAIMH seeks to facilitate:

- Increased knowledge about mental development and disorder in children from conception to three years of age
- The dissemination of scientific knowledge about services for care, intervention and prevention of mental disorder, and impairment in infancy
- The dissemination of evidence-based knowledge about ways to support the developmental transition to parenthood, as well as the healthy aspects of parenting and caregiving environments
- The international cooperation of professionals concerned with promoting the optimal development of infants, as well as the prevention and treatment of mental disorders in the early years
- Aspects of research, education, and interventions in the above areas

#### WAIMH pursues its goals by:

- Organizing international congresses and regional meetings;
- Publishing Perspectives in Infant Mental Health (formerly, The Signal), a quarterly Professional Publication;
- Sponsoring the Infant Mental Health Journal;
- Supporting existing and new regional and/or national affiliates;
- Maintaining an information repository Web site;
- Collaborating with other organizations;
- Establishing task forces, study groups, and committees;
- Carrying out special projects.

## World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP) invited session: Leaders forum: the future of child and adolescent psychiatry: Part 2

26 July 2018, 16:45 - 18:15, Terrace 2A

AP 24.3

### NBUP (The Norwegian Association for Child and adolescent Mental Health in Norway)

A.S. Meltzer<sup>1</sup>, L.H. Knudsen<sup>2</sup>

<sup>1</sup>NBUP, President, Nesoddtangen, Norway

<sup>2</sup>NBUP, President elect, Bergen, Norway

The last two years we have outlined a map of how we will transform our ser-

vice to build an even more consistent, comprehensive and caring high-quality healthcare system. Patient representatives, clinicians from all healthcare services on both community level and specialist/hospitals, scientists and leaders, have developed the plan. We have identified five central values:

- The patients participation throughout the whole process of treatment including a right to be a part of the referral process and be invited to write his or her own referral.
- The coordination of the courses of treatment when the patient needs coordinated help from community and specialist services to give the patient predictability.
- The quality of both the classification and treatments plans involved in treatment on a specialist level.
- A contact person and contact point for the patient on community level
- Measurement of outcome and feedback systems

During springtime of 2017, a group of scientist and clinicians received a request from the national department on recommending treatment outcome measures. Of course today – our 100 clinics and more than 400 communities has a diversity of measures. Some data is included in the national patient register, but we want to develop this further. We realize that it will be difficult to make everybody agree on the same measures. The working group decided to develop guiding principles for measuring symptoms, diagnoses, levels of functioning, quality of life, user satisfaction both at the start and at the end of treatment. The health authorities received this guide in 2017 and it is included as an important goal in the national plan.

Implementing this national treatment change is currently in the planning phase. An implementing group has been assigned and are preparing implementation and roll-out Fall 2018. This is a large scale implementing process including several departments. As the president of NBUP and the leader of the team that has developed the drafts for the child and adolescent plans, I can share some of my experiences.

## Problematic interactive media use: using what we know to proceed from recognition to understanding to treatment.

27 July 2018, 08:00 - 09:30, Forum Hall

AP 25

### Problematic interactive media use: Using what we know to proceed from recognition to understanding to treatment

M. Tsappis<sup>1</sup>, M. Rich<sup>2</sup>, E. Pluhar<sup>1</sup>

<sup>1</sup>Boston Children's Hospital, Psychiatry- Adolescent/Young Adult Medicine, Boston, USA

<sup>2</sup>Boston Children's Hospital, Adolescent/Young Adult Medicine, Boston, USA

#### Academic Perspective Overview

Society's rapid adoption of interactive screen media, from video games to Internet to social media, has given rise to disabling behavioral health problems among some children and adolescents. Proposed as Internet Addiction two decades ago, then Internet Gaming Disorder in DSM-5, Gaming Disorder is now a formal diagnosis in the World Health Organization's International Classification of Diseases. Empirically, not only gaming, but uncontrolled information-bingeing, social media and pornography use are causing mental suffering and functional impairment best characterized as Problematic Interactive Media Use (PIMU). PIMU has been associated with sleep problems, anxiety, depres-



sion, academic and social deterioration, but clinicians struggle to address this new syndrome. Through this program, we aim to: describe PIMU in the context of human development and mental health; present evidence supporting the identification of its different presentations and co-morbidities; discuss the roles of modified Dialectical Behavioral Therapy (DBT) and medications in treatment; and share the establishment of an academic medical program dedicated to characterizing, treating, and training clinicians in prevention of and intervention on interactive media disorders.

**Problematic interactive media use: using what we know to proceed from recognition to understanding to treatment.**

27 July 2018, 08:00 - 09:30, Forum Hall

AP 25.1

**Presentation 1**

M. Rich<sup>1</sup>

<sup>1</sup>Harvard Medical School- Boston Children's Hospital, Center on Media and Child Health, Boston, USA

Interactive screen media – video games, internet, and social media – have transformed how we entertain, communicate, educate, and connect with each other. For more than 20 years, clinicians and researchers have observed that some young people are unable to self-regulate, using interactive media excessively, even compulsively, leading to functional impairment, sleep deprivation, withdrawal, academic and social failure. Video game or internet addiction diagnoses have been debated in the US, but are accepted and treated in Korea and China. The DSM-5 lists "Internet Gaming Disorder" as needing further research and in 2018, the WHO has listed "Gaming Disorder" in the International Classification of Diseases. We will describe cases that have presented to us over the past several years, explain why we have used the terminology Problematic Interactive Media Use (PIMU), and outline four distinct presentations: gaming, social media, pornography, and information-bingeing. We will outline the development and goals of the Clinic for Interactive Media And Internet Disorders at an academic medical center. Built on an evidence base of research and a decade of clinical experience, CIMAIID is designed to characterize these conditions, devise diagnostic criteria, develop and evaluate treatment protocols, and train clinicians to recognize, treat, and prevent PIMU as part of standard of care.

**Problematic interactive media use: using what we know to proceed from recognition to understanding to treatment.**

27 July 2018, 08:00 - 09:30, Forum Hall

AP 25.2

**Presentation 2**

M. Tsappis<sup>1</sup>

<sup>1</sup>Boston Children's Hospital, Psychiatry- Adolescent/Young Adult Medicine, Boston, USA

Our efforts to develop effective treatments for PIMU depend on how well we are able to accurately understand its underlying psychopathology. Through consideration of biological vulnerability, research findings on psychological traits, the impact of cognitive and learning abilities, family and peer relational patterns and functional impact of PIMU we are able to establish a foundational basis for assessment and treatment planning. During this section of the presentation we will present our current model for understanding PIMU. As this

model is presented, clinical case examples will be used to demonstrate how this model affects the process of assessment and treatment in an approach that is personalized to each individual patient. This information will serve as a basis to understanding the rationale for decisions about biological and psychosocial treatment planning.

**Problematic interactive media use: using what we know to proceed from recognition to understanding to treatment.**

27 July 2018, 08:00 - 09:30, Forum Hall

AP 25.3

**Presentation 3**

M. Tsappis<sup>1</sup>

<sup>1</sup>Boston Children's Hospital, Psychiatry- Adolescent/Young Adult Medicine, Boston, USA

An approach to psychological therapy for PIMU requires consideration of targets for intervention in a number of domains. There is an abundance of evidence that adolescents with PIMU experience problems in the areas of self-regulation, adaptive coping with negative emotions, interpersonal effectiveness and attention to aggravating and alleviating family relational patterns. Dialectical Behavior Therapy (DBT) is a comprehensive, widely available and extensively studied treatment specifically developed to improve self-regulation, mindfulness, distress tolerance and interpersonal effectiveness. Initially developed and shown to be helpful for a select clinical population of adults, adapted DBT now exists for the treatment of a variety of populations including adolescents and their caregivers. During this program we will introduce the five DBT skills training modules: mindfulness, distress tolerance, interpersonal effectiveness, emotion regulation, and walking the middle path skills training. Applicability to treatment of PIMU will be demonstrated with the use of clinical case examples throughout. By the conclusion of this section, participants will have acquired a basic understanding of DBT and will recognize the applicability of modified DBT for the treatment of PIMU.

**Strategies for management of children with mental health disorders in low and middle-income countries**

27 July 2018, 08:00 - 09:30, Meeting Room 2.1

AP 26

**Strategies for management of children with mental health disorders in low and middle-income countries**

S.M. Kaku<sup>1</sup>, M.R. Hoogenhout<sup>2</sup>

<sup>1</sup>Rainbow Childrens Hospital, Child and Adolescent Psychiatry, Bangalore, India

<sup>2</sup>University of Cape Town, Department of Paediatrics and Child Health, Cape Town, South Africa

**Academic Perspective Overview**

Childhood psychiatric disorders in low income countries face daunting obstacles, including lack of prevalence data, and lack of funding for chronic, non-communicable diseases that do not directly lead to child mortality. Potential participant cohorts are often not well-identified, are dispersed over a large geographical area, and are linguistically and culturally diverse. This challenging context calls for adaptations to the traditional research methods and processes used in the Global North. In this complex system of service delivery, parents often see multiple professionals, move across the country for consultation and

sometimes when living in resource limited areas, have difficulty to access regular help, resulting in the need to deliver home based training programs for their children with various mental health issues. This task would help understand strategies for management of children with important and most commonly seen childhood disorders including autism, ADHD, intellectual disability, oppositional defiant disorder, speech and language delay, cerebral palsy, and more.

## Strategies for management of children with mental health disorders in low and middle-income countries

27 July 2018, 08:00 - 09:30, Meeting Room 2.1

AP 26.1

### Diversity as a challenge and asset: Child mental health interventions in low and middle-income countries

S.M. Kaku<sup>1</sup>

<sup>1</sup>Rainbow Childrens Hospital, Child and Adolescent Psychiatry, Bangalore, India

#### Objectives

1. To discuss challenges for care in low and middle-income countries
2. Understand the promise of this multilingual, multicultural and genetically-diverse groups of children and adolescents
3. Understand assets of LMIC settings which foster success of mental health care delivery

#### Methods

Nearly 50% of the nations around the globe are categorized as low and middle income countries (LMICs). The challenges faced by these countries are enormous. They range from problems with policy and legislative frameworks, challenges in accessing treatment and care, stigma to seek care, lack of mental health services in primary care settings, lack of trained mental health professionals to bridge the gap of burden and care, poor linking between public health and other sectors of health delivery, lack of monitoring of trained mental health professionals and lack of research of child and adolescent mental health.

Apart from these challenges, the burden of disease is enormous owing to the large population of LMIC nations. The difficulties in delivering mental health care to multilingual, multicultural groups of patients with limited trained professionals is also a challenge. The need to understand cultural practices and beliefs and penetrate through the society to deliver services will be discussed with examples. However, there are many assets as well. These include extended family settings which help augment mental health care, ability to design and deliver small scale, low resource, home based intervention strategies. This session will focus on understanding the challenges, the assets and discuss precipitating and protective factors of child and adolescent mental health in LMICs.

#### Conclusions

The assets of child and adolescent mental health care delivery will be discussed, giving an overview in understanding challenges faced in LMICs.

## Strategies for management of children with mental health disorders in low and middle-income countries

27 July 2018, 08:00 - 09:30, Meeting Room 2.1

AP 26.2

### Services for the poor need not be poor services: child mental health

## interventions in low and middle-income countries

M. Hoogenhout<sup>1</sup>

<sup>1</sup>University of Cape Town, Department of Paediatrics and Child Health, Cape Town, South Africa

#### Objectives

Discuss

- The status of child and adolescent mental health interventions in low and middle-income countries (LMICs)
- Successful, existing intervention models in LMICs
- Obstacles to the establishment, evaluation and scaling of interventions in LMICs
- New avenues for intervention, policy and collaboration

#### Methods

Children constitute nearly half of the population in low and middle-income countries (LMICs). However, there is virtually no research on child mental health interventions in these settings. Given the amount of obstacles families face in LMICs, including lack of access to housing and sanitation, programs that only provide information are unlikely to have lasting effects. This session reviews evidence for the effectiveness and sustainability of child and adolescent mental health interventions. For example, early child development in LMICs shows that programs that provide both small media information and the opportunity for parents to problem-solve with a paraprofessional have high success rates. Family and community-based interventions are also promising, particularly those integrating group-based sessions and home visits. These interventions balance being cost-effective, building social support and providing individual intervention. However, care must be taken not to unduly burden families or paraprofessionals. Ideally, a system of incentives should be established.

The session not only focuses on programs, but discusses the need for increased awareness and capacity building. Monitoring and evaluation of programs, good governance, community engagement and capacity building must be put in place before interventions can be scaled. To provide effective and sustainable intervention in low-resource areas, interventions should be into existing general services that address basic survival and developmental needs. These systems can then be supplemented by strong referral pathways to specialised care.

#### Conclusions

Examples of successful interventions in LMICs, such as the expansion of primary care for depression in Chile and community-based treatment for schizophrenia in India, show that high-quality services in LMICs is achievable.

## The child and adolescent psychiatrist role in different settings

27 July 2018, 08:00 - 09:30, South Hall 1B

AP 27

### The child and adolescent psychiatrist role in different settings

L. Viola<sup>1</sup>

<sup>1</sup>Children's Hospital La Española., Department of Child and Adolescent Psychiatry, Montevideo, Uruguay

#### Academic Perspective Overview

#### Objectives

To understand particularities of child and adolescent care in Latin America.

To show different models of care in children's hospital in Latin America.



Understanding of variability about mental disorder prevalence around the world (14 a 23%) is far beyond the various methods used and it may be due to local characteristics. Several factors account to explain these particularities that have a negative impact on life and evolution of the children and adolescents with mental diseases.

In Latin America, about 12% of the children are born with low weight, that means prematurity, development delay and a strong correlation with socio-economic, cultural, biological and environmental conditions. Some other factors, such as very early onset of marijuana utilization, increases the high rates of comorbidity with externalized disorders.

The low rate and non-homogeneous distribution of child psychiatrists, difficult access to specialized mental health services. So, there is a need to create attention models in relationship with our regional reality and it is imperative that the psychiatrist role is well understood by all the professionals who work with child and early adolescent.

The challenge is to offer good care in a scientific and ethical manner to alleviate the suffering of child and the family integrating the psychological and social perspectives, due to the high prevalence of psychiatric disorder, (18 to 22%) in below -18 years old, and the shortage of child and adolescent psychiatrists in Latin-America.

## The child and adolescent psychiatrist role in different settings

27 July 2018, 08:00 - 09:30, South Hall 1B

AP 27.1

### Postgraduate teaching in child and adolescent psychology and psychiatry. Interdisciplinary team of mental health in emergencies and emergencies

R. Pallia<sup>1,2,3,4</sup>

<sup>1</sup>Italian Hospital of Buenos Aires, Pediatric Mental Health Service, Buenos Aires, Argentina

American Federation of Child and Adolescent Psychiatry Associations FLAPIA, Past-President, Buenos Aires, Argentina of Child and Adolescent Psychiatry and Related Professions AAPA, President, Buenos Aires, Argentina

<sup>4</sup>Italian Hospital of Buenos Aires, University Institute School of Medicine, Buenos Aires, Argentina

In Argentina, Psychology students receive theoretical information without assistance practice, medical doctors receive practical & theoretical training.

We will describe the experience of graduate training of psychologists and medical specialists in mental health and child and adolescent psychiatry.

They have an intense load of supervised care practice. Now, we focused in external guards skills.

#### Development

Emergencies & Interdisciplinary Team:

We have Passive Guard at the Central Emergency Pediatric (0 to 16 years 11 months) 24x365. Being a General Hospital of High Complexity, in adults and pediatrics.

As an integrated device to the guard we have an external office for follow-up of emergencies that we call „Triage“.

The Guard and Triage contribute to the professional training:  
- for the management of critical and acute situations,

- Interdisciplinary work in Mental Health and with specialists from the Hospital, Social Work, Legal Entities and Rights Protection Organizations  
- developed empathy in critical situations  
- linked theory and practice  
- developed of situational diagnostic hypotheses  
- development of indications for the acute moment  
- development therapeutic plasticity maintaining technical skills  
The characteristics of the consultations and the teaching guidelines will be presented.

## The child and adolescent psychiatrist role in different settings

27 July 2018, 08:00 - 09:30, South Hall 1B

AP 27.2

### Psychiatric diagnoses in a Pediatric Hospital

O. Sanchez<sup>1,2,3,4</sup>

<sup>1</sup>Mexican Academy of Pediatrics, Member, Mexico City, Mexico <sup>2</sup>Latin federation of Child and Adolescent Psychiatry Associations - FLAPIA, President, Mexico City, Mexico

<sup>3</sup>Apian the study of Hyperactivity and Attention Deficit Disorder LILALAPETDH, President, Mexico City, Mexico

<sup>4</sup>Mexican Board of Psychiatry, Director, Mexico City, Mexico

Liaison Child Psychiatry has some practical problems when it is done in a clinical every-day work in a Pediatric Hospital.

As a way to show how we deal with this problematic issue, we present the framework that we have developed in the Mental Health Ward at the National Institute of Pediatrics (Instituto Nacional de Pediatría) in México.

We consider that when a patient is seen by our team, as a request from any other Wards, we should approximate to the patient by means of the predominant symptoms, in order to explain to the pediatric team our diagnosis but regarding the symptoms that led the patient to our evaluation.

So we have divided all patients we see, in three main groups:

Those that show an agitated state, those with an anxiety state, and those with pain as the main symptom.

Obviously all patients have a mixture of these symptoms and some others, but we just try to separate so Pediatricians can have a better academic comprehension of the whole situation, and so we can have a specific treatment, even if later, we will have to mix the symptoms again and of course the therapeutics we decide to implement.

When we talk about patients with anxiety, we have to evaluate several aspects as attachment problems, the mother capacity to contention, and the interactive ways of relate between mother and child.

In patients with agitated behavior we have to look for Delirium, any cerebral damage, and so on.

And in patients with pain, the main action is about etiology, but, we must seek in order to understand the individual and social perception of pain, so we can help the children to overcome the symptom.

The initial evaluation of a pediatric patient must be very deep, looking for a nosological comprehension, but this approach has helped us to explain to the other medical teams, the way that behavior changes in a pediatric patient, not just because of a psychiatric diagnosis, but as a way of change of all his life, when a systemic illness is present, and can arrive to a Pediatric integrative

diagnosis in the patients that arrive to an emergency ward.

## The child and adolescent psychiatrist role in different settings

27 July 2018, 08:00 - 09:30, South Hall 1B

AP 27.3

### What primary care physicians know about eating disorders, D.R.

Z. Morillos<sup>1,2,3,4,5,6,7</sup>

<sup>1</sup>Mental Health Service of Robert Reid Cabral Children's Hospital Clinic, Head- member of Board comission, City, Argentina

<sup>2</sup>Latin Federation of Child and Adolescent Psychiatry Associations- FLAPIA, Vice-president, City, Argentinae study of Hyperactivity and Attention Deficit Disorder LILALAPETDH, Treasurer, City, Argentina

<sup>4</sup>Psychopedagogical Medical Service C.P. Enmanuel, Clinical Director, Naco Sto. Dgo, Dominica

<sup>5</sup>Children and Adolescents Psychiatry Residency HRRC, Coordinator, City, Argentina

<sup>6</sup>Catholic University of Santo Domingo, Professor, Santo Domingo, Dominica

<sup>7</sup>Iberoamericana University UNIBE, Professor, Santo Domingo, Dominica

#### Objectives

The main objective of this study is to determine the level of knowledge that physicians of primary care have regarding the diagnosis and management of feeding and eating disorders. The aim is to determine whether doctors properly identify such conditions in the outpatient population.

#### Methods

The entire population of primary care physicians in the Santo Domingo province was selected to conclude the study. All participants will be asked to complete a 25 questionnaire regarding personal information such as age, gender, medical experience and questions aiming to evaluate the level of knowledge of the feeding and eating disorders based on the criteria's established by the DSM-5. A pretest will be giving after a five-minute informative capsule that will be presented and concluded with a posttest.

#### Conclusions

From the level of knowledge in the pre-test, 96% was insufficient, 2.3% was sufficient, and 2% was adequate. In the post-test the difference was significant. So we have to think when, where, what, and whom to teach about eating disorders if we want a real answer for these diseases.

## What differences in studies of cross cultural approaches to gender dysphoric adolescents can and cannot teach us about best practices

27 July 2018, 10:45 - 12:15, Club D

AP 28

### What differences in studies of cross cultural approaches to gender dysphoric adolescents can and cannot teach us about best practices

H. Schrieier<sup>1</sup>

<sup>1</sup>University of California San Francisco-Benioff-Children's Hospital Oakland, Psychiatry, Oakland, USA

#### Academic Perspective Overview

What psychological functioning research in 6 European countries can contribute to clinical practice with transgender adolescents

In a field that has grown exponentially fast in the last decade, clinical practice has had to expand rapidly often with solid data often lacking often limited. The immediate clinical needs of the growing numbers of kids coming to clinics was, despite exceptionally good studies, was not able to inform practices in many areas. As expected there has been much controversy. And now our knowledge base is again challenged as children come for service already transitioned; with new and insistent self-definitions and matching pronouns that go beyond binary genders. Further complicating things is that we have not as yet found agreement for „allowing“ early identification of gender and/or transitioning, timing of and whether to use puberty blockers, varying degrees of surgery etc. The studies here assessing patient satisfaction or lack thereof, still offer us a window on what our patients think and the consequences of what we as clinicians do. Much discussion is based on clinical beliefs but in other parts of the world the questions of what is to be done are as much political or cultural as they are clinical. These papers offer us an opportunity to reflect on what the findings in these five countries tell us and what they do not tell us.

## What differences in studies of cross cultural approaches to gender dysphoric adolescents can and cannot teach us about best practices

27 July 2018, 10:45 - 12:15, Club D

AP 28.1

### Psychological functioning in adolescents referred to specialist gender identity clinics across Europe: a clinical comparison study between four clinics

D. Pauli<sup>1</sup>, N.M. de Graaf<sup>2</sup>, P. Cohen<sup>3</sup>, P. Carmichael<sup>2</sup>, A.L.C. de Vries<sup>4</sup>, K. Dhondt<sup>5</sup>, J. Laridaen<sup>5</sup>, J. Ball<sup>1</sup>

<sup>1</sup>University Hospital of Psychiatry, Department of Child and Adolescent Psychiatry, Zurich, Switzerland

<sup>2</sup>Tavistock and Portman NHS Foundation Trust, Gender Identity Development Service, London, United Kingdom

<sup>3</sup>VU University Medical Center, Department of Medical Psychology, Center of Expertise on Gender Dysphoria, Amsterdam, The Netherlands

<sup>4</sup>VU University Medical Center, Department of Child and Adolescent Psychiatry, Center of Expertise on Gender Dysphoria, Amsterdam, The Netherlands

<sup>5</sup>Ghent University Hospital, Pediatric Gender Clinic, Center for Sexuology and Gender, Ghent, Belgium

Adolescents seeking professional help with their gender identity development often present with psychological difficulties. Existing literature on psychological functioning of gender diverse young people is limited and mostly bound to national chart reviews. This study examined the prevalence of psychological functioning and peer relationship problems in adolescents across four European specialist gender services (The Netherlands, Belgium, the UK, and Switzerland), using the Child Behavioural Checklist (CBCL) and the Youth Self-Report (YSR). Differences in psychological functioning and peer relationships were found in gender diverse adolescents across Europe. Overall, emotional and behavioral problems and peer relationship problems were most prevalent in adolescents from the UK, followed by Switzerland and Belgium. The least behavioral and emotional problems and peer relationship problems were reported by adolescents from The Netherlands. Across the four clinics, a similar pattern of gender differences was found. Birth-assigned girls showed more behavioral problems and externalizing problems in the clinical range, as reported by their parents. According to self-report, internalizing problems in the clinical range were more prevalent in adolescent birth-assigned boys. More research is needed to gain a better understanding of the difference in clinical presentations in gender diverse adolescents and to investigate what contextual factors that may contribute to this.



**What differences in studies of cross cultural approaches to gender dysphoric adolescents can and cannot teach us about best practices**

27 July 2018, 10:45 - 12:15, Club D

AP 28.3

**Gender dysphoria, associated mental health problems and treatment experiences of children and adolescents against the background of controversies and paradigm shift in Germany**

B. Möller<sup>1</sup>

<sup>1</sup>University Medical Center Münster,

<sup>2</sup>Department of Child and Adolescent Psychiatry- Psychotherapy and Psychosomatics, Münster, Germany

**Objectives**

Despite increasing public awareness of gender dysphoria in Germany, trans-gender health care services for children and adolescents are still insufficient and data on gender dysphoria and treatment experiences are lacking. This study aimed at exploring gender dysphoria, related mental health problems and treatment experiences, and at discussing it against the backdrop of controversies and paradigm shift in Germany.

**Methods**

Eighty children and adolescents, their parents and therapists at the University Medical Center Münster filled out questionnaires on gender identity/dysphoria, emotional and behavioural problems (CBCL/YSR), treatment experiences, wishes for treatment and improvement of services. Data are currently being obtained and will be analyzed using quantitative and qualitative analysis methods.

**Results**

Initial analysis of the empirical study (YSR) showed that adolescents reported internalizing problems in border and clinical range (7 resp. 73%). Biological female patients report significantly more externalizing problems than biological boys. An age effect could not be found. Comparative analyses between adolescents' and parents' perspective (YSR/CBCL) showed that adolescents reported significantly more stress than the parents, where as the effect was stronger in male caregivers. Comparative analyses with international data showed significant differences in externalizing behaviour and the total score, whereby the reported values of the clinical population in Münster were higher. Data on treatment experiences, gender identity/dysphoria will be presented.

**Conclusions**

This study provides new data on gender dysphoria treatment experience in Germany. Data will be discussed against the background of current discourses.

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# IACAPAP 2018

UNDERSTANDING DIVERSITY  
AND UNIQUENESS

23–27 JULY 2018  
PRAGUE, CZECH REPUBLIC



## WORKSHOPS





## Workshops

24 July 2018, 08:00 - 09:30, Club A

### WS 01

#### DC:0-5: Overview of the new diagnostic classification of mental health and developmental disorders of infancy and early childhood

M. Keren<sup>1</sup>

<sup>1</sup>Sackler Medical School- Tel Aviv University and Geha Mental Health Center, Child and Adolescent Psychiatry, Tel Aviv, Israel

#### Learning Objectives

1. Understand the background of diagnostic classification of mental health and developmental disorders of infancy and early childhood and its infant/early childhood mental health foundations.
2. Understand the importance of relational, developmental and contextual approach to diagnosis and diagnostic formulation.
3. Learn about the multiaxial system used in DC:0-5 including familiarity with the clinical disorders included in Axis I.
4. Explore cultural considerations and use of the Cultural Formulation for Use with Infants and Toddlers Table included in DC:0-5.
5. Examine the relationship between the three major nosologies for mental health disorders: DC:0-5, DSM-5 and ICD-10.

#### Workshop Description

This workshop will serve as an overview of DC:0-5™ Diagnosis and classification of mental health and developmental disorders of infancy and early childhood (ZERO TO THREE, 2016) for the purpose of providing a foundation of this revised diagnostic classification system for professionals who work with infants and young children and clinicians who may be using DC:0-5 in their clinical work. This webinar will promote familiarity with the background, approach and content areas of the new DC:0-5™. Participants will become familiar with the recommended approaches to diagnosis which are relationship-based, developmentally appropriate, contextually driven and culturally sensitive. The five axes included in the multiaxial approach will be outlined and changes in the axes will be highlighted. The workshop will contrast DC:0-5 with other key nosologies including DSM-5 and ICD-10 and present the notion of “crosswalks” between these systems.

#### References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.

Lieberman, A. (2007). Ghosts and angels: Intergenerational patterns in transmission and treatment of the traumatic sequelae of domestic violence. *Infant Mental Health Journal*, 24, 422–439. •Parlakian, R., & Seibel, N. (2002). Building strong foundations: Practical guidance for promoting the social-emotional development of infants and toddlers. Washington, DC: ZERO TO THREE.

Sarche, M., Tsethlikai, M., Godoy, L., Emde, R., & Fleming, C. (in press). Infant and toddler assessment. In *Cultural perspectives for assessing infants and young children*. Aurora, CO: Anschutz Medical Campus, University of Colorado.

World Health Organization. (1992). The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines. Geneva, Switzerland: Author.

ZERO TO THREE. (1994). Diagnostic classification of mental health and developmental disorders of infancy and early childhood. Washington, DC:

Author.

ZERO TO THREE. (2005). Diagnostic classification of mental health and developmental disorders of infancy and early childhood (rev. Ed.). Washington, DC: Author.

ZERO TO THREE. (2016). DC:0-5™: Diagnostic classification of mental health and developmental disorders of infancy and early childhood. Washington, DC: Author. ZERO TO THREE. (2004).

ZERO TO THREE (2012) How culture shapes social emotional development. Washington, DC: Author.

24 July 2018, 08:00 - 09:30, Club B

### WS 02

#### Deliberate self-harm and suicide in youth: reviewing the evidence and a pragmatic approach to estimating risk

F. McNicholas<sup>1,2,3</sup>, V. Boricevic Marsanic<sup>4</sup>, T. Franic<sup>5</sup>, E. Arensman<sup>6</sup>, C. Boylan<sup>7</sup>, H. Keeley<sup>8</sup>, A. Apter<sup>9</sup>

<sup>1</sup>Our lady's hospital for sick children, Crumlin, Ireland

<sup>2</sup>Lucena Clinic Rathgar, Dublin, Ireland

<sup>3</sup>University College Dublin, Dublin, Ireland

<sup>4</sup>Ulica I. Kukuljevića, psychiatry, Zagreb, Croatia

<sup>5</sup>University of Split School of Medicine, Department of Child and Adolescent Psychiatry, Split, Croatia

<sup>6</sup>University College Cork, School of Public Health, Cork, Ireland

<sup>7</sup>Children's University Hospital, Child and Adolescent Liaison Psychiatry, Clinical Nurse Specialist, Dublin, Ireland

<sup>8</sup>Consultant Child and Adolescent Psychiatrist, Consultant HSE CAMHS North Cork, Ireland

<sup>9</sup>Schneiders Children's Medical Center of Israel, Child and Adolescent Division, Director, Israel

#### Learning Objectives

Despite stabilisation in suicide rates in most countries, rates of Deliberate Self Harm (DSH) have continued to increase in young people. Research abounds as to the risks and protective factors but there is still a huge gap in our knowledge as to what leads one person to act on suicidal ideation and another to refrain, and what causes increasing numbers of adolescents to engage in repetitive non-suicidal self-(NSSI). Risk factors vary by country, culture, gender and class, and include both stable and temporary factors, thus making it essential to evaluate each presentation on its own merit.

At the end of the workshop, attendees will have an understanding of the extent of the problem, recognise differences in clinical and therapeutic presentations of NSSI and DSH with suicidal intent, and be alert to certain high risk cases. Attendees will also become familiar with the existing evidence supporting therapeutic approaches, with a more detail outline of the SPACE programme, a group to support parents. By an interactive case based discussion session, attendees will become confident in clinical assessment of risk and management of children presenting with DSH.

#### Workshop Description

Risk factors for DSH and suicide vary by country, culture, gender and class, and include both stable and temporary factors, thus making it essential to evaluate each presentation on its own merit. Although many prevention programmes have been established, few have been empirically tested, and fewer still linked with positive outcomes. The untimely death of a young can



have severe and long lasting effects on the clinicians involved, leading to doubt, self-guilt and lack of confidence in their ability to assess and manage risk. Clinicians need to be confident and competent in conducting a comprehensive clinical assessment that adequately examines current and future risks of self-harm, suicide and deteriorating mental health, along with acknowledging risks and trajectories that cannot be measured or anticipated. These objectives will be met by a combination of formal presentations (5) reviewing the evidence (titles below) and an interactive clinical component.

(1) Prevalence of DSH and suicide in youth under 18 across Europe. Tomislav Franic

(2) NSSI and DSH with suicidal intent. Vlatka Boričević Maršanić

(3) Review of the evidence of therapeutic interventions. Ella Arensman

(4) Efficacy of a Parent Support (SPACE) programme. Carol Boyland

(5) Suicidal behaviour in LGBT. Helen Keeley

A number of clinical cases will be presented. Participants will be encouraged to rate degree of risk and design a management plan by using a suggested framework. The actual outcomes of the cases will be provided. Fiona McNicholas

Format: short (10-12 mins) didactic talks, followed by case based small group work and discussion (30mins)

**24 July 2018, 08:00 - 09:30, Club D**

**WS 03**

### **Neuroscience and attachment theory explore the impact of adverse childhood experiences. Therapeutic possibilities for children in adoption and foster care.**

P. Winnette<sup>1</sup>

<sup>1</sup>*Natama, Director, Prague, Czech Republic*

#### **Learning Objectives**

- Explore how trust develops in early childhood and how it plays an essential role in relationships and healthy development
- Comparative exploration of the links between attachment theory and the neuroscience of memory in relation to the phenomenon of trust
- Explore therapeutic possibilities for working with early adverse memories and re-building trust

#### **Workshop Description**

Trust is essential to a good relationship. When a child can trust his care giver, it helps him learn to regulate affect, safely explore the world and slowly develop autonomy. An adverse relationship between child and care giver may result in emotional and behavioral difficulties.

Neuroscience research has presented interesting findings on how memory works and how it shapes our decisions and behavior. Attachment theory stresses the importance of a safe early connection and trust between child and parent for development of adaptive cognitive and emotional functioning. This workshop will use both neuroscience research and attachment theory to explore how early memories of adverse experiences of care giving influence the developing brain and mind.

Next we will demonstrate therapeutic interventions for families which re-establish trust between parents and a child suffering consequences of an adverse history. We take an in-depth look at a case study in which the therapist uses attachment and trust-focused therapy with an adoptive mother and her son who experienced severe developmental trauma.

The session will include a review of theory and neuroscience research, experiential exercises, videos of research and clinical work, case study and discussion.

#### **References**

Bowlby, J. (1988) *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.

National Scientific Council on the Developing Child (2009). *Core Concepts in the Science of Early Childhood Development* (Brief). Retrieved from <http://www.developingchild.harvard.edu>.

Duncan, K. D. and Shohamy, D. (2016) Memory states influence value-based decisions. *J Exp Psychol Gen.* Nov;145(11):1420-1426.

**24 July 2018, 08:00 - 09:30, Club E**

**WS 04**

### **Parents-child psychotherapy: contemporary indications**

B. Beauquier-Maccotta<sup>1</sup>, S. Missonnier<sup>2</sup>, B. Golse<sup>1</sup>, C. Desvignes<sup>3</sup>, B. Quirot<sup>3</sup>, S. Rusconi-Serpa<sup>4</sup>, L. Ouss<sup>1</sup>, P. Velasquez<sup>1</sup>, M.J. Herve<sup>5</sup>, E. Stora<sup>1</sup>, T. Metou<sup>1</sup>

<sup>1</sup>*Hopital Universitaire Necker Enfants Malades, Child Psychiatry, PARIS, France*

<sup>2</sup>*Université Paris Descartes, Laboratoire PCPP, Boulogne, France*

<sup>3</sup>*EPS Ville Evrard, Unité Parents-Bébé, Montreuil, France*

<sup>4</sup>*Hôpitaux universitaires de Geneve, Psychiatrie de l'enfant et de l'adolescent, Geneve, France*

<sup>5</sup>*Hôpitaux Universitaires de Montpellier, Psychiatrie de l'enfant, Montpellier, France*

#### **Learning Objectives**

The issues of indications of parent/infant psychotherapy has been modified by contemporary clinic. The psychotherapies are questioned by the range of therapeutic interventions and in the same time there are a lot of new and contemporary indications of parent/infant psychotherapies. Some are due to the new parental organizations, or to parental disturbances. Other are linked with infant diseases or handicaps, such as chronic diseases, autism spectrum disorders. This raises some questions:

- which are these contemporary indications?

- what determines the psychotherapeutic indication? The clinician training, the availability of therapists, or the clinic? What works for whom?

- which are the specificities of psychotherapies for these contemporary indications, in the area of guidances?

We certainly need further evaluation of the effectiveness of these psychotherapies, but our first step is to conceptualize these contemporary indications.

We will try to answer some of these questions.

#### **Workshop Description**

After a quick overview of the different methods of parents-child therapies, we will offer examples of applications related to our contemporary clinic. Our presentation will be illustrated with video clips of our therapies.

Regarding Psychodynamic therapy one of our technical issue nowadays is to consider the impact of marital separation in the context of parent-infant therapy. Can we offer the same type of therapy to families in which parents are already separated as to those in which they are still together? How can we preserve the specificity of therapeutic consultations in relation to family mediation? How can we address the generational aspects in separated

married couples when both parents are present in the setting? How can we welcome questions about the practical organization of joint custody without letting them become an obstacle to the semiological and psychopathological exploration of the child and his/her family?

Then we will illustrate interactive guidance therapy in complex situations.

Through several clinical examples, we will discuss the process of change that is taking place. Indeed, interactive guidance produces rapid effects on interaction, in a complementary manner to other care in situations such as: autism spectrum disorders, behavioral disorders, severe chronic diseases, perinatal trauma. The specificity of the therapeutic focus in these particular situations will be presented, as well as some necessary adaptation of the framework of the therapy.

## References

This workshop is under the aegis of the SFPEA-DA (Société Française de Psychiatrie de l'Enfant et de l'Adolescent et Disciplines Alliées), the AEP-PEA-France (french section the European Association for Child and Adolescent Psychopathology) and of the WAIMH-France group (french group of the World Association for Infant Mental Health)

**24 July 2018, 08:00 - 09:30, Meeting Room 1.1**

## WS 05

### Evidence-based treatments for selective mutism and social anxiety disorders in four- to seven-year-old children: the Taming Sneaky Fears program

S. Monga<sup>1</sup>, D. Benoit<sup>2</sup>

<sup>1</sup>Hospital for Sick Children-, Department of Psychiatry, Toronto, Canada

<sup>2</sup>Hospital for Sick Children, Department of Psychiatry, Toronto, Canada

## Learning Objectives

1. Review the empirical evidence for the Taming Sneaky Fears program in the treatment of four- to seven-year-old children specifically with selective mutism and/or social anxiety disorder.
2. Describe and demonstrate age-appropriate, cognitive-behavioral strategies to treat young children with selective mutism and/or social anxiety disorder.
3. Describe and demonstrate an approach for working with parents of young children with selective mutism and/or social anxiety disorder.

## Workshop Description

This workshop focuses on the treatment of four- to seven-year old children, specifically with selective mutism and/or social anxiety disorder. It demonstrates and provides clinicians and researchers with step-by-step instruction on various age-appropriate, effective strategies for working with young children with selective mutism and/or social anxiety disorder and their parents, using the framework of the Taming Sneaky Fears program, a nine-session, evidence-based, manualized Cognitive Behavior Therapy (CBT) program developed specifically for four- to seven-year-old anxious children and modified for use in children with selective mutism and/or social anxiety disorder and their parents. Using case-based discussions, videorecorded vignettes of therapy sessions, and active demonstration, attendees learn how to effectively teach four- to seven-year-old children and their parents complex CBT concepts (e.g., feeling state recognition and identification of cognitive distortions), and how to use relaxation techniques and cognitive coping strategies to manage anxiety symptoms related to speaking and socializing. Attendees also learn how to develop and implement progressive desensitization or gradual exposure programs to help children conquer their incapacitating fears of speaking and/or socializing. At the end of the workshop, attendees should be able to utilize age-appropriate, effective, evidence-based CBT strategies from the Taming Sneaky Fears program using either an individual or group format to help young children with selective mutism and/or social anxiety disorder and their parents manage children's symptoms. Attendees should also be able to provide support and psychoeducation to

parents on managing their children's anxiety symptoms related to speaking and socializing in social situations.

## References

1. Benoit, D., & Monga, S. (2018). Taming Sneaky Fears – Part A. Leo the Lion's story of bravery and Part B. Inside Leo the Lion's den: How to tame your Sneaky Fears. Victoria, British Columbia: FriesenPress.
2. Monga S, Rosenbloom BN, Tanha A, Owens M, Young A (2015). A Comparison of Child-Parent and Parent-Only Cognitive Behavioral Therapy Programs for Anxious Children Aged 5 to 7 Years: Short and Long-term Outcomes. *J Am Acad Child Adolesc Psychiatry* 54(2):138-146.

**24 July 2018, 08:00 - 09:30, South Hall 1B**

## WS 06

### Anxiety and autism spectrum disorder in children

R. Dundon<sup>1</sup>

<sup>1</sup>Okey Dokey Childhood Psychology, Child Psychology, Bayswater, Australia

## Learning Objectives

At the end of this workshop, attendees will be able to:

- recognise the main diagnostic features of Autism Spectrum Disorder.
- understand the clinical features of Anxiety.
- theorise why Anxiety is common in children with Autism.
- identify what behaviours may indicate high levels of anxiety in children with Autism.
- apply strategies for helping children with Autism manage their anxiety effectively.
- recall tips for working on anxiety with children in therapeutic settings.

## Workshop Description

This workshop will equip Psychiatrists and Allied Health Professionals with an understanding of Anxiety Disorders and how they present in children with Autism Spectrum Disorder, as well as providing effective strategies for managing anxiety in children with Autism in education settings, at home and out in the community, and tips for working on anxiety with children in a therapeutic setting. The course will include current evidence-based practice in the area of anxiety management, real case studies, and videos designed to highlight the skills and strategies being presented.

## References

- Chalfant, A.M. (2011) Managing Anxiety in People with Autism: A Treatment Guide For Parents, Teachers and Mental Health Professionals. Woodbine House.
- Van Steensel, F., Bogels, S.M., & Perrin, S. (2011). Anxiety Disorders in Children and Adolescents with Autistic Spectrum Disorders: A Meta-Analysis. *Clinical Child and Family Psychological Review*, 14, 302-317.
- Lang, R., Regester, A., Lauderdale, S., Ashbaugh, K., & Haring, A. (2010). Treatment of anxiety in autism spectrum disorders using cognitive behaviour therapy: A systematic review. *Developmental Neurorehabilitation*, 13(1), 53-63.

**24 July 2018, 10:45 - 12:15, Club D**

## WS 07

### Pediatric catatonia: evaluation, diagnosis, and treatment

D. Dhossche<sup>1</sup>

<sup>1</sup>University of Mississippi Medical Center, Psychiatry, Jackson, USA



### Learning Objectives

1. Learn the symptoms of catatonia in children and adolescents
2. Learn to recognize the various presentations of pediatric catatonia
3. Learn to diagnose catatonia in various types of pediatric patients
4. Learn the medical work-up in pediatric catatonia
5. Learn the treatment options for pediatric catatonia

### Workshop Description

I will show and discuss 10 video-clips of children and adolescents diagnosed with catatonia. Associated conditions in these cases include autism spectrum disorder, Prader-Willi Syndrome, Kleine-Levin Syndrome, putative autoimmune encephalitis, and substance-induced psychosis. Presenting symptoms, differential diagnosis, medical work-up, treatment options and outcomes will be discussed on the basis of these cases. I will review pertinent literature on pediatric catatonia and discuss below references.

### References

Catatonia in an adolescent with Prader-Willi Syndrome  
Dirk Dhossche and Nico Bouman  
*Annals of Clinical Psychiatry*, 1997, 9:247-253

Catatonia in Autism Spectrum Disorders  
*International Review of Neurobiology*, Volume 72  
Editors: Dirk Dhossche, Lorna Wing, Masataka Ohta, Klausjürgen Neumärker  
Elsevier Academic Press 2006

Catatonia is hidden in plain sight among different pediatric disorders: a review article  
Dirk Dhossche, Lee Wachtel  
*Pediatric Neurology*, 2010, 43:307-315.

The role of deprivation, abuse, and trauma in pediatric catatonia without a clear medical cause  
Dirk Dhossche, Colin Ross, and Laura Stoppelbein  
*Acta Psychiatrica Scandinavica*, 2012, 125: 25–32

Decalogue of catatonia in autism spectrum disorders  
Dirk Dhossche  
*Frontiers in Psychiatry*, 2014, (5) Article 157, 1-4

Pediatric catatonia: review and new vagal theory.  
Dirk Dhossche  
*Future Neurology* 2015, 10(5), 417-422

**24 July 2018, 10:45 - 12:15, Meeting Room 1.1**

**WS 08**

### Evidence-based care in youth welfare settings: an approach for adolescents with disruptive behavior disorders

C. Stadler<sup>1</sup>

<sup>1</sup>Children and Adolescent Psychiatric Clinic Basel, Research, Basel, Switzerland

### Learning Objectives

Educational learning Objectives:

- Give background information on underlying psychosocial and biological risk factors of Disruptive Behavior Disorders (DBD)
- Cite the benefits of implementing evidence-informed interventions in underserved populations, such as correctional mental health patients or adolescents living in residential care settings, in terms of enhanced behavioral and emotional control

- Appreciate and describe the practical application of START NOW, a treatment that is CBT based, includes functional analysis, and integrates motivational interviewing.

Workshop Description

Background: There is a shortfall between the mental health needs of institutionalized youth and available whilst cost-effective treatment options. Several studies consistently indicate high prevalence rates of up to 80% of mental disorders in adolescents living in residential care (Schmid, Goldbeck, Nützel et al., 2008), most notably disruptive behaviour disorders (DBD). Affected females show higher rates of comorbidity (like anxiety or depression) and are at high risk for maladjustment like school failure, substance abuse, delinquency, child prostitution, early pregnancy, poor parenting skills and poor adult physical health (Berkout et al. 2011).

As severely affected female adolescents with DBD are at high risk for long-lasting, low psychosocial functioning effective treatment approaches are urgently needed to break the vicious cycle of transmitting aggression from generation to generation.

Method: We adapted the evidence-informed, manual-guided skills training program START NOW for female adolescents (Sampl, Trestman & Harrisom, 2010). The intervention START NOW primarily employs a DBT-oriented, cognitive behavioural and motivational interviewing-focused treatment approach including trauma sensitive care, integrating research, theory and clinical experience provided within correctional settings. START NOW aims to improve emotion regulation, distress tolerance, mindfulness and interpersonal effectiveness.

Within the European FP7 research project "Neurobiology and Treatment of Adolescent Female Conduct Disorder: The Central Role of Emotion Processing (see: [www.femnat-cd.eu](http://www.femnat-cd.eu)) the effectiveness of START NOW is currently investigated in Switzerland, Germany and the Netherlands.

Results and Discussion: First, the study design and main research objectives of the multi-center clinical RCT trial will be presented. Second, the START NOW modules 1) basic foundational skills; 2) coping with emotions; 3) interpersonal skills will be presented and clinical implications regarding therapeutic opportunities of co-operation between residential care institutions and child and adolescent psychiatry will be discussed.

### References

Stadler C, Poustka F, & Sterzer P (2010). The heterogeneity of disruptive behavior disorders – implications for neurobiological research and treatment. *Frontiers in Psychiatry*, 1, 21.

**24 July 2018, 14:45 - 16:15, Meeting Room 1.1**

**WS 09**

### The global burden of disease study: using publicly-available data visualisations to access and explore over 1 billion results

H. Erskine<sup>1</sup>

<sup>1</sup>The University of Queensland, School of Public Health, Herston, Australia

### Learning Objectives

- Understand the history and basic methodology employed by the Global Burden of Disease Study (GBD)  
Interpret the different metrics reported by GBD
- Access the online GBD data visualisations, specifically GBD Compare
  - Identify the relevant data visualisation for proportions, rankings, trends, etc
  - Navigate through GBD Compare and manipulate the visualisation to display findings of interest

- Interrogate GBD Compare to answer research questions relating to child and adolescent psychiatric epidemiology
- Download the visualisation either as a dataset or screenshot
- Discuss applications of GBD Compare and wider applications of GBD data

## Workshop Description

The Global Burden of Disease Study (GBD) provides estimates of burden for over 300 diseases and injuries, including 20 mental and substance use disorders, in 195 countries. GBD quantifies burden across all ages and both sexes, making it a valuable resource for those in the field of child and adolescent psychiatry. GBD findings are freely and publicly available through a suite of data visualisations so knowing how to most effectively access and use these resources is an important skill for researchers, educators, and clinicians.

The workshop provides an opportunity to learn about GBD and how to access, interpret, and apply GBD findings for a range of purposes. It will begin with a brief summary of the history and methodology of GBD which will be followed by a live demonstration of GBD Compare, a set of freely-available GBD visualisations accessed via a web browser. The remainder of the session will involve interactive activities designed to teach participants how to best use and take advantage of GBD Compare. Importantly, the workshop will encourage open discussion and an exchange of ideas throughout around the applications of GBD data.

The workshop will be run by Dr Holly Erskine who is part of the team responsible for all findings relating to mental and substance use disorders in GBD. Dr Erskine's research focusses on child and adolescent mental disorders, particularly ADHD and conduct disorder, which gives her a unique insight in how best to use the GBD data visualisations to explore findings relevant to conference delegates.

**24 July 2018, 14:45 - 16:15, Meeting Room 2.1**

## WS 10

### Treatment of social anxiety in children

S. Melfsen<sup>1</sup>, A. Preiss<sup>1</sup>, S. Walitza<sup>1</sup>

<sup>1</sup>Psychiatrische Universitätsklinik Zürich, Klinik für Kinder- und Jugendpsychiatrie und Psychotherapie, Zurich, Switzerland

#### Learning Objectives

Learning objectives: The aim of this workshop is to present a German CBT program for children aged 8 to 12 years (Melfsen & Walitza, 2012) called "Don't be a frog".

#### Workshop Description

Session description: At first an overview of symptoms, assessment and treatments for social anxiety in childhood and adolescence will be given. Then the program "Don't be a frog" will be presented. In contrast to most common programs which focus on a group therapy it uses a single setting. "Don't be a frog" is based on the cognitive model of social anxiety of Clark & Wells (1995). Accordingly, it comprises training in externally focused attention. There are exercises in which safety behaviours have to be dropped. Video feedback is used to restructure negative thinking. Confrontation with feared social situations is important for the children to test pre-specified negative predictions. The therapy is accompanied by games like "Angstopoly", stories and comics. The therapy materials may be used in an individualized order instead of a predetermined sequence. Empirical findings show significantly positive results for the "Don't be a frog"-program. In the workshop suggestions for the playful arrangement and child adapted presentation will be given. Some room will be reserved for feedback and exchange of experiences.

## References

References: Melfsen, S. & Walitza, S. (2012). *Behandlung sozialer Ängste bei Kindern. Das „Sei kein Frosch Programm“*. Göttingen, Bern: Hogrefe.

**24 July 2018, 14:45 - 16:15, Meeting Room 3.1**

## WS 11

### Sex vs gender: Identity, dysphoria, non-conformity and diversity of sexual development (DSD) in childhood and adolescence

R. Ferreira Carvalho<sup>1</sup>, S. Henriques<sup>1</sup>, T. Goldschmidt<sup>1</sup>

<sup>1</sup>CHLN - Centro Hospitalar Lisboa Norte, Child and Adolescent Psychiatry, Lisbon, Portugal

#### Learning Objectives

The workshop Sex vs Gender is intended to promote teaching and learning on specific topics of sexology in Childhood and Adolescence. The objective of this workshop is to provide the most up to date and evidence-based tools for health professionals to deal with an ever-growing diverse population of LGBT+ (Lesbians, Gays, Bisexuals and Transgenders) youth in an comprehensive and sexuality-positive manner.

The topics of gender identity and diversity of sexual development (often known as intersexuality) will be explained in detail and apprehended in a non-formal educational setting.

Psychodramatic roleplays will provide the means to increase empathy and emotional intelligence self-awareness regarding the professionals' beliefs and transferences in a consultation setting.

#### Workshop Description

The workshop will mimic the workshops already presented in 4 different International Medical Students Congresses and Conferences with a student-centered approach to learning, and in an informal education setting, centered in a role-playing medical consult to discuss and explore biopsychosocial sexuality myths.

This Sex vs Gender session has been evaluated by a sample of 69 medical students: Students' on the spot evaluation acknowledged the workshop as being very important for their future practice (with 91% agreeing and strongly agreeing) and expressing the lack of discussion of these subjects in their medical faculties (94% did not agree with the statement that these subjects were taught at their faculties). This data will be presented in the World Meeting on Sexual Medicine.

The opening ice-breaker and presentation of the elements present will provide a subjective sense of the multidisciplinary team available to discuss the topics of gender and sex, biologically and sociologically.

The roleplaying consultation: the "son" feels like/wants to be treated as a "daughter". The father is uncompromising. The mother wants to be well with her daughter and her husband but fears stigma and bullying. The therapist directs the debate and gives directions for a resolution. All roles are played by actors of the opposite gender identity – except for the "daughter".

The Standards of Care of the World Professional Association for Transgender Health and the taskforce for the ICD-11 are the main focus points in this workshop.

#### References

Killerman S. *A Guide to Gender*, 2nd Edition; 2013.



WPATH Standards of Care 7th v. 2009

Hughes IA, Houk C, Ahmed SF, Lee PA. Consensus statement on management of intersex disorders. *J Pediatr Urol.* 2006

Olson J, Forbes C, Belzer M. Management of the Transgender Adolescent. *Arch Pediatr Adolesc Med.* 2011

Ristori J, Steensma TD. Gender dysphoria in childhood. *Int Rev Psychiatry.* 2016

**24 July 2018, 16:45 - 18:15, Meeting Room 2.1**

**WS 12**

### **Attachment and the application of the Connect Parent Group**

**M. Adrian<sup>1</sup>**

<sup>1</sup>*Alberta Children's Hospital, Child and Adolescent Addiction Mental Health Psychiatry Program, Calgary, Canada*

#### **Learning Objectives**

1. The participants will gain a greater understanding and appreciation for the significance of a secure attachment in the wellbeing and functioning of our pre-adolescent and adolescent patients.
2. The participants will gain awareness of interventions that can reconcile and strengthen parent and youth relationships and assist in the development of secure attachments in our pre-adolescent and adolescent patients.
3. The participants will learn of the specific application of the Connect Parent Group within the Child and Adolescent Addition and Mental Health Psychiatry Program in Calgary, Alberta Canada, and the effective outcomes of this application.

#### **Workshop Description**

Healthy parent-youth relationships are a powerful and integral part of emotional wellbeing for youth. Over twenty years ago at the Simon Fraser University of British Columbia, Dr. Marlene Moretti began research on adolescent attachment, and through the findings of that research she and her team developed a parenting program called the Connect Parent Group. Nine years ago, the Child and Adolescent Addictions and Mental Health Psychiatry Program (CAAMHPP) in Calgary, Alberta, Canada adopted the Connect Parent Group and began to offer this attachment based group to parents in their program. Parents complete a pre and post questionnaire as an evaluation tool of the group's effectiveness. The results of these evaluations have shown that there are significant and measurable benefits for parents who complete the Connect Parent Group program, and their youth. Some of these benefits include, a greater understanding of themselves and their youth, a reduction in conflicts within the relationship, and an increase in the parent's sense of success in parenting. Most parents give the feedback that the program is the best parent education and support that they have ever received, and they strongly suggest that every parent is given the opportunity to be a part of a Connect Parent Group. Melissa Adrian will present this inspiring workshop as a Connect Trainer, Connect Supervisor, Connect Group Leader, and the Connect Steering Committee Chairperson for CAAMHPP.

#### **References**

1. Moretti, M. M. and Braber, K. (2013). Connect Parent Program: An Attachment Based Treatment Program. Simon Fraser University, Burnaby, British Columbia
2. Moretti, M. M., Obsuth, I., Maysel, O., and Scharf, M. (2012). Shifting

internal parent-child representations among caregivers of teens with serious behaviour problems: An attachment-based approach. *Journal of Adolescent Trauma, 5,* 191-204.

3. Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. New York. Basic Books.

**24 July 2018, 16:45 - 18:15, South Hall 1B**

**WS 13**

### **Psychodynamic psychotherapy stream: Joint parent-infant psychotherapies: towards a metapsychology of the interpersonal link**

**B. Gulse<sup>1</sup>**

<sup>1</sup>*Hôpital Necker-Enfants Malades, Paris, Paris, France*

#### **Learning Objectives**

1. To outline the development of joint parent-infant psychotherapies from their origins in psychoanalytic theory and practice
2. To raise for discussion the technical problems in this psychotherapeutic work and the demands made of the therapist as a third person in the situation, creating a triad
3. To explore new ways of thinking about, and working with, the relationships involved in this triad – developing a metapsychology of the link between parent, baby and psychotherapist – and explaining the concept of the “third topical” as opening useful perspectives on inter-subjective experience
4. To consider the implications of this understanding for psychoanalytic theory and psychoanalytic practice in general, as well as clinical work with babies

#### **Workshop Description**

This Workshop forms part of a stream at this Congress addressing “Psychodynamic thinking and approaches in child and adolescent mental health”. It asks “Do joint parent-baby psychotherapies represent a conquest or a drift of psychoanalysis?” The question is complex. After recalling different models that have progressively developed in the field of psychoanalytically-inspired joint psychotherapies, the Workshop considers technical problems in this work, and the main qualities required by therapists choosing to work with infants and parents in this interactive way. The Workshop goes on to discuss the fundamentally psychoanalytic nature of joint parent-baby psychotherapies, arguing that forms of psychotherapy that derive from psychoanalysis do not necessarily appear as gradual drifts from that basic theoretical orientation; an honest and rigorous meta-psychological attitude can reveal their development as a conquest of a new area by psychoanalysis. This is because the baby cannot remain forever an outcast of psychoanalysis under the pale pretext that the reconstructed child is not yet relieved of the observed child. It is only by our taking such an open perspective that understanding of the baby can come to enrich psychoanalytic theory in general, and to enrich our theory of interpretation in the framework of psychotherapeutic work itself. The practice of joint psychotherapies can thus lead us to model a metapsychology of the triad that includes a mental representation of intersubjective links (the third topical). The Workshop demonstrates that we now urgently need this understanding to be able to work with babies in a genuine psychoanalytic way.

25 July 2018, 08:00 - 09:30, Club A

WS 14

## The use of clinical tools in the assessment of anxiety disorders in children and adolescents

B. Birmaher<sup>1</sup>

<sup>1</sup>University of Pittsburgh Medical Center, Pittsburgh, USA

### Learning Objectives

Anxiety Disorders are the most common psychiatric disorders in youth. These disorders significantly affect the psychosocial development of the child and increase the risk to develop other psychiatric disorders such as depression and substance abuse. These disorders can sometimes be unnoticed (e.g., because the child does not have behavior problems) or "hidden" by the presence of other psychiatric (e.g., depression) or medical illnesses. Thus, anxiety disorders should always be evaluated for as part of the clinical assessment. Accurate identification of anxiety disorders is imperative to early intervention and adequate treatment of the child.

Clinicians may use standardized interviews that are widely used in research such as the Kiddie-Schedule for Affective Disorders and Schizophrenia (KSADS) or the Anxiety Disorders Interview Schedule (ADIS), but these interviews are long and require training. However, it is possible to interview the child and his/her parents using the screening sections of the KSADS, which will allow for a fast and comprehensive assessment of all anxiety (as well as comorbid) disorders.

Also, several parent (about the child) and child questionnaires exist that can help to screen for the presence of anxiety disorders. These questionnaires do not diagnose anxiety disorders, but they alert the clinicians about the presence of these disorders. Therefore, it is the role of the clinician to do a more in depth interview with the child and his/her relatives to rule out the presence of any anxiety disorder. The most common questionnaires as well as the KSADS screening, with their strengths and weaknesses, will be discussed during this presentation.

25 July 2018, 08:00 - 09:30, Club B

WS 15

## The cleaning toolbox: an emotion regulation programme based on cognitive-behavioural therapy principles for children and adolescents with autism spectrum disorder

W.J. Soh<sup>1</sup>, J. Tham<sup>1</sup>, T.J. Goh<sup>1</sup>

<sup>1</sup>Institute of Mental Health Singapore, Department of Developmental Psychiatry, Singapore, Singapore

### Learning Objectives

To gain an overview of the modified CBT program for children and adolescents with ASD

To learn various ASD-friendly strategies in helping clients learn emotion regulation skills more effectively

To learn helpful strategies in facilitating group work with the ASD population

### Workshop Description

Studies suggested that children and adolescents with ASD used fewer adaptive coping strategies and were less effective in regulating emotions compared to controls (Jahromi, et al., 2012). Difficulties generalizing coping strategies

across contexts may be a result of the rigidity and inflexibility associated with ASD. Such emotional dysregulation may likely explain the high rates of comorbid anxiety disorders within this population (Weiss, 2014).

Cognitive-behavioural therapy (CBT) is the most evidence-based treatment for anxiety disorders in the above population (Ung et al., 2015). As with using CBT with children, modifications to the therapy are required to account for the cognitive, social and linguistic impairments of individuals with ASD.

In this workshop, we introduced an emotion regulation programme based on CBT principles to teach children and adolescents with ASD adaptive coping strategies. The programme can be conducted in a group or individual setting and is adapted for children above 6 years old. We have conducted this programme for over 10 years at the Institute of Mental Health (Singapore) under the Neurobehavioural Clinic – Autism Services, and had evaluated its effectiveness via a randomized controlled trial (Sung et al., 2011). Participants will be provided an overview of this programme, with a focus on the specific modifications and strategies in meeting the needs of individuals with ASD, such as structured teaching, social problem-solving strategies, and experiential activities

### References

Jahromi, L. B., Meek, S. E., & Ober Reynolds, S. (2012). Emotion regulation in the context of frustration in children with high functioning autism and their typical peers. *Journal of Child Psychology and Psychiatry*, 53(12), 1250-1258.

Sung, M., Ooi, Y. P., Goh, T. J., Pathy, P., Fung, D. S., Ang, R. P., ... & Lam, C. M. (2011). Effects of cognitive-behavioral therapy on anxiety in children with autism spectrum disorders: A randomized controlled trial. *Child Psychiatry & Human Development*, 42(6), 634-649.

Ung, D., Selles, R., Small, B. J., & Storch, E. A. (2015). A systematic review and meta-analysis of cognitive-behavioral therapy for anxiety in youth with high-functioning autism spectrum disorders. *Child Psychiatry & Human Development*, 46(4), 533-547.

Weiss, J. A. (2014). Transdiagnostic case conceptualization of emotional problems in youth with ASD: An emotion regulation approach. *Clinical Psychology: Science and Practice*, 21(4), 331

25 July 2018, 08:00 - 09:30, Club D

WS 16

## The World Association for Infant Mental Health (WAIMH) invited workshop: assessment of infant psychopathology

M. Keren<sup>1</sup>

<sup>1</sup>Sackler Medical School- Tel Aviv University and Geha Mental Health Center, Child and Adolescent Psychiatry, Tel Aviv, Israel

### Learning Objectives

To know the basic principles of the assessment and diagnostic processes of psychopathology in the first 3 years of life

### Workshop Description

#### WAIMH workshop: assessment of infant psychopathology

Assistant Clinical Professor Miri Keren, M.D., Geha Mental Health Center, Tel Aviv University Medical School, Past President of WAIMH



Prof. Kaija Puura, M.D. , Tampere Medical School, Finland, Executive Director of WAIMH

In this workshop, we will first review the notion of Infant Psychopathology and the principles of evaluation of the infant and its caregiving environment. Kaija Puura will describe the Infant mental health assessment and the digital service developed in Finland. Miri Keren will describe the newly developed Diagnostic Classification for the first 5 years of life (DCO-5), while emphasizing its two main components: diagnosis of the infant's symptoms and formulation of its contextual framework. This will be illustrated with a videotaped clinical case.

#### References

National Zero to Three (2016): the DCO-5 Classification of Developmental and Mental health disorders in the first five years of life

**25 July 2018, 08:00 - 09:30, Meeting Room 2.1**

#### WS 17

### Developing interventions and services for children who experience trauma in low- and middle-income countries (LMIC)

P. Vostanis<sup>1</sup>

<sup>1</sup>University of Leicester, Neurosciences- Psychology and Behaviour, Leicester, United Kingdom

#### Learning Objectives

1. Develop an evidence-based clinical and service framework for children who experience different types of trauma in LMIC
2. Consider children's needs in an inter-professional context
3. Identify and prioritise gaps within your role/service
4. Initiate plan to gradually address gaps

#### Workshop Description

1. Children who experience trauma and disadvantage have high rates of unmet needs, which cannot easily be met, particularly when specialist resources are constrained. The barriers and potential solutions will be discussed in small groups to identify themes based on the participants' experiences.

2. These service issues will be highlighted through case discussion, again through participants' material on children who suffered abuse, domestic violence or war conflict; are refugee, live in disadvantage, orphanages, custodial settings, or on the streets. The ecological resilience framework will be used to link clinical and service issues at individual/family/school/ community level.

3. The objective of the World Awareness for Children in Trauma (WACIT -www.wacit.org) is the development of an evidence-based psychosocial model for vulnerable children. WACIT particularly operates in conflict settings with children exposed to war trauma and other types of violence, living in slums, orphanages, on the streets, and refugees. The programme involves partner centres (NGOs and Universities) from 12 countries, and a range of international organizations. Programme activities involve interprofessional training on recognition and interventions, capacity-building, and research. To date, the programme has been attended by more than 800 practitioners and caregivers.

The implications of the six WACIT dimensions will be discussed in relation to participants roles and services, i.e.: Safety, Nurturing, School and Community Resilience, Application of Therapeutic Approaches, Psychological Interventions, and Access to Child Mental Health Services. These will be concluded by participants' identification of service priorities and realistic goals in achieving those.

#### References

Vostanis, P. (2017) Global child mental health: Emerging challenges and opportunities. *Child and Adolescent Mental Health*, 22, 177-178.

Vostanis, P. (2017) Hope for Children of Trauma: An International Perspective. London: Taylor & Francis, in press.

Getanda, E., Vostanis, P. & O'Reilly, M. (2017) Exploring the challenges in meeting child mental health needs through community engagement in Kenya. *CAMH*, 22, 2018-2018.

Vostanis, P. (2016) New approaches to interventions for refugee children. *World Psychiatry*, 15, 75-77.

Vostanis, P. (2016) A Practical Guide to Helping Children and Young People who Experience Trauma. London: Speechmark.

Vostanis, P. (2014) Meeting the mental health needs of refugee and asylum seekers. *British Journal of Psychiatry*, 204, 176-177.

**25 July 2018, 08:00 - 09:30, Meeting Room 3.1**

#### WS 18

### The guideline for family psychiatry in the Netherlands

C. Prins-Aardema<sup>1</sup>, C. Rijnberk<sup>2</sup>

<sup>1</sup>GGZ Drenthe, Family Psychiatry & Child-and adolescent Psychiatry, Beilen, Netherlands

<sup>2</sup>Yulius, Center for Family Psychiatry, Barendrecht, Netherlands

#### Learning Objectives

- Learn about the background and impact of intergenerational transmission of maltreatment, trauma and/or psychiatric disorders in families.
- Recognize the need for family psychiatric interventions when working with children and/or adults.
- Learn about the best practices and recent research data in family psychiatry
- Apply strategies for developing new initiatives in family interventions in different (psychiatric) treatment settings

#### Workshop Description

In this workshop the guideline for Family Psychiatry (under development in the Netherlands) will be presented.

The different presentations will give an overview of research and best practices in different (psychiatric) treatment settings for children, adults and families in the Netherlands. This pre conference meeting will be useful for Mental Health workers in the several fields. For example the field of child-and adolescent psychiatry, adult psychiatry, Child Protection Services and prevention.

The Centers for Family Psychiatry of GGZ Drenthe and Yulius Barendrecht (the Netherlands) offer an outpatient and inpatient treatment setting for families who are aiming either to be reunited with or avoid an out-of-home placement of their child(ren). The goal of the assessment-based intervention is to improve parenting and safety for the child and to assess whether family reunification is in the best interest of the child.

The families can be characterized as families living in a chronically problematic situation. The safety issues in the family are often intergenerational. Childmaltreatment should be seen as a complex public health problem. The impact of the childmaltreatment does not only affect the individual during the life span, but may also affect future generations. Interventions that focus on the prevention of childmaltreatment are therefore highly cost-effective especially when they are offered early in life. Parental factors (such as drug- and alcohol abuse, psychiatric



disorders, low income and a mental disability) and poor family functioning can increase the risk for maltreatment. Treatment is needed to break the intergenerational patterns and to be able to experience and learn safe parenting.

## References

Vischer, A.F. W. K., Grietens, H., Knorth, E. J., & Mulder, H. (2017). Assessing parenting in the context of reunification of infants/toddlers and their families: How to face the challenges? *Infant Mental Health Journal*, 38(3), 406-421. DOI: 10.1002/imhj.21646

**25 July 2018, 08:00 - 09:30, Meeting Room 3.2**

## WS 19

### The lived experience of healthcare and transitions for Irish youth with 22q11.2 deletion syndrome

L. Kerrin<sup>1</sup>, D. Lynch<sup>2</sup>

<sup>1</sup>Tusla, Children, Dublin, Ireland

<sup>2</sup>UCD Dublin, School of medicine, Dublin, Ireland

#### Learning Objectives

1. Attendees will become familiar with the myriad of clinical presentations of 22Q11.2 Deletion Syndrome, the 'most common' but often little known, rare genetic disorder.

2. The lived experience of patients with 22q11.2 DS has been seldom heard in healthcare research, perhaps due to the traditional dominance of quantitative research studies and controlled experimental methods. This research study sought to empower young adult patients to express their experience of transitioning from pediatric to adult healthcare in Ireland. Through oral and video presentations by the researchers and clinicians, participants will gain first hand experience of young service user's views as they interface with and transition between health and other services.

3. Highlight to attendees a multi-professional and collaborative journey of research, advocacy and clinical development by parents, clinicians and researchers placing the individual and family at the centre, and consider this as an exemplar pathway for integrated care in rare diseases.

4. Realize the benefit of participatory action research for the research participants as well as the researcher

#### Workshop Description

22q11.2 deletion syndrome is a multisystem genetic condition with a broad phenotype. Individuals have a high rate of medical and psychiatric disorders and the majority also have intellectual difficulties. They therefore require care from a multitude of different providers within health, education, social services and later on in adult life. Managing the transition between services and within families from a child to an adult poses unique challenges for this group and their parents. Parental report and study identify the lack of a coordinated care pathway as a major challenge. Parents have also expressed feeling overwhelmed, frightened and unsupported by the possible risk of mental health difficulties in their children.

The presenters will describe a number of research initiatives undertaken with the support of the 22Q parent association to address some of these gaps. 4 specific pieces of research/clinical work will be presented:

1. Design and development of a psycho-educational program for parents, PEEP
2. Establishment of a Young person Expert by Experience panel YEEP

3. Qualitative participatory action research with YEEP members regarding their experience of Transitions in health care.

4. Design and development of a coordinated care pathway for 22q11.2DS

Format: oral and video material will be presented, allowing the audience to hear from YEEP members themselves.

#### Speakers:

Ms. Lorna Kerrin

Mr Diarmuid Lynch

Prof Fiona McNicholas

#### References

Alugo T, Malone H, Sheehan A, Coyne I, Lawlor A, McNicholas F. Development of a 22q11DS psycho educational programme: exploration of the views, concerns and educational needs of parents caring for children or adolescents with 22q11DS in relation to mental health issues. *Child: Care, Health and Development*. 2017 Jul 1;43(4):527-35.

Lynch D, Kerin L, McNicholas F. LOOKING BEFORE WE YEEP: AN EVALUATION OF THE EXPERIENCES OF HEALTHCARE TRANSITIONS FOR YOUNG PEOPLE WITH 22Q11DS. In *IRISH JOURNAL OF MEDICAL SCIENCE* 2017 Dec 1 (Vol. 186, pp. S456-S456). 236 GRAYS INN RD, 6TH FLOOR, LONDON WC1X 8HL, ENGLAND: SPRINGER LONDON LTD

Kerin L, McNicholas F, Lawlor A. Hearing the lived experience of young women with a rare genetic disorder 22q11.2DS regarding integrated care. *International Journal of Integrated Care*. 2017 Oct 17;17(5)..

**25 July 2018, 10:45 - 12:15, Meeting Room 1.1**

## WS 20

### Economic costs, global burden of disease and associated medical and psychiatric comorbidity in autism spectrum disorders

K. Munir<sup>1</sup>, N. Mukaddes<sup>2</sup>, M. Bakare<sup>3</sup>

<sup>1</sup>Boston Children's Hospital- Harvard Medical School, Developmental Medicine Center, Boston, USA

<sup>2</sup>Istanbul University, Child and Adolescent Psychiatry, Istanbul, Turkey

<sup>3</sup>Federal Neuro-Psychiatric Hospital, Child and Adolescent Unit, Enugu State, Nigeria

#### Learning Objectives

1. To learn about the economic costs and global disease burden of ASD.
2. To learn about associated medical and psychiatric co-morbidities in ASD and strategies for their management in various global settings
3. To learn that early diagnosis and interventions are directly correlated with improved outcomes of affected children, better quality of life of affected children and their families, and reduced cost of care across the lifespan

#### Workshop Description

The economic cost and global impact of autism spectrum disorders (ASD) are substantial and growing. ASD represents a lifelong burden of care that requires long-term interventions. Co-morbid medical and psychiatric conditions increase costs of care and have a major impact on quality of life and well-being of affected individuals and their families. Dr. Munir will describe the direct medical, non-medical, productivity loss and missed diagnosis costs in ASD with cross-national comparisons. There is evidence that early intervention leads to cost offset with improved trajectories and subsequent reduced reliance on special education services. Dr Mukaddes will present the impact of psychiatric co-morbid conditions and describe the range of psychiatric presentations



including anxiety disorders, AD/HD, depressive and bipolar disorders as well as suicidality and gender identity disorders. Appropriate approaches to clinical management of these co-morbid disorders in ASD will be described. Dr. Bakare will provide evidence that the developmental period of onset of ASD among children in sub-Saharan Africa (SSA) coincide with the risk for exposure to infectious diseases such as meningitis, cerebral malaria, and febrile seizures, with neurological sequelae. With improved survival, more children in SSA are at risk for ASD. Currently, children with ASD in referred settings present with over-representation of intellectual disability. Other co-morbid medical conditions include epilepsy, neurodevelopmental disorders, and unique conditions such as oculocutaneous albinism. The limited expressive language ability in children presenting with ASD in SSA could be related to late interventions resulting from delay in identification or missed diagnosis. These factors are likely to increase the burden and cost of care of ASD across the lifespan unless urgently addressed. There is a need for a global framework for action.

## References

1. Lavelle TA, et al. Economic burden of childhood autism spectrum disorders. *Pediatrics* 2014;133; e520..
2. Munir K, Lavelle T, Helm DT, Thompson D, Prestt J, Azeem M. Autism: A Global Framework for Action. Doha, Qatar Foundation: World Innovation Summit in Health, 2016. p.1-66.
3. Bakare MO, Munir KM. Public health and research funding for childhood NDD in Sub-Saharan Africa. *Health Low Res Settings*. 2014; 2(1) pii: 2014.1559.

**25 July 2018, 10:45 - 12:15, Meeting Room 3.1**

## WS 21

### Continuity of care for youth substance use disorders with and without co-occurring depression: challenges and opportunities

Y. Kaminer<sup>1</sup>

<sup>1</sup>University of Connecticut- School of Medicine-, Psychiatry & Pediatrics, Farmington, USA

## Learning Objectives

1. Understand the continuity of care (COC) model and the adaptive treatment (AT) approach for poor responders to initial intervention for adolescent substance use disorders (SUD).
2. Review the etiology and nature of the association between substance use disorder and co-occurring depression (COD) in youth.
3. Address treatment outcome findings and challenges of heterogeneous treatment response for COD.

## Workshop Description

The traditional episodic interventions for youth with substance use disorders (SUD) have overlooked the most urgent challenges facing treatment including the: 1) heterogeneity of response to treatment, 2) problem of poor response, and 3) difficulty to address co-occurring psychiatric disorders. This workshop will include: providing rationale and updated review of continuity of care (COC) in youth; addressing the importance of Adaptive Treatment (AT) approach as an integral part of COC; and response to challenges in advancing treatment while considering mechanisms of behavior change such as self-efficacy, coping skills, goal setting and goal commitment.

The majority of youth with SUD enter treatment with co-occurring psychiatric disorders, including co-occurring depression (COD). SUD with depression has been associated with worse outcomes, high rates of additional psychiatric

problems, and higher risk and shorter time for relapse after treatment. SUD and depression are risk factors for each other and for suicidal behavior. Despite the high prevalence of, and serious functional impairment associated with comorbid SUD and depression in youth, research on treatment options has been limited. Traditionally, these disorders have been treated separately in either the mental health or substance abuse treatment systems. Presently there is no standard, evidence-based intervention or a clear policy on addressing both disorders. This workshop will address treatment outcome findings and challenges of heterogeneous treatment response for COD.

## References

- Hersh J, Curry J, Kaminer Y: The treatment of youth with substance use disorders and comorbid depression. *Substance Abuse J*. 35(4):364-375, 2014.
- Kaminer Y, Godley M: Adolescent Substance Use Disorders: From Assessment Reactivity to Treatment Aftercare: Are we there yet? *Child & Adolesc Psych Clin N. America*. 19(3):577-590, 2010.
- Kaminer Y, (Editor): Adolescent Substance Abuse and Co-occurring Disorders. American Psychiatric Publishing Inc. Washington, D.C., 2016.
- Passeti LL, Godley MD, Kaminer Y: Continuing care for adolescents in treatment for substance use disorders. *Child & Adolesc Psych Clinics N. America*. 25:669-684, 2016.

**25 July 2018, 10:45 - 12:15, Meeting Room 3.2**

## WS 22

### The I-PACE-model as a praxeological framework for a multi-systemic in-patient approach for severe cases of internet-related disorders - the SOMOSA-concept

O. Bilke-Hentsch<sup>1</sup>, A. Wepfer<sup>2</sup>, D. Baumann<sup>3</sup>

<sup>1</sup>Modellstation SOMOSA, Direction, Winterthur, Switzerland

<sup>2</sup>Modellstation SOMOSA, Psychotherapy, Winterthur, Switzerland

<sup>3</sup>Modellstation SOMOSA, MediaLab&Job-Assessment, Winterthur, Switzerland

## Learning Objectives

1. applying the theoretical framework of the empirically based I-PACE-model for multi-systemic intervention planning
2. establishing procedures for differential diagnosis and comorbidity oriented developmental psychopathology of internet related disorders (IRD)
3. installing a psychodynamic and systemic basis for Intervention planning in severe cases of IRD
4. applying modern working Technology ("industry 4.0") in educational and academic training of adolescent patients

## Workshop Description

The SOMOSA-MediaLab (since 2013) and the SOMOSA Job-Assessment (since 2017) concepts are described and shown in clinical practice. Referring to an empirically based theoretical framework such as I-PACE the different approaches in psychopathology, psychodynamics, educational and work are discussed with reference to clinical cases of male adolescents with severe comorbidity and IRD.

## References

- Bilke-Hentsch, O.; Wöfling, K.; Batra, A.: Praxisbuch Verhaltenssucht, Thieme, Stuttgart, 2014

25 July 2018, 14:45 - 16:15, Meeting Room 1.1

WS 23

## New approaches to music and art therapy in the clinical practice of children and adolescent psychiatry

M. Stejskalová<sup>1</sup>

*1Motol University Hospital- 2nd Medical school of Charles University in Prague, Child psychiatric clinic, Prague, Czech Republic*

### Learning Objectives

The aim of the workshop is to introduce new approaches to music and art therapy in the treating process of children and adolescent psychiatric patients. Workshop is consisted of four parts:

1. Use of music and art therapy in the memory training,
2. Music and art therapy as communication and diagnostic tool,
3. Use of music and art therapy in coping with aggression,
4. Methodology of combined music and art therapeutic programmes for individual and group therapy.

### Workshop Description

Within the first part of the workshop, after theoretical introduction of both methods – music and art therapy, participants will get to know wide scale of practical exercises that will cover the topic of use of music and art therapy in the training of specific memory types (sensory, short and long-term memory, specific memory types – episodic, associative, musical, psychosomatic, lexical, procedural, photographic). Second part of the workshop will present application of music and art therapy according to the principle of clinical diagnostics, for example music and art therapy in the treatment of obsessive compulsive disorder, eating disorders, depression, psychoses, suicidal behaviour etc. Part of the workshop will be practical exercise focused on active and receptive music and art therapy applicable in both individual and group sessions. Unique part of the workshop will be introduction of art and music therapy approaches to patients with visual impairment and blindness. Third part of the workshop will introduce the role of art and music therapy in coping with aggression in general, and case studies with application on behavioural disorders and attention deficit hyperactivity disorder will be presented. Final part of the workshop will assess all previously learned aspects of the use of art and music therapy as a new therapeutic approach. Participants will get to know the methodology of combined programmes tailored to concrete needs of children and adolescent patients in individual or group therapy.

### References

Axel, E.S., Sobol N. *Art Beyond Sight: A Resource Guide to Art, Creativity, and Visual Impairment*. New York, 2003.

Bruscia, K. *Case Studies in Music Therapy*, 1996, Barcelona Publishers.

Bruscia, K.E. *Defining Music Therapy*. Second edition, 1998, Barcelona Publishers.

Klingberg, T. *The Learning Brain: Memory and Brain Development in Children*, 2013, Oxford University Press.

Landharten, H.B. *Clinical Art Therapy: A Comprehensive Guide*, New York, 2013.

Malchiodi, A.C. *Expressive Therapies*, New York, 2005, The Guilford Press.

Stejskalová, M. *Psychoterapie uměním*, Praha 2013, Pressto publishing.

25 July 2018, 14:45 - 16:15, Meeting Room 3.1

WS 24

## Integrating child psychiatry in primary care through a telephone consultation service and an ECHO model training program

K. Cheng<sup>1</sup>, T. Pettersen<sup>2</sup>, A. Jetmalani<sup>2</sup>

*<sup>1</sup>Oregon Health & Science University, Division of Child Psychiatry- Doernbecher Hospital, Portland, USA*

*<sup>2</sup>Oregon Pediatric Society, Pediatrics, Portland, USA*

*<sup>3</sup>Oregon Health & Science University, Division of Child Psychiatry, Portland, USA*

### Learning Objectives

Understand how a telephone consult service can support primary care in the delivery of mental health services.

Recognize how the Extension for Community Healthcare Outcomes (ECHO) model, through the use of video technology is an effective means to increase expertise and confidence in providing psychiatric assessment and treatment in the medical home.

Understand how the combination of the two programs are additive in promoting mental health within a primary care setting.

### Workshop Description

The State of Oregon in the United States has a mixed population in urban, rural and frontier areas. Access to mental health care is limited in all areas, but is especially pronounced outside of urban centers. The workshop presenters will describe how a telephone consult service allows primary care providers to call and discuss cases with a child psychiatrist. Data collected from over 1700 calls received over a three-year period will be reviewed.

As an offshoot of the telephone consultation service, the development an ECHO Model educational opportunity for rural primary care providers was completed. The ECHO model uses multi-point videoconferencing to link experts in academic settings to remote primary care providers in the creation of an educationally based virtual training clinic. This program was the first child psychiatry ECHO clinic developed in the world. We will discuss our experience of program development and implementation. Included will be details on steps required to create and run the clinic, from initial funding to program evaluation.

These two programs are additive in the support of primary care providers. Participants in these programs described their knowledge and confidence in adequately accessing and providing mental health care was enhanced through the ECHO program. With the knowledge gained in the ECHO program and the follow-up support of the phone consultation service, the willingness to address mental health challenges within primary care practices was significantly increased.

Both of these models are replicable and can enhance the mental health care provided in traditionally underserved areas.

### References

The Oregon Telephone Consultation Website  
<http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/divisions-and-clinics/child-and-adolescent-psychiatry/opal-k/index.cfm>

The Project ECHO Child Psychiatry Clinic Website  
<https://www.ohsu.edu/xd/health/for-healthcare-professionals/telemedicine-network/for-healthcare-providers/ohsu-echo/child-psychiatry/>



ECHO Model  
<https://echo.unm.edu/about-echo/model/>

**25 July 2018, 14:45 - 16:15, Meeting Room 3.2**

**WS 25**

### **Creative therapies for culturally diverse children**

S. Palyo<sup>1</sup>, K. Long<sup>2</sup>, S. Nanda<sup>3</sup>

<sup>1</sup>Langone NYU School of Medicine/New York Medical College, Dept of Psychiatry/Psychiatry and Behavioral Sciences, New York, USA

<sup>2</sup>Institute for Expressive Analysis, Public Relations/Mental Health, New York, USA

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#### **Learning Objectives**

1. Understand the concept of attunement
2. Define Third Culture Kids (TCKs) and understand the importance of identifying this construct for children and families.
3. Identify aspects of race and body ideals prior to engaging in weight management treatment with eating disorders.

#### **Workshop Description**

Given the significant emotional and physical development that occurs in children, the presentations will highlight different modalities for child psychiatrists to be more attuned to his or her patients and therefore improve the therapeutic alliance. The workshop will include two presentations and an interactive exercise.

The first presentation describes therapy and engaging a Third culture Kid (TCK), a child who has grown up in a culture other than that of his or her parents'. The three cultures consist of where the parents' originated, where the family resides currently, and the amalgamation of these two cultures. A case study of a teenage girl who has connections to the Middle East, Europe, and America highlights the struggles children in this group shares throughout the world. Children from diverse backgrounds struggle with trying to acclimate to the home and social cultures all the while experiencing adolescent developmental milestones of separation and individualization.

This is further explored through a particular case of a young Asian girl with an eating disorder and selective mutism who experiences body dysmorphia relating to race. The primary focus of treatment of eating disorders at a residential treatment facility involves weight maintenance and family therapy. However, when body dysmorphic symptoms evolve relating to race, more creative modalities must also be implemented to engage and create an alliance. Art therapy was implemented to explore themes of race and body ideals in order to address the primary psychiatric disorder.

Both presentations will highlight collaboration between child psychiatric and other disciplines. The interactive portion of the presentation will illustrate interactive and creative art therapies where attendees can participate in creating projects involving redactive poems and narratives that can help understand the dynamics of children.

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**25 July 2018, 16:45 - 18:15, Meeting Room 1.1**

**WS 26**

### **Digital health interventions for children and adolescents with obsessive-compulsive disorder – advantages and limitations**

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<sup>1</sup>University Hospital Tübingen, Department of Paediatric and Juvenile Psychiatry- Psychosomatic and Psychotherapy, Tübingen, Germany

#### **Learning Objectives**

It is well known that cognitive behavioral therapy (CBT) is a very effective way in treating obsessive-compulsive disorder (OCD) in children and adolescents. So-called digital health interventions offer new opportunities like online videoconferences or self-help programs, where therapy material is provided via the internet. Based on own experiences with this approach, this interactive workshop will first give an overview about different technology based approaches for the psychotherapeutic treatment of pediatric OCD. Subsequently, participants will learn about some of these interventions in more detail. Finally, the opportunities, challenges and limitations of internet-based psychotherapy will be discussed.

#### **Workshop Description**

In the first part, the presenters will give an overview about ambulatory internet-based psychotherapy of OCD and how this approach was realized during a project in Tübingen, Germany. The workshop gives insight into the practical implementation of psychotherapy in children and adolescents via online videoconferences supported by smartphone apps. In the second interactive part, practical experiences, advantages and limitations of technology based CBT in OCD will be discussed with the participants. Main points of discussion will be the challenges and chances of the realization of exposures with relapse prevention via internet, possible effects on the therapeutic relationship, particularities of therapy sessions with several family members via videoconferences, the acceptance of new technological treatments in the adult generation, or data security aspects.

#### **References**

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25 July 2018, 16:45 - 18:15, Meeting Room 3.1

WS 27

## The evolution of psychiatry delivered through video-conferencing - from a consultative model to a hybrid resulting in new growth and success

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<sup>3</sup>The Hospital for Sick Children, Tele-Link Mental Health Program, Toronto, Canada

### Learning Objectives

This presentation will examine the 15 year evolution of a psychiatry program solely delivered through live video conferencing, designed and defined as a consultative model supporting clinicians in rural, remote and underserved communities. We will discuss the justification for this model and the resulting growth curve associated with the implementation of this service. Through a combination of program generated data and real life experiences of the Psychiatrists delivering care, we will demonstrate the effectiveness of the model, the efficiency in managing such a program while sharing the growing opportunities and potential that became the foundation for change as the leadership, program and clinicians matured. We will show how the evolution to a combination of video conferencing and in-person relationship building was possible through flexibility, leadership and a long standing commitment to rural and remote communities that has resulted in accelerated growth and success

### Workshop Description

Tele-Link Mental Health was developed 15 years ago to serve rural, remote and underserved communities in Ontario, a province that is 415,000 square miles, an area larger than France and Spain combined. Northern communities sit at the same latitude as Warsaw while southern communities are parallel to Barcelona. Ontario spans 2 time zones with many of 13.5 million residents considered rural and remote.

Tele-Link at the Hospital for Sick Children has up to 75 Child and Adolescent Psychiatrists participating delivering 4000 clinical consultations per year to children living in communities often 1000 km away. The consultative model developed for the program originated from the need to support as many rural clinicians as efficiently as possible. This approach was very successful through Program Consult, Education and Assessment services. What emerged was a growing understanding of the value and potential for ongoing assessments for children presenting with trauma, addictions, depression etc. Leadership in consultation with clinicians shifted the model to ongoing services for populations primarily in the very far north. In response to partnering communities Tele-link began sending clinicians to host communities twice yearly. Visits were designed as relationship building, a time for clinicians to listen and observe. The results were immediate. Referrals spiked after each visit. Community clinicians stated they were more comfortable referring patients when they knew the clinician. Through the development of these relationships clinicians began to feel supported, their work was more collaborative resulting in more remaining at home supported by clinicians who themselves were supported by specialists.

25 July 2018, 16:45 - 18:15, Meeting Room 3.2

## Autism in resource-limited settings: a workshop on translating theory into practice

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<sup>3</sup>NIMHANS, Clinical Neurosciences and Child and Adolescent Psychiatry, Bangalore, India

### Learning Objectives

By the end of the session participants will be able to:

- Identify the challenges of developing Autism services in a resource limited setting.
- List the barriers to overcome these challenges in a resource limited setting.
- Design an innovative strategy to deal with the challenges.

### Workshop Description

#### Background:

Autism Spectrum Disorder (ASD) is considered to be a public health issue by the United Nations and the World Health Organization (1,2). Despite this global recognition, the services for ASD in resource poor countries are far from optimal. Most research into the evidence based practices for autism services development come from high income countries despite the fact that majority of individuals with autism in the world today are from low and middle income countries(3). These countries rely on information from very different patient population about service development and its efficacy. Due to lack of resources, racially and culturally informed data pertaining to this under represented pool will take time to build up. As we do that the services and strategies should be adjusted to fit the need of target population in a culturally informed, pragmatic and cost effective manner.

#### Session Description:

The workshop is designed to achieve the above mentioned objectives. Service data from Pakistan, Tunisia and India will be shared describing their experience with Autism service development in their settings. Strategies like role-play, reflective exercises and group work will be used. Participants will list down the potential challenges in their cultural context at the beginning of the session. They will be asked to work in small groups, on their strategy for developing autism services. Reflective exercise will be used to address these challenges on various levels.

#### Conclusion:

Through this workshop the participants will appreciate the innovative ways of developing autism services in resource-limited countries.

#### References

- 1) [https://www.un.org/pga/020415\\_statement-world-autism-day/](https://www.un.org/pga/020415_statement-world-autism-day/)
- 2) [http://apps.who.int/iris/bitstream/10665/103312/1/9789241506618\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/103312/1/9789241506618_eng.pdf)
- 3) Durkin, M. S., Elsabbagh, M., Barbaro, J., Gladstone, M., Happe, F., Hoekstra, R. A., ... & Tager Flusberg, H. (2015). Autism screening and diagnosis in low resource settings: Challenges and opportunities to enhance research and services worldwide. *Autism Research*, 8(5), 473-476.

26 July 2018, 08:00 - 09:30, Club A

WS 29

## Psychodynamic psychotherapy stream: The tangle of contexts: psychodynamically-informed family therapy practice

J. Grimwade<sup>1</sup>

<sup>1</sup>Private Practice, Working with families, Essendon, Australia



### Learning Objectives

1. To outline the development, over time and up to the present day, of Psychodynamic concepts and principles in Family Therapy practice in child and adolescent mental health
2. To directly experience simulated psychodynamic work with families through performance art and interactive discussion
3. To learn, through workshop experience, how the Family Therapist can use a psychodynamic approach to achieve a theoretically coherent practice

### Workshop Description

This Workshop is part of a stream at this Congress addressing "Psychodynamic thinking and approaches in child and adolescent mental health". Many of the original Family Therapists came from a background of psychoanalytic training and analysis, but despite this some lost touch with psychodynamic principles, even becoming quite antagonistic to fundamental theory. This was particularly evident in the English-speaking world. However, the concepts have remained embedded in the idea of the family system and more recently psychodynamic approaches are being considered complementary to other approaches. For example, marrying attachment theory with family therapy practice is now an exciting field of research and practice. This Workshop will employ performance art to simulate a model of psychodynamic work with families. Imagine a tangle of things in the middle of a floor, emptied from a wardrobe - clothes, coat-hangers, and further mixed with picture frames of various sizes, orientation, and decoration. The frames provide alternate perceptions of the family, bringing into view hidden ideas, the clothes are the means for self-presentation, and the coat-hangers are for storing the clothes. The task of the Therapist, in active conversation with family members, is to disentangle the disparate presentations and find a framing of the family that can be more harmonious and consensual. Family Therapy practice in general currently lacks an integrating theory, and systemic approaches have quietly languished, but this Workshop will aim to demonstrate a methodology for practice that overcomes the potentially limiting individualizing of psychodynamic practice and yet is grounded in a unifying, conceptually psychodynamic framework.

### References

26 July 2018, 08:00 - 09:30, Club D

### WS 30

#### Dialectical-Behavior Therapy for adolescents: theory overview and clinical experience at the CHU Sainte-Justine, Montreal

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<sup>1</sup>CHU Sainte-Justine, Psychiatrie, Montreal, Canada

<sup>2</sup>CHU Sainte-Justine, Psychiatrie, Montreal- Quebec, Canada

<sup>3</sup>CHU Sainte-Justine, Psychologie, Montreal- Quebec, Canada

<sup>4</sup>CHU Sainte-Justine, Psychiatrie, Montreal-Qc, Canada

### Learning Objectives

Overview of the DBT adapted for adolescents : introduction to personality disorders during adolescents, description of the multi-family skills group intervention and review of the basic principles of the individual therapy

Review of the clinical research results from our ongoing study at CHU Sainte-Justine, Montreal

### Workshop Description

Borderline personality disorder (BPD) still is a controversial diagnosis when made during adolescence. According to the DBT biosocial theory, young people with emotional instability, impulsivity, confusion about self, interpersonal and family problems often lack of appropriate tools to help them regulate their emotions. In consequence, they will turn into suicidal ideations and/or attempts, as well as non-suicidal self-injury. Those problems are very frequent in the clinical adolescent population and lead us to implement a DBT program

for early presentations of BPD (teenagers with 3 or more DSM 5 criteria) at Sainte-Justine Hospital.

The five different skills modules taught in the multi-family skills training group intervention will be summarized: 1) Mindfulness; 2) Distress Tolerance; 3) Emotion regulation; 4) Interpersonal effectiveness; 5) Walking the middle path.

The basic principles of the individual DBT therapy will be described, such as orienting the patient and getting commitment; defining the Stage 1 treatment targets; using the Diary Card; making a behavioral chain analysis.

Finally, clinical research outcomes will be presented, comparing groups who received the multi-family skills training group only and those who assessed the group and received individual therapy as well.

### References

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### Challenges and opportunities offered by longitudinal cohort studies

26 July 2018, 08:00 - 09:30, Club E

### WS 31

#### Challenges and opportunities offered by longitudinal cohort studies

A.A.E. Thorup<sup>1</sup>, L. Arseneault<sup>2</sup>, R. Uher<sup>3</sup>

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<sup>2</sup>King's College London, Institute of Psychiatry- Psychology and Neuroscience, London, United Kingdom

<sup>3</sup>Dalhousie University, Psychiatry, Halifax, Canada

### Learning Objectives

Evaluate the potential of cohort studies in etiological and intervention research.

Realistically assess the resources and skills required to design and carry out a cohort study.

Discuss common challenges and pitfalls in conducting a cohort study.

### Workshop Description

Researchers behind three innovative cohort studies will discuss the scientific, practical and ethical aspects of their work. The Environmental Risk (E-Risk) Longitudinal Twin Study uses a novel cohort of twins design to improve the understanding of the role of environmental factors in the etiology of mental disorder. The Danish High Risk and Resilience Study VIA 7 takes advantage of the unique Danish national registry to recruit a representative sample of children of parents with schizophrenia and bipolar disorder. The Families Overcoming Risks and Building Opportunities for Well-being (FORBOW) uses the trial-within-cohort design to test the effects of preventive interventions in an accelerated cohort of youth enriched for familial risk for mood and psychotic disorders. Across the three studies, we will discuss the common topics of non-stigmatizing recruitment and assessment, participant retention and accountable ethical communication with participants and the public.

### References

Moffitt TE; E-Risk Study Team. Teen-aged mothers in contemporary Britain. *J Child Psychol Psychiatry*. 2004;43(6):727-42.

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either schizophrenia, bipolar disorder or neither of these two mental disorders. *BMC Psychiatry*. 2015;15:233.

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## 26 July 2018, 08:00 - 09:30, Meeting Room 2.1

### WS 33

#### **A blueprint for providing free, comprehensive, integrated adolescent health and mental health care in NYC for \$1000 per patient**

K. Rustomji<sup>1</sup>

<sup>1</sup>Mount Sinai Hospital, Adolescent Health Center, New York, USA

#### **Learning Objectives**

1. To provide a rationale for the value of adolescent health care
2. To learn service principles that guide our model of care
3. To obtain practical knowledge on operating principles of our system of care
4. Learn to create an adolescent focused culture of care
5. Understand the finances of a free health home and how to implement services in a cost effective manner

#### **Workshop Description**

Since 1967 the Adolescent Health Care Center in New York City has been providing free, comprehensive health and mental health care for youth. The workshop will focus on principles that guide the design and operation of a system of care that appeals to youth and encourages them to seek care. You will learn practical knowledge on how 10,000 young people every year, regardless of their ability to pay or their insurance status are provided with confidential, comprehensive, integrated medical, sexual and reproductive health, dental, optical care, behavioral and mental health. You will gain perspective on how prevention and support services are provided by a team of compassionate and competent practitioners with expertise in working with young people. You will gain additional knowledge of the financial structure of our institution and how costs are contained while delivering high quality care to our youth.

#### **References**

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[https://teenhealthcare.org/wp-content/uploads/2017/08/MSAHC-Blueprint-Guide\\_v13-PrintReducedSize3\\_RELEASE\\_compressed.pdf](https://teenhealthcare.org/wp-content/uploads/2017/08/MSAHC-Blueprint-Guide_v13-PrintReducedSize3_RELEASE_compressed.pdf)

## 26 July 2018, 08:00 - 09:30, Meeting Room 3.2

### WS 34

#### **Creativity and neurodiversity: an experiential workshop in two parts**

J.E. Campbell<sup>1</sup>, R.L. Rubin<sup>2</sup>, D. Pugsley<sup>3</sup>, P. Moss<sup>4</sup>

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<sup>2</sup>Anglophone East School District, Speech-Language Pathologist, Moncton, Canada

<sup>3</sup>Family and Early Childhood Anglophone East, Moncton, Canada

<sup>4</sup>Cumberland Mental Health Authority, FRCPC- Psychiatrist, Nova Scotia, Canada

#### **Learning Objectives**

- Participants will gain an understanding of the definition and dimensions of creativity as a construct.
  - Participants will view several vignettes showing how individuals with diagnoses such as autism, ADHD, and dyslexia demonstrate the strength in neurodiversity through creative expression.
- Workshop Description

This workshop is in two parts. Part 1 will define creativity, then overview a select group of people with various diagnoses who are demonstrating the creative strengths in neurodiversity. Part 2 will provide participants with the opportunity to explore their creativity and ways to utilize creativity in clinical practice or other settings. Participants can maximize their learning by attending both Part 1 and Part 2, although each session can stand alone. Overall, this workshop will explore the intersection between creativity and neurodiversity.

#### **Part 1:**

Section A: Creativity: defined and explored as a construct.

Section B: Creativity and neurodiversity: individual vignettes.

## 26 July 2018, 10:45 - 12:00, Club A

### WS 35

#### **Psychodynamic psychotherapy stream: The wondrous depths of connection: the unique psychodynamic contribution to the primacy of the inter-relationship in psychotherapy, other professional settings**

R. Webb<sup>1</sup>

<sup>1</sup>Private Practice- Monash University, Psychological Medicine, Surrey Hills, Australia

#### **Learning Objectives**

1. To consider the contribution of some of the central and unique Psychodynamic principles that aid in understanding of the primacy of the therapist-patient relationship
2. To clarify how that primacy of the process within a therapeutic relationship is a major base for change
3. To apply these principle to a wide range of professional work with young people, families, groups and consultations with colleagues working in child and adolescent mental health.

#### **Workshop Description**

This Workshop is part of a stream at this Congress addressing "Psychodynamic thinking and approaches in child and adolescent mental health". The Workshop begins by recognising a wondrous process within the Psychodynamic Psychotherapy relationship between therapist and patient. Psychodynamic principles, developed in the theoretical and research literature from psychoanalytic practice, uniquely explore and explain the openness to ourselves as therapists and to the patient as other. They also explore openness to the miniscule, subtle nuances in the therapeutic relationship – verbal and silent, conscious and unconscious, overt and covert projections, transference and countertransference. For those young patients for whom connections may never have developed, or for whom they have been ruptured, the psychotherapeutic relationship offers a place of deep understanding and opportunities to develop a more centred sense of self. These understandings of relating also apply to wider professional settings such as group psychotherapy and consultative work with colleagues



working clinically with adolescents and others. Mental health professionals often become so mired in demands, challenges and roles that we can lose hold of the sense of wonder underlying the experienced relationship. This Workshop explores these themes, using movie film clips interwoven with clinical vignettes and with theoretical review of the broad professional applications within a psychoanalytic context. Participants will be invited to share their own vignettes should they so wish.

**26 July 2018, 10:45 - 12:15, Meeting Room 1.1**

**WS 36**

### **Training in cultural humility for the child and adolescent psychiatrist**

A. Mian<sup>1</sup>, A. Chachar<sup>2</sup>, B. Falissard<sup>3</sup>

<sup>1</sup>Aga Khan University- Pakistan, Department of Psychiatry, Karachi, Pakistan

<sup>2</sup>Aga Khan University, Department of Psychiatry, Karachi, Pakistan

<sup>3</sup>Université Paris-Sud- Paris- France, Professor in Public Health, Paris, France

#### **Learning Objectives**

At the end of the session, participants will be able to:

Articulate ways in which cultural differences affect the patient-physician interaction in CAMH setting.

Assess a learner's level of cultural humility in CAMH training State one area of clinical teaching where they may incorporate cultural emphasis in their CAMH teaching

Facilitate the use of cultural competency negotiation models like CRASH/LEARN in learner- patient interactions in CAMH training

#### **Workshop Description**

##### **Background:**

Research shows that comprehensive patient care includes assessing and managing the illness in the patient's current socio-cultural context. The DSM5 has moved beyond the description of cultural variations in clinical presentations of major psychiatric disorders, culture-bound syndromes, and outline of a cultural formulation, to now providing a detailed description of a cultural interview. The established diagnostic procedures now require clinicians' active assessment of cultural dimensions. This is even more imperative in the practice of pediatric mental health, where most evidence based practice stems from developed countries, only hosting 20% of the pediatric population.(1) In order to define the problem in a culturally informed context, pediatric psychiatrists need to understand the cross-cultural nuances of at-risk and protective factors, conceptualization of normal childhood, and expression of childhood psychopathology across cultures. Although the need for cultural competency and humility in clinical practice is now well established, less is written about how to teach and role model culturally competent communication and humility.

##### **Methods:**

This workshop will utilize various teaching tools like role-play and case studies to achieve the objectives. Participants will rate their skills at teaching principles of cultural humility in CAMH training at the beginning and end of the session. They will also bring forth vignettes from their own experience to highlight the challenges they may have faced in dealing with a difficult clinical teaching situation related to patient's cultural context. The cultural formulation will be shared and used to address particularly perplexing teaching situations.

##### **Results:**

At the end of the session participants will become aware of how to teach about patient physician alliance rooted in cultural humility. They would also become familiar with incorporation of cultural competency and humility training in their

CAMH trainee's formal and informal education.

#### **Conclusion:**

It is imperative that the patient be assessed in the context of his/her socio-cultural reality. CAMH trainees should be taught the principles of culturally sensitive communication and such training should be made explicit in mental health curricula.

#### **References**

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**26 July 2018, 14:45 - 16:15, Club A**

**WS 37**

### **Psychodynamic psychotherapy stream: Embodied intersubjectivity in treating relational trauma in adolescent patients**

I. Koblíková<sup>1</sup>

<sup>1</sup>Charles University Hospital Motol, Child and Adolescent Psychiatry, Prague, Czech Republic

#### **Learning Objectives**

1. To outline the embodiment paradigm and the intersubjective relational context specifics in the treatment of adolescents with relational trauma, highlighting the neurobiological and developmental underpinnings
2. To give a direct experience in dyadic interaction, using kinesthetic empathy and movement observation, and open space for interactive discussion on clinical material considering the workshop experience insights
3. To explore and apply a more conscious approach within the implicit, non-verbal realm in psychotherapeutic work with relational trauma in adolescents.

#### **Workshop Description**

This workshop is part of a stream at this Congress addressing „Psychodynamic thinking and approaches in child and adolescent mental health“.

In adolescence, the Self undergoes an intense development. Unfinished developmental tasks reopen and adolescents with relational trauma present with heterogeneous psychopathology during that period, requiring psychiatric care.

The pervasive absence of attunement, or even an inverse attunement in the traumatic relational experience with the significant other results in massive inhibitions, dissociation and extensively restricted ability to be aware of inner states. This affects the capacity to use one's own experience as guides for action, which becomes fragmented, dysregulated and disintegrated/disorganized.

In the complex treatment of these patients, psychotherapy can offer a space for corrective relational experience, facilitating the development of a sense of agency and authenticity of Self. Current evidence from infant research and neurobiology support the notion that it is the body-to-body communicative experience, i.e. bodily resonance, affect attunement, coordination of gestures, facial and vocal expression, and others, which are intrinsic in the psychotherapy process with patients suffering from relational trauma. These processes take place on an implicit, pre-verbal, pre-symbolic level of contact.

The therapist's body-awareness, ability to accurately read and respond to the non-verbal cues, i.e. consciously watch, mirror and attune, upholding the phenomenological stance, and to contain strong (presumably uncontainable) affects, provide the client a space to reconsider explorative behaviour and proximity seeking behaviour, enhancing the emotional expressiveness, risk and



grow, and the ability to enter nourishing contacts with others.

## References

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**26 July 2018, 14:45 - 16:15, Meeting Room 1.1**

## WS 38

### Development of an integrative and modular approach to treat complex anxiety disorders in children

I. Peixoto<sup>1</sup>, S. Pires<sup>1</sup>, C. Marques<sup>1</sup>

<sup>1</sup>Hospital Dona Estefânia, Child and Adolescent Psychiatry, Lisbon, Portugal

#### Learning Objectives

Our study group provides a characterization of the clinical population of children with complex anxiety disorders and explores their interfaces with affective and personality disorders.

The learning objectives of this workshop are:

- to know how to develop an integrated care and evidence-based case conceptualization model of anxiety disorders in children
- to learn about the possible ways of integrating different therapeutic approaches in their clinical management
- to gain a clinical perspective through the presentation of illustrative clinical cases

#### Workshop Description

The everyday practice of the child psychiatrist is full of challenges in the understanding and in the clinical approach of our patients and their context. In the last decades, there has been a proliferation of many evidence-based programs in the management of specific disorders in specific age groups, in particular anxiety disorders in children. However, there is still a great demand of new avenues in the clinical management of children with anxiety disorders with complex comorbidities, where a true biopsychosocial formulation is warranted. Consistent with this, there has been an effort, in research and clinical areas, towards integration of different therapeutic models in the clinical care of such patients.

We present an integrative multimodal treatment strategy in the management of children between 4 and 12 years-old with complex anxiety disorders. We follow a core cognitive-behavioural framework within a modular approach and integrate psychodynamic and systemic tenets and concepts as a complement of such modules. Some of the modules included are: therapist-child relationship establishment; learning about anxiety; exposure; gaining insight and family intervention. Such modules allow a flexibility paradigm, with necessary adaptations to individual characteristics of each child, but with fidelity to the structure presented.

We will provide an interactive and comprehensive session about our treatment model and illustrate the interventions with clinical scenarios.

## References

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**26 July 2018, 14:45 - 16:15, Meeting Room 3.2**

## WS 39

### Wellbeing in education: Cultivating positive mental health and mindfulness, in our students and in ourselves

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#### Objectives

Schools around the world are increasingly focusing on the wellbeing of their students and teachers. Against a background of rising depression and anxiety, and in particular amidst concerns around mental health issues facing young people, many educational organizations are considering how best to promote positive mental health and social-emotional learning (SEL).

#### Methods

In order to be successful and resilient in this age of distraction, we need to cultivate attention, self-awareness and emotional regulation. Many schools have begun to train teachers and students in mindfulness as a tool to support personal growth and self-awareness. There is now considerable and compelling evidence that training in mindfulness could be an effective way of alleviating stress, anxiety and depression as well as promoting wellbeing and flourishing.

#### Results

This experiential workshop will use the most relevant research and practice in mindfulness and social-emotional learning to explore how training in these areas can enhance teaching and learning. We will also describe the current Czech projects of the National Institute of Mental Health in Prague that aim to include a systematic approach to supporting students and teachers' wellbeing.

#### Conclusions

The key to successful mindfulness education in schools is the recognition of the importance of teacher self-care. If we want to help our children develop the skills they will need for a fruitful, balanced life, it is important that we are able to cultivate these capacities in ourselves. Developing our own self-awareness can help us connect more authentically with our students, manage our stress more effectively, and make teaching more enjoyable.

When combined coherently such initiatives can contribute to a significant shift in the culture of a school that begins to see the wellbeing of students as one of its central purposes.



26 July 2018, 16:45 - 18:15, Club A

WS 40

**Psychodynamic psychotherapy stream: Therapeutic engagement of babies with their parents: training health clinicians across disciplines in infant-parent relationship building through newborn behavioural observation**

C. Paul<sup>1</sup>

<sup>1</sup>Royal Women's Hospital and Royal Children's Hospital Melbourne, Mental Health, Parkville, Australia

**Learning Objectives**

1. To introduce the Newborn Behavioural Observation method for training health clinicians from a range of discipline (including nursing, midwifery, family medicine, occupational therapy, neonatology, perinatal psychiatry, child psychiatry and infant mental health) in meeting newborn babies with their parents, to help parents understand the marvellous capacities of their infant
2. To discuss this method from a Psychodynamic perspective, explore the challenges confronted in this field, identify the central place of infant observation in such training and in the clinical work itself, and present data on evaluation of the method
3. To raise for interactive discussion the experience and aspirations of the presenter and the workshop participants in learning to work in infant mental health, through both guided formal training and immersion in clinical situations

**Workshop Description**

This Workshop contributes to a stream at this Congress addressing "Psychodynamic thinking and approaches in child and adolescent mental health". It begins by highlighting how significant mental health problems confront many parents of newborn infants, with a high prevalence of perinatal depression, at around 20% of births. This is a period when pre-existing parental mental health disorders are also exacerbated, and can influence adversely the psychological development of the child. Understanding and sharing the subtlety and liveliness of the newborn baby's behaviour with parents can support the emerging infant-parent relationship. The Newborn Behavioural Observation (NBO) method is a structured way of observing the infant's own capacity for physiological, motor, perceptual and relationship organisation; sharing this with parents facilitates the parent's capacity for reflective function and mentalizing concerning their infant, helping to build a stronger relationship at the outset. A two-day intensive cross-media training program includes lecture and video material, participant role-play and witnessing live enactment of an NBO. This workshop demonstrates the method and training program, while building new relationships across professional health groupings, and includes follow-up contact. Data will be presented on the evaluation of the training experience from many separate training groups over four years. The Workshop concludes that the NBO is a structured, evidenced-based training program for a range of health care professionals who meet infants and families during the newborn period, which provides a unique opportunity for a powerful and timely intervention for infants and parents in a state of profound emotional and relationship flux.

27 July 2018, 08:00 - 09:30, Club A

WS 41

**Strategies for training child and adolescent psychiatrists in evidence-based interventions for children with autism spectrum disorders: global perspectives**

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<sup>1</sup>Boston Children's Hospital- Harvard Medical School, Developmental Medicine Center, Boston, USA

<sup>2</sup>Norwegian University of Science and Technology, Department of Mental Health Faculty of Medicine and Health Sciences, Trondheim, Norway

<sup>3</sup>Istanbul University, Child and Adolescent Institute, Istanbul, Turkey

<sup>4</sup>Weill Cornell Medical College- Sidra Medical and Research Center, Department of Psychiatry, Doha, Qatar

**Learning Objectives**

1. To learn about collaborative global initiatives to enhance the training of child and adolescent psychiatrists in evidence-based educational and behavioral interventions for children with ASD
2. To learn how child and adolescent psychiatrists across various global settings can engage in multidisciplinary care, coordination of services, and advocacy for children with ASD and their families.
3. To present examples of appropriate, evidence-based educational and behavioral interventions in various health care settings with specific relevance to how they can be adapted in poor resource regions or low and middle-income countries
4. To review the child parent skills training, long-term treatment planning and family support in various global settings

**Workshop Description**

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental health condition that varies enormously in presentation. On the one end of the spectrum are the more severely affected, including those with intellectual disabilities, limited speech, and significant behavioral problems requiring lifelong care. On the other end of the spectrum are children who can be verbally fluent, academically gifted, and can achieve independence in adulthood with appropriate guidance. A dramatic increase in ASD recognition across both developed as well as developing countries has created huge demands on health care systems for accurate diagnosis as well as appropriate and timely intervention. Child and adolescent psychiatry with its inherently integrative, bio-psycho-social nature and emphasis on teamwork and collaboration, has a critical leadership role to play in addressing the important challenges related to ASD care worldwide. Both the IACAPAP affiliated regional Special Interest Groups as well as the World Psychiatric Association (WPA) Sections on Child and Adolescent Psychiatry and on Intellectual/Developmental Disorders have sanctioned training programs in enhancing knowledge among child and adolescent psychiatrists in order to help improve evidence-based knowledge and practice on structured educational and behavioral interventions for children with ASD. The presentations in this workshop will review both the "Comprehensive Treatment Models" and the "Focused Intervention Practices" and discuss novel eHealth and mHealth information technology based approaches to improve quality of care of children with ASD, supported by evidence. Among initiatives discussed will also specifically include a range of parent skills training programs suitable for countries with limited resources. The workshop will present both research data as well as clinical teaching experiences on this topic with perspectives from the US, Norway, as well as Turkey, Azerbaijan, Pakistan and Qatar.

**References**

1. Munir K, Lavelle T, Helm DT, Rustamov I, Azeem MW. Developing Countries and Autism. In: Encyclopedia of Autism Spectrum Disorders (Volkmar, F, ed.). Springer International Publishing AG Cham: Switzerland, 2018 ISBN 978-1-4419-1697-6
2. Bosl W, Bakare M, Lopez D, Visser K, Munir K. Addressing the global burden of neurological, mental and substance use disorders using information technology. In: Global Health Informatics: Principles of eHealth and mHealth to Improve Quality of Care. Leo Anthony G. Celi, Hamish S. F. Fraser, Vipan Nikore, Juan Sebastián Osorio, Kenneth Paik (eds.) The MIT Press, Cambridge, Massachusetts 2017 ISBN 9780262533201 <https://mitpress.mit.edu/books/global-health-informatics>
3. Skokauskas N, Guerrero AP. Problem-Based Learning as a Vehicle for



Collaborating Internationally and Introducing Faculty and Trainees to Different Scholarship Perspectives. *Acad Psychiatry, Academic Psychiatry* 2017 41(1):149-150. doi: 10.1007/s40596-016-0602-3

4. Azeem MW, Imran N. Pakistan and autism. In: *Encyclopedia of Autism Spectrum Disorders* (Volkmar, F, ed.). Springer International Publishing AG Cham: Switzerland, 2016 ISBN 978-1-4419-1697-6

**27 July 2018, 08:00 - 09:30, Club B**

**WS 42**

## Practicing child psychiatry in the 21st century

N. Skokauskas<sup>1</sup>, D. Fung<sup>2</sup>, M. Belfer<sup>3</sup>, A. Chaulagain<sup>1</sup>

<sup>1</sup>Norwegian University of Science and Technology, Regional Centre for Child and Adolescent Mental Health and Child Protection, Trondheim, Norway

<sup>2</sup>Institute of Mental Health, Child and Adolescent Psychiatry, 10 Buangkok View, Singapore

<sup>3</sup>Boston's Children Hospital, Psychiatry, Boston, USA

### Learning Objectives

Chair Norbert Skokauskas, Centre for Child and Youth Mental Health and Child Protection, NTNU, Norway

Co-Chair Daniel Fung, Institute of Mental Health, Singapore  
Norbert Skokauskas

Global perspective on training child and adolescent psychiatrists and allied professionals

### Daniel Fung

Joy at work: Looking after the mental health and wellbeing of child psychiatrist

### Myron Belfer

The Challenge of Making an Economic Argument for Child and Adolescent Mental Health

### Ashmita Chaulagain

The First Research Course for Early Career Mental Health Specialist and Students

### Learning objectives:

By the end of the meeting participants will be able

To put into practice acquired knowledge for promoting mental health and wellbeing of young mental health professional

To recognize the benefits of international collaboration in research and training

To initiate and implement YEAH initiatives

### Workshop Description

IACAPAP YEAH (Young, Early and Aspiring mental Health professionals) section aims to educate young professionals and to help them to exchange ideas and collaborate on the international projects. The IACAPAP board approved the concept of YEAH for IACAPAP in 2011, and it was formally launched four years ago at the IACAPAP Congress in Paris, France.

This will be the third YEAH symposium and will focus on capacity building of young mental health specialist, with sub themes on creating better workplace for junior mental health staff and the challenges of making an economic argument for child and adolescent mental health.

The meeting will produce immediate and long-term results. At the end of the workshop the participants are expected to develop better understanding of how to address the stress and burnout that is occurring among junior mental health staff, enhancing the capacity of early career mental health specialist by promoting tutorial on research courses.

We fully recognize that full completion of above described objectives is likely to be too ambitious within a short meeting. As such, we feel that one of the most important outcomes from this meeting is to bring together Young, Early and Aspiring mental Health professionals to set goals and priorities for future research efforts, experience exchange and to consider ways to secure funding for international projects. We ultimately anticipate that the results of this YEAH would help to improve capacity of mental health specialist and eventually the care for children with mental health problems across the world.

**27 July 2018, 08:00 - 09:30, Club D**

**WS 43**

## Just do it! Presenting and publishing your work in child and adolescent psychiatry.

A. Martin<sup>1</sup>, J. Fuentes<sup>2</sup>

<sup>1</sup>Yale School of Medicine, Child Study Center, New Haven, USA

<sup>2</sup>Policlínica Guipuzcoa, Child and Adolescent Psychiatry, San Sebastian, Spain

### Learning Objectives

Presenting work at conferences, and getting published in the child psychiatry literature is daunting for many would-be authors.

### This workshop aims to:

(1) make participants aware of journal processes, increase participants' knowledge about ethical issues in publishing, and provide concrete tips to improve the likelihood of participants having their work published; and

(2) provide guidance on how to present poster presentations that are organized, effective, and noticeable in an environment competing for participants' limited attention.

### Workshop Description

We will use a combination of (two) formal presentations, with structured group exercises, and time allocated for questions and answers.

At the conclusion of this workshop, participants will have the knowledge and skills to be more confident about presenting their findings at conferences, writing scientific articles, and inspired to submit papers to child psychiatry journals and, in doing so, will make a valuable contribution to our field.

### References

- Horner MS, Richards M, Glowinski A, Martin A. Get Connected: Advancing Your Clinical Skills Through Writing and Publishing. *JAACAP Connect* 2014; 1(1): 21-22

- Kieling C, Martin A. Catalyzing the Publication of International Research in Child and Adolescent Mental Health. *Child and Adolescent Psychiatry and Mental Health* 2013; 7: 23

- Martin A: Abstract Art: Twelve Tips to Help You Write an Effective Abstract. *JAACAP Connect* 2017; 4(1): 19-21

- Martin A: Just Do It! Pointers to get your work published in the academic litera-



ture (...and why you should, no pressure) JAACAP Connect 2014; 1(2): 20-23

- Martin A. World of Wordcraft: On Scientific Editing. Academic Psychiatry 2014; 38: 86-89

27 July 2018, 08:00 - 09:30, Club E

WS 44

### Training courses for school assistants as a contribution to fulfil UN Convention on the Rights of Persons with Disabilities

U. Ziegenhain<sup>1</sup>, K. Henn<sup>1</sup>, R. Himmel<sup>1</sup>, J.M. Fegert<sup>1</sup>

<sup>1</sup>University of Ulm, Child and Adolescent Psychiatry and Psychotherapy, Ulm, Germany

#### Learning Objectives

The ratification of the UN Convention on the Rights of Persons with Disabilities, and, in particular, the right of children with special needs to attend general school, challenges the school system to provide more personal resources as well as psychopathological competencies. Indeed, children receiving inclusive education cover a broad spectrum of disabilities and disorders. These comprise various and different symptoms in children that, in turn, require different support and care. In the German School system children with disabilities are individually supported by so called "school assistants". They are heterogeneously qualified, e.g. teachers as well as paraprofessionals and volunteers. School assistants are an example of new challenges in the following of increased inclusive education. In the workshop a curriculum for school assistants is presented that covers the various demands of inclusive education.

#### Workshop Description

Symptoms of various disabilities and disorders of children are presented and related to their specific needs in the context of learning and cognitive and social functioning in school. Specific problems in children as well as structural problems will be discussed and illustrated via video clips. Examples of adequate interaction with children related to their specific needs and competencies will be demonstrated. To summarize, the curriculum provides a broad spectrum of practical knowledge and competencies in dealing with and individually supporting children with different disorders in school. Transfer in other fields of practice will be discussed.

#### References

Henn K, Thurn L, Besier T, Künster AK, Fegert JM, Ziegenhain, U. School escorts in inclusive education: The current situation of „Schulbegleiter“ in Baden-Württemberg. Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie 2014; 42: 397-403.

Fegert JM, Ziegenhain U. School assistants as a contribution to realize inclusive education. Inventory and legal expertise. In: Schriftenreihe Baden-Württemberg Stiftung. Stuttgart: 2016.

Henn K, Himmel R, Ziegenhain U, Fegert JM. Curriculum school assistants. Stuttgart: 2017.

Henn K, Himmel R, Fegert JM, Ziegenhain U. School Assistants - One Aspect in realizing the right for inclusive education. Nervenheilkunde 2017; 36:119-126.

27 July 2018, 10:45 - 12:15, Club B

WS 45

### Caught in the net: a child psychiatrist's guide for navigating the

#### internet age

K. Kaliebe<sup>1</sup>, M. Griffin<sup>2</sup>, K.A. Dalope<sup>3</sup>

<sup>1</sup>University of South Florida, Psychiatry, Tampa, USA

<sup>2</sup>University of Illinois, College of Medicine, Chicago, USA

<sup>3</sup>University of Pittsburgh Medical Center, Psychiatry, Pittsburgh, USA

#### Learning Objectives

Apply a biopsychosocial formulation to systematically analyze the risks and benefits of various patterns of electronic media use.

Learn research on the patterns of electronic media consumption in Autism, ADHD, and Depressive Disorders.

Understand evidence-based and consensus-based treatments for electronic media related problems in youth with these psychiatric disorders.

#### Workshop Description

The technological rate of change continues to rapidly alter childhood along with the personal and professional lives of child and adolescent psychiatrists.

Complex reciprocal interactions exist between child and adolescent psychiatric disorders and digital media use. Clinicians must stay up to date on emerging media patterns and new technologies. Digital media related problems are common. Mental health professionals can benefit from the experience of experts who assess and treat media problems.

This workshop will review key research findings and practical clinical approaches organized within mainstream and familiar psychiatric frameworks. It has been organized surrounding 3 themes:

1) Electronic media have complex biopsychosocial interactions with psychiatric disorders. Clinicians will benefit from a method to organize social media and technology use into the psychiatric formulation.

2) Electronic media use patterns and related clinical dilemmas differ due to the various core features of the common child and adolescent psychiatric disorders. Presentations organized via diagnostic categories sorts this information in a familiar and clinically useful manner. This workshop will focus on media use patterns in Depressive Disorders, Attention Deficit Hyperactivity Disorder and Autism spectrum disorders.

3) Treatment resources will be highlighted, such as movies and documentaries useful in therapy, worthwhile smart phone apps, evidence based online therapies, quality mental health information sources on the internet and a discussion of future directions of the use of technologies in clinical practice.

#### References

Ferguson CJ, Ceranoglu TA. Attention problems and pathological gaming: resolving the 'chicken and egg' in a prospective analysis. The Psychiatric quarterly. 2014; 85:103-110.

Mazurek MO, Wenstrup C. Television, video game and social media use among children with ASD and typically developing siblings. Journal of autism and developmental disorders. 2013;43(6):1258-1271.

Rafila, Malak, Nicholas J. Carson, and Sandra M. DeJong. "Adolescents and the internet: what mental health clinicians need to know." Current psychiatry reports 16.9 (2014): 1-10.

The Common Sense Census: "Media Use by Tweens and Teens". 2015. Published online at: <https://www.commonsensemedia.org/research/the-common-sense-census-media-use-by-tweens-and-teens>.

27 July 2018, 10:45 - 12:15, Meeting Room 3.1

WS 46

## Lessons learned from children with prenatal alcohol damage: FASD patients benefit from early diagnosis and multimodal Treatment

J. Gehrmann<sup>1</sup>

<sup>1</sup>St. Marien- and St. Anastifts Hospital, Department of Child and Adolescence Psychiatry and Psychotherapy, Ludwigshafen am Rhein, Germany

### Learning Objectives

The participant will learn amongst other things, that

- alcohol severely and irreversibly interferes with brain development,
- FASD affects the patient during his whole life, thus also challenges the transition from adolescence into adulthood,
- the 4-Digit Diagnostic Code or the German S3 guidelines respectively make it quite easy to diagnose FASD in the doctor's practice,
- comorbid disorders are frequent in FASD,
- ADHD is often associated with FASD,
- FASD and ADHD show overlapping symptoms,
- different pharmacological treatments for ADHD are also effective in FASD patients.

### Workshop Description

Fetal alcohol syndrome disorder (FASD) is common in particular among foster care children. Alcohol consumption during pregnancy leads to a disturbed development of all organs, but in particular the brain is affected. Neurobiological damage occurs e.g. in pronounced cell apoptosis, disturbed cell migration and division as well as cortical thinning. This prenatal damage is irreversible. Early diagnosis of FASD is important. The 4-Digit Diagnostic Code or the German S3 guidelines respectively are useful to diagnose FASD.

Clinical hallmarks of FASD are growth retardation, microcephalus, mental retardation and a characteristic facial morphology. FASD affects children's development for their entire lifespan. FASD usually does not come alone, but has several comorbidities such as learning disabilities, conduct disorder, autistic features of behaviour, emotional as well as attention problems. ADHD is a frequent comorbid disorder.

Ameliorating the severe symptoms of FASD requires a multimodal and individual therapeutic approach. There is of course no specific medication to treat FASD. However, different pharmacological treatment strategies for ADHD can be used in FASD patients. Frequently at a higher dosage medication is effective in reducing ADHD symptoms and thus improving the quality of life of FASD patients as well as of their (foster) parents.

First, the aim of this workshop is to raise awareness among child and adolescent psychiatrists on the impact of prenatal alcohol damage in their patients. Secondly, the workshop will provide the participant with sufficient knowledge to recognise and to diagnose FASD even in adolescents in the doctor's practice. In addition, the participant will learn how to treat certain symptoms in FASD children in particular by medication. Thus the participant will benefit directly for his/her daily routine work by attending this workshop. Participants may of course also raise questions concerning cases of their own.

### References

Gehrmann, J. (2016) At the interface between two spectrum disorders: clinical experience with medication of ADHD symptoms in FAS during childhood and adolescence. *Forum für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie*, 26 (2): 2-22.

27 July 2018, 14:45 - 16:15, South Hall 1A

WS 47

## Treatment of eating disorders in adolescents

M. Fumi<sup>1</sup>, S. Naab<sup>1</sup>

<sup>1</sup>Schön Klinik Roseneck, Jugendstation, Prien, Germany

### Learning Objectives

Age-adapted, disorder-specific, multi-modal treatment of eating disorders; dealing with specific problems.

### Workshop Description

Eating disorders, especially anorexia nervosa, are among the most dangerous disorders in the psychosomatic field. The onset of eating disorders is already in childhood and adolescence. Therefore, there is a need for as early as possible medical and therapeutic intervention in order to avert physical and psychosocial long-term consequences.

The aim should be a fast-starting guideline-oriented treatment in a specialized setting involving the family, as well as a good networking of the various treatment settings to avoid chronification of the disease. The workshop will provide an overview of the guideline-oriented diagnostics and medical and therapeutic treatment of eating disorders in adolescence and adulthood. An example is a guideline-oriented, individually adapted cognitive-behavioral treatment of eating disorders in the Schön Klinik Roseneck, taking into account the problem areas and corresponding treatment goals. It also discusses accompanying psychopharmacological treatment options. Special aspects of psychotherapy will be discussed in the workshop. Additional specific problem areas in adolescence are discussed, such as development processes and limited assumption of responsibility, involvement of the families, the influence of peer groups and the new media. In summary, the workshop will mediate medical and therapeutic aspects of diagnosis and therapy. In addition, specific therapeutic situations are discussed on the basis of case studies; the participants are invited to contribute their own clinical examples, which can be discussed.

### References

T. Brockmeyer, H.C. Friederich, U. Schmidt: Advances in the treatment of anorexia nervosa: a review of established and emerging interventions. *Psychological Medicine* 2017.

U. Voderholzer, M. Fichter: Anorektische und bulimische Essstörungen. *Therapie-Handbuch*, Dezember 2014.

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# IACAPAP 2018

UNDERSTANDING DIVERSITY  
AND UNIQUENESS

23–27 JULY 2018  
PRAGUE, CZECH REPUBLIC



## MEDIA THEATRES



## Media theatres

24 July 2018, 16:45 - 19:15, Club B

MT 01

### The Crash Reel - examining resilience in recovery from traumatic brain injury (TBI) in a high-risk, high-performance sport

C. Donnelly<sup>1</sup>, A. Bami<sup>1</sup>, K. Gosai<sup>1</sup>, A. Pearce<sup>2</sup>

<sup>1</sup>DHMC/Geisel School of Medicine at Dartmouth, Psychiatry, Lebanon, USA

<sup>2</sup>Loveyourbrain.com, Community Outreach, Norwich, USA

#### Learning Objectives

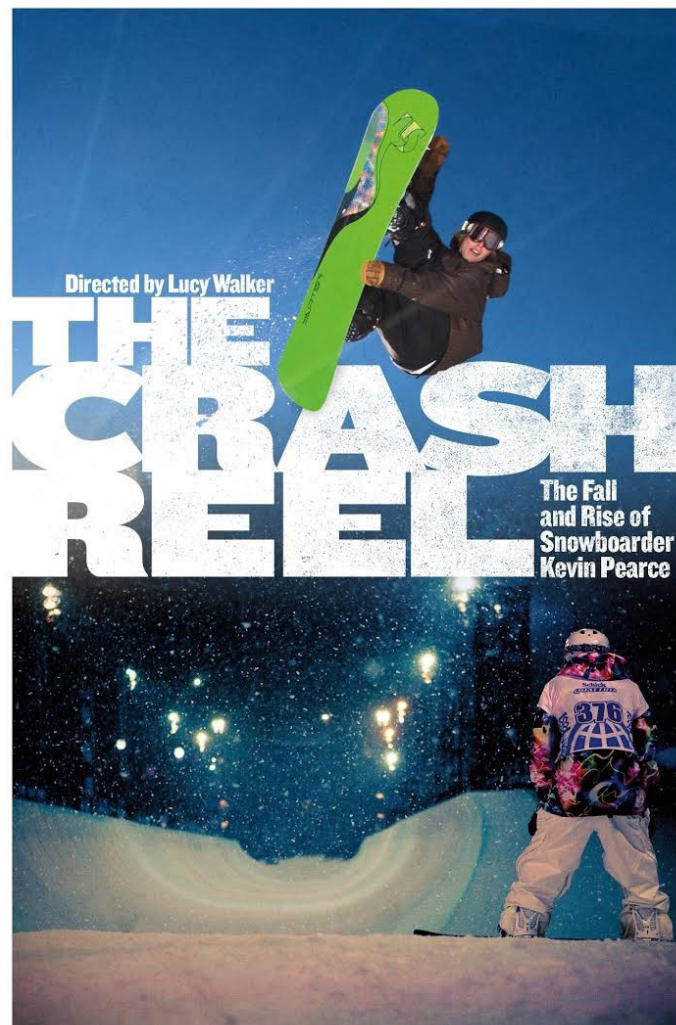
In this session participants will view the movie 'The Crash Reel' (run time 108 minutes) followed by a discussion about incorporating into clinical practice aspects of building Resilience, and the use of Mindfulness techniques including Yoga and other supportive elements in helping patients to recover from Traumatic Brain Injury (TBI) and sustain healthy living. Participants will understand the important roles of family in recovery, and the utility of mindfulness and yoga as complements to traditional medical and psychiatric care in recovery and acceptance.

#### Session Description

In this session participants will view the movie 'The Crash Reel' (run time 108 minutes).

The Crash Reel is a documentary film directed by Lucy Walker and premiered as the Opening Night Gala film on 19 January 2013 at the Sundance Film Festival. Lucy first met Kevin Pearce while mentoring at a retreat sponsored by Nike intended to inspire their action sports athletes to use their platform for social change. The result is the movie The Crash Reel, which premiered at Sundance Film Festival in the Documentary Premieres section and was nominated for an Academy Award.

The film is described as a "jaw-dropping story of one unforgettable athlete, Kevin Pearce; one eye-popping sport, snowboarding; and one explosive issue, Traumatic Brain Injury. Through years of sports and film footage, The Crash Reel chronicles the epic rivalry between professional snowboarders Kevin Pearce and Shaun White, which culminates in Kevin's life-changing crash, his head injury, his recovery and comeback story. The film also showcases the Pearce family and their resilience, including Kevin's father, glass-blower Simon Pearce and Kevin's brother David Pearce, as he copes with his brother's serious injury and who describes his own struggle to accept his Down Syndrome. The film also premiered at the X Games on January 23, 2013 in Aspen, Colorado as the first ever movie to play as a featured part of the event. The film raises interesting questions about competition in extreme sports, the roles of individual athletic striving versus cultural driven aspirations for more extreme and dangerous athleticism and the factors of resilience in recovery from TBI."



#### References

The Crash Reel, <https://vip.hbo.com/portal/?username=kevin@loveyourbrain.org>

Southwick, S.M., Litz, B.T., Charney, D. and Friedman, M.J. (editors), Resilience and Mental Health: Challenges Across the Lifespan, Cambridge University Press, 2011.

24 July 2018, 16:45 - 19:15, Club D

MT 02

### Olga Hepnarova, true-life story maps a ten-year struggle of the Czech girl and consequently mass murderer to deal with society

K. Thorova<sup>1</sup>

<sup>1</sup>National Institute for Autism NAUTIS, Diagnostic and Consultancy Centrum, Prague 6, Czech Republic

#### Learning Objectives

The film is about mass murderer but also about the human being and its



development behind it. Although the story is set in the 1970s the theme is highly topical. A lot of young people world-wide struggle with feelings of alienation because of religion, race, or sexual orientation. Different behavior and ostracization from the society can be also the consequence of an atypical neurodevelopment. There is a lot of people nowadays who cannot reach the informed parental support and proper professional help.

Doctors diagnosed many pathological traits but were unable to give a complete diagnosis to Olga. Is the professional world different after forty-five years? Would better diagnoses and informed support changed her prognoses? Can evidence based studies answer it? Are we nowadays able to prevent the causes of this tragedy better? Is society better prepared for neurodiversity?

## Session Description

I, Olga Hepnarova (film in the original version with subtitles, 104 minutes)

Biopic film of the Czech writer-directors Tomas Weinreb and Petr Kazda narrates story of Olga Hepnarova (1951–1975), a 22 years old mass murderer, who in 1973 wittingly drove truck onto a sidewalk in Prague intending to kill as many people as possible. Eight people died, eleven people were seriously injured. The crime was calculated and committed with lack of remorse. Two years later Olga was given the death penalty and executed. The film portrays the key events that led up to Olga's cruel and merciless crime from her suicide attempt at the age 13. Olga's attitudes, thoughts and feelings are conveyed to us through her authentic letters. We witness her ten years lasting vain effort to fit into society. She is mistreated and bullied from her peers, parents, and teachers. People around her are unable to help her because of her nonstandard psyche and inability to communicate. Olga's feelings of loneliness and alienation are getting worse. She is full of hatred, frustrated by confusing social world and her sexuality describing herself as a wreck ruined by people and sexual cripple. She considers killing herself or to kill others but gradually she comes to her final decision: „I, Olga Hepnarova, the victim of your bestiality, sentence you to death.“

2. Summary of the past and present situation.

3. Discussion.

## References

Cílek R., *Oprátka za osm mrtvých*, 2. vydání, C.H.Beck, Praha, 2003.  
<http://www.pantharei.estranky.cz/>

I, Olga Hepnarova, film 2016, directed by Tomas Weinreb, Petr Kazda, internationally co-produced film - Czech Republic, Poland, France, Slovakia

## Shwaas - screening of the movie and a follow up discussion - Positive mind, positive vibes, positive life!

25 July 2018, 16:45 - 19:15, Club B

MT 03

## Positive mind, positive vibes, positive life!

S.M. KAKU<sup>1</sup>, K.J. Vijay Sagar<sup>2</sup>

<sup>1</sup>Rainbow Childrens Hospital, Child and Adolescent Psychiatry, Bangalore, India

<sup>2</sup>National Institute of Mental Health and Neurosciences NIMHANS, Child and Adolescent Psychiatry, Bangalore, India

## Learning Objectives

Media offers a wonderful opportunity to feel emotions through our senses. This presentation brings to the audience

1. Demonstration of various challenges of child mental health care in low and middle income countries,

2. Will help facilitate discussion about the role of extended family in positive child mental health

3. Will engage audience in a moving story of a child with cancer thus facilitating discussion to find strategies and solutions to provide mental health care across various medical pediatric specialties in resource limited settings.

## Session Description

The session will be based on a motion picture called Shwaas. Shwaas is an award winning Marathi (an Indian language) film (sub-titled in English), released in 2004. It was India's official entry to the Oscars in 2004 in the Academy Award for best foreign language film category. It has an IMDb rating of 8.3/10.

It is based on a true life incident in Pune, India. It about a 7 year old boy with retinal cancer whose only chance of survival is a surgery that will leave him blind. With only a letter of reference from the local doctor in a rural village, the boy and his grandfather try to grapple with challenges of a big city hospital and turmoil of the seemingly detached doctor who is left with the responsibility of explaining the situation to the young boy. A series of spine tickling events makes the grand-father take some interesting unconventional actions, highlighting issues of disclosure to children and helping them to come to terms with the inevitable. The old man tried to show his grandson the preciousness and beauty of life in a no win situation such as cancer. It is about keeping a positive attitude towards life.

Motion picture duration: 107 minutes

Discussion: 30 minutes

Do join us and spread the word!!

25 July 2018, 16:45 - 19:15, Club D

MT 04

## Loving Vincent – screening of the movie and a follow-up discussion

P. Winkler<sup>1</sup>

<sup>1</sup>National Institute of Mental Health, Department of Social Psychiatry, Klecany, Czech Republic

Loving Vincent is a fully painted animated movie about the last weeks of life of painter Vincent van Gogh. Before his suicide in 1890, Vincent van Gogh left the clinic in Saint-Rémy and moved to Auvers-sur-Oise, France, where he was taken care of by Dr Paul Gachet. From the mental health perspective, the movie is interesting not just because it touches upon mental health problems of Vincent van Gogh and his relationship with his medical doctor, but also because it shows how differently was the painter perceived and treated by individual inhabitants of Auvers-sur-Oise. In this sense, the movie offers an authentic insight into the social aspects of mental health problems, aspects that are often described by people with mental health problems as more difficult than the symptoms of illness themselves.



26 July 2018, 16:45 - 19:15, Club B

MT 05

## Children of the Full Moon - screening the movie about families with children with ASD and behavioral issues

P. Tresnak<sup>1</sup>

<sup>1</sup>*Nadeje pro deti uplnku z.s., Documentation, Mesice, Czech Republic*

### Learning Objectives

I'm the journalist by profession and also father of 12 year old daughter Dorotka with severe form of autism spectrum disorder. I would like to present the documentary movie we made in cooperation with Czech Television. It's called Children of the Full Moon and it depicts the lives of four families with kids with ASD suffering from communication handicap, severe learning disabilities and behavioral issues. (One of the family is mine.)

We initiated this movie because of lack of public awareness in Czech republic. Movie shows daily struggle of the families and their uncertainty about the future. There is a very little social support for people with so called low-functioning autism in Czech republic, especially for the adults.

Movie is part of the advocacy project called Hope for Children of the Full Moon which tries to improve social care for the families with ASD and give them better quality of life. I would like to present also our goals in this project.

More information and on-line stream can be found at: <http://www.detiuplnku.cz/en/children-of-the-full-moon/>

### Session Description

Movie is about 45 minutes length, we have English subtitles version.

After that I can have a short explanation about the situation of ASD families in Czech republic, explain our project and its goals. I can also participate in discussion.

### References

<https://www.respekt.cz/tydenik/2014/5/deti-uplnku>

<https://video.aktualne.cz/dtv/autismus-absence-komunikace-agrese-sebeposkozovani-rodina-ko/r--d269f2c82a8b11e794b9002590604f2e/>

<http://www.ceskatelevize.cz/ct24/kultura/2098070-deti-uplnku-a-zoufalirodice-drsny-dokument-vypravi-o-tezke-forme-autismu>

## Turtles can fly - screening of the movie and a follow up discussion

26 July 2018, 16:45 - 19:15, Club D

MT 06

## Turtles Can Fly

A. Chachar<sup>1</sup>, A. Mian<sup>1</sup>, J. Fayyad<sup>2</sup>, G. Harper<sup>3</sup>

<sup>1</sup>*Aga Khan University, Department of Psychiatry, Karachi, Pakistan*

<sup>2</sup>*University of Balamand- Faculty of Medicine and Medical Sciences, Department of Psychiatry and Clinical Psychology, Beirut, Lebanon*

<sup>3</sup>*Harvard Medical School Boston, USA*

### Learning Objectives

Appreciate the impact of war and collective violence on a child's development.

Identify personal and social factors that confer resilience on psycho-social development in crisis situations.

Identify community-level interventions that prove beneficial in children exposed to war, trauma, displacement and collective violence

### Session Description

Background: "Turtles Can Fly" is a movie set in Kurdish refugee camp where the makeshift village waits for the American invasion with a mixture of trepidation, hope, and a hunger for information on the eve of the 2nd Gulf War. It is focused on the struggles of the daily life of the local children, many of them orphans and refugees, some of them maimed by mines and otherwise scarred by war. Thirteen-year-old 'Satellite' is known for his installation of dishes and antennae for local villages. He is the leader of the children; an entrepreneur who organizes a small army of children child for the dangerous searching of the fields for land mines they can sell to the U.N. Satellite's mixture of scheming and genuine compassion personifies resilience, courage and irrepressible optimism, even as the world crumbles around him.

### Methods:

After the screening of the movie:

Ayesha Mian will discuss the impact of war on families and communities using focused scenarios of danger and disruption faced by characters in the movie.

Gordon Harper will discuss both individual and community level interventions proven to be beneficial for children exposed to trauma.

John Fayyad will discuss his work with children and schools from the war-affected areas.

Aisha Sanober will discuss personal and social factors that confer vulnerability and resiliency on ego development.

### Results:

Children are increasingly involved in mass physical and psychological violence. From 1993-2003, 2 million children were killed and 6 million children injured or permanently disabled in war zones, 1 million children were orphaned and 20 million displaced to refugee camps or other camps. Children may exhibit loneliness, overt depression, PTSD, suicidal ideation, panic, and demoralization. Certain factors can confer resilience like intelligence and easy temperament, strong familial connections and external support from people or institutes.

### Conclusion:

Children and young people are increasingly becoming direct and indirect victims of mass violence and displacement. It is imperative that we focus on identifying factors that confer vulnerability and promote resilience on child development. Community-level interventions are needed to approach children suffering from trauma-related consequences and mental health disorders.

### References

William R. The psychosocial consequences for children of mass violence, terrorism, and disasters. *Int.Rev.Psychiatry*, June 2007; 19(3): 263-277

[www.iacapap2018.org](http://www.iacapap2018.org)

# IACAPAP 2018

UNDERSTANDING DIVERSITY  
AND UNIQUENESS

23–27 JULY 2018  
PRAGUE, CZECH REPUBLIC



## SPECIAL INTEREST STUDY GROUP



## Special interest study groups

24 July 2018, 10:45 - 12:15, Club B

SG 01

### Building capacity and the workforce in family, child and adolescent mental health for evidence based practice and public health impact.

N. Kowalenko<sup>1</sup>, P. Robinson<sup>2</sup>, W. Beardslee<sup>3</sup>, T. Solantaus<sup>4</sup>

<sup>1</sup>*Emerging Minds, Deputy Chair, Sydney, Australia*

<sup>2</sup>*Emerging Minds, Director, Adelaide, Australia*

<sup>3</sup>*Harvard Medical School, Psychiatry, Boston, USA*

<sup>4</sup>*National Institute of Health and Welfare, Formerly Director, Helsinki, Finland*

#### Learning Objectives

This SIGS will inform participants of the current work underway to grow workforce capacity, consumer support and systems strengthening to build capacity in a variety of national settings (Australia, USA, Finland) to improve the mental health of young people and families at a population level. Participants will learn about the policy drivers, research findings, consumer advocacy, strategies and funding that supported the emergence, development, implementation and monitoring of initiatives with national impact. Comparing the strengths, challenges, opportunities and impact of approaches in different national contexts will facilitate participants reflections on the potential for such approaches in their own settings, with adaptations required for their individual circumstances.

#### Session Description

Australia, USA and Finland have actively promoted strategies in CAMH for public health impact. The presenters will briefly describe the steps taken in their respective nations, the strategies they have found to be most effective, the context supporting their work and their plans for the future. In their brief presentations, presenters will highlight the key partnerships formed and identify other factors that facilitate sustaining their work. In Finland, legal and policy frameworks, dedicated national leadership, systematic staff training, research and extensive networking and professional support (including in Nordic countries) have actively supported their developments.

In the USA, academic leadership high quality research and web-based tools have extended the reach of specific strategies and programs, and their potential upscaling particularly for children of parents with a mental illness.

These approaches have seeded the potential for upscaling after embedding initiatives in evidence based frameworks.

In Australia, consumer partnerships and a focus on digital platform expansion for awareness, reach and accessibility is targeting national workforce development to be consistent with consumer expectations in primary and specialist CAMH care. This will support mental health reform.

This interactive session will allow considerable time for participants to ask questions to consider how the initiatives described might be relevant to their own circumstances.

The interactive nature of the session will facilitate participants' considering how best to tailor approaches described (or parts thereof) in their own settings to grow the impact of these developments to improve the social and emotional health of the younger members of the population.

24 July 2018, 10:45 - 12:15, South Hall 1B

SG 02

### Join us! Become involved in IACAPAP's educational activities

J. Rey<sup>1</sup>, A. Martin<sup>2</sup>, B. Falissard<sup>3</sup>, M. Ferrin<sup>4</sup>, M. Irarrázaval<sup>5</sup>, J. Chilton<sup>6</sup>, N. Kowalenko<sup>7</sup>, H. Hamoda<sup>8</sup>

<sup>1</sup>*Notre Dame University Medical school Sydney, Psychiatry, Sydney, Australia*

<sup>2</sup>*Yale University, Psychiatry, New Haven- CT, USA*

<sup>3</sup>*Université Paris-Sud., Public Health, Paris, France*

<sup>4</sup>*University of Southampton, Developmental Brain-Behaviour Laboratory, Southampton, United Kingdom*

<sup>5</sup>*World Health Organization PAHO/WHO, Specialist Evidence and Research Mental Health and Substance Use, Washington DC, USA*

<sup>6</sup>*Yale Child Study Center, Psychiatry, New Haven- CT, USA*

<sup>7</sup>*RANZCP Faculty of Child and Adolescent Psychiatry, Psychiatry, Sydney, Australia*

<sup>8</sup>*Harvard Medical School, Psychiatry, Boston, USA*

#### Learning Objectives

To examine current educational activities of IACAPAP.

To discuss improvements to these activities and ways to increase involvement of more mental health professionals

The session, chaired by Andres Martin and Bruno Falissard, will include brief presentations about IACAPAP's educational activities followed by discussion, as follows:

- The MOOC "Essentials of Child and Adolescent Psychiatry across the World".
- Joseph Rey: The IACAPAP eTextbook—where it is now and where it is going.
- Maite ferrin: Writing a chapter for the eTextbook.
- Matías Irarrázaval: Translating the eTextbook into other languages.
- Julie Chilton: Using the eTextbook in teaching.
- Nick Kowalenko: How can I contribute to supporting iCAMH's growth?
- Hesham Hamoda: How can I contribute to the IACAPAP Bulletin?

24 July 2018, 14:45 - 16:15, Club E

SG 03

### New frontiers in evidence-based population and systems-level interventions and prevention

N. Karnik<sup>1</sup>, C. Stadler<sup>2</sup>, P. Lester<sup>3</sup>, P. Vostanis<sup>4</sup>, J. Huemer<sup>5</sup>, K. Saxena<sup>6</sup>, B. Kabuth<sup>7</sup>, R. Benbenishty<sup>8</sup>, R.A. Astor<sup>9</sup>

<sup>1</sup>*Rush University Medical Center, Psychiatry, Chicago, USA*

<sup>2</sup>*University of Basel, Child & Adolescent Psychiatry, Basel, Switzerland*

<sup>3</sup>*University of California- Los Angeles, Psychiatry & Biobehavioral Sciences, Los Angeles, USA*

<sup>4</sup>*University of Leicester, Neuroscience- Psychology and Behaviour, Leicester, United Kingdom*

<sup>5</sup>*Medical University of Vienna, Child & Adolescent Psychiatry, Vienna, Austria*

<sup>6</sup>*Texas Children's Hospital, Child & Adolescent Psychiatry, Houston, USA*

<sup>7</sup>*University of Lorraine, Child & Adolescent Psychiatry, Nancy, France*

<sup>8</sup>*Bar-Ilan University, School of Social Work, Ramat-Gan, Israel*



<sup>9</sup>University of Southern California, School of Social Work, Los Angeles, USA

### Learning Objectives

1. Participants will learn about the health disparities facing children, adolescents & families.
2. Attendees will understand systems of care and population-based approaches to the care of children and families.
3. Attendees will understand the ways to use validated screening tools to assess and risk-stratify children and adolescents.
4. Participants will understand new models of intervention and treatment that are evidence-based and scalable.

### Session Description

This special interest study group will bring together leading clinician-researchers from across the world to examine ways to expand and extend care for children, adolescents and families with special attention to underserved populations. Regardless of region, country or payment structure, it is increasingly clear that the limited number of mental health professionals cannot directly care for all of the children and families who need care. Over a decade of training initiatives have done little to expand the number or quality of care providers for children and families. Parallel training pathways outside of psychiatry and psychology to nursing and social work, while addressing some of these gaps, have failed to produce a comprehensive system of care capable of caring for large populations. Added to this is a significant need to extend the use of evidence-based practices. Expanding care alone has little impact if it is not tied to evidence-based approaches with proven efficacy in treating mental health issues.

We plan to take on this challenge using a multi-tiered framework. First, we will briefly review the challenges outlined above to set goals for the session. Second, we will discuss the ways that population-based approaches and engagement with primary care present opportunities to expand care. Third, we will explore the role that technology can play in helping us address these gaps and to better engage patients direct as well as work with colleagues in primary care. Finally, we will review the use of evidence-based interventions and how to maintain fidelity to these models.

### References

Belkin G, Wissow L, Lund C, Aber L, Bhutta Z, Black M, Kieling C, McGregor S, Rahman A, Servili C, Walker S, Yoshikawa H. Converging on child mental health - toward shared global action for child development. *Glob Ment Health (Camb)*. 2017 Oct 19;4:e20. doi: 10.1017/gmh.2017.13. eCollection 2017. PubMed PMID: 29230316; PubMed Central PMCID: PMC5719480.

24 July 2018, 14:45 - 16:15, Forum Hall

### SG 04

#### Adolescent mental health services in low and middle income countries: a model from a tertiary care centre in India

J.V. Kommu<sup>1</sup>, N.P. Murugappan<sup>2</sup>, S. Ghosh<sup>1</sup>

<sup>1</sup>National Institute of Mental Health and Neuro Sciences, Dept. of Child and Adolescent Psychiatry, Bangalore, India

<sup>2</sup>National Institute of Mental Health and Neuro Sciences, Dept. of Clinical Psychology, Bangalore, India

### Learning Objectives

This special interest group will serve as a platform to discuss available adolescent mental health services in LAMI countries, the challenges of providing

such services and to discuss the development of services in non-existent situations .

### Session Description

It is estimated that approximately 70-80% adolescents live in low and middle income (LAMI) countries. They form a vulnerable group at risk for various mental illnesses. Mental illness in adolescents are associated with low educational achievement, unemployment, substance use, risk-taking behaviours, crime, poor sexual health, self-harm ,family dysfunction and inadequate self-care. There is a large gap between mental morbidity in adolescents and availability of services in the LAMI countries. Inadequate treatment of mental illness during the period of adolescence leads to significant disability which usually continues into adulthood. Adolescent mental health services are very much neglected in most of the LAMI countries with available services largely focusing on out-patient clinic based service delivery.

We intend to present a model of adolescent mental health services in our tertiary care centre in India. The infrastructure available to provide the services will be discussed .The model will include out-patient clinic based services and intensive in-patient care using pharmacotherapy, individual psychotherapy, family therapy interventions and the challenges encountered in delivering these services.References

1) Juengsiragulwit D. Opportunities and obstacles in child and adolescent mental health services in low- and middle-income countries: a review of the literature. *WHO South East Asia J Public Health*. 2015 Jul-Dec;4(2):110-122. doi: 10.4103/2224-3151.206680.

24 July 2018, 16:45 - 18:15, Club A

### SG 05

#### IACAPAP workgroup on gender issues

C. Prins-Aardema<sup>1</sup>, G. Harper<sup>2</sup>

<sup>1</sup>GGZ Drenthe, Family Psychiatry & Child-and adolescent Psychiatry, Beilen, Netherlands

<sup>2</sup>Harvard Medical School, Psychiatry, Boston, USA

### Learning Objectives

After a short introduction every gender issue will be discussed by all attendees. Attendees of every continent are invited to share their clinical impressions. We will reflect on the influence of culture, society and the public debate in the presentation of the gender issues.

The last 15 minutes of this workgroup will be used to set the agenda for the workgroup for the coming years.

### Session Description

This IACAPAP workgroup focuses on the different aspects of gender issues, with which we are confronted in our clinical practice around the globe.

According to the World Health Organisation (WHO):

“Gender refers to the socially constructed characteristics of women and men—such as norms, roles and relationships of and between groups of women and men. It varies from society to society and can be changed.”

In this workgroup we will discuss the following gender issues:

1. LGBTQIA:

Public debate and acceptance, legal rights, clinical presentations.

2. Gender issues in (post)conflict areas:

Sexual health for refugees, gender-based violence.

3. Gender-issues for Mental Health professionals:  
Family planning/ Gender ratio among CAMH professionals.

25 July 2018, 08:00 - 09:30, Club E

SG 06

## Forum 1 on enhancing mental health among indigenous children and youth; sharing an ethical space to explore needs

C. Wilkes<sup>1</sup>, B. Scout<sup>2</sup>, K. Thorpe<sup>3</sup>, S. Dean<sup>4</sup>, H. Elder<sup>5</sup>, G. Gee<sup>6</sup>

<sup>1</sup>University of Calgary, Psychiatry, Calgary, Canada

<sup>2</sup>Alberta Mental Health Worker, Blackfoot Treaty 7, Calgary, Canada

<sup>3</sup>Counsellor and Health Worker, Koori Kids, Victorian Aboriginal Health Service, Melbourne, Australia

<sup>4</sup>Mental Health for the Young and Their Families, Mental Health for the Young and Their Families, Melbourne, Australia

<sup>5</sup>University of Auckland, Professor Indigenous Health Research, Auckland, New Zealand

<sup>6</sup>Family Counselling Program, Victorian Aboriginal Health Service, Melbourne, Australia

### Learning Objectives:

1. To bring together indigenous and non-indigenous mental health workers in a collaborative process of exploration and learning about indigenous child adolescent and family mental health and wellbeing
2. To develop understandings of how certain mental health needs of indigenous children, adolescents and families may spring from a legacy of colonisation and oppression, though transgenerational trauma, which results in ongoing, complex mental health challenges for children, adolescents and families in indigenous communities around the world
3. To identify diversity, commonalities and differences in those understandings, particularly of the difficulties confronting children and adolescents, the call for sustained action by society, and for sustained comprehensive governmental mental health policy in this area

### Session Description

This Study Group is one of two Forums at this Congress addressing the mental health and wellbeing of indigenous children, adolescents and their families, building on sessions held at three previous IACAPAP Congresses. In this first Forum, indigenous and non-indigenous workers from several continents can share understandings of the current mental health needs of indigenous communities and their young. Brief presentations will open discussion among participants, conducted within an "ethical space" of mutual positive regard and celebration, as conceived by Chief Reg Crowfoot, of the Blackfoot Nation (North America). Indigenous communities are emerging from colonial oppression, which is a recent, frequently ongoing experience. These communities strive to express and explain their mental health needs, especially those of their children and young people, within the devastating context of a clash of cultures. Nevertheless, the example indigenous communities often represent of harmony with and care of the natural environment, and their survival and development over eons are an inspiration to all of humankind, sorely needed in our troubled times. Indigenous peoples have much to teach about actively valuing the culture of community, so vital in promoting the mental health of each individual person. The Forum will explore experiences in this field, to discover similarities and differences between the challenges faced by different cultures, and between indigenous and non-indigenous approaches to mental health. Expected themes include appreciation of diverse needs, active collaboration between mental health professionals and indigenous communities, and aspirations to reconciliation and cooperation building bridges within societies to support the young.

25 July 2018, 08:00 - 09:30, Meeting Room 1.1

SG 07

## Child psychiatry training towards a global renaissance: early career perspectives

M. Vallejo Valdivielso<sup>1</sup>, D. Martzenkovskyi<sup>2,3</sup>, S. Awhangansi<sup>3,4</sup>, H. Yilmaz Kafali<sup>3,5</sup>, S. Ghosh<sup>3,6</sup>, S.M. Birkle<sup>3,7</sup>, V. Kodra<sup>3,8</sup>, A. Sebel<sup>3,9</sup>

<sup>1</sup>University of Navarra Clinic, Child&Adolescent Psychiatry Unit, Pamplona, Spain

<sup>2</sup>Bohomolets National Medical University, Psychiatry, Kyiv, Ukraine

<sup>3</sup>IACAPAP, 2017 Helmut Remschmidt Research Seminar Fellow, Prague, Czech Republic

<sup>4</sup>Neuropsychiatric Hospital, Aro- Abeokuta, Nigeria

<sup>5</sup>Ege University School of Medicine Child and Adolescent Psychiatry, Izmir, Turkey

<sup>6</sup>National Institute of Mental health and NeuroSciences, Department of Child and Adolescent Psychiatry, Bangalore, India

<sup>7</sup>University Hospital Tuebingen, Department of Psychosomatic Medicine and Psychotherapy, Tuebingen, Germany

<sup>8</sup>University Hospital Mother Teresa, Child & Adolescent Psychiatry Unit, Tirana, Albania

<sup>9</sup>National Institute of Mental Health, Klecany, Czech Republic

### Learning Objectives

The main objective of our study group is to identify and discuss both the obstacles and positives of global training and collaboration in child & adolescent psychiatry. We will also review the benefits of current practices and research opportunities from an international point of view. We hope to proffer practical suggestions for to improving child & adolescent psychiatry training globally.

### Session Description

As we are a group of Helmut Remschmidt Research Seminar (HRRS) fellows, the first part of the session starts with four brief review presentations based on three international research training courses (HRRS, Donald J Cohen Fellowship Program (DJCFP), Fondazione Child), in order to present some leadership & professional skills we could learn from early career psychiatrists who attended these different courses. In addition one presentation contains information on the European Federation of Psychiatric Trainees (EFPT). Further, there will be topic discussions on the following areas: international mentoring, strengthening international collaboration among child and adolescent psychiatry trainees, leadership training course in child & adolescent psychiatry.

25 July 2018, 10:45 - 12:15, Club A

SG 08

## Supporting the development of paediatric liaison psychiatry: updates and cases from the Paediatric Liaison Network in the UK and Ireland

E. Barrett<sup>1</sup>, F. McNicholas<sup>2</sup>, O. Moghraby<sup>3</sup>, S. Taylor<sup>4</sup>, C. Rask<sup>5,6</sup>, M. Hodes<sup>7</sup>

<sup>1</sup>Children's University Hospital, Consultant in Child and Adolescent Liaison Psychiatry, Dublin, Ireland

<sup>2</sup>University College Dublin, Professor of Child and Adolescent Psychiatry, Dublin, Ireland

<sup>3</sup>Consultant in Child and Adolescent Psychiatry, Lewisham, London, United Kingdom

<sup>4</sup>Imperial College London, Deputy Chair of Paediatric liaison special interest group, Consultant child and adolescent liaison psychiatrist, Senior Lecturer,



London, United Kingdom

<sup>5</sup>Aarhus University Hospital, Child & Adolescent Psychiatric Center Risskov, Aarhus, Denmark

<sup>6</sup>Aarhus University Hospital, The Research Clinic for Functional Disorders and Psychosomatics, Aarhus, Denmark

<sup>7</sup>Imperial College London, Hon Sen Lecturer in Child and Adolescent Psychiatry, London, United Kingdom

### Learning Objectives

- To promote awareness and utility of an existing network across Ireland, the UK and the Netherlands. 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
- Opportunity explore and discuss the evidence base for Child and Adolescent Liaison Psychiatry.
- Explore models for liaison services in Ireland and the UK- different challenges and approaches will be outlined.
- Use of the network to discuss complex case presentations in liaison settings
- Economic analysis of cases in Dublin and London will be outlined and the SIG will consider such approaches in international settings

### Session Description

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. Challenges in services: Many teams struggle with resourcing and this session will explore such struggles. Additionally, with regards to Emergency Psychiatry, presentations to the emergency department, often out of hours, are presently the "norm" rather than exceptional. What do families want? Is care provided timely, involving the right person, right place, right time? Several speakers will discuss exciting new developments in services and approaches to promoting mental health across a paediatric hospital.

Different approaches are taken in different countries. Speakers will present models in liaison settings (Dr. Barrett, Dr. Taylor, Dr. Moghraby and approaches to economic evaluations (Prof McNicholas). Paediatric Liaison Psychiatry Teams may operate in emergency departments, wards and outpatient settings; in supporting young people and families with both acute and chronic illness, for example supporting adherence to treatment regimes and treating co-morbidity. Approaches to somatoform disorders will be outlined. Data will be presented on current service evaluation models and economic evaluation. Clinical case discussion will be facilitated by Dr. Taylor/ Dr. Hodes/ Prof Rask.

### Contributions:

1. Dr. Elizabeth Barrett: Introductions, aims, Networks and the challenges of service development
2. Prof Fiona McNicholas: Economic evaluations of Liaison services in Dublin, Ireland
3. Dr. Omer Moghraby: Models in Liaison Psychiatry and emergency department supports for young people in London
4. Dr Sharon Taylor: Psychosomatic cases and the importance of narrative
5. Prof Charlotte Rask: You are also sick, my child! Health anxiety by proxy: a new concept with important clinical implications
6. Dr. Matthew Hodes: Food Allergy in Consultation-Liaison Psychiatry

### References

Garralda, M. E. and Slaveska-Hollis, K. (2016), What is special about a Paediatric Liaison Child and Adolescent Mental Health service?. *Child Adolesc Ment Health*, 21: 96–101. doi:10.1111/camh.12146

25 July 2018, 10:45 - 12:15, Club B

### SG 09

## Forum 2 on enhancing mental health among indigenous children and youth: rights and services promoting optimal mental health and wellbeing

S. Dean<sup>1</sup>, C. Wilkes<sup>2</sup>, N. Scout<sup>3</sup>, K. Thorpe<sup>4</sup>, H. Elder<sup>5</sup>, G. Gee<sup>6</sup>

<sup>1</sup>Mental Health for the Young and their Families: Victoria & Monash University, Centre for Developmental Psychiatry and Psychology, Hughesdale, Australia

<sup>2</sup>Alberta Health Services & University of Calgary, Child and Adolescent Psychiatrist- Child and Adolescent Mental Health and Addictions, Calgary, Canada

<sup>3</sup>Treaty 7- Indigenous Mental Health, Blackfoot Nation Mental Health, Calgary, Canada

<sup>4</sup>Counsellor and Health Worker, Koori Kids, Victorian Aboriginal Health Service, Melbourne, Australia

<sup>5</sup>University of Auckland, Professor Indigenous Health Research, Auckland, New Zealand

<sup>6</sup>Family Counselling Program, Victorian Aboriginal Health Service, Melbourne, Australia

### Learning Objectives

1. To explore how indigenous communities themselves strive to enhance the mental health, wellbeing and life chances of their young
2. To recognise how mainstream mental health services have a responsibility to provide culturally sensitive practices that are appropriate to indigenous children, adolescents and families, and to illustrate how services in some places are aiming to develop increasingly sensitive and integrated approaches despite ongoing, socially-based challenges
3. To highlight the role of the international community of mental health professionals, including IACAPAP itself, in joining with indigenous communities to advocate for the mental health rights of indigenous children and youth

### Session Description

This Study Group is the second of two Forums at this Congress discussing the mental wellbeing of indigenous children, adolescents and their families. In this Forum, indigenous and non-indigenous workers will consider how the culturally diverse mental health needs of indigenous children and youth can be recognized in terms of human rights and actual services. Presented by Chris Wilkes and Nii'danamaska Scout will be the limited access to services for seven rural First Nations groups in Alberta, Canada, where piecemeal government funding compounds inadequate transport, community unemployment, and problems in engagement with services, such that out-of-home care, youth addiction and suicide run at extremely high rates. Initiatives to confront these challenges include research to identify gaps in services, early interventions in schools wherein family school liaison workers work closely with mainstream mental health professionals, educational sessions on wellness, psychological first-aid groups run by an indigenous program, and cultural sensitivity training for mainstream mental health workers. Similar initiatives are seen in Australia, as illustrated at the state-wide Victorian Aboriginal Health Service. Sharing among participants about such challenges and creative solutions, so often rooted in funding issues, opens the discussion to the social underpinnings of mental health to the crying need for advocacy concerning the mental health rights of indigenous children and youth. The developing IACAPAP Declaration of the Mental Health Rights of Indigenous Children and Youth is an important international step in advocacy built upon mainstream-indigenous collaboration to facilitate negotiation and

validation of effective prevention and healing practices from all traditions.

**25 July 2018, 14:45 - 16:15, Club D**

**SG 10**

## **Education of child and adolescent psychiatrists in Europe: Strengths, challenges and possible ways to improve**

B. Jacobs<sup>1</sup>, E. Barrett<sup>2</sup>

<sup>1</sup>University College Dublin, Child & Adolescent Psychiatry, Dublin, Ireland

### **Learning Objectives**

1) To work with participants in developing ways to work to intervene at different levels in the systems of training set within different national and international frameworks to improve standards of education for child psychiatry trainees.

2) To build on achievements so far and encourage higher training proficiencies including support for trainees and trainers.

3) To explore parallels with other training systems across the world in the IACAPAP family with opportunities for shared learning.

### **Session Description**

This Special Interest Group (SIG) will focus on the results and implications of the three main surveys in the past twelve years of the education for child and adolescent psychiatry trainees. In essence, historically there has been great disparity of the type and length of training for specialists in child and adolescent psychiatry in Europe. In the past decade, there has been some convergence with revision of a European curriculum framework (UEMS-CAP) but an outside observer or parents might be concerned at the continuing variability of provision across Europe. This SIG will provide an opportunity to consider the current picture of training as evidenced by the recent CAP-STATE survey. This includes information on trainees' experiences, those of trainers and the training systems within which they work as well.

### **References**

1) Child Psychiatry Education in Europe - Brian Jacobs, Dr Elizabeth Barrett, Dr Henrikje Klasen, Dr Paul Robertson, Dr Lucia Vašková, Dr Eva Šnircová, Dr Ekin Sönmez. Invited chapter 14 in IACAPAP Monograph : Understanding uniqueness and diversity in child and adolescent mental health (2018) Eds Hodes, M et al. publ: Elsevier

2) Klasen, H., Jacobs, B., Herguner, S., Barrett, E., & Gaddour, N. (2016). Specialist Training in Child- and Adolescent Psychiatry: Towards more Uniform Standards? . Paper presented at IACAPAP 2016 - Fighting Stigma: Promoting Resilience and Positive Mental Health, Calgary, Canada [http://www.iacapap2016.org/wp-content/uploads/IACAPAP\\_Abstacts\\_web4.pdf](http://www.iacapap2016.org/wp-content/uploads/IACAPAP_Abstacts_web4.pdf)

3) Simmons, M., Barrett, E., Wilkinson, P., & Pacherova, L. (2012). Trainee experiences of Child and Adolescent Psychiatry (CAP) training in Europe: 2010-2011 survey of the European Federation of Psychiatric Trainees (EFPT) CAP working group. *European Child & Adolescent Psychiatry*, 21(8), 433-442.

4) UEMS-CAP, & Jacobs, B. (2014a). *European Training Logbook for Child and Adolescent Psychiatry (UEMS)*.

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**25 July 2018, 14:45 - 16:15, Meeting Room 2.1**

**SG 11**

## **Indigenous partnerships in the delivery of psychiatry services to children and adolescents - a retrospective of the past 15 years**

D. Willis<sup>1</sup>, P. Braunberger<sup>2</sup>, S. Dundas<sup>2</sup>

<sup>1</sup>The Hospital for Sick Children, The Brain and Mental Health Program, Toronto, Canada

<sup>2</sup>The Hospital for Sick Children, Tele-Link Mental Health Program, Toronto, Canada

### **Learning Objectives**

With the shared goal of improved children's mental health and well-being, The Hospital for Sick Children's Tele-Link Mental Health has engaged with Canadian Indigenous communities for over 15 years. The resulting partnerships have followed a genuine commitment to a longer term relationship, evolving cultural sensitivities, as well as attention to systems pragmatics. In this special interest group discussion we speak to and elaborate on the trajectory of Tele-mental Health's relationship with indigenous communities including lessons learned and ongoing needs and opportunities.

### **Session Description**

Thirty percent of The Hospitals for Sick Children's Tele-mental Health program clinical work is with Indigenous and First Nations youth and families, very commonly living in not only rural but remote and under-resourced contexts. An earlier emphasis on technology as a mechanism for timely access to mental health expertise has been complemented by increased efforts to develop cross-cultural awareness and boundaries, and shared understandings. Complementing technological access with some community visits has improved the quality of the relationship without compromising access or cost-effectiveness. This departure from the overarching mandate of the program has been undertaken only with Indigenous communities, recognizing an important cultural component to relationship development and sustainability.

The establishment and subsequent maturation of a core group of child and adolescent Tele-psychiatrists, with a progressing understanding of communities' strengths, has also been key to the development of trust. Both stakeholder working groups, and interactions with therapists in clinical team meetings have facilitated an awareness and responsiveness that has improved care. The resulting articulation of evidence-based practice, including contextualized recommendations, is understood to be both safer and more helpful. In addition, our consultative model of service has matured over the 15 years, shifting to address the need for ongoing connections as communities, families, children and youth engage with Tele-Link in the assessments and interventions required for developmental trauma, addictions, suicide prevention etc.

It is also noted that progress has required a detailed and sophisticated engagement at several levels of organization, including Indigenous leaders, other government administrators, mental health managers, as well as therapists and families. Existing historical management structures have sometimes provided additional challenges with respect to the outworking of autonomy and cultural priorities of any one community. We remain however hopeful that broader political and specific clinical steps and innovations will continue to facilitate improved child mental health and well-being. A cautious and slow and maturing and study progress is understood to be essential.



25 July 2018, 16:45 - 18:15, South Hall 2B

SG 12

### Internet gaming disorder and other problematic Internet use in child and adolescent psychiatry practice and research

T. Hirota<sup>1</sup>, J. Chang<sup>2</sup>, J. Fujita<sup>3</sup>, I. Noor<sup>4</sup>, S. Arya<sup>5</sup>, K. Le<sup>6</sup>, V. Chotpitayasunondh<sup>7</sup>

<sup>1</sup>University of California San Francisco, Psychiatry, San Francisco, USA

<sup>2</sup>Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom

<sup>3</sup>Yokohama City University, Psychiatry, Yokohama, Japan

<sup>4</sup>Dr Soeharto Heerdjan Mental Hospital, Psychiatry, Jakarta, Indonesia

<sup>5</sup>Institute of Mental Health- Pt BDS University of Health Sciences, Psychiatry, Rohtak, India

<sup>6</sup>Women's and Children's Health Network South Australia, Psychiatry, Adelaide, Australia

<sup>7</sup>Ministry of Public Health, Mental Health, Nonthaburi, Thailand

#### Learning Objectives

- At the end of this interest group session, attendees will be able to
- Define Internet Gaming Disorder (IGD) and other problematic Internet use (PIU) in child and adolescent
  - Deepen an understanding of psychopathology of IGD and PIU
  - List possible risk factors/clinical correlates contributing IGD and PIU in child and adolescent
  - Describe the socio-economic impact of IGD and PIU
  - Understand how IGD and PIU are intervened/treated in specialty clinic

#### Session Description

Internet Gaming Disorder (IGD) and other problematic Internet use (PIU) have been gaining clinical and academic attention. Extant research findings suggest children and adolescents are vulnerable to IGD and PIU. Their negative impact on individuals' medical as well as psychiatric health is tremendous, and interventions and treatments are often required for IGD and PIU symptoms per se as well as for comorbid psychiatric disorders. However, there remain uncertainties about their definitions, clinical symptoms, and measurements. In Diagnostic Statistical Manual of Mental Disorders, Fifth edition, IGD is considered "Condition of Further Study", suggesting that further research and clinical data are required through collaborative work at the international level.

In this special interest study group, first, Dr. Chang will give an introductory presentation on IGD and PIU, including epidemiology, psychopathology, and symptoms. Second, Drs. Fujita and Hirota will provide research findings on clinical correlates and risk factors identified from epidemiological data and emphasize the clinical relevance of IGD and PIU in child and adolescent psychiatry. Third, Dr. Noor will discuss how IGD and PIU and urban life are interwoven in Indonesia from a cultural perspective. Thereafter, Dr. Arya will discuss the role of child and adolescent psychiatrists and treatment modalities on this behavioral addiction based on his role in a specialty clinic in India. Following that, Dr. Le will give us a presentation on his role as a consultant at IGD clinic in Australia and share the logistics of his work and the clinic. Lastly, Dr. Chotpitayasunondh will present his current research in England on "Phubbing behavior" as a direct link to the Internet and smartphone addiction and guides future areas of research and clinical practice in this area.

Throughout this study group, we will aim to share our knowledge and experience with attendees and stimulate future international collaborations in clinical practice and research in this field

#### References

1. Aboujaoude, E. (2010). Problematic Internet use: an overview. World

Psychiatry, 9(2), 85–90.

2. Chang, J and Hung, C. Problematic Internet Use. IACAPAP textbook, Chapter H-6

26 July 2018, 08:00 - 09:30, Meeting Room 3.1

SG 13

### Learning from each other: CAPAPs working together for international mental health initiatives in Asia, Oceania, Australia, New Zealand and UK

N. Kowalenko<sup>1</sup>, P. Robertson<sup>2</sup>, A. Bush<sup>3</sup>, K. Rathnayaka<sup>4</sup>, B. Hoadley<sup>5</sup>, E. Hunter<sup>6</sup>, J. Obed<sup>7</sup>, M. Hagali<sup>8</sup>, M. Allen<sup>9</sup>, S. Thomson<sup>10</sup>

<sup>1</sup>IACAPAP, Oceania Regional Co-ordinator- Sydney, Sydney, Australia

<sup>2</sup>University of Melbourne, Mental Health, Melbourne, Australia

<sup>3</sup>Capital Coast District Health Board, Health Pasifika Mental Health Service, Porirua, New Zealand

<sup>4</sup>Hunter New England Local Health District, Psychiatry, Newcastle, Australia

<sup>5</sup>Northern Sydney Local Health District & South Eastern Sydney Local Health District, Psychiatry, Sydney, Australia

<sup>6</sup>University of Queensland, Northern Queensland Clinical School, Queensland, Australia

<sup>7</sup>Oceania Society of Mental Health Professionals, Mental Health, Vanuatu, Vanuatu

<sup>8</sup>University PNG, Mental Health, Papua New Guinea, Papua New Guinea

<sup>9</sup>fmu, Mental Health, ac, Fiji

<sup>10</sup>Royal College of Psychiatrists, Volunteering and International Psychiatry Special Interest Group VIPSIG, London, United Kingdom

#### Learning Objectives

The workshop aims to inform IACAPAP participants of the current work underway to facilitate partnerships for workforce development between developed and less developed countries. Participants will learn about the characteristics of potential models for sustainable and culturally appropriate partnerships and practice in Oceania, Sri Lanka and Myanmar, the competencies required to engage in collaborative work, teaching, and provide participants with insight into the commitment, capabilities and resources required. Facilitated as a group-based discussion, presenters will consider the strengths and challenges of working together in Oceania, Sri Lanka and Myanmar and their relevance to, and suitability for, other developed countries partnering to promote CAPAP, and primary care workforce capacity.

#### Session Description

Australia, New Zealand and UK psychiatrists have actively sought to engage in partnerships in Child and Adolescent Mental Health (CAMH) in the Asia Pacific region and globally. This presentation will highlight work in Oceania resulting in a series of projects in Vanuatu, Fiji, Papua New Guinea (PNG), New Caledonia and also Sri Lanka. This work began in 2013 with Pasifika Study Groups (PSG), first facilitated with the support and active participation of Prof Olayinka Omigbodun. PSGs were then held in Vanuatu (2015) and New Caledonia (2017) in partnership with Pacific based organisations. These educational networking activities have laid the foundation for clinical mentoring programs in Vanuatu and Fiji, pilot iCAMH training in Sri Lanka, Papua New Guinea and Fiji, post disaster school management consultation and other capacity building initiatives. In the UK, the Volunteering and International Psychiatrists Special Interest Group (VIPSIG) has supported Psychiatrists providing mhGAP training in Myanmar, Kashmir, Sudan and other nations. Collaborative practices that support this work and how they developed in Myanmar will be described. The perception of resource scarcity in CAMHS in the UK has enhanced their interest in "reverse learning" from LAMIC countries' approaches to implementing CAMHS work in resource poor settings, and examples of this will be discussed.



## Findings:

There is increasing engagement of CAPAPs in networks to support CAMH training and development for Global Mental health and specialist care. Approaches in Oceania, Sri Lanka and Myanmar might be suitable to adapt globally. Approaches that might support sustainability are emerging.

26 July 2018, 10:45 - 12:15, Club B

## SG 14

### The development of standard parenting guidelines for Child Custody Cases in India through recommendations from Special Interest Study Group

P. Nambiar<sup>1</sup>, K. Jangam<sup>1</sup>, S. Seshadri<sup>2</sup>, P. Jacob<sup>2</sup>

<sup>1</sup>National Institute of Mental Health And Neuro Sciences, Psychiatric Social Work, Bengaluru, India

<sup>2</sup>National Institute of Mental Health And Neuro Sciences, Child and Adolescent Psychiatry, Bengaluru, India

#### Learning Objectives

With divorce becoming a common contemporary phenomenon in India, it has subsequently resulted in contesting for the child's custody. The high-conflict custody cases have caused emotional and behavioural disorders in these children as observed in the clinical practice at our tertiary care hospital. However, consensus-driven guidelines for parenting of these children are yet to be developed. The objective of this special interest study group would be to bring the mental health practitioners with interest and expertise in the field of forensic psychiatry to develop standard guidelines for the parents to follow during custody and visitation of children in custody cases. Hence, embedding mental health professionals in the Indian legal system can help train mediators to safeguard the best interests of the child in the legal process.

#### Session Description

The seventy-five minutes session will begin with the introduction to the need for standard parenting guidelines in child custody cases filed under Guardian and Wards Act, 1890 in India, as recognized through literature review. The session will discuss various aspects pertaining to protection and promotion of the child mental health in the contested custody cases.

In India, the custody is usually granted to the mother in case of children younger than 12, with visitation rights to the father. However, the evaluation of the parental variables in child care in custody decisions with child-centric and child-driven strategies is vital and would be discussed in the session.

The session will then invite the suggestions for child-friendly parenting strategies to be adopted by both the custodial parent and the parent with the visitation rights to avoid loyalty conflict in the child and foster healthy connectedness with both the parents. This will comprise of domains such as communication patterns, consistency in parenting styles, rituals in parental sub-system and parental involvement. The relevance and effectiveness such parenting coordination model in a middle-income county like India would be discussed.

Lastly, India being a signatory of United Nations Convention on the Rights of the Child since 1992, its legal system urgently needs to implement judicial measures and guidelines to safeguard the child's best interests in the mediation process. Hence, to conclude, the need for integration and liaison with mental health professionals in systematic child custody evaluation would be discussed with professionals in the field of child mental health.

26 July 2018, 10:45 - 12:15, South Hall 2B

## SG 15

### Crisis intervention in child and adolescent psychiatry: learning with different models

A. Moscoso<sup>1</sup>, H. Slama<sup>2,3</sup>, I. Peixoto<sup>4</sup>, S. Mayur Kaku<sup>5</sup>

<sup>1</sup>Centre Hospitalier de Versailles, Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent. Pr Speranza, Versailles, France

<sup>2</sup>Hôpital Militaire Tunis, Pédopsychiatrie, Tunis, Tunisia

<sup>3</sup>Faculté de médecine Monastir, Pédopsychiatrie, Monastir, Tunisia

<sup>4</sup>Hospital de D. Estefânia, Pedopsiquiatria, Lisboa, Portugal

<sup>5</sup>Rainbow Children's Hospital, Child and Adolescent Psychiatry, Bangalore, India

#### Learning Objectives

##### During this session:

- We will review the state of the art in CAP emergency/crisis intervention.
- We will present different emergency models from around the world (France, Tunisia, India, and Portugal), its limits and its strengths.

By the end of the presentation, the attendee will be able to recognize different models of intervention in emergency/crisis that exist around the globe and this will allow an enriching discussion.

#### Session Description

One thing is clear: children and adolescents come more often to emergency with explicit mental health problems than 50 years ago, as some epidemiological studies in different countries have shown (for ex. Taastrom et al 2014; Puras et al, 2001).

Emergencies in child and adolescent psychiatry are most often defined by someone other than the affected child or adolescent. A child's or adolescent's behaviour or thoughts are brought to psychiatric attention when an adult figure interprets them as inappropriate or unmanageable in the environmental context. A multitude of potential referees are possible (parents, school, teachers,...). The determination of behavioural and emotional inappropriateness is largely subjective, determined by culture, societal changes and many other factors.

Emergency psychiatric care for children and adolescents is practiced within a wide range of care models. There is no consensus on recommended care or recommended setting for this population (Janssens et al, 2013).

Therefore, many care models seem to coexist. They often are context dependent and culture specific. They make part of a broader system of care that makes sense when combined, and it can be difficult to reach an evidence based practice, that could be replied everywhere. That doesn't stop us from learning from experience and every model can virtually be improved.

Crisis from the child and adolescent psychiatric point of view must be considered as unique or repeated moments of basic questioning of self-focused and relational perception. Then a crisis may be experienced like a bonding experience.

#### References

Taastrom A et al. (2014) Children and adolescents in the Psychiatric Emergency Department: a 10-year survey in Copenhagen County. Nord J Psychiatry. 68(6):385-90.

Puras D et al. (2001) Child and adolescent mental health emergency services in Lithuania. Int J Emerg Ment Health. 3(2):73-6.



Janssens A et al. (2013) Emergency Psychiatric Care for Children and Adolescents: A Literature Review *Pediatric Emergency Care: Volume 29 - Issue 9 - p 1041-1050*

26 July 2018, 14:45 - 16:15, Club D

SG 16

### Clinical and research applications of non-invasive brain stimulation in children and adolescents

D. Doruk Camsari<sup>1</sup>, P. Croarkin<sup>1</sup>, L. Chanes<sup>2</sup>, L. Morales-Quezada<sup>3,4</sup>, C. Kahl<sup>5</sup>

<sup>1</sup>Mayo Clinic, Department of Psychiatry and Psychology, Rochester, USA

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<sup>3</sup>Spaulding Rehabilitation Hospital, Laboratory of Neuromodulation, Boston, USA

<sup>4</sup>Centro de Neuromodulación y Rehabilitación Neurocognitiva, Centro de Neuromodulación y Rehabilitación Neurocognitiva, Aguascalientes, Mexico

<sup>5</sup>University of Calgary, Alberta Children Hospital, Calgary, Canada

#### Learning Objectives

Despite the growing evidence of safe and effective clinical applications of non-invasive brain stimulation (NIBS) in adults, there are limited data on the safety and efficacy of NIBS in children and adolescents. In this study group we aim to review the applications of NIBS in children and adolescents from multiple different standpoints including theory, common applications, and future directions. We will specifically consider

1) Theoretical, neurodevelopmental, safety, and ethical considerations of transcranial direct current stimulation (tDCS) and transcranial magnetic stimulation (TMS) in children and adolescents.

2) Potential clinical applications of tDCS and TMS in child and adolescent psychiatry (Depression, Tourette, autism spectrum disorder and so on).

3) Brain stimulation as adjunctive tools in understanding and treating mental illnesses in children and adolescents (Predictive coding and brain stimulation, identifying disease biomarkers using TMS).

#### Session Description

The chairs (Drs. Doruk Camsari and Dr. Croarkin) will open the session with the introduction of learning objectives and introduction of the speakers. The session will be divided into four main sections. First three sections will last 20 minutes. The last section will include a 15-minute discussion time to allow audience participation.

Section-1: Dr. Leon Morales-Quezada will speak about the theory, neurodevelopmental, safety, and ethical considerations of NIBS in children and adolescents (20 minutes). He will also present preliminary data from their study on ADHD and median nerve stimulation and neurofeedback, as well as a database for ADHD profiling using clinical scales, and electroencephalography.

Section-2: Dr. Doruk and Cynthia Kahl will continue to discuss about clinical applications of NIBS. They will discuss the use of NIBS in depression, autism spectrum disorder and Tourette (20 minutes).

Section-3: This section will be led by Dr. Chanes and Dr. Croarkin (20 minutes). Dr. Chanes will discuss the applications of predictive coding in mental illnesses and Dr. Croarkin will discuss potential biomarkers of depression and suicidality in adolescents measured by TMS parameters (20 minutes).

Section-4/Discussion: During this 15-minute discussion time the audience will be encouraged to ask questions, share their clinical and research experience to spark up a discussion. Following the discussion part Dr. Croarkin will close the

session.

An overarching goal of the study group is to establish and nurture international collaboration for research, data registries, and a working group for guidelines.

#### References

27 July 2018, 10:45 - 12:15, Meeting Room 1.1

SG 17

### Pediatric liaison psychiatry: Role of child mental health professionals in care of medically ill children in resource poor settings

S.S. Datta<sup>1</sup>, S. Mayur Kaku<sup>2</sup>, K.J. Vijay Sagar<sup>3</sup>

<sup>1</sup>Tata Medical Centre, Palliative Care & Psycho-oncology, Kolkata, India

<sup>2</sup>Rainbow Hospital, Psychiatry, Bangalore, India

<sup>3</sup>National Institute of Mental Health and Neurosciences, Child & Adolescent Psychiatry, Bangalore, India

#### Learning Objectives

Learning objectives: child mental health professionals at the end of the workshop will be able to

1. Become aware about special techniques needed for psychological assessment of a child who is medically ill.
2. Learn about management of procedural anxiety
3. Learn techniques of managing a child with autistic spectrum condition in medical ward
4. Become aware about techniques to manage a child who is going through grief.
5. Understand how to work using multidisciplinary team approach

#### Session description

The session will start by an introduction by Dr. Datta and will be followed by Dr. Sowmyashree and Dr. John Vijaysagar, discussing various aspects of pediatric liaison psychiatric with specific case examples.

Introductory discussion 1 (Service organization) – (10 min + 10 min discussion): What is different in a medical setting from a mental health setting as regards clinical presentation, assessment and care delivery?

Presentation & Discussion 2: (Autism in medical ward) (10 min + 5 min discussion): Child with autism in a medical ward: How to manage a child with autistic spectrum condition who is hospitalized?

Presentation & Discussion 3: (Procedural anxiety) (10 min + 5 min discussion): Managing procedural anxiety in child with examples from children with chronic medical diseases. The discussant will give tips on anxiety management techniques that can be useful in this situation and stress upon role of a psychiatrist.

Presentation & Discussion 4 (Handling grief in a child when a family member is sick) (10 min + 10 min discussion): This presentation will help professionals to learn about practical techniques that are useful in addressing anticipatory grief and also managing a young person following bereavement due to death of a close family member.

Wrapping up(5 minutes): How to work in teams with non child mental health professionals ?

#### Faculty:

Dr.Soumitra Shankar Datta is a consultant child psychiatrist, presently working in Tata Medical Centre, Kolkata. Following his MD (Psychiatry), DPM and DNB from Christian Medical College, Vellore he completed MRCPsych and higher specialist training in child psychiatry (CCT) in Manchester, UK. Subsequently he

worked as a consultant paediatric liaison psychiatrist at the Maudsley Hospital, London where he was in charge of a team catering to emergency presentations of children and adolescents in Kings College Hospital and St Thomas' Hospital, London. He is a lead reviewer for Cochrane Schizophrenia Group and has published several Cochrane reviews on the topic of psychosis in children and adolescents. Dr.Datta was a Donald Cohen Fellow of IACAPAP in 2008.

Dr. Sowmyashree Mayur Kaku has clinical and research degree from the premier National Institute of Mental Health and Neurosciences, Bangalore and was one of the first trained child psychiatrists in the country. Her PhD work was on neurodevelopmental disorders in children and she had been a Donald Cohen Fellow of IACAPAP in 2014. She now works as a consultant child psychiatrist in Rainbow children's Hospital and continues to be a research active clinician.

Dr.Kommu John Vijaysagar is currently Additional Professor of Child and Adolescent Psychiatry in the Department of Child and Adolescent Psychiatry in NIMHANS, Bangalore. His special area of interest is child psychiatric disorders that require multi-modal treatment. He has widely published in the field of child psychiatry.

**27 July 2018, 10:45 - 12:15, Meeting Room 2.1**

## SG 18

### Intellectual disability - challenges with current classificatory systems in relation to low and middle income countries

A.J. Pradeep V<sup>1</sup>, L. Sravanthi<sup>1</sup>, R. Kiragsur<sup>1</sup>, S. Gosh<sup>1</sup>, S.C. Girimaji<sup>1</sup>

<sup>1</sup>National Institute of Mental Health and Neurosciences, Child and Adolescent Psychiatry, Bangalore, India

#### Learning Objectives

1] Participants will learn about the changes Intellectual Disability has underwent in the classificatory systems with special reference to DSM 5 and proposed ICD 11 draft

2] To reflect on whether the changes in the classificatory system reflect in the diagnosis, assessment, availing benefits in LAMIC countries.

3] To discuss about the way forward to transform the changes into better clinical representation and community benefits.

#### Session Description

Intellectual Developmental Disorder [IDD] as termed in DSM-5 or the proposed term of Disorder of Intellectual Development in ICD-11 beta draft has undergone significant changes including new terminology, defining feature, classification from the earlier revisions of ICD and DSM classificatory systems. This will be presented to the group which will be followed by further discussions. The subsequent session discussion will be regarding the challenges we face in diagnosis, assessment and certification in Indian context and in the context of low resources in other LAMIC countries. Participants will be encouraged to share their views on use of current classification in diagnosis of comorbidities, concept of dual diagnosis and overcoming diagnostic overshadowing. Further discussion will focus on the future directions to be considered so that the changes in the classification will reflect in the simple and better way of diagnosis considering the clinical picture, developmental perspective and in making the process of availing social benefits more simplistic in resource scarce setting.

#### References

1] Salvador-Carulla L, Reed GM, Vaez-Azizi IM, Cooper SA, Martinez-Leal R, Bertelli M, et al. Intellectual developmental disorders: towards a new name, definition and framework for 'mental retardation/intellectual disability' in ICD-11. World Psychiatric Assoc WPA. 2011 Oct; 10(3):175-80.

2] ICD-11 Beta Draft. Available from: <http://apps.who.int/classifications/icd11>

3] Diagnostic and Statistical Manual of Mental Disorders | DSM Library. Available from: <http://dsm.psychiatryonline.org/doi/book/10.1176>

4] Girimaji SC, Srinath S. Perspectives of intellectual disability in India: epidemiology, policy, services for children and adults. *Curr Opin Psychiatry*. 2010 Sep; 23(5):441-6

**27 July 2018, 14:45 - 16:15, Club B**

## SG 19

### Cultural issues in policy development

F. Çuhadaroğlu Cetin<sup>1</sup>, M. Drobnic Radobuljac<sup>2,3,4</sup>, N. Zvereva<sup>5</sup>

<sup>1</sup>Hacettepe University, Department of Child and Adolescent Psychiatry, Ankara, Turkey

<sup>2</sup>University Psychiatric Hospital Ljubljana, Center for Mental Health- Unit for Adolescent Psychiatry, Ljubljana, Slovenia

<sup>3</sup>The Slovene Association for Child and Adolescent Psychiatry, General secretary, Ljubljana, Slovenia

<sup>4</sup>University of Ljubljana, Medical Faculty- Chair of Psychiatry, Ljubljana, Slovenia

<sup>5</sup>Mental Health Research Center, Department of Clinical Psychology- leading researcher, Moscow, Russian Federation

#### Learning Objectives

While WHO has proposed a general frame for the development of child and adolescent mental health policy programs, each country has to develop her own program depending on the needs in the country. Both the development and the implementation of the policy programs are very much effected by the cultural factors in many countries.

#### Session Description

In this session cultural characteristics in the policy development and implementation of three different countries with different cultural backgrounds will be presented and a discussion will be held with the attendees to understand better the role of the culture in this regard and how to manage it.

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# IACAPAP 2018

UNDERSTANDING DIVERSITY  
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23–27 JULY 2018  
PRAGUE, CZECH REPUBLIC



## FREE PAPERS SYMPOSIA



## ADHD I

24 July 2018, 08:00 - 09:30, South Hall 1A

FP 001

### Do cognitive skills share genetic factors with inattention and reading abilities?

V. Plourde<sup>1</sup>, M. Boivin<sup>2,3</sup>, M. Brendgen<sup>4,5</sup>, F. Vitaro<sup>5,6</sup>, P. Robaey<sup>7,8</sup>, R. Tremblay<sup>9,10</sup>, G. Dionne<sup>2</sup>

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<sup>2</sup>Université Laval, Psychology, Quebec City, Canada

<sup>3</sup>Tomsk State University, Institute of Genetic- Neurobiological- and Social Foundations of Child Development, Tomsk, Russian Federation

<sup>4</sup>Université du Québec à Montréal, Psychology, Montreal, Canada

<sup>5</sup>Sainte-Justine Hospital, Research Centre, Montreal, Canada

<sup>6</sup>Université de Montréal, Psychoeducation, Montreal, Canada

<sup>7</sup>Children's Hospital of Eastern Ontario CHEO, Research Institute, Ottawa, Canada

<sup>8</sup>University of Ottawa, Psychiatry, Ottawa, Canada

<sup>9</sup>Université de Montréal, Pediatrics- Psychiatry- and Psychology, Montreal, Canada

<sup>10</sup>University College Dublin, School of Public Health and Population Sciences, Dublin, Ireland

#### Objectives

Cognitive mediators of the association inattention-reading have been identified but underlying genetic and environmental mechanisms remain unclear. Aims of this study were to determine 1) if cognitive skills share genetic and environmental factors with inattention and reading abilities in the early school years, and 2) if these factors differ for decoding skills and reading comprehension.

#### Methods

Participants were twins from the Quebec Newborn Twin Study (QNTS; N = 523 to 962). Inattention symptoms were rated by teachers when children were 6 and 7 years old. Measures of decoding skills, reading comprehension, phonological awareness, rapid automatized naming (RAN colors and numbers), rapid auditory and bimodal processing, and vocabulary were administered to children at age 8. Common-factor independent-pathway (genetic) models were tested with inattention, reading abilities, and each significant mediator separately, controlling for sex and nonverbal abilities.

#### Results

Phonological awareness, RAN of numbers, and rapid bimodal processing shared common genetic factors with inattention and decoding abilities. Conversely, none of the cognitive skills shared significant common genetic factors with both inattention and reading comprehension. Genetic factors associated with cognitive skills were independent of genetic factors underlying inattention and reading comprehension. Finally, vocabulary did not share significant common genetic or environmental factors with inattention and decoding whereas it did have common shared-environmental factors with reading comprehension.

#### Conclusions

This study highlights mainly genetic mechanisms underlying the associations between inattention and decoding in early primary school. Moreover, genetic common factors seem to play a more important role in the association inattention-decoding skills than the association inattention-reading comprehension.

## ADHD I

24 July 2018, 08:00 - 09:30, South Hall 1A

FP 002

### The dynamic patterns of thinking in attention deficit hyperactivity disorder (ADHD): diagnostic accuracy of spatio-temporal multi-scale measures

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#### Objectives

The aim of this diagnostic accuracy study (phase I/II) was to evaluate the accuracy, sensitivity, specificity and the receiver operating characteristic (ROC) curve of a set of spatio-temporal multiscale measures that can be used as potential bio-markers for Attention-Deficit/Hyperactivity Disorder (ADHD).

#### Methods

Using a new definition of executive function a novel experimental paradigm was created to expose the dynamics of the inferential activity in a group of 18 ADHD children and 18 controls. A computer version of the board game called "Battleships" was used as a problem solving task. The full task includes eight individual games, each one defined by a standard template containing the positions of the ships. A diagram representing the inferential dynamics of each child was created. A set of multiscale measures (multifractal, lacunarity and multi-scale straightness index) were obtained from the diagrams as descriptors of the children's inferential dynamics. The accuracy, sensitivity, specificity and the area under the ROC curve was estimated for the set of measures using machine learning classifiers. The reference standard for the classification was based on: case history, physical and neurological examination, Conners 3rd Edition, and DSM-V diagnosis of ADHD combined presentation.

#### Results

At the level of individual subjects, summarizing the classification probabilities from the eight games played by each individual, 100% accuracy, sensitivity and specificity were achieved.

#### Conclusions

These results seem, prima facie, to be an improvement in accuracy, sensitivity and specificity over any known, up-to-date, objective test used to assist in the diagnosis of ADHD.



## ADHD I

24 July 2018, 08:00 - 09:30, South Hall 1A

FP 003

### Neurocognitive comparison of ADHD cases with sluggish cognitive tempo symptoms and ADHD - restrictive inattentive presentation

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#### Objectives

The main goal of the current study was to compare children with Sluggish Cognitive Tempo (SCT) and ADHD restrictive inattentive subtype (ADHD-RI "pure cases" of inattention). Symptoms of SCT can be defined as confused or seems to be in a fog, daydreams, underactive, slow moving and stares blankly.

#### Methods

In this study, 214 patients aged 8 to 15 years were assessed from ADHD outpatient clinic and 100 typically developing controls (TD) were recruited. No psychiatric comorbidities except for oppositional defiant disorder were allowed. We compared our 30 SCT cases with 32 ADHD-RI cases and 89 TD subjects on sociodemographic profiles, CBCL subscales and neurocognitive tests.

#### Results

Regarding sociodemographic profiles (age, gender and parental education) and CBCL subscales, SCT and ADHD-RI cases did not differ in any score ( $p>0.05$ ). Comparing with SCT cases, ADHD-RI cases presented slower psychomotor speed and worse neurocognitive index ( $p<0.001$ ). We found that only SCT was independently associated with a lower performance in total memory score and sustained attention. ADHD-RI was independently associated with longer reaction times.

#### Conclusions

It is important to note that although SCT might be expected to perform slower psychomotor speed because of symptom profile, we found that slower psychomotor speed and longer reaction times were related with inattention. Overall, our findings suggest that some neuropsychological deficits underlying SCT and ADHD-RI are distinct. And, deficits in the sustained attention and memory score could be cause of the impairment related with SCT.

## ADHD I

24 July 2018, 08:00 - 09:30, South Hall 1A

FP 004

### Developmental aspects in ADHD children

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Biochemical and behavioral markers are changed by development. DBH activity represents a noradrenergic marker. In children and adolescents (250 healthy subjects), this enzyme increased at ages 3 to 10 and decreased at ages 10-14. Our study in experimental model-rats shows the same trend, similar to humans. Change of DBH and decreasing were described in the study of ADHD and depression in children. In several clinical developmental studies were summarized. We did a longitudinal 10 month control study with the stimulant drug Aponeuron, resulting in normalized hyperactivity impulsivity, rhythm sense, unstable affectivity, headaches, abdominal pain and decreased appetite. In our second study we did MRIs in a double-blind design. We observed 30 healthy and 30 ADHD children adolescent aged 7-8 treated by methylphenidate or atomoxetine. The results: No changes in the basal ganglia or in the frontal lobes in correlation with healthy children.

## Neurology and child and adolescent mental health

24 July 2018, 08:00 - 09:30, South Hall 2A

FP 005

### Multivariate data analysis identifies natural clusters of tuberous sclerosis complex associated neuropsychiatric disorders (TAND)

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#### Objectives

Tuberous Sclerosis Complex (TSC) is a genetic disorder with multi-system involvement. TSC is associated with a range of neurodevelopmental, psychiatric, learning and behavioural difficulties with lifetime prevalence of TAND in the region of 90%. Each individual appears to present with a unique TAND profile, posing significant challenges for diagnosis, psycho-education, and intervention planning. Identification of natural TAND clusters will significantly reduce these challenges. A recent feasibility study showed that multivariate analyses may be able to identify clinically-meaningful natural TAND clusters. In this study, we set out to confirm and expand these findings in a larger dataset.

#### Methods

TAND Checklist data were collected from 453 individuals across 6 international sites with a confirmed clinical diagnosis of TSC. Using R, the open-source statistical platform, mean squared contingency coefficients were calculated to produce a correlation matrix, and various cluster analyses and exploratory factor analysis (EFA) were examined. To examine the statistical robustness of clusters rendered, bootstrapping was applied. Thereafter Chronbach's alpha was calculated to measure internal consistency of clusters and factors.

#### Results

WARD's method rendered seven natural TAND clusters with good robustness on bootstrapping. Cluster analysis showed significant convergence with an exploratory factor analysis solution, and, with the exception of one cluster, the internal consistency of the emerging clusters were good to excellent. Conclusions

Taking together all findings, seven natural TAND clusters with good clinical face validity are proposed. These include a 'Scholastic' cluster, a 'Neuropsychological' cluster, a 'Mood/Anxiety' cluster, an 'ASD-like' cluster, a 'Behavioural Dysregulation' cluster, an 'Overactive/Impulsive' cluster, and an 'Eat/Sleep' cluster.

## Neurology and child and adolescent mental health

24 July 2018, 08:00 - 09:30, South Hall 2A

FP 006

### Do children with primary headaches have significant psychiatric co-morbidity?

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#### Objectives

To assess the levels of co-morbid psychiatric symptomatology in children and adolescents presenting with migraine and tension type headache (TTH).

#### Methods

43 children presenting with migraine and tension type headache (according to International Classification of Headache Disorders 2) between the ages of 8-17 years were recruited into the study using consecutive sampling. A mix of child rated (Revised Child Anxiety and Depression Scale-RCADS), parent rated (Strength and Difficulties Questionnaire-SDQ) and clinician rated (MINI-KID) scales were used to obtain a comprehensive picture of the nature of psychiatric co-morbidity. Life Events Scale for Indian Children (LESIC) was used to tap the presence and severity of stressful life events. Children's Global Assessment Scale (CGAS) was used to define the level of functioning.

#### Results

The findings on SDQ revealed high emotional problems in children with both migraine and TTH, no significant difference in psychopathology between headache types and slightly higher conduct problems in pediatric migraineurs. The findings were corroborated by MINI-KID which revealed high rates of depressive and anxiety disorders. Correlation analysis showed significant positive correlations between scores on RCADS, SDQ and LESIC. There was greater functional impairment as measured by CGAS in those with high internalizing symptoms and high psychosocial stress.

#### Conclusions

Primary headaches in children are associated with high rates of psychiatric co-morbidities of anxiety and depression which leads to significant functional impairment. These findings are especially relevant for tertiary care settings where children usually present with frequent and chronic headaches.

## Education and school mental health

24 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 008

### The Geneva model: a child psychiatry mobile response team in the school setting

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#### Objectives

To present and discuss the concept of a pedopsychiatric mobile team within the jurisdiction of the Ministry of Education in Geneva, Switzerland (96,376 pupils). Our team is comprised of three child and adolescent psychiatrists/psychologists and responds to calls from general and special public schools, public foster care group homes and child protection services. It combines crisis management with on-scene medical consultation, reaching its target group regardless of self-referral and acting as a liaison between schools and health services.

#### Methods

Statistics on each intervention (demographics, diagnosis, duration, type of intervention) were collected during 10 years and juxtaposed to the official database on public education. Satisfaction questionnaires were distributed to schools, group homes and social services.

#### Results

Our team receives 130-180 calls per year and has been solicited by 60% of primary and 95% of secondary education schools during the last 3 years (30-35% and 50% on a yearly basis). It provides an immediate assessment of critical situations either by phone (66-70%) or on-scene (30-34%). Our interventions concern minors or adult personnel (group or individuals) and target critical incidents perturbing the school community and/or psychiatric emergencies. The overall satisfaction score was >90% in 2016-17.

#### Conclusions

The Geneva model seems a promising alternative to classic critical incident response teams. Further research is required on: a) ensuring the continuity of outpatient psychiatric care, b) avoiding unnecessary hospital referrals/police interventions, c) deploying school resources, d) prevention, screening and referral within a timeframe that optimizes efficacy, e) cost-effectiveness in an area with extensive pedopsychiatric care.

## Education and school mental health

24 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 009

### Zippy's Friends programme – good practice of mental health promotion at schools

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#### Objectives

The Zippy's Friends programme focuses on the prevention of mental illnesses and their consequences. The aim of the methodology is to increase life skills and competences of children at the age of 5 to 7 in the area of emotions, communication, self-confidence and social interactions. The programme has been established in more than 30 countries worldwide and it is listed among EU good practices for mental health and well-being guidelines, as well as recommended by WHO.

#### Methods

The randomized-controlled study (N = 807) of effectiveness of the Zippy's



Friends programme was conducted in Prague in the academic year 2015-16, using a questionnaire completed pre- and post-test by teachers (set of 31 questions for teachers' assessment of the individual behaviour of pupils in the areas of self-management and social skills).

#### Results

The study showed significant improvements for the children doing Zippy's Friends, particularly in self-regulation and cooperation with peers. The study found particularly strong results for children with special educational needs doing Zippy's Friends.

#### Conclusions

In our paper, we will introduce the Zippy's Friends methodology and results of the randomized-controlled study of effectiveness of this programme in the Czech Republic. The data analysis shows significant benefits in most monitored phenomena for children working on the programme over the whole school year. Important results were found for children with special educational needs. The implementation of Zippy's Friends methodology in the Czech Republic was supported by Ministry of Health of the CR in 2015-2016 as a part of Norway Grant scheme Psychiatric Care (Project No.: CZ11/MGS/031).

### Education and school mental health

24 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 010

#### Counseling practices and preferences of in-school adolescents in Ibadan, South West Nigeria

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#### Objectives

Schools have been designated as ideal locations to promote mental health, identify children at risk of mental health problems and provide counseling services. This study sought to determine the counseling practices & preferences of in-school adolescents in Ibadan, South West Nigeria.

#### Methods

This was a cross sectional descriptive study. As part of a wider school health survey, the school health questionnaire was used to determine current practices of students aged 10 - 19 years with regards to counseling services in their schools. Their preferences for counseling were also determined.

#### Results

Over 85 % of students claimed they had counselors in their schools but only 43.4% had ever gone to see the school counselor. Majority (63.6%) of these had gone for purely academic concerns. Two thirds of the participants said they would go to see the counselor if they had a problem at school and the major reason for going was to seek academic support. Barriers to accessing the service included feeling that counselors were inaccessible and feeling intimidated by them. About 50% of participants mentioned their mothers as their 1st choice of 'whom to go to' when needing advice; 37% mentioned their mothers as their 2nd choice, while 25% mentioned best friends as their 3rd choice.

#### Conclusions

This study shows that many in-school adolescents do not access the available counseling service in schools and seem to prefer parents and peers as advisers. These findings have implications for establishing school mental health

counseling services in this region.

### Education and school mental health

24 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 011

#### Gifted in Lithuania: from identification to education

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#### Objectives

This presentation will introduce with situation of identification and education of gifted children in Lithuania during the last decade including legislation, research and practice.

#### Methods

One of the important criterions for the intellectual component of giftedness is that the child must score in particular range of intellectual functioning on test of intelligence. This criterion depends not only on psychometric measure but also on existing educational system. Studies of gifted Lithuanian speaking schoolchildren from 8 to 18 year olds revealed some advantages of using Wechsler Intelligence Scale for Children -Third Edition (WISC-III), Berlin Structure of Intelligence Test for Youth: Assessment of Talent and Giftedness (BIS-HB) and Intelligence Structure Test 2000-R (I-ST 2000R) in comparison with the identification of giftedness using criteria of school achievement and teachers nominations.

#### Results

The results of these studies showed that more than quarter of intellectually gifted children does not realize their intellectual abilities at school. Reasons of under-achievement vary from emotional and behavioral problems including learning motivation to school and home risk factors. Also it was founded that the detail interpretation of cognitive abilities is more relevant than a diagnosis based on a single score of intelligence test.

#### Conclusions

The main conclusion is that IQ tests could be used in the context of other indicators and measures and differentiated appraisal of individual strengths and weakness is important and has perspectives of implementation in educational process of gifted schoolchildren in Lithuania.

### Education and school mental health

24 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 012

#### Mental health of gifted 8-11-year-olds in Lithuania

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#### Objectives

While the cognitive development and academic performance of gifted students have been examined extensively, the study of social-emotional functioning of these children has received far less attention in educational research, especially with regard to mental health.



Our research was focused on determining the internal and external difficulties of primary school-age gifted children.

## Methods

Representative sample of 8-11 year-olds (n=950), their teachers and parents participated in this research. Culture Fair Test 20 Revision - CFT 20-R (R.H. Weiß) was utilized to identify high ability student. Parents and teachers filled in Strengths and Difficulties Questionnaire (R. Goodman) about child's emotional and behavioral problems and his/her prosocial behavior. Statistic data analysis was carried out to compare internal and external difficulties of moderately and highly gifted children as well as high achievers and underachievers with those of the general population.

## Results

Findings from this study indicate that gifted learners in elementary school demonstrate less behavioral and emotional difficulties in comparison to the general population. So we can consider the intelligence as a buffer for stress, suggesting that cognitive abilities functions and as a mechanism for evaluating stressors and selection of effective coping responses. This research also confirmed that certain differences exist between teachers' and parents' ratings. It proves of key importance to use information from different sources when identifying and evaluating gifted children.

## Conclusions

Thus, we can minimize the possibility of overlooking any difficulties and not providing the necessary help to satisfy the needs of gifted children.

## Trauma I

24 July 2018, 10:45 - 12:15, Meeting Room 3.1

### FP 013

#### Post-traumatic stress disorder and psychosocial difficulties among children living in a conflict area of the Southeastern Anatolia region of Turkey

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#### Objectives

Traumatic events and armed conflicts can lead to many mental disorders or symptoms, especially post-traumatic stress disorder (PTSD), in children. We investigated the PTSD symptoms, psychosocial difficulties, general health levels of the parents, and factors affecting the PTSD symptoms of children living in a conflict area of Turkey.

#### Methods

A total of 482 children were included in the study. Two hundred eight of those children were from Derik, where street fights, curfews and conflict have been experienced during last year and 274 of those children were from Yeşilli, where no conflicts have been observed despite being in the same province. Parents filled out the General Health Questionnaire-12 (GHQ) and all children filled out the Child Posttraumatic Stress Disorder Reaction Index (CPTSD-RI) and Strengths and Difficulties Questionnaire (SDQ).

#### Results

All children showed moderate PTSD symptoms, but no significant difference was observed in CPTSD-RI. In exposed group, children, who had to leave home for a while due to conflicts had worse PTSD symptoms, higher SDQ total difficulty scores, and parents' GHQ scores. It was determined that being

a female, high maternal GHQ scores and having to leave home due to the conflicts significantly increase the risk of occurrence of trauma symptoms.

## Conclusions

Our findings suggests that children, unlike adults, are more susceptible to the direct and indirect effects of trauma. It is crucial for intervention programs to be developed for the detection, prevention, and treatment of PTSD symptoms to be applied to all children, regardless of exposure type, in areas affected by conflict.

## Trauma I

24 July 2018, 10:45 - 12:15, Meeting Room 3.1

### FP 014

#### Reduced white matter tract integrity in young people exposed to childhood abuse: A TBSS and tractography study

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#### Objectives

Childhood abuse is associated with structural brain abnormalities. Few studies have investigated white matter tract abnormalities in medication-naïve drug-free individuals exposed to childhood abuse or controlled for psychiatric comorbidities. This study examines the association between childhood abuse and abnormalities in white matter tracts metrics in medication-naïve, drug-free youth, controlling for psychiatric comorbidities.

#### Methods

Diffusion tensor imaging data were collected on 20 age- and gender-matched youth with a history of childhood abuse, 18 psychiatric controls matched for psychiatric diagnoses and 25 healthy controls. Tract-specific analysis was conducted using Tractography. Tract-based spatial statistic (TBSS) was used to assess group differences in fractional anisotropy at the whole-brain level.

#### Results

Tractography analysis showed abuse-specific reduced tract volume in the left and right inferior longitudinal fasciculus (ILF) and inferior frontal-occipital fasciculus (IFOF) in the abuse group relative to both healthy and psychiatric controls. Furthermore, abnormalities in the left IFOF were associated with greater abuse severity in the abuse group. TBSS analysis revealed significantly reduced fractional anisotropy in a left-hemispheric cluster comprising the ILF, IFOF and splenium of the corpus callosum in the abuse group relative to healthy and psychiatric controls.

#### Conclusions

Childhood abuse is associated with reduced structural integrity of neural pathways connecting the frontal, temporal and occipital cortices that are known to mediate affect and cognitive control. The abuse-specific deficits in the ILF and IFOF suggest that fibre tracts presumably involved in conveying and processing the adverse abusive experience are specifically compromised in this population.



## Trauma I

24 July 2018, 10:45 - 12:15, Meeting Room 3.1

FP 015

### Mechanisms of change in psychological treatment of pediatric PTSD – Findings from a systematic review and a randomized controlled trial

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#### Objectives

Psychological treatments, e.g., exposure therapy and cognitive therapy, are able to reduce PTSD symptoms among children and adolescents. To further develop interventions and target treatment, we need to understand by which mechanisms of change these reductions take place. Accordingly, we reviewed available evidence on such mechanisms and studied whether changes in posttraumatic cognitions or traumatic memories act as mechanisms of change in narrative exposure therapy (NET).

#### Methods

We assessed empirical evidence for different mechanisms and the quality of existing research by a systematic review of controlled studies. We then examined the role of two putative mechanisms of change in symptom reduction in a randomized, controlled trial (RCT) of NET vs. treatment as usual among 50 multiply traumatized 9–17-year-olds. We collected self-report data on PTSD symptoms, posttraumatic cognitions and traumatic memories at pre-, mid- and posttreatment and conducted mediation analyses.

The systematic review identified eight studies. Preliminary evidence was found for changes in posttraumatic cognitions as a mechanism of change in several interventions for pediatric PTSD. Evidence for other mechanisms was mixed. Results from the on-going RCT with NET will be presented at the conference.

#### Conclusions

Improvements in maladaptive trauma-related cognitions may act as a key mechanism of change in several psychological treatments for pediatric PTSD. There is little empirical evidence for the roles of other mechanisms. Lack of evidence on changes in traumatic memories as a mechanism is striking. Preplanned and preregistered examination of mechanisms of change should be a routine part of all future trials.

## Trauma I

24 July 2018, 10:45 - 12:15, Meeting Room 3.1

FP 016

### Mediating role of war-related PTSD in occurrence of comorbid depression in adolescents

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#### Objectives

Depression increases the severity and negatively impacts the course and treatment of PTSD. PTSD leads to lack of resilience and maladaptive coping in children, meanwhile, the majority of them are exposed to different secondary

traumatic events after displacement from military zones. To examine the mediating role of pediatric PTSD in the development of depression in adolescents with war-related trauma.

#### Methods

160 of adolescents 15-18 years old recruited in the social services among internally displaced persons were included in yearlong observation. All children were exposed to the war-related traumatic event, while 86 of them also met full DSM-5 criteria for PTSD. All children were screened by K-SADS-PL for the presence of comorbidities. Children with mental disorders except PTSD or significant mental trauma in past were excluded. Types of traumatic exposure were assessed by modified TESI, while the presence of PTSD and depression were evaluated by CAPS-CA-5 and CDRS-R and confirmed by DSM-5 criteria with follow-up at 6 and 12 months. During the study, all children were referred for best possible medical assistance in the community.

#### Results

During yearlong observation incidence of depression was higher in adolescents with PTSD than in patients without – RR = 3.83 (95% CI 1.67-8.78), p=0.0014; NINTH = 4,108 (8,53 - 2,7). School attendance, depression in family history, secondary traumatic exposure, SSRIs and TF-CBT treatment were found as possible factors that affect the incidence of depression in regression analysis.

#### Conclusions

War-related PTSD is a significant factor in the development of comorbid depression in children.

## Children of parents with mental disorders

24 July 2018, 10:45 - 12:15, South Hall 1A

FP 017

### Maternal depression during early childhood and mental health problems in adolescence: the mediating role of peer and family relationships

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#### Objectives

Exposure to maternal depression (MD) during early childhood is a well-documented risk factor for offspring's internalizing problems during childhood, but the long-term risk and the environmental mechanisms underlying the associations remain largely unknown. We examined whether maternal depression during early childhood (before age 5 years) was associated with offspring internalizing problems in adolescence (15 years), and the extent to which negative parenting, peer victimization, and poor friendship quality during middle childhood mediated this association.

#### Methods

We report on a population-based sample of infants ( $n=1443$ ) followed-up from 5 months to 15 years. We used yearly assessments of the exposure variable, maternal depression (1 ½ and 5 years); of the putative mediators: peer victimization, friendship quality, and parenting practices (6 and 12 years); and of the outcome variables: adolescent self-reported major depressive (MD), generalized anxiety (GA), and social phobia (SP) symptoms. Structural Equation Modeling was used to test mediation by peer and family relationships.

## Results

Exposure to maternal depression during early childhood was associated with adolescent MD, GA, and SP. Peer victimization was the only significant mediator and explained 35.9% of the association with adolescent MD; 22.1% for GA; and 22.1% for SP. Negative parenting explained less than 3% of these associations.

## Conclusions

Exposure to early maternal depression carried risk for depression, anxiety, and social phobia extending to adolescence via its impact on peer victimization during middle childhood. The results suggest that particular attention should be paid to victimization and its role in the intergenerational transmission of internalizing problems.

## Children of parents with mental disorders

24 July 2018, 10:45 - 12:15, South Hall 1A

FP 018

### Parents' depressive symptoms and children's academic attainment: Parent-child relationship, children's mental health and prior attainment as pathways of risk transmission

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## Objectives

We aimed to examine whether mothers' and fathers' increased post-natal depressive symptoms predicted children's academic attainment at 16 years, and whether children's mental health problems, negative parent-child relationship and children's prior academic attainment mediated this association.

## Methods

We conducted secondary analyses on the Avon Longitudinal Study of Parents and Children data (12,607 mothers, 9,456 fathers). Each parent completed the Edinburgh-Postnatal Depression Scale at 8 weeks, 8 months, 21 months and 33 months after the birth of their child (predictor) and a questionnaire about the mother-child and father-child relationship at 7 years and 1 month (mediator). Children's mental health problems (emotional and behavioural symptoms) were measured using the teacher version of the Strengths and Difficulties Questionnaire at 10-11 years (mediator). We used data on children's academic attainment on Key Stage 1 (5-7 years; mediator) and Key Stage 4 (16 years) (outcome). We adjusted for parents' education, income-deprivation, children's gender, cognitive ability, and prior academic attainment (7 years).

## Results

The results revealed that parents' depressive symptoms at 8 weeks influenced their children's academic attainment at 16 years indirectly, via children's mental health difficulties, negative mother-child and father-child relationships and children's prior academic attainment.

## Conclusions

The findings indicate that support programmes for children of parents with increased post-natal depressive symptomatology should target both parents'

and children's mental health problems. The family environment (parent-child relationships) and children's academic attainment when they start school should also be potential targets for support programmes.

## Children of parents with mental disorders

24 July 2018, 10:45 - 12:15, South Hall 1A

FP 019

### History of mother's trauma and child's health in one year: role of attachment

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## Objectives

describe the relation between the perinatal attachment, the mother history of traumatic events, and the physical health index of the child at the age of one year.

## Methods

A descriptive study was conducted in Monastir, in April 2017. We included all mothers who come to vaccinate their child at the age of one year, at the maternal and infant protection center. The only non-inclusion criteria were the non-consent of the parents to be part of the project. We administrated perinatal attachment inventory, life events checklist, child global health index.

## Results

The average age of the mother was  $28.43 \pm 5.349$  years. The sex ratio of infants were 1.2 (female predominance). The average score in the perinatal attachment scale was  $59 \pm 10$ , 2. The average score of the global health index was  $23 \pm 6,3$ ; and for the life event checklist, it was  $42 \pm 7.8$ . There was a positive significant relation between the perinatal attachment inventory and the global health index at the age of one year of the child. We found also a negative significant correlation between the score of life events and the global health index at the age of one year. This correlation become less significant when the score of the perinatal attachment is high.

## Conclusions

the perinatal attachment seems to have a protective role in the transmission of negative effects of maternal trauma to the child. Intervention during pregnancy to enhance this attachment could benefit for mothers with history of traumatic events or PTSD.

## Children of parents with mental disorders

24 July 2018, 10:45 - 12:15, South Hall 1A

FP 020

### A qualitative study of the experiences of children of parents with mental illness and development of a mental health intervention

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## Objectives

There is growing evidence from around the world for the need to support children of parents with mental illness (COPMI). In India, no formal intervention



or policy specifically addresses the issues of these children from a preventive mental health standpoint. This doctoral study, being carried out in a tertiary psychiatric institute in urban India, aims to develop a mental health intervention program for adolescent COPMI.

#### Methods

The study involves in-depth interviews with adolescent COPMI, using a life-grid approach, to gather an understanding of their experiences and needs. Subsequent interviews with mental health professionals will help discuss systemic barriers and strengths, and generate possible ways to respond to COPMI's needs, appropriate to the Indian situation. Additionally, a realist review of existing interventions for COPMI will help systematically identify the contexts, mechanisms and outcomes associated with effective interventions in other countries.

#### Results

Preliminary findings from interviews with COPMI reveal the processes through which they understand and respond to parental mental illness, and the contexts in which these occur. These themes indicate their need for support in obtaining age-appropriate information, managing their emotions and adapting to changes in the family.

#### Conclusions

As an outcome of the study, an intervention program will be proposed, based in scientific literature and grounded in COPMI's needs, for adolescent COPMI whose parents receive psychiatric services in the institute. This will increase recognition of a group of children often described as 'invisible' within mental health systems, and serve as a formative step towards larger-scale research and policies to support them.

### Autism I

24 July 2018, 10:45 - 12:15, South Hall 2B

#### FP 022

#### Distinct structural connectome development in youths with high-functioning autism spectrum disorder

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#### Objectives

As the impairments associated with autism spectrum disorder (ASD) tend to persist from childhood into adulthood, it is of critical importance to examine how the brain develops over this growth epoch. However, the natural history of brain growth in ASD remains unclear.

#### Methods

Twenty-eight youths with high-functioning ASD (2 females; 14.6±2.9 years) and 30 typically developing controls (TDC, 12 females; 13.1±2.9 years) were recruited and diagnosed at baseline. All participants received two waves of diffusion spectrum imaging scans (follow-up duration 2.5-6.5 years). We studied shared and distinct whole-brain structural connectome development between groups.

#### Results

Connectome-wide analysis indicated that only a small subset of connections

showed evidence of statistically significant developmental change over the study period across TDC and ASD groups, with reduced structural connectivity within major brain networks involving high-cortical functions, including default-mode, attention, and control networks; with increased structural connectivity within sensory-processing networks and between high-cortical brain networks. Distinct developmental trajectories in structural connectivity between default-mode and dorsal attention alongside frontoparietal networks, respectively, in the posterior brain regions were identified in ASD.

#### Conclusions

From adolescence to young adulthood, ASD and TDC shared similar structural connectomic development in terms of increased integration and reduced segregation between high cortical networks, and increased segregation within sensory processing networks. This pattern is in consistent with normative development. ASD only exhibited distinct developmental in small sets of short-range connections, supporting a hypothesis that ASD may be the end result of engaging adaptive processes during a sensitive period.

### Autism I

24 July 2018, 10:45 - 12:15, South Hall 2B

#### FP 023

#### Serum lactate and ammonia in autism spectrum disorder with and without epilepsy

J.V. Kommu<sup>1</sup>, P. Jacob<sup>1</sup>, S. Girimaji<sup>1</sup>, S. Srinath<sup>1</sup>, S. Seshadri<sup>1</sup>, R. Christopher<sup>1</sup>

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#### Objectives

- 1) To compare the serum Lactate and Ammonia in children with ASD with and without Epilepsy
- 2) To correlate serum Lactate and Ammonia with key socio-demographic and clinical variables

#### Methods

This study had a prospective case-control study design. Children with ASD without Epilepsy (n=111) and those with ASD with Epilepsy (n=55) were recruited from out-patient and in-patient settings after obtaining approval of Institutional Ethics Committee. Fasting blood sample of 5 ml was obtained from all the subjects for estimation of serum Lactate and Ammonia.

#### Results

Elevated Lactate was noted in 10.8% of children with ASD without Epilepsy versus 12.7% of those with ASD and Epilepsy. Elevated Ammonia was noted in 52.2% of children with ASD without Epilepsy versus 72.2% of those with ASD and Epilepsy. There was no significant difference in the mean Lactate levels between both the groups whereas the contrary was noted with respect to mean Ammonia levels.

#### Conclusions

Elevated Lactate levels seem to be almost equally prevalent in children with ASD with/without comorbid Epilepsy whereas elevated Ammonia is more common in those with ASD and Epilepsy. There is a need to explore other related biomarkers of mitochondrial dysfunction such as Lactate/Pyruvate ratio, Carnitine, Alanine, Creatine Kinase etc. in future studies.

### Autism I

24 July 2018, 10:45 - 12:15, South Hall 2B

#### FP 024

## Day and nighttime excretion of 6-Sulphatoxymelatonin in adolescents and young adults with autism

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### Objectives

Several reports indicate that nocturnal production of melatonin is reduced in autism spectrum disorders. Our objective was to examine in autism whether melatonin production is decreased during the whole 24-hour cycle, whether the melatonin circadian rhythm is inverted, and whether the reduction in melatonin production is related to the severity of autistic behavioral impairments.

### Methods

Day and nighttime urinary excretion of 6-sulphatoxymelatonin (6-SM) was examined during a 24-hour period in post-pubertal individuals with autism (N=43) and typically developing controls (N=26) matched for age, sex and pubertal stage.

### Results

Low 6-SM excretion (mean  $\pm$  SEM) was observed in autism, both at daytime ( $0.16 \pm 0.03$  vs.  $0.36 \pm 0.05$   $\mu\text{g/hr}$ ,  $p < 0.01$ ), nighttime ( $0.52 \pm 0.07$  vs.  $1.14 \pm 0.23$   $\mu\text{g/hr}$ ,  $p < 0.05$ ), and during 24 hours ( $8.26 \pm 1.27$  vs.  $18.00 \pm 3.43$   $\mu\text{g}/24$  hour collection,  $p < 0.001$ ). Intra-individual nighttime-daytime differences (delta values) in 6-SM excretion were smaller in individuals with autism than in controls ( $0.36 \pm 0.07$  vs.  $0.79 \pm 0.23$   $\mu\text{g/hr}$ ,  $p < 0.05$ ). Nocturnal excretion of 6-SM was negatively correlated with autism severity in the overall level of verbal language (Spearman  $\rho = -0.30$ ,  $p < 0.05$ ), imitative social play (Spearman  $\rho = -0.42$ ,  $p < 0.05$ ), and repetitive use of objects (Spearman  $\rho = -0.36$ ,  $p < 0.05$ ).

### Conclusions

These results highlight the interest in potential therapeutic uses of melatonin in autism spectrum disorder, especially in individuals with severe autistic impairment and/or low urinary 6-SM excretion. Promising avenues will be examined for potential therapeutic benefits in autism spectrum disorder of melatonin combined with developmental behavioral interventions that emphasize synchrony.

## Bullying

24 July 2018, 14:45 - 16:15, Club A

### FP 025

#### The role of socio-emotional skills in cyberbullying

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### Objectives

Socio-emotional skills are considered important in reducing cyberbullying and cyber victimization. The aim of the current study was to examine which social skills (empathy, mentalization, cognitive emotion regulation) have a crucial role in cyberbullying.

### Methods

490 students (196 male, mean age = 15.75 years, SD=1.27) participated in our research. The study consisted of the following questionnaires: the short version of the Cyber Victim and Bullying Scale (Arató, Zsidó, Lábadi & Lénárd, in progress) was used to determine students' role in cyberbullying, the Empathy

Questionnaire for Children and Adolescents (Overgaauw, Rieffe, Broekhof, Crone & Güroglu, 2017) to measure empathy, the Reflective Functioning Questionnaire (Fonagy, 2016) to measure mentalization, and the Cognitive Emotion Regulation Questionnaire (Miklósi, Matos, Kocsis-Bogar & Perczel, 2011) to measure adaptive and non-adaptive emotion regulation strategies.

### Results

ANOVA were conducted to determine whether victims, bully-victims and students not involved in cyberbullying differ among socio-emotional skills. The results demonstrate that both adaptive and non-adaptive emotion regulation strategies (self-blame, rumination, acceptance, positive refocusing and planning) characterize the victims. Bully-victims scored very low on affective, cognitive and prosocial empathy. An interesting outcome of the study is that victims scored the highest on every aspect of empathy. Mentalization has no significant effect on cyberbullying perpetration or victimization.

### Conclusions

This pattern of socio-emotional skills can serve as a base for prevention/intervention programs against cyberbullying. In addition, based on our results, we will be able to start to develop a prevention program, which targets emotion-regulation and empathy depending on the participants' role in cyberbullying.

## Bullying

24 July 2018, 14:45 - 16:15, Club A

### FP 026

#### Adolescent bullying victimisation and risk of intimate partner violence victimisation in early adulthood: a prospective follow-up study

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<sup>3</sup>The University of Queensland, School of Public Health, Brisbane, Australia

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<sup>6</sup>The University of Queensland, School of Pharmacy, Brisbane, Australia

### Objectives

Despite evidence linking interpersonal violence victimisation and mental illness, there is limited longitudinal evidence on the risk of continuing exposure to interpersonal violence. This study examines the prospective relationship between bullying victimisation during adolescence and intimate partner violence (IPV) victimisation in adulthood.

### Methods

The sample was drawn from a birth cohort of offspring who participated in the adult follow-up phases of the Mater-University of Queensland Study of Pregnancy in Brisbane, Australia (21-year follow-up: N = 2230; 55.7% females; 30-year follow-up: N = 1742; 59.9% females). Participants completed self-report questionnaires about their experiences of bullying victimisation at 14 years and the Composite Abuse Scale to assess experiences of IPV victimisation at 21 and 30 years. Multinomial logistic regression analyses were conducted to examine adolescent bullying victimisation and risk of IPV victimisation at the two adulthood follow-up phases. Analyses were stratified by sex and adjusted for a range of child-related and family-related variables.



## Results

There was an association between frequent bullying victimisation and any form of IPV victimisation at 21 years for females (OR 2.17, 95%CI 1.19-3.97). Both males and females who were bullied frequently had increased odds of physical abuse at 21 years (OR 1.68, 95%CI 1.01-2.80; OR 1.32, 95%CI 1.32-4.24, respectively). Occasional bullying victimisation at 14 years increased odds of any IPV victimisation at 30-year follow-up for females.

## Conclusions

Bullying victimisation during adolescence increases risk of IPV victimisation in adulthood, particularly for females. There is a strong need for interventions during adolescence that prevent the occurrence and re-occurrence of interpersonal violence victimisation.

## Bullying

24 July 2018, 14:45 - 16:15, Club A

FP 027

### The characteristics of cyberbullying and cybervictimization among child and adolescents in a child psychiatry outpatient clinic in Turkey

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## Objectives

Cyberbullying is aggressive behaviors or negative actions designed to inflict harm or emotional injury on others and occurs via the use of an electronic device. The increasing use of internet device among child and adolescents in worldwide, also in Turkey causes problems like internet addiction, cyberbullying, cybervictimization and are needed to control. The aim of this study is to investigate the characteristics of cyberbullying and cybervictimization in a child psychiatry outpatient clinic.

## Methods

The study sample consists of 80 child and adolescents who have psychiatric diagnoses. We use KIDDIE-SADS to evaluate psychiatric diagnoses and also Cyberbullying and cybervictimization scales performed. SPSS18.0 version was used in statistical analysis.  $p < 0.05$  was taken as statistically significant for all values.

## Results

Of the child and adolescents 52.5% were female and the mean age was  $14.5 \pm 1.8$ . All child and adolescent have a psychiatric diagnoses; 30.0% ADHD, 28.8% depression, 16.2% anxiety disorder, 8.7% conduct disorder, 5% ODD, 5% OCD, 2.5% somatoform disorder, 2.5% LD, 1.3% Adjustment Disorder. The mean score of cyberbullying was  $26.9 \pm 4.8$ , the mean score of cybervictimization was  $28.1 \pm 5.0$ . There was a significant difference in cybervictimization scores according to gender, were higher in females ( $p = 0.027$ ). The increases of cyberbullying score by age was significant ( $p = 0.002$ ). We found a positive relation between the duration time spending with electronic device and cyberbullying ( $p = 0.001$ ). We found a positive relation between smoking and cybervictimization ( $p = 0.001$ ).

## Conclusions

Cyberbullying and cybervictimization are two new topics in child and adolescent mental health. In clinical sample it is needed to investigate the characteristics then we can develop protective management in outpatient clinic.

## Bullying

24 July 2018, 14:45 - 16:15, Club A

FP 028

### Cyber-bullying: about 171 cases

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<sup>2</sup>Tunis university hôpital militaire, psychiatry, Tunis, Tunisia

## Objectives

Series of Insults via instant messaging, facebook, threatening comments on blogs, and the list goes on. Since the emergence of new technologies, cyber-bullying has become a new form of harassment that becoming increasingly prevalent especially for teenagers/adolescents with severe repercussion going as far as suicide. Our objective: To Estimate the incidence of cyber-bullying as well as the resulting consequences.

## Methods

Descriptive study has been conducted concerning 171 middle and high school students aged between 12-19 years in the region of Mahdia. The teenagers have been chosen at random. The data has been collected via the l'European Cyberbullying Intervention Project Questionnaire modified and translated to Arabic dialect.

## Results

The percentage of cyber-bullying victims was 81% with a slight female predominance. The percentage of cyberbullies was 15.7% with a large masculine's predominance. Flaming is the most frequent type of cyberbullying followed by mockery and revenge-porn. The majority of victims suffered mostly from anxiety, irritability, aggressivity and insomnia (94%) followed by depression and low self-esteem (40%), academic decline (15.8%), suicidal thoughts/ suicide attempts (13.6%). A case of suicide has been noted. 72.9% of bullying cases were kept non-declared and 44.6% were declared, in particular, to friends.

## Conclusions

Cyber bullying exists and seems to be frequent in our society, takes place mainly on digital social networks making it more prevalent due to the increasing accessibility of online communications amongst teenagers. Cyber bullying could have serious drawbacks such depression and suicide. Strategies to prevent cyber bullying must be established.

## Child abuse I and Mental health promotion

24 July 2018, 14:45 - 16:15, Club B

FP 029

### Health literacy in school

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<sup>4</sup>Chittagong Medical College Hospital, Psychiatry, Chittagong, Bangladesh

## Objectives

We aimed to explore the different aspect of health literacy in school, focusing the burden, measurement, importance of school, and interventions attached

with school.

## Methods

A narrative review was conducted in all the approachable data bases without any time limit.

## Results

Among multiple scales of health literacy measurement, REALM is mostly used. Schools have very important role in health promotion and development of the future of the nation. Working on health literacy in adolescence would improve health literacy in later life and adolescents are used to carry their modified behavior across the life. There are various school based interventions covering physical and mental health literacy. Educational programs particularly in schools, can promote the increase of the literacy levels of health care through a health curriculum. IOM proposed to incorporate health-related tasks into lesson plans of schools and recommended that teaching the young people will be a good investment for future population health.

## Conclusions

Multisectoral collaboration such as health, education, finance, media, communication; and locally proved effective strategies should be considered as a priority

## Child abuse I and Mental health promotion

24 July 2018, 14:45 - 16:15, Club B

FP 030

### Literature and Mental Health in Clinical Practice - Mindreading 2017, Initiative. Report of a survey of interdisciplinary adult learners

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<sup>2</sup>Postdoctoral Research Assistant, St Anne's College- University of Oxford, Oxford United Kingdom, United Kingdom

<sup>3</sup>Lecturer in Victorian Literature, University of Birmingham, Birmingham, United Kingdom

<sup>4</sup>University College Dublin, Medical Student Summer Research Project- Child and Adolescent Psychiatry, Dublin, Ireland

## Objectives

MindReading: Mental Health and the Written Word was held as a collaborative effort between the UCD Child and Adolescent Psychiatry and the Diseases of Modern Life Project, Oxford. Objectives included exploring productive interactions between literature and mental health, sharing useful resources and identifying roles narrative can play in healthcare.

## Methods

Pre and Post conference survey of interdisciplinary participants, supporting an interprofessional educational approach (CAIPE). Online survey using industry standard encryption technology (Survey Monkey). Data gathered included demographics, identified learning needs, Confidence in engaging with literature in a medical context, view of interdisciplinary approaches. Data analysed using SPSS. Ethics exemption by the Ethics and Research Committee in Children's University Hospital, as a survey of adult learners.

## Results

Post conference response rate 47%.

Professional groups included academics, medical consultants, literature professionals, medical historians, mental health nurses, social workers, trainees, psychologists, other mental health professional.

Comparing levels of confidence in use of literature in clinical and reflective practice before and after the conference: . Self-reported levels of knowledge- statistically significant increase in knowledge of:

Bibliotherapy (p=0.007)

Use of Literature in Mental Health Services (p<0.001)

Locate Literature for therapeutic engagement ( p<0.001)

Locate Literature for reflective practice (p=0.001)

View on Interprofessional Learning: All respondents felt that the conference had a positive impact on the interprofessional aspects of mental health and learning about new resources.

## Conclusions

Clinicians are keen on literature as a point of therapeutic engagement ; this programme led to significant changes in knowledge re locating resources for clinical and reflective practice. Interdisciplinary approaches were identified as positive. All respondents met learning aims met in full or in part. The next Mindreading Event will be held in Birmingham in June 2018. A toolbox was created <http://www.ucd.ie/medicine/capsych/mindreading/>

## Child abuse I and Mental health promotion

24 July 2018, 14:45 - 16:15, Club B

FP 031

### Characteristics of mental disorder in children with history of abuse in integrated crisis center of Cipto Mangunkusumo Hospital, Jakarta-Indonesia.

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## Objectives

Increase in child abuse is accompanied by increasing concerns in its effect on child's development. Although concerns keep arising, understanding on effect of child abuse to child's development is limited. It is partly due to limited studies in this field. Up to now, understanding on child abuse on child's development has been based on descriptive clinical studies and retrospective studies on adults with history of child abuse. Therefore, the aim of the research is to describe mental disorder and proportion in children with history of abuse at Pusat Krisis Terpadu (One Stop Crisis Center) RSCM

## Methods

This is a cross sectional study using consecutive sampling. Subject population is 185 children aged 6-18 years old who suffered from abuse at Pusat Krisis Terpadu (One Stop Crisis Center) RSCM. Diagnosis of mental disorder is made using MINI KIDS (Mini International Neuropsychiatry Interview) ICD-10. Demografi data collected by interview and violence data collected by secondary data.

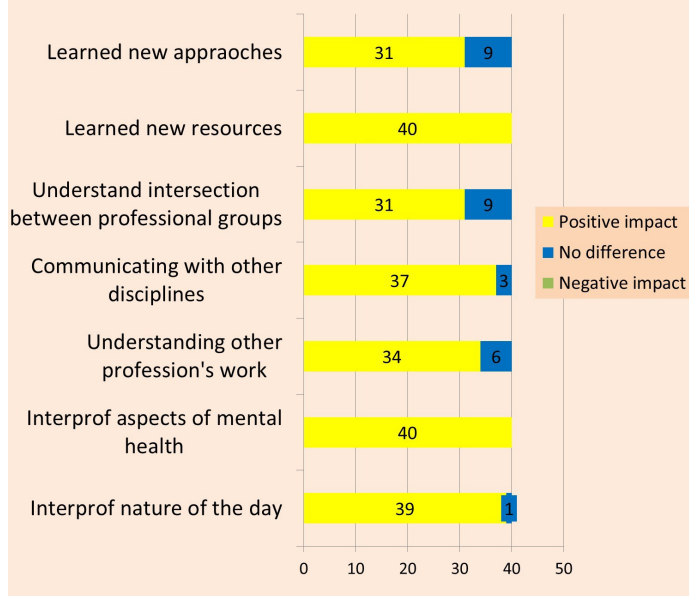
## Results

The study shows that 42.16% children with history of abuse suffered from mental disorder. Three most common mental disorder suffered by the subject population were Adjustment disorder (41.84%), Posttraumatic Stress Disorder (17.35%) and Severe Depression (15.31%).



### Aspects of Interprofessional Learning (Post conference)

Figure 4



#### Conclusions

It is expected that further intervention should be set up to minimize or avoid mental disorder in children, implemented and evaluated.

### Child abuse I and Mental health promotion

24 July 2018, 14:45 - 16:15, Club B

FP 032

#### Child abuse and neglect in a clinical population in Tunisia

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<sup>1</sup>Mongi Slim Hospital, Child Psychiatry Department, Tunis, Tunisia

#### Objectives

Adapt and validate a questionnaire to evaluate abuse and neglect (ICAST-P) among a Tunisian child clinical population and determine the prevalence of different forms.

#### Methods

This is a descriptive study based on a cross-sectional survey of a clinical population. The survey was carried out at the level of the child psychiatry department of Mongi Slim Hospital in La Marsa-Tunis. It included 316 outpatients at the child psychiatric department during the period between 01 September 2016 and 31 March 2017. The survey was based on the ISPCAN Child Abuse Screening Tool (ICAST-P) which is a questionnaire completed by parents that deals with the child's exposure to violence at home.

#### Results

The adaptation of the ICAST-P was the main challenge to the respect of culturally accepted practices. 94.62% of parents declare that they are using positive measures of education. 86.71% were victims of at least one form of physical violence, 95.57% of psychological violence, 18.04% of neglect and 9.18% of sexual violence.

63.61% of children were victims of severe physical punishment or use of an instrument, 36.39% of children were victims of severe psychological violence. Correlations between psychiatric disorders and different forms of abuse were analyzed.

#### Conclusions

The adapted version of the ISPCAN Child Abuse Screening Tool (ICAST-P) represents an important contribution for the evaluation of the child abuse and neglect in Tunisian children.

### Substance-related issues I

24 July 2018, 14:45 - 16:15, Club D

FP 033

#### Changes over time in Lithuanian schoolchildren's attitudes toward addictive behaviors: promoting and preventing factors

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#### Objectives

To evaluate tendencies in the attitudes of Lithuanian schoolchildren toward addictive behaviors over a three year period and to ascertain the promoting and preventing factors of such behaviors.

#### Methods

The researchers developed a survey which was conducted twice over a three year period. The sample consisted of pupils in the 5th, 9th and 12th grades (N=1590, age range 10-19 years) from both urban and rural areas.

#### Results

Both the recognition of and involvement in addictive behaviors significantly increased with age. Motivation to abstain due to internal factors decreased with age and increased among pupils already involved in addictive behaviors. Time- and age-related differences were found regarding substance abuse and behavioral addictions. Whilst betting adverts were increasingly noticed over time, smoking adverts were decreasingly noticed over the three year period and it was concomitant with inconsistent changes in self-reported involvement in these behaviors.

#### Conclusions

Most significant changes in the attitudes of Lithuanian pupils toward addictive behaviors occur between the ages of 11 and 15 years. However, age-related changes differ for the pupils' attitudes toward substance abuse and behavioral addictions. Increasing awareness of the potential risk of addictive behaviors does not prevent their increasing prevalence with age. Increased risk of involvement in addictive behavior correlates with decreased internal motivation to abstain from addictive behavior and decreased recognition of its potential risks. No clear correlation was found between significant changes in noticing adverts and involvement in addictive behaviors.

### Substance-related issues I

24 July 2018, 14:45 - 16:15, Club D

FP 034

#### Profile of opioid use in children and adolescents seeking treatment from de-addiction services from a tertiary center in North India

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## Objectives

There is limited literature about opioid use in children and adolescents globally with studies largely restricted to prescription opioids. The current study aimed to assess the profile and pattern of opioid use in children and adolescents availing de-addiction services at adolescent de-addiction center (ADC) at a tertiary care center in India

## Methods

Retrospective chart review of treatment records of subjects attending services of ADC for a period of 11 years from April 2003 to August 2014 was carried out

## Results

A total of 291 patients had used any form of opioids in their lifetime. The typical profile was that of an urban adolescent male. The mean age of starting any substance was 12.82 years (SD= 2.73). Heroin was the most common substance used (84.5%) followed by Dextropropoxyphene (14%) and buprenorphine (5.8%). About 23% were intravenous drug users. Nearly 74% were dependent on Heroin. About 12% had co-morbid psychiatric illness with conduct disorder being the most common.

## Conclusions

The study findings represent a high prevalence of heroin ever users as well as users dependent on heroin from a hospital setting. There is a need for examining early initiation of opioid use in recent years especially in the community setting.

## Substance-related issues I

24 July 2018, 14:45 - 16:15, Club D

FP 035

### Prevalence of high-risk psychoactive substance use among male adolescents in South West Nigeria

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## Objectives

Male adolescents have been reported to have higher prevalence of, and more severe substance use patterns. This study describes the pattern of high risk substance use among male secondary school adolescents and identified sociodemographic factors associated with life time substance use among this population.

## Methods

A total sampling of 64 male students in three senior secondary schools randomly selected from urban and semi-urban areas of Ibadan, Nigeria, participated in the study. The respondents completed the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and were separated based on their scores into high/moderate risk and low risk groups.

## Results

The mean age of the respondents was 16.49 years (SD  $\pm$  1.31). Lifetime use of any psychoactive substance was 54.0% while 33.3% of the respondents had moderate to high risk scores on the ASSIST instrument. The most common substances ever used by respondents were Non-amphetamine stimulants (39%), followed by alcohol (31%), while hallucinogens (1.0%) and cocaine (1.0%) were the least ever used. None of the respondents had ever used an amphetamine-type stimulant. Socio-demographic variables associated with lifetime and 3-month use of any substance included being in a senior class i.e. SS3 ( $p < 0.001$ ), coming from a semi-urban community ( $p = 0.014$ ), and engaging in paid work after school ( $p = 0.002$ ).

## Conclusions

This study reports a high prevalence of high- and moderate-risk psychoactive substance use among male secondary school adolescents in Ibadan southwest Nigeria. The findings of this study have implications for mental health interventions in the field of addiction for adolescents in South-West Nigeria.

## ADHD II

24 July 2018, 14:45 - 16:15, South Hall 2B

FP 036

### The effect of atomoxetine and methylphenidate on improving behavior/emotional symptoms in children with attention-deficient hyperactivity disorder

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## Objectives

Attention-deficient hyperactivity disorder (ADHD) is a common neurodevelopmental disorder. This head-to-head, randomized, long-term (24-week) trial aimed to explore the therapeutic effect of atomoxetine and methylphenidate on emotional/behavior symptoms in children and adolescents with ADHD.

## Methods

The study sample included 160 drug-naïve children and adolescents, 7–16 years of age, with DSM-IV-defined ADHD, randomly assigned to osmotic-release oral system methylphenidate (OROS-methylphenidate) ( $n = 80$ ) and atomoxetine ( $n = 80$ ) in a 24 week, open-label, head-to-head clinical trial. We measured the emotional/behavior symptoms of ADHD by the Chinese versions of the Children Behavior Check List (CBCL) and the Strength and Difficulties Questionnaire (SDQ).

## Results

Both methylphenidate and atomoxetine groups showed with-in-group improvement in multiple behavior/emotion problems measured by CBCL all but atomoxetine group showed no with-in-group improvement in the somatic complaint at week 8 and week 24. Two treatment groups showed significant group difference on aggressive behavior ( $p=0.032$ ) and somatic complaints ( $p=0.008$ ) at week 24. Regarding SDQ, both medication groups showed similar trend of improvement. Atomoxetine group showed improvement on conduct problem (Cohen  $d=0.37$ ,  $p=0.003$ ) and hyperactive problem (Cohen  $d=0.42$ ,  $p=0.003$ ). Methylphenidate group showed improvement on internalizing symptoms (Cohen  $d=0.33$ ,  $p=0.009$ ), hyperactive problems (Cohen  $d=0.32$ ,  $p=0.046$ ), and conduct problem (Cohen  $d=0.67$ ,  $p<0.001$ ). No group differences on emotional/behavior symptoms of SDQ were found.



## Conclusions

Our findings lend evidence to support that both methylphenidate and atomoxetine are effective in improving multiple domains of emotional/behavior symptoms of ADHD. Compared with atomoxetine, methylphenidate is associated with greater mean reduction in aggression, delinquent behaviors, and somatic complaints.

## ADHD II

24 July 2018, 14:45 - 16:15, South Hall 2B

### FP 037

#### Heterogeneity in the diagnostics of attention deficit hyperactivity disorder diagnosis in the Czech Republic

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#### Objectives

Attention Deficit Hyperactivity Disorder (ADHD) - a common neurodevelopmental disorder frequently diagnosed between age 7-10, lasting to adulthood in 40-60%. Literature suggests discrepancies in the prevalence and thus the aim of current study was to map the prevalence of ADHD in the Czech Republic as well as the source of its diagnosis.

#### Methods

Online and telephone questioning via Czech national panel was done. Selected population were parents of children aged 6-10.

#### Results

Final sample was 810 children: 403 girls and 407 boys. In 11,6% parents reported that their offspring was diagnosed with ADHD. Out of these diagnosed with ADHD 34% undergone treatment and only 25% of them were prescribed with medication (predominantly with methylphenidate and atomoxetine). More importantly, we observed a big variance in the source of the diagnosis (table 1).

Table 1.

Source of diagnosis	N	%
Neurologist	14	14,89
Psychiatrist	14	14,89
Clinical Psychologist	10	10,64
Pedagogic-psychological counselling centre	55	58,51
Teacher	1	1,06

## Conclusions

Considering that the commonly reported worldwide ADHD prevalence ranges between 3-7%, our results suggest over-diagnosing of ADHD in early school age children in the Czech Republic. Furthermore, the diagnosis came from number of sources, mostly from clinical professionals who are not routinely trained in the diagnostics as well as differential diagnostics of neurodevelopmental disorders. This indicates the need for implementing structured and standardized diagnostic tools for ADHD as well there is a need to specify that the authority

and responsibility over diagnosis of ADHD need to be reserved to fully trained medical professionals.

## ADHD II

24 July 2018, 14:45 - 16:15, South Hall 2B

### FP 038

#### Is ADHD in some cases a variant of normal growth?

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#### Objectives

To review previous findings and new data indicating that ADHD-behavior is in some cases a variant of normal growth.

#### Methods

ADHD-behavior normalizing over time was found among average children (Macfarlane JW et al 1954). EEG-methods showed both sex differences and that the brain matures until early adulthood (Eeg-Olofsson O et al 1970a, 1970b) supported by recent studies (Shaw P et al 2007, Raznahan A et al 2010, Hoogman M et al 2017).

In 1991 a longitudinal, prospective twin study was set up to test the hypothesis on relative immaturity (RI) and ADHD. 1,302 twin pairs from the Swedish TCADH-study were followed. Parent ratings were collected at 8 to 9 years and parent and self-ratings of ADHD symptoms were collected at 8 to 9, 13 to 14, 16 to 17, and 19 to 20 years using the Child Behavior Checklist Attention Problems scale. ADHD symptoms corresponding to DSM were used for sensitivity analysis. Analyses were conducted using longitudinal structural equation modeling with multiple raters. (Brikell I et al 2016).

#### Results

RI-related factors, predominantly influenced by genes, explained 10-14% of the variance in ADHD symptoms from 8 to 9 up to 16 to 17 years. The influence of these RI-related factors on ADHD symptoms attenuated to 4% by 19 to 20 years of age.

#### Conclusions

Current results show that RI is associated with ADHD symptoms, particularly during childhood and adolescence which may give new options for assessment and treatment.

## Substance-related issues II

24 July 2018, 16:45 - 18:15, South Hall 1A

### FP 040

#### The validity and reliability study of the Turkish version of the substance use risk profile scale

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## Objectives

Many screening tools are used in adolescents to evaluate substance use and risk profile. The Substance Use Risk Profile Scale (SURPS) was developed to screen four high-risk personality traits for substance misuse, to guide targeted approaches to prevention of addictions in adolescents. The scale has quite good psychometric properties at many different languages. The aim of this study is to evaluate the validity and reliability of the Turkish version of SURPS.

## Methods

A sample of 875 adolescents aged 14-19 completed Beck Hopelessness Scale, State Trait Anxiety Inventory, Barratt Impulsivity Scale, Arnett Inventory of Sensation Seeking and the Turkish version of SURPS. 30 ( $\pm 10$ ) days after the first evaluation, randomly selected 75 adolescents filled the Turkish version of SURPS again for the test retest reliability. The internal consistency, test retest reliability, construct validity and criterion validity were evaluated to validate SURPS in Turkey.

## Results

The Cronbach alpha value for the internal consistency of SURPS was 0.728. Pearson correlation coefficients for the test retest reliabilities of hopelessness, sensation seeking, impulsivity and anxiety sensitivity subscale scores were 0.779, 0.703, 0.608 and 0.646, respectively. Exploratory factor analysis conducted to assess the construct validity revealed 4 factors with eigenvalue statistics greater than 1 which were accounted for 45.18% of the total variance. For assessing the criterion validity, the scores of the subscales were compared with the scores of other scales, and generally significant but weak-to-moderate correlations were found.

Table 1 Factor loadings of the SURPS items-varimax.

Item	Factors			
	Hopelessness	Impulsivity	Sensation Seeking	Anxiety Sensitivity
1 I am content	0.751			
4 I am happy	0.845			
7 I have faith that my future holds great promise	0.662			
13 I feel proud of my accomplishments	0.447			
17 I feel that I'm a failure	0.338			
20 I feel pleasant	0.749			
23 I am very enthusiastic about my future	0.599			
2 I often don't think things through before I speak		0.567		
5 I often involve myself in situations that I later regret being involved in		0.546		
11 I usually act without stopping to think		0.768		
15 Generally, I am an impulsive person		0.740		
22 I feel I have to be manipulative to get what I want		0.343		
3 I would like to skydive			0.674	
6 I enjoy new and exciting experiences even if they are unconventional			0.661	
9 I like doing things that frighten me a little			0.660	
12 I would like to learn how to drive a motorcycle			0.614	
16 I am interested in experience for its own sake, even if it is illegal			0.558	
19 I would enjoy hiking long distances in wild and uninhabited territory			0.551	
8 It's frightening to feel dizzy or faint				0.668
10 It frightens me when I feel my heart beat change				0.632
14 I get scared when I'm too nervous				0.495
18 I get scared when I experience unusual body sensations				0.547
21 It scares me when I'm unable to focus on a task				0.617
Eigenvalue	3.182	2.612	2.315	2.284
Variance (%)	13.836	11.355	10.065	9.930
Cronbach's alpha	0.758	0.668	0.707	0.658

## Conclusions

Our results provide clear evidence that the Turkish version of SURPS is valid and reliable.

## Substance-related issues II

24 July 2018, 16:45 - 18:15, South Hall 1A

FP 040

## Effect of relative age on hazardous alcohol use

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## Objectives

Relative age (RA) refers to the age of a teenager compared to other classmates. Teenagers born in the second half of the school eligibility year are younger than their peers. Previous studies found significantly higher rates of attention deficit hyperactivity disorder and risk of suicide in youth with low RA.

## Methods

This was a retrospective analysis of 3044 teenagers, residents of Olmsted County, Minnesota (U.S.A.), who received urine or breath alcohol test in medical care settings between 1999 and 2012. 15 of these subjects died from external causes of death (accidents, overdoses, homicides, suicides) within 5 years of the first alcohol test. School eligibility cutoff date in Olmsted County starts September 1st. We stratified all teenagers into "older RA" group (born September 2nd – March 2nd) and "younger RA" group (March 3rd – September 1st). Logistic regression was used to quantify the relationship between positive alcohol test and mortality.

## Results

Our results show that teenagers with younger RA tested positive for alcohol at significantly earlier age ( $p=0.01$ ; mean age of positive results in older RA group is 16.3, and 15.9 in teenagers with younger RA). Of 15 teenagers who died within 5 years, younger RA was associated with higher rates of death by accident ( $p=0.04$ ).

## Conclusions

Our results suggest that teenagers with younger RA initiate hazardous alcohol use in the same academic period, and thus at a younger chronological age compared to their peers. These findings are clinically relevant since alcohol exposure is more detrimental to youth at relatively younger brain maturation stages.

## Autism II

24 July 2018, 16:45 - 18:15, South Hall 2A

FP 042

## Association between Internet addiction and mental states among adolescents with autism spectrum disorder

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## Objectives

Several studies have reported that Internet addiction (IA) were more prevalent among adolescents with neurodevelopmental disorders including autism spectrum disorder (ASD). However, the cause of IA in adolescents with ASD is not clearly. The objectives of this study is to investigate the association between the state of IA and characteristic of ASD in adolescents with ASD.

## Methods

Participants were recruited in outpatient at Ehime University Hospital and Ehime Rehabilitation Center for Children. Adolescents aged 10–19 diagnosed with



ASD and without intellectual disorders. They and their caregivers were assessed several questionnaires (Table 1). This study was approved by the Institutional Review Board of Ehime University Graduate School of Medicine. The authors obtained written informed consent forms from the participants and their parents.

Table 1. Measurements

Response by participants	Young's Internet Addiction Test (IAT)
	General Health Questionnaire (GHQ)
	Pittsburgh Sleep Quality Index (PSQI)
	Strengths and Difficulties Questionnaires (SDQ)
Response by caregiver	Autism Spectrum Quotient (AQ)
	Social responsiveness scale-Second edition (SRS-2)
	ADHD Rating Scale (ADHD-RS)
	Parent-rated SDQ

## Results

A total of 38 adolescents with ASD involved in this study. Based on the total IAT score, half of the participants were classified as IA. Total scales of IAT were correlated significantly with the hyperactivity subscales of both self and parent SDQ ( $r = 0.577, 0.56$ ), the subscales of social dysfunction and suicidal depression in GHQ ( $r = 0.464, 0.411$ ), and the total/hyperactivity ADHD-RS scores ( $r = 0.464, 0.565$ ).

## Conclusions

IA is strongly associated with hyperactivity in ASD. Furthermore, IA might worsen mental states in adolescents with ASD. IA should be considered in examining ASD adolescents, especially with the symptom of hyperactivity.

## Autism II

24 July 2018, 16:45 - 18:15, South Hall 2A

### FP 043

#### Pediatric prolonged-release melatonin for sleep in children with autism spectrum disorder: implications for child behavior and caregiver's quality of life

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### Objectives

Insomnia is frequent in children with Autism Spectrum Disorder (ASD). We recently reported on efficacy and safety of pediatric prolonged-release melatonin minitablets (PedPRM) treatment (13 weeks) vs placebo, for sleep in children with ASD and other Neurodevelopmental Disorders (NDD). Here we report on the impact of this treatment on child behavior and caregiver's quality of life.

### Methods

125 Children (2-17.5 years; 96.8% ASD, 3.2% Smith-Magenis syndrome) were randomized (1:1 ratio), double-blind, to receive PedPRM (2/5mg) or placebo for 13 weeks. Child-related outcomes included the Strength and Difficulties Questionnaire (SDQ). Caregiver-related outcomes included the

World Health Organization Well-Being Index (WHO-5), Epworth Sleepiness Scale (ESS) and Composite Sleep Disturbance Index (CSDI).

## Results

Subjects treated with PedPRM (13 weeks) had statistically significant improvement in externalizing behaviors over placebo ( $p=0.021$ ); 29/54 (53.7%) of the PedPRM vs. 13/47 (27.6%) of the placebo group had clinically relevant reduction of 1 unit or more in externalizing behavior score ( $P=0.008$ ). In addition, there were trends showing a benefit in favor of PedPRM in total SDQ (externalizing and internalizing behaviors), impact (overall distress and impairment) and hyperactivity/inattention scores.

Caregivers reported significant improvement in well-being and satisfaction of the child sleep pattern with PedPRM compared to placebo ( $p=0.01$ ,  $p=0.005$  respectively) and a trend to benefit in ESS in favor of PedPRM.

## Conclusions

PedPRM treatment of insomnia in children and adolescents with ASD alleviated insomnia-related exacerbation of externalizing behavior difficulties, in particular hyperactivity and inattention, and improved caregivers' well-being.

## Autism II

24 July 2018, 16:45 - 18:15, South Hall 2A

### FP 044

#### Oxytocin reduces misrecognition of negative facial emotions in autism spectrum disorders

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### Objectives

Oxytocin (OXT) was reported to enhance the ability to recognize emotional facial expression. However, the effect on facial expression recognition in autism spectrum disorders (ASD) remains unclear.

### Methods

24 male adults with ASD were randomly assigned to OXT and placebo groups. They were administered OXT (24 unit, twice a day) or placebo for six weeks. In the following open trial, all participants were administered OXT for six weeks. Benton Facial Recognition Test and facial expression recognition task were examined for all participants at three time points (baseline, after randomized controlled trial, after open trial).

This study protocol was approved by the Ethics Committee of the Nagoya University Graduate School of Medicine, and funded by Japan Agency for Medical Research and Development (AMED).

### Results

OXT does not influence on the identifications of unfamiliar faces. Although the correct response rates for angry and disgusted faces after randomized control trial are higher than those at baseline only in OXT group, it does not reach the significance level. After the open trial, patients recognized more accurately angry faces ( $p<0.01$ ) and disgusted faces ( $p<0.05$ ) than baseline. In error analysis, the misrecognition of angry for disgusted faces ( $p<0.05$ ) and misrecognition of disgusted for angry faces ( $p<0.01$ ) significantly reduced after OXT administration.

### Conclusions

Although both anger and disgust are negative emotions, they are followed by different aggressive verbal or behavioral expressions to the others. OXT reduces misrecognition of negative facial emotions in ASD, and it may be the neuropsychology

chological background for improvements associated with OXT administrations in social communication disturbances.

## Autism II

24 July 2018, 16:45 - 18:15, South Hall 2A

FP 045

### Oxytocin administration during delivery and the autism spectrum disorder

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#### Objectives

to explore the relationship between administrating Oxytocin during labor to mother and the developing of Autism spectrum disorder by the offspring.

#### Methods

it is a cross sectional study. We included the first 150 child with diagnosed with ASD starting from March 2015 April 2016, in the outpatient unit of child and adolescent psychiatry in Monastir. The 150 child with typical development were randomly chosen from kinder garden in the same region. We excluded from both group children with sensory abnormalities due to physical condition. The ASD diagnosis was done based on the DSM-5 criteria, the CARS and the clinical evolution of the child during the period of the study. The exposition to oxytocin during labor was explored by a direct yes/no question to the mothers.

#### Results

the mean age of the ASD group was 2.66 years  $\pm$  0.55 years with a sex ratio of 3.2. Thirty-nine mother from the ASD group (27.1%) had received oxytocin during labor while only nine from the control group (6%) was exposed. The Chi-square test found a significant statistical relationship:  $p < 0.001$ . After controlling of obstetrical complication, the relationship still significant  $p = 0.041$  [95% I.C [0.009-0.208]].

#### Conclusions

it seems that there is a possible relation between the use of oxytocin during labor in mother and the developing of ASD by the child. Further research should be undertaken.

## Trauma II

24 July 2018, 16:45 - 18:15, South Hall 2B

FP 046

### Risk Factors for Readmission to a Child and Adolescent Psychiatry Unit: Role of Trauma and Peer-Aggression

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#### Objectives

Patient readmission has become a major index for measuring quality of health-care, however, little is known about what affects readmission to a child and adolescent psychiatry (CAP) unit. This study aims to test the effects of trauma history, peer-aggression, and lesbian-gay-bisexual-transgender (LGBT) identity, on re-hospitalization within one year.

#### Methods

We conducted a retrospective analysis of 369 individual patients (71% female), ages 11-18 years old, admitted to the CAP unit at the Mayo Clinic during the study period between 1/1/2015 and 12/31/2015. Logistic regression was used to quantify the relationship between the above defined psychosocial stressors and the number of re-hospitalization days in one year, adjusted for the effects of history of family disruption, modified Patient Health Questionnaire (PHQ-9) scores at admission, age, gender, and length of initial hospitalization.

#### Results

20% of patients were readmitted within 365 days. Patients with a history of trauma ( $p = 0.0002$ ,  $t = 3.8$ ), and victims of peer-aggression ( $p = 0.004$ ,  $t = 2.9$ ) had significantly higher number of re-hospitalization days compared to peers. There was no significant difference between LGBT and non-LGBT youth in the number of readmission days.

#### Conclusions

Both history of trauma and ongoing peer aggression increase the risk of readmission. Our results place trauma and peer violence amongst the most important risk factors for readmission, particularly, as we found these stressors to have a higher impact on readmission than more frequently used measures of psychopathology, such as PHQ-9 scores at admission.

## Trauma II

24 July 2018, 16:45 - 18:15, South Hall 2B

FP 047

### Raising children on the run – how refugee caregivers support the mental health of early childhood amidst trauma and stress

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#### Objectives

Caregivers who provide supportive care can mediate children's psychosocial distress and build their resilience despite adversity. To date, however, few studies have investigated how refugee caregivers cope and care for their children's socioemotional development and mental health (SE-MH) in extreme conditions and prolonged displacement. This study examines (a) the SE-MH of the youngest refugee children (0-3 years); (b) refugee caregivers' knowledge of ECD, parenting strategies, coping mechanisms, and emotional capacities; as well as (c) refugee caregivers' explicit needs for supporting their children's SE-MH in armed conflict and displacement.

#### Methods

This mixed-methods research involves semi-structured interviews with 50 refugee caregivers of children 0-3 years who have been forcibly displaced from Syria, Palestine, Iraq and Afghanistan; and surveys on their children's socioemotional development and mental health. We analysed English transcriptions with NVivo software, using standard grounded theory. Transcripts were double-coded, with discrepancies arbitrated by a third reviewer.

#### Results

The youngest refugee children and their caregivers both present a wide range of mental and psychological wellbeing – from social and resilient to depressive, traumatised, aggressive and even self-harming at as young as 2-3 years. Caregivers became more knowledgeable about their children's SE-MH from witnessing their behaviour in response to war trauma and displacement stress.



While caregiver awareness was important for their children's development, ultimately, caregivers' psychosocial wellbeing trumped their education/knowledge as being the most important factor affecting their abilities to emotionally support their children's SE-MH.

#### Conclusions

Humanitarian interventions should invest in refugee caregivers' mental health in order to improve early childhood development sustainably and at scale.

## Trauma II

24 July 2018, 16:45 - 18:15, South Hall 2B

FP 048

### Creating illustrated storybooks to heal traumatized children

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#### Objectives

To demonstrate the effectiveness of using illustrated storybooks created by traumatized children in institution. Given that they are challenging cases.

#### Methods

Subjects : girls between the age of 7 and 14 years old, lived in an institution with established psychiatric diagnosis and past history of traumatic life events. Procedure: sessions for building rapport, emotion expression, followed by setting a theme for the story and finally illustrating and formulating the story scenes. The choice of theme was customized according to the child need. The presentation will illustrate the process of creating the storybook in different cases with reference to challenges faced by the clinician.

#### Results

Functional improvement included social functioning, academic achievement and leisure time activities and alleviation of symptoms were observed by the clinician and supervisors.

#### Conclusions

Using "illustrated storybook" could be a helpful tool to improve challenging cases with multiple trauma. It helped children to express their feelings and overcome their traumas. This reflected on improvement of functioning and symptoms.

## Trauma II

24 July 2018, 16:45 - 18:15, South Hall 2B

FP 049

### Mental health of children in especially difficult circumstances in Sub-Saharan Africa

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#### Objectives

There are about 1.2 billion children reported to be in especially difficult circumstances worldwide and a large proportion of them live in Africa. Children in Especially Difficult Circumstances (CEDC) include street children, child labourers, children orphaned by HIV/AIDS, institutionalized children, children who have been sexually exploited and child soldiers. This paper is a review of literature to shed light on the statistics of the various categories of children in especially difficult circumstances, the mental health problems that they face and the public health approaches that can be adopted to care for children in especially difficult circumstances.

#### Methods

A detailed search of scientific databases such as PubMed, Google Scholar was carried out to find articles and books relevant to the topic of children in especially difficult circumstances in sub-Saharan Africa.

#### Results

The review shows that children in especially difficult circumstances suffer from mental health disorders such as anxiety, Attention Deficit Hyperactivity Disorder (ADHD), conduct disorder, depression, low self-esteem, post-traumatic stress disorders and psychoactive substance abuse. Primary, secondary and tertiary prevention approaches need to be adopted to mitigate the problem of children in especially difficult circumstances in sub-Saharan Africa

#### Conclusions

This review sheds light on the magnitude of the problem of Children in Especially Difficult Circumstances in sub-Saharan Africa and public health approaches that can be taken to mitigate the issue.

## ADHD III

25 July 2018, 08:00 - 09:30, North Hall

FP 050

### Genetic and environmental links between ADHD symptom development and academic achievement

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<sup>4</sup>King's College London, MRC Social- Genetic & Developmental Psychiatry Centre, London, United Kingdom

#### Objectives

Attention-deficit/hyperactivity (ADHD) symptoms are associated with academic underachievement. This study aimed to examine whether the developmental course of ADHD symptoms also influences academic achievement and the underlying genetic and environmental contributions.

#### Methods

A total of 5634 twin pairs born in the UK between 1994 and 1996 were included in the study. Inattention and hyperactivity/impulsivity symptoms were assessed using the Revised Edition of Conners Parents Scale at age 7.9, 11.3, 14.2 and 16.3 years. Academic achievement was measured by the National General Certificate of Secondary Education at age 16. Latent growth curve model was used to estimate the baseline level and the developmental course of ADHD symptoms. Multivariate genetic model was fitted to delineate genetic and environmental contributions to interindividual differences in the developmental course of ADHD symptoms. The final analysis investigated the genetic and the environmental contributions to the association between the developmental course of ADHD symptoms and academic achievement.

## Results

Inattention exerted greater influence on academic achievement compared to hyperactivity/impulsivity. The developmental course of inattention symptoms independently predicted academic achievement at age 16 years. The genes contributing to interindividual differences in the baseline level and the developmental course of inattention symptoms explained 10% and 5% of the variance in academic achievement. Non-shared environment played a negligible role in the covariation between ADHD symptoms and academic achievement.

## Conclusions

Individuals with increasing inattention level across age are at higher risks of academic underachievement. Shared genetic aetiology implies common neurobiological underpinnings between the development of ADHD symptoms and cognitive ability, which warrants further investigation.

## ADHD III

25 July 2018, 08:00 - 09:30, North Hall

FP 051

### Co-aggregation of major psychiatric disorders in individuals with first-degree relatives with ADHD in Taiwan

M.H. Chen<sup>1</sup>, J.W. Hsu<sup>1</sup>, Y.M. Bai<sup>1</sup>, K.L. Huang<sup>1</sup>

<sup>1</sup>Taipei Veterans General Hospital, Department of Psychiatry, Taipei, Taiwan

## Objectives

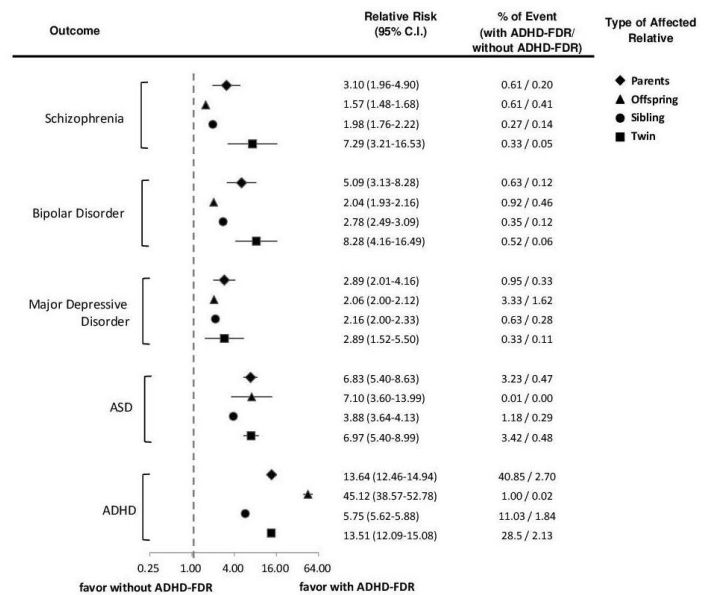
Attention deficit hyperactivity disorder (ADHD) is a highly heritable mental illness that transmits intergeneratively. Previous studies supported that individuals (i.e., parents, offsprings, and siblings) with first-degree relatives (FDRs) with ADHD had a higher risk of ADHD. However, the familial co-aggregation of ADHD with other major psychiatric disorders, namely schizophrenia, bipolar disorder, major depressive disorder, and autism spectrum (ASD) remains unclear.

## Methods

Among the entire population in Taiwan, 220,966 parents of ADHD children, 174,460 siblings of ADHD siblings, and 5,875 children of ADHD parents were identified in our study. Matched control cohort (1:4) was selected based on age, sex and types of familial relations.

## Results

Individuals, including parents, offsprings, siblings, and twins, with FDRs with ADHD had higher risks (relative risks, 95% confidence interval) of major psychiatric disorders than the controls: 1.69 (1.60-1.79) for schizophrenia, 2.21 (2.10-2.32) for bipolar disorder, 2.08 (2.02-2.13) for major depressive disorder, 4.14 (3.90-4.39) for ASD, and 6.87 (6.73-7.01) for ADHD.



## Conclusions

Our results supported the co-aggregation of ADHD with other major psychiatric disorders, namely schizophrenia, bipolar disorder, major depressive disorder, and ASD, within families. Individuals, including parents, offsprings, siblings, and twins, with FDRs with ADHD had increased risks of being diagnosed with schizophrenia, bipolar disorder, major depressive disorder, ADHD, and ASD compared with the controls without FDRs with ADHD. Our results suggested that public health officials and psychiatrists should closely monitor and follow the mental health of individuals with FDRs with ADHD, such as children of bipolar parents or siblings of ADHD children.

## ADHD III

25 July 2018, 08:00 - 09:30, North Hall

FP 052

### Comorbidity between eating disorders and obesity in a sample of female adolescents with attention deficit hyperactivity disorder

A. Díez-Suarez<sup>1</sup>, M. Vallejo Valdivielso<sup>1</sup>, I. Martínez-Gárate<sup>1</sup>, P. deCastro<sup>1</sup>, C. Soutullo<sup>1</sup>

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## Objectives

Comorbidity between Attention Deficit Hyperactivity Disorder (ADHD) and eating behavior disorders (ED) is present in approximately 2-12% of cases. The prevalence of obesity is increased by 40% in children and adolescents with ADHD. Our objective is to assess the presence of symptoms of ED in a sample of adolescents with ADHD, and the prevalence of obesity.

## Methods

Longitudinal observational study, review of clinical records of female adolescent patients (12-17.99 years) with ADHD (DSM-IV), from 1999 to 2016. Symptoms suggestive of eating disorders were collected. Anthropometric parameters were described at first ADHD diagnosis and at last follow-up.

## Results

198 patients were included, with a mean age of 12.3 (2.8) years at the time of diagnosis, with a mean follow-up period of 3.48 (3.02) years. 49.5% of



the cases (98 patients) had at least one symptom of eating disorders. The most frequent symptom was "concern about body shape" (17.2%), followed by "anxious hyperphagia" (14.6%). 5% had binge eating behaviour. 1% of the cases presented a diagnosis of ED (0.5% bulimia nervosa, 0.5% binge eating disorder, none anorexia nervosa). 22.3% are overweight or obese (15.2 overweight and 7.1% obese) at the time of diagnosis, before treatment, and these values decrease to 10.6% (7.1% overweight and 3.5% obesity) in the last follow-up ( $p < 0.001$ ).

#### Conclusions

In this sample, adolescents with ADHD show symptoms of ED in almost half of the cases, and obesity in 22% of the cases, which improves over time with the treatment with stimulants. More studies are needed to deepen this topic.

### Epidemiology and public health I

25 July 2018, 08:00 - 09:30, South Hall 1B

#### FP 053

### Psycho-emotional determinants of multiple risk behaviour among 15-year-old adolescents in Latvia

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<sup>2</sup>Riga Stradins University, Department of Public Health and Epidemiology, Riga, Latvia

#### Objectives

To examine the relationship between individual and environmental psycho-emotional risk factors and multiple risk behaviour (engaging in more than one high-risk behaviour: binge drinking, daily smoking, cannabis use, early sexual activity) in a representative sample of 15-year-old adolescents in Latvia.

#### Methods

The study was conducted using data from the international Health Behaviour in School-aged Children (HBSC) study year 2013/2014 Latvian database. Statistical modelling was performed to explore the link between multiple risk behaviour, socio-demographic and psycho-emotional risk factors identified by reviewing the literature.

#### Results

The sample consisted of 1674 15-year-old 9th grade students. Only 1159 (69.2%) students reported not having engaged in any high-risk behaviours, and 178 (10.6%) students engaged in 2 and more high-risk behaviours. The most common combination was engaging in sexual activity and binge drinking (2.0%) or daily smoking (1.6%), or a combination of all three (1.3%). Boys were 1.71 (CI 1.17-2.52) times more likely to engage in multiple risk behaviour than girls. The odds were 2.19 (CI 1.52-3.15) times higher for adolescents with atypical family situation, 2.20 (CI 1.45-2.25) times higher for low family support and 1.90 (CI 1.29-2.80) times higher for low teacher support. Adolescents with good peer relationships were 1.62 (CI 1.07-2.44) times more likely to engage in multiple risk behaviour.

#### Conclusions

The rate of multiple risk behaviour among Latvian 15-year-olds is significant, with as much as 10.6% admitting to engage in more than one high-risk behaviour. Male gender, atypical family situation, low family and teacher support and good peer support appear to be important risk factors.

### Epidemiology and public health I

25 July 2018, 08:00 - 09:30, South Hall 1B

#### FP 054

### Exposure to cumulative risk through age 2 predicts problem behaviours at age 4.5: Evidence from Growing Up in New Zealand

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#### Objectives

To examine prospective longitudinal associations between developmental patterns of cumulative risk (CR) exposure across antenatal third trimester through 2 years of age and subsequent behavior problems at 4.5 years in children.

#### Methods

In 6156 diverse children participating in the Growing Up in NZ longitudinal cohort study, 12 risk factors (Table 1), spanning maternal health, social status, and home and neighborhood environment, were assessed at last trimester, 9 months, and 2 years of age. High CR was defined as exposure  $\geq 4$  factors. At child age 4.5 years, mothers completed the Strengths and Difficulties Questionnaire, where a score  $\geq 16$  indicated an abnormal level of problem behaviors (ALPB).

#### Results

(Table 2) Children exposed to a CR  $\geq 1$  at least once in early development, compared to those who consistently had CR = 0, showed a significantly higher likelihood of ALPB at 4.5 years (ORs  $\geq 3.26$ ). Consistent high exposure to CR ( $\geq 4$  factors) across all three assessments had the highest prevalence (44%) of ALPB at age 4.5 (OR = 21.56 vs group with consistent CR = 0). Children with high CR ( $\geq 4$ ) exposure on two of three, compared to all three, assessments in early development did not evidence a significantly reduced prevalence (32%-41%) of ALPB.

#### Conclusions

Recognizing the common co-occurrence of risk factors and their significant developmental impact when accumulated early in life underscores the need for systematic multi-sector intervention during pregnancy and shortly after birth to improve outcomes for vulnerable children and equity in society.

### Epidemiology and public health I

25 July 2018, 08:00 - 09:30, South Hall 1B

#### FP 055

### Investigating determinants of early child development and cognition in the Drakenstein child health study

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## Town, South Africa

<sup>7</sup>South African Medical Research Council SAMRC, Unit on Risk and Resilience in Mental Disorders, Cape Town, South Africa

### Objectives

There is growing awareness that psychosocial risk and resilience factors in early life play a key role in influencing later health. Most work has been done in high income settings, rather than low- and middle-income countries (LMICs), where the majority of the global childhood population resides. The few studies with well-defined cohorts in LMICs have employed various methods and measures, making comparisons across studies challenging. This presentation describes the methodology for infant and child developmental measures used in the Drakenstein Child Health Study (DCHS), a multi-disciplinary longitudinal birth cohort study in South Africa.

### Methods

We outline a multilevel approach combining a range of measures including parental reports, behaviour observations, clinician-administered scales and brain imaging. Using this approach, we aim at a longitudinal perspective of developmental, cognitive, socioemotional and neurophysiological outcomes in a birth cohort of children in a LMIC.

### Results

We present baseline demographic and sociodemographic risk and resilience factors for children from two participating communities (n = 1 143). These data show that although these communities are in close proximity, they differ in social and financial resources and risk profiles for childhood development.

### Conclusions

Children in the DCHS develop in a context typical of many communities in South Africa and other LMICs. There is a critical need for research in LMICs to elucidate underlying factors that inform risk for, and resilience to, poor developmental outcomes in infants born into high risk communities. Such work may inform effective intervention strategies appropriate to this context.

## Conduct disorders I

25 July 2018, 08:00 - 09:30, South Hall 2A

FP 057

### The role of parental attributions in predicting parenting intervention outcomes in the treatment of child conduct problems

V. Sawrikar<sup>1</sup>, D. Hawes<sup>2</sup>, C. Moul<sup>2</sup>, M. Dadds<sup>2</sup>

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<sup>2</sup>University of Sydney, Psychology, Sydney, Australia

### Objectives

Parental attributions are considered a modifiable factor that could improve parenting intervention outcomes in the treatment of child conduct problems (Hoza, Johnston, Pillow, & Ascoug, 2006). However, little research has addressed whether parental attributions are a unique predictor of child behaviour outcomes as evidence that positive changes in parental attributions would reliably result in improvements in child behaviour as the primary measure of treatment success. The current study examined whether pre-treatment parental attributions and/or changes in parental attributions during treatment uniquely predict child behaviour outcomes.

### Methods

Participants were 257 families with children aged from 3 to 16 referred to specialist clinics for the treatment of conduct problems. Measures of family demographic information, parental attributions, and severity of child conduct problems were collected as part of pre-treatment, post-treatment, and 3-month

follow-up assessments.

Table 1.

Results of regression modelling testing whether pre-treatment parental attributions uniquely predict child behaviour outcomes.

Outcome Variable	Model Variables	Mothers			Fathers		
		B	SEs	β	B	SEs	β
Post-treatment CP severity	Intercept	-.46	.58		-.83	.68	
	No. treatment sessions	.04	.04	.07	.31	.05	.05
	Single parent status	.22	.21	.07	.29	.19	.31
	SEIFA rank	-.06	.03	-.13	.05	-.05	.03
	Child age	.03	.04	.05	.40	.06	.04
3-month follow-up CP severity	Pre CP severity	.40	.12	.22	.00	.51	.14
	Pre ADHD severity	.15	.05	.19	.00	.12	.06
	Pre Anx/Dep severity	.11	.06	.11	.07	.13	.07
	Parental depression	.02	.02	.07	.31	.01	.03
	PAM Total Scale	.05	.02	.15	.03	.03	.03

Note: SEIFA = Socioeconomic Indexes for Areas (ABS, 2013); CP = conduct problem;

ADHD = Attention Deficit Hyperactivity Disorder; Anx/Dep = Anxiety or Depressive

Disorder; pre = pre-treatment; partial correlations calculated after controlling for covariates.

### Results

Linear regression showed that mothers' pre-treatment parental attributions uniquely predicted conduct problem severity at the post-treatment and 3-month follow-up assessments (Table 1). Fathers' pre-treatment parental attributions also uniquely predicted conduct problem severity at the 3-month follow-up assessment (Table 1). Significant reductions in problematic pre-treatment parental attributions were recorded at post-treatment for both parents. However, smaller reductions or increases in mothers' problematic attributions uniquely predicted worse child behaviour outcomes, a result not replicated for fathers (Table 2).

### Conclusions

Findings that pre-treatment and change resistant parental attributions predict child behaviour outcomes suggests that parental attributions should be assessed prior to and after treatment and possibly included in treatment in order to maximise treatment gains for children with early onset mental health problems.

## Conduct disorders I

25 July 2018, 08:00 - 09:30, South Hall 2A

FP 058

### A new measure of parental attributions assessing parents' intentionality, permanence, and dispositional attributions of their child with conduct problems.

V. Sawrikar<sup>1</sup>, A. Mendoza Diaz<sup>2</sup>, C. Moul<sup>2</sup>, D. Hawes<sup>2</sup>, M. Dadds<sup>2</sup>

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<sup>2</sup>University of Sydney, Psychology, Sydney, Australia

### Objectives

In efforts to maximise the effectiveness of parenting interventions for conduct problems, parental attributions are being considered as a modifiable factor that could improve treatment outcomes (Sawrikar & Dadds, 2017). To aid research evaluating this possibility we evaluate a new self-report measure of parental attributions developed for assessing parents' causal explanations for problem behaviours. Expanding upon social cognitive models for parent training, and incorporating recent information about child temperament into measurement models of parental attributions, the Parental Attribution Measure (PAM) was designed to ascribe attributions for child behaviour problems along dimensions of Intentionality, Permanence, Likeability, and Disposition.



## Methods

The psychometric analyses involved participants drawn from populations of clinical ( $n = 338$ ) and community-based families ( $n = 241$ ) who completed questionnaires assessing parental attributions, parenting behaviours, parental depression, and child behavioural problems and callous-unemotional traits.

## Results

Confirmatory factor analysis indicated that a 3-factor hierarchical structure provided a close fitting model ( $\chi^2(49, N=214) = 52.51$ , SRMR = .04, RMSEA = .02, CFI = 1.00). The model with Intentionality, Permanence, and Disposition (consolidating Likeability and Disposition) dimensions as first-order factors grouped under a higher-order general factor demonstrated replicability in multiple independent samples and sound psychometric properties. The PAM was also found to measure individual differences in dispositional attributions in context of child temperament.

## Conclusions

The PAM presents as a brief measure of parental attributions assessing parents' intentionality, permanence, and dispositional attributions of their child with conduct problems to be used in clinical settings.

## Conduct disorders I

25 July 2018, 08:00 - 09:30, South Hall 2A

### FP 059

#### Measures of empathic responsiveness to complex attachment-related stimulus in children with callous–unemotional traits

J. Northam<sup>1</sup>, H. Dar<sup>2</sup>, C. Fisher<sup>1</sup>, D. Hawes<sup>1</sup>, M. Dadds<sup>1</sup>

<sup>1</sup>University of Sydney, Sydney Child Behaviour Research Clinic- Department of Psychology, Sydney, Australia

<sup>2</sup>University of Sydney, Sydney Informatics Hub, Sydney, Australia

#### Objectives

Children with Callous–Unemotional (CU) traits and Conduct Problems (CPs) appear to share emotional processing and reactivity deficits similar to adult psychopaths. However, recent studies suggest that these affective deficits can be ameliorated in children, potentially highlighting a critical period for intervention. This study details the development of a novel interactive research protocol to measure emotional processes associated with empathic responsiveness – specifically, attention, emotion recognition, physiological reactivity, comprehension and behaviour. Our goal was to explore for differences and similarities in empathic responsiveness between children with high CU traits and CPs, children with CPs only, and healthy controls.

#### Methods

Participants included children aged between two and eight and their parents. The first component of the protocol measured attention (eye-tracking), peripheral physiology (pupilometry, heart-rate, skin conductance response) and behaviour (expressed affect, emotional language, emotion regulation) in response to stimuli presented on a monitor. These stimuli included an emotion recognition exercise (UNSW Facial Emotion Task) and a six-minute film with complex attachment themes (Disney's *The Lion King*), chosen to induce emotion. The final component involved emotional comprehension tasks and behavioural observations of parent–child interactions in response to the emotional stimuli.

#### Results

Results from the pilot study ( $N = 24$ ) suggest that the protocol successfully captures the dependent variables of interest. Data collection for the primary study is ongoing and key findings to date will be presented according to CU trait status.

#### Conclusions

This study describes the successful development of a novel research protocol for emotional processes necessary for empathic responding and presents key findings to date.

## Conduct disorders I

25 July 2018, 08:00 - 09:30, South Hall 2A

### FP 060

#### Family dynamics in response to an emotive film in a sample of children with conduct problems and callous-unemotional (CU) traits

A. Mendoza Diaz<sup>1</sup>, J. Northam<sup>1</sup>, M. Dadds<sup>1</sup>

<sup>1</sup>University of Sydney, Department of Psychology, Sydney, Australia

#### Objectives

Children and adolescents with high levels of CU traits show deficits in emotion-processing tasks which should be protective when facing emotionally-challenging stimuli. Yet a study in which children watched *Lion King* clips found few differences between children's responses, with the high-CU group paying equal attention and showing similar coping patterns to low-CU peers (Dadds et al., 2016). This raises the possibility that behavioral differences in childhood originate in parents, and are transmitted to children through their reactions to stimuli and to children's communicative bids. This possibility is tested in the sample used in Dadds et al., 2016.

#### Methods

The study's sample consisted of 55 families attending a clinic for behavioral difficulties. Parental expressions of emotion in response to two emotionally-challenging film-clips, designed to elicit fear and sadness, were categorized into four dimensions (Fear, Sadness, Worry, and Joy). Parental behaviors and emotional responses to their children's communicative bids were also recorded. Differences between groups were assessed using Mann-Whitney U-tests, and confirmed by investigating whether CU traits could predict behavioral differences.

#### Results

Parents of children with high levels of CU traits were less likely to express sadness in response to the film clip, and more likely to react dismissively in response to their children's communicative bids.

#### Conclusions

Results indicated that parents of children with elevated levels of CU traits showed significant differences in specific responses associated with CU in children. Namely, these parents expressed less sadness and were more dismissive than low-CU counterparts, which is consistent with children's deficits in their recognition of negative emotions.

## Family and parenting I

25 July 2018, 08:00 - 09:30, South Hall 2B

### FP 061

#### Family functioning improves quality of life over and beyond psychopathology in adolescents referred for psychiatric services: a 3-years follow-up study

T. Jozefiak<sup>1</sup>, H.K. Greger<sup>1,2</sup>, C. Klöckner<sup>3</sup>, H.M. Koot<sup>4</sup>, J.L. Wallander<sup>5</sup>

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<sup>5</sup>University of California Merced, Psychological Sciences and Health Sciences Research Institute, Merced, USA

## Objectives

Psychopathology in adolescents tends to persist into young adulthood and clinical interventions often do not yield complete reduction of psychiatric symptoms. A major treatment goal is to improve Quality of Life (QoL). However, there is a lack of longitudinal research addressing QoL in adolescents with psychiatric problems. The present study aims to investigate general family functioning and self-esteem as co-variables of QoL change over and beyond internalizing psychopathology in adolescents referred for psychiatric services.

## Methods

Of 1,648 eligible 13 to 18 years old patients attending the Child and Adolescent Psychiatric Clinic in Trondheim/Norway at least once, 717 (43.5%) participated at baseline (T1) (54.8% girls). 418 parent reports were available. Self- and parent reports on McMaster Family Assessment Device were obtained. Adolescents reported self-esteem on the Rosenberg Scale, and internalizing psychopathology on the Symptom Check List-5 (SCL-5). 570 adolescents completed the Inventory of Life Quality in Children and Adolescents (ILC) at baseline and after 3.0 years (T2).

We used modified Growth Model analysis (Mplus), adjusted for SES, age, gender and time, and fixed residual variances for ILC at T1 and T2 = 0.

## Results

Higher internalizing psychopathology was significantly ( $p < 0.05$ ) associated with poorer QoL at baseline and predicted decreasing QoL during the 3 years period ( $\beta = -0.154$ ). A higher family functioning at baseline, reported by parents, significantly ( $p < 0.01$ ) predicted increasing of QoL during the 3 years period ( $\beta = -0.139$ ).

## Conclusions

Health care providers and policy makers should optimize treatment outcomes by addressing family functioning in adolescents with internalizing psychopathology.

## Family and parenting I

25 July 2018, 08:00 - 09:30, South Hall 2B

FP 062

### Korean mother's child-based self-worth, psychological controlling and behavior problems of children

K.O. Seol<sup>1</sup>

<sup>1</sup>Ewha Womans University, Psychology, Seoul, Republic of Korea

#### Objectives

Korean mothers tend to find their self-worth based on children's achievement and exert more control over children than do Western parents. The study aimed to investigate psychological implications of Korean mother's tendency to base their feelings of worth contingent on children's academic performance (i.e., child-based self-worth), mother's psychological controlling and children's behavioral problems. We hypothesized that that Korean mother's child-based self-worth is more of a cultural phenomenon and child-based self-worth itself would not be directly associated with children's behavior problems. Yet, when

Korean mother's child-based self-worth was associated with maladaptive parenting behavior (i.e., psychologically controlling) it could contribute to negative interactions between mother and child, and to child's behavior problems.

#### Methods

Twice over two years, 315 mothers and children (Mage = 11.02 years) in Korea participated in this study. Mothers reported on psychological controlling, and also indicated the extent to which their worth is contingent on children's performance. Children reported on quality of communication with their mothers, and their internalizing and externalizing behavior problems.

#### Results

As hypothesized, mother's child-based self-worth at Time 1 predicted mother's psychologically controlling at Time 2. Mother's psychologically controlling in turn, predicted parent-child communication problems and children's behavior problems. Mother's psychological controlling and children's perceptions of communication problems with their mother mediated the relationship between mother's child-based self-worth and children's behavior problems.

#### Conclusions

When Korean mother's based their self-worth on children's achievement they were more likely to engage in maladaptive parenting, which could lead to more communication problems between mothers and children, and children's internalizing and externalizing problems.

## Family and parenting I

25 July 2018, 08:00 - 09:30, South Hall 2B

FP 063

### Psychological development of children conceived with medical assistance in families composed of cisgender and transgender-identified parents

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#### Objectives

Thanks to biomedical technologies advances, transgender persons can experience parenthood. These advances have led to lively societal/ethical debates, the ultimate challenge being the well-being of the child. Given the lack of empirical data, Colette Chiland initiated a follow-up of children born by donor sperm inseminations, from a transgender father who underwent transition before engaging in parenting with a female partner. Here, we report a comparative study of the psychological development of 32 children from this cohort, versus 27 children conceived in families composed of cisgender-identified parents with medical assistance and 28 children conceived in families composed of cisgender-identified parents without medical assistance.

#### Methods

In the 3 groups matched for age, gender and family status, we aimed to



compare cognitive development, mental health, gender identity and quality of life. We used Brunet-Lezine Scale (BLS) and Wechsler scales, Child Behavior Check-List Achenbach scale (CBCL), Gender Identity Interview for Children (GIIC) and Kidscreen-52.

**Results**

CBCL scores yielded no pathological score in any of the three groups. The GICC showed that all the children were cisgender-identified. There was no significant difference in cognition and quality of life scores between the three groups.

**Conclusions**

Based on these empirical data, we conclude that the fundamental ethical question of beneficence and non-maleficence with regard to the unborn child appears to be more theoretical. If confirmed in larger samples, these reassuring results should contribute to improve the care for transgender couples asking for parenting since access to health-services remains difficult for this population.

**Family and parenting I**

25 July 2018, 08:00 - 09:30, South Hall 2B

FP 063

**Self-concept, perceived parenting, and social support among adolescents with internalizing and externalizing symptoms**

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**Objectives**

The current study investigated the relationship between symptomatology among adolescents and self-concept, perceived parenting behavior, and perceived social support. Examining the effect of maternal and paternal favoritism on adolescent symptom development was another aim of the current study. This work also showed the effects of gender, age, maternal and paternal education level, and socioeconomic status on self-concept, perceived parenting behaviors, perceived social support; and also internalizing and externalizing symptoms.

**Methods**

The participants of the current study were 484 middle and high school students (210 male and 262 female) aged between 11 and 18. The data were collected through self-report questionnaires.

**Results**

The results indicated that gender, maternal education level, self-concept, friend support, parental punishment and emotional pressure, and maternal favoritism predicted internalizing symptoms among adolescents. Also, socioeconomic status, family and friend support, parental physical punishment, and maternal favoritism predicted externalizing symptoms among adolescents. Besides, significant differences were found between adolescents who perceived both their mothers and fathers as favoring one of their children over the others and those who did not perceive favoritism from both of their parents.

**Conclusions**

Several main factors that are likely to influence adolescents' psychological well-being were discussed in the current study. Self-concept, perceived parenting behavior, and perceived social support among adolescents were able to be considered simultaneously. Differential parenting practices and the importance of these practices in adolescent symptom development, together with the perception of social supportive factors and self-concept were highlighted as a result of the current research.

**Family and parenting II**

25 July 2018, 10:45 - 12:15, Club E

FP 065

**Parenting style and developmental psychopathology of worry: the mediating role of cognitive factors**

B. Poh<sup>1</sup>

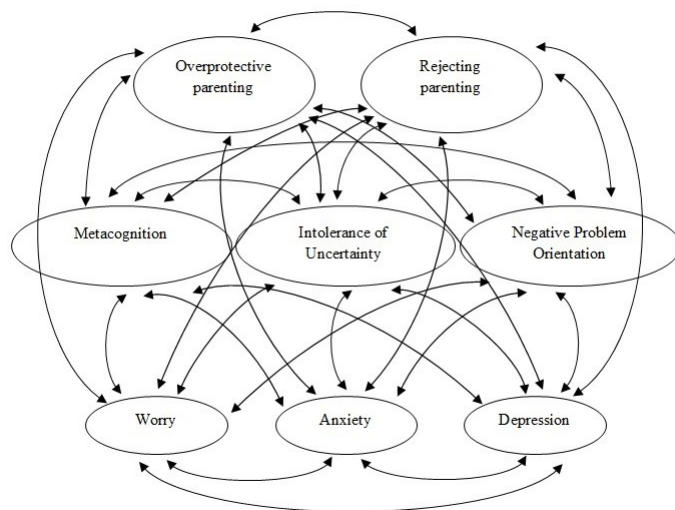
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**Objectives**

Worry, a pervasive and ubiquitous human experience, is found to play an integral role in psychopathologies such as anxiety and depression. Therefore, it is imperative to identify the developmental risk factors of psychopathological worry, before it leads to functional impairment and diagnosable conditions. Parenting style, in particular overprotective and rejecting parenting, has been consistently linked to the development of worry and psychopathologies, but the underlying mechanism behind this association remains unclear. This research attempted to fill this gap by investigating how the effects of parenting style on worry, as well as anxiety and depression, were mediated by three cognitive factors widely implicated in psychopathologies, namely; metacognition, intolerance of uncertainty and problem orientation.

**Methods**

This study examined the relationship and interaction of these variables with a sample of young adults in the normal population, using a battery of questionnaires which assessed their levels of worry, anxiety and depression, as well as perceptions of their parents' behaviours towards them. The data was analysed using structural equation modeling.



**SEM Model Results**

The findings suggested that both overprotective and rejecting parenting styles exert their influence on worry and psychopathologies through the mediating cognitive factors. The study also found that metacognition has the strongest relative effect in the model, amongst the three cognitive factors.

**Conclusions**

This study has pertinent implications for improving general mental health of the population. Parent training programs that minimises overprotective and rejecting styles of parenting, as well as metacognitive therapy should be incorporated into mental health policies, to prevent development of psychopathologies.

## Family and parenting II

25 July 2018, 10:45 - 12:15, Club E

FP 066

### Parenting program in Slovenia – Effectiveness across different demographic groups of parents and their children

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#### Objectives

Parenting programs are evidenced-based interventions for conduct disorders and prevention of behavioural problems in early childhood. With the help of Norwegian Financial Mechanism we introduced The Incredible Years: The Basic Parental Program for parents of children between 3 – 8 years to 400 Slovenian parents dating from 2015 to 2017. We were interested how well parents and their children from different demographical groups responded to the program.

#### Methods

Demographical information was gathered through a basic semi – structured questionnaire fulfilled during the initial interview with the parents before attending the group. The parenting skills, children's behavioural problems and overall mental well-being of parents was measured with the following questionnaires before, after and 6 months after finishing the group: Arnold & O'Leary's Parenting Scale, Eyberg Child Behaviour Inventory, Warwick – Edinburgh Mental Wellbeing Scale.

#### Results

The educational level of participating parents was higher than average; however, their children presented behavioural problems in the range of the clinical or borderline level. Demographical results of the parents participating in the program and differences in the outcome variables between the groups of parents based on their demographical characteristics will be presented.

#### Conclusions

Through comparing differences in the outcome measures of the parenting program among the different groups of parents we can obtain information about the factors influencing good or bad responders of the program delivered. The latter will help us think about what can we do to improve the outcome of our intervention.

## Family and parenting II

25 July 2018, 10:45 - 12:15, Club E

FP 067

### Resynchronizing mother-child interactions: impact of a psychosocial intervention towards malnourished children and their mothers in Nepal.

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<sup>3</sup>Action contre la Faim, Mental Health and Care Practices, Rajbiraj, Nepal

<sup>4</sup>Action contre la Faim, Mental Health and Care Practices, Kathmandu, Nepal

<sup>5</sup>Action contre la Faim, Mental Health & Care Practices, Paris, France

#### Objectives

In the frame of community management of acute malnutrition, the proposed psychosocial intervention aims at supporting mothers of malnourished children in strengthening emotional sensitive responsiveness and child stimulation, which are essential components of care-related activities. Hence, with the FUSAM clinical trial, we assessed the evolution of mother-child interactions over a follow up of eleven months.

#### Methods

Among 427 malnourished children, we compared 216 dyads (control group) who did not attend any psychosocial session and 211 dyads (intervention group) who were offered five bi-monthly psychosocial sessions initiating culturally appropriate child care practices led by a psychosocial worker. A four-minute videotape of free play was performed at four time points of test for all dyads. Four trained observers rated the videos using the Action contre la Faim mother-child observation grid.

#### Results

In both groups, the frequency of interaction modes tends to increase across the time. Moreover, their occurrence is higher from the mother side at all time points. Mother's and child's mean scores are higher for the intervention group than the control group at all time points of test except at 11-month for the child interactions. Regarding child's interactions, there is a statistical difference between groups at 5-month ( $p=0.048$ ) and 11-month ( $p<.05$ ). Regarding the mother's interactions, there is a statistical difference between groups at baseline ( $p=0.001$ ), post-test ( $p<.05$ ) and 11-month ( $p<.05$ ).

#### Conclusions

Restoring rituals, sequences, rhythmicity in the activities shared by the mother-child dyad help re-establishing a relationship where co-creation through play and daily activities are essential to the child's recovery.

## Family and parenting II

25 July 2018, 10:45 - 12:15, Club E

FP 068

### Enhancing family communication in families where a parent has a mental illness

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<sup>2</sup>De Montfort University, School of Applied Social Sciences, Leicester, United Kingdom

#### Objectives

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.

#### Methods

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.

**Conclusions**

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.

**Epidemiology and public health II**

25 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 069

**Predicting early onset mental health conditions with social-emotional functioning profiles at elementary school entry: a Canadian population-based cohort study**

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**Objectives**

This study followed a cohort of children in British Columbia, Canada, from birth to age 14 to (i) identify profiles of social-emotional functioning (social competence, internalizing, and externalizing symptoms) at elementary school entry and (ii) examine to what extent these profiles are related to early onset depression, anxiety, conduct disorder, attention deficit hyperactivity disorder, and multiple mental health conditions.

**Methods**

Social-emotional functioning was measured using the Early Development Instrument teacher questionnaire, and categorizations of mental health conditions were derived from physicians' billing codes recorded in provincial health insurance data. Latent profile analysis was conducted to identify unique profiles of social-emotional functioning at school entry (age 5) within the full population cohort (N=35,323). Zero-inflated Poisson analyses were conducted with a subsample of children with complete follow-up time (N=17,412) to assess associations between profile membership and the frequency of mental health conditions by early adolescence.

**Results**

Six unique profiles of social-emotional functioning were identified at school entry, including a subgroup of 3% of children with high vulnerability across all social-emotional indicators. Profiles with lower social-emotional functioning predicted up to a 12-fold increase in risk of a single condition by age 14 and up to a 9-fold increase in risk of multiple conditions. Children with better social skills did not show this same risk, even when they had comparable vulnerabilities on other social-emotional indicators.

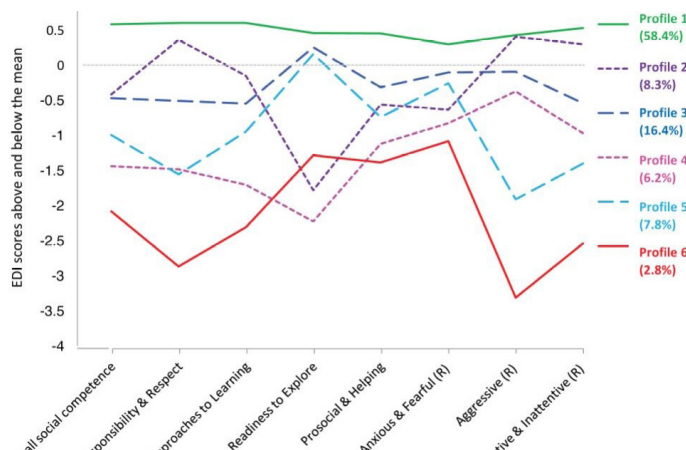


Figure 1. Social-emotional functioning profiles

**Conclusions**

Results indicate that population-level monitoring of early childhood social-emotional functioning may play an important role in early identification and intervention strategies for mental health promotion.

**Epidemiology and public health II**

25 July 2018, 10:45 - 12:15, Meeting Room 2.1

**Prevalence and correlates of mental disorders in children and adolescents in Mendefera community, Eritrea**

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<sup>3</sup>St. Mary National Referral psychiatric Hospital, Psychiatry, Asmara, Eritrea

**Objectives**

To determine the prevalence and patterns of DSM-IV psychiatric disorders and identify their socio-demographic correlates among children and adolescents in Mendefera, Eritrea. This pioneer Eritrean child and adolescent psychiatry study aims to guide service development policy by providing public health policy makers with empirical local information.

**Methods**

In this cross-sectional two-stage-procedure study, both the Parent and Child versions of the SDQ were used to screen 314 children and adolescents aged 4-17 years, recruited by a multi-stage random sampling method. All parents/adult guardians also completed a socio-demographic questionnaire. All children and adolescents who screened positive for any of the SDQ abnormality sub-classes were selected for the second stage interview, which was conducted using the K-SADS-PL 2009 Working Draft version to generate specific DSM-IV diagnoses.

**Results**

Prevalence of DSM-IV psychiatric disorders was found to be 13.1%. Adolescents 11-17 years old and males had higher prevalence than children 4-10 years old and females, respectively. Behavioral disorders were the commonest disorders (9.9%), followed by affective disorders (3.2%) and anxiety disorders (2.5). Chronic medical illness in the child, poor academic performance, difficulties with teachers in school, psychopathology in a family member and parental conflict were found to be independently associated with these disorders.

**Conclusions**

Prevalence of child and adolescent psychiatric disorders in Eritrea is high.

Promotion, prevention, treatment and rehabilitation child and adolescent mental health services need to be made widely available in the country. The socio-demographic correlates identified by this study can be targeted for intervention. Further research needs to be conducted.

## Epidemiology and public health II

25 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 071

### Birth weight and gestational age as a risk factor for attachment disorder: a population based study

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#### Objectives

Attachment disorder is characterized by abnormal social functioning, and is associated with behavioral and emotional disturbances in children. There are no population-based studies that have identified fetal growth as risk factors for attachment disorder. The aim of this study was to examine the association between fetal growth risk factors and attachment disorder in children.

#### Methods

The nested case control study design included 773 cases (diagnosed and registered in Finnish Hospital Discharge Register as attachment disorder), and 3077 controls born in Finland between 1.1.1996 and 31.12.2012. Each case was matched with four controls by the date of birth ( $\pm 30$  days) and sex, and without any diagnosis of attachment disorder, severe or profound mental retardation or anxiety disorder. A conditional logistic regression model was used to examine the association between exposures and attachment disorder, adjusting for potential confounding due to maternal substance use, paternal psychiatric history and maternal smoking.

#### Results

In the adjusted analysis, increased odds for having attachment disorder was observed with birth weight <1500 grams (OR 3.85, CI 1.62-9.12), 1500-2499 grams (OR 2.05, CI 1.23-3.41) and 4000-4499 grams (OR 0.54, CI 0.37-0.79). The odds for having attachment disorder was also associated with gestational age less than 32 weeks (OR 3.60, CI 1.62-7.98) and weight for gestational age [-2SD, -1SD] (OR 1.61, CI 1.23-2.12).

#### Conclusions

Low birth weight and short gestational age were associated with increased odds for attachment disorders. This highlights the importance of maternal-infant attachment and role of possible biological factors in causation of attachment disorders.

## Epidemiology and public health II

25 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 072

### Sleep habit among Japanese preschoolers

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<sup>3</sup>Ube Frontier College, Nursery Department, Yamaguchi, Japan

#### Objectives

Sleep plays an important role in the mental and physical development of children. Sleep habit during childhood is affected by daytime activity and school schedule. The aim of the study was to elucidate the difference of sleep habits among preschoolers in different daytime conditions.

#### Methods

All public kindergartens and nursery schools in Yamaguchi City, Japan participate in the study. Child and Adolescent Sleep Checklist was distributed to all caregivers of children between 4-5 years of age. Five hundred and seventeen responses (response rate : 62.9%) were included in the analysis. Sleep habits were compared between children attending kindergartens (n=239) and nursery schools (n=278). This research was fully supported by Health Labor Ministry Science Research Grant, Japan.

#### Results

More than half (56.9%) of the children attending nursery schools take regular nap after lunchtime, but 50.2% of children attending kindergartens do not take a nap. Mean duration of nap was 39.2 minutes/day among children attending nursery schools, which was significantly longer than children attending kindergartens. Mean time returning home was significantly later in children attending nursery schools (5:42pm) than in kindergarteners (3:03pm). Bedtime on weekdays and weekends were significantly later, and wake time on weekdays was significantly earlier in children attending nursery schools. Time to fall asleep was significantly longer, and bedtime resistance and unrefreshed feeling in the morning was significantly prevalent among children attending nursery schools than kindergarteners.

#### Conclusions

Children attending nursery schools take regular nap and returning home later, and they showed later bedtime and had more problems before and after bedtime. Regular nap at nursery schools was associated with sleep problems of preschoolers and may require some modification of daytime school schedule.

## LGBT Youth

25 July 2018, 10:45 - 12:15, South Hall 1A

FP 073

### Suicidal tendencies and same-sex attraction in French adolescents

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<sup>3</sup>University College London, Institute of Global Health, London, United Kingdom

#### Objectives

Suicide is one of the main causes of death among adolescents in France. Many studies have focused on this issue; however, little research has been done on lesbian, gay and bisexual (LGB) adolescents. This study aims to examine the relationship of same-sex attraction and suicidal tendencies.

#### Methods

Data are from a French cross-sectional school-based study "Portrait d'adolescents" in 2013. Adolescents aged 13-20 years were selected from 134 institutions in three regions of France. The data collection was carried out by using an anonymous self-questionnaire, comprising 350 questions. Chi-square analysis was used to estimate statistical differences between LGB and heterosexual groups. To estimate the relationship between sexual orientation and suicidal tendencies, multiple logistic regression was used to adjust for confounders.





Distribution of support in different groups between genders

Support	Male				Female			
	LGB	Hetero	P		LGB	Hetero	P	
Familial and peer support	82	49,4%	4198	68,7%	146	35,1%	3345	51,9%
Only familial support	7	4,2%	201	3,3%	12	2,9%	210	3,3%
Only peer support	61	36,7%	1529	25,0%	214	51,4%	2575	40,0%
No support	16	9,6%	182	3,0%	44	10,6%	313	4,9%

## Conclusions

There is a difference between LGB and Hetero adolescents in the condition of receiving parental support and peer support. Tailored interventions and preventions must be developed to improve quality of parental support and peer support for this historically vulnerable population.

## LGBT Youth

25 July 2018, 10:45 - 12:15, South Hall 1A

FP 075

### A second group of youngsters with gender nonconformity/same-sex attraction born to mothers with thyroid dysfunction in pregnancy

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## Objectives

According to our recent reports, there exists an association between maternal thyroid dysfunction in pregnancy and gender nonconformity/same-sex attraction in the offspring. There were 12 youngsters with overlapping features in that sample. Further cases should be identified and reported to achieve a better understanding of developmental unfolding of same-sex attraction in individuals born to mothers with thyroid dysfunction in pregnancy. This study aimed to replicate previous findings of such an association.

## Methods

The medical records of children and adolescents (8 to 18 years) newly-admitted to child psychiatry between 2014 and 2017 were retrospectively reviewed regarding maternal thyroid dysfunction and gender nonconformity/same-sex attraction in the subjects. All children had been evaluated by the author child psychiatrist using DSM-IV, DSM-IV-TR and DSM-5 criteria. Certain exclusion criteria were applied. We used descriptive and inferential statistical tests where appropriate.

## Results

In the final sample, there were 415 children and adolescents (156 girls and 259 boys). Thirty-eight mothers with any category of thyroid dysfunction were identified. There were 10 children and adolescents (7 boys and 3 girls) with gender nonconformity/same-sex attraction born to mothers with thyroid dysfunctions. This outcome was highly significant ( $P < 0.0001$ ) compared to the entire sample.

## Conclusions

This study confirms our previous findings regarding the association between maternal thyroid dysfunction in pregnancy and gender nonconformity/same-sex attraction in the offspring. We call for increased awareness of the link described hereby.

## LGBT Youth

25 July 2018, 10:45 - 12:15, South Hall 1A

FP 076

### Minority stress, internalized homophobia and culturally-induced learned helplessness in LGBT youth - identity confirming dialogic praxis to foster resilience and wellbeing

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## Objectives

LGBT Youth worldwide have been historically disenfranchised due to their gender identity and sexual orientation. They experience prejudice, homophobia and discrimination, driving them to margins of the society, resulting in poor adjustment, and mental health concerns e.g. anxiety, stress, and depression. First, what causes SSA/LGBT Youth to develop substantial mental health issues, due to a preponderance of stigma and discrimination, and social rejection coupled with almost no visible form of familial/community support. Second, to offer possible solutions (with insights from a pilot study) on identity confirmation. Methods

i) A Thematic Analysis of In-depth Interview data on a sample of 32 LGBT Youth in Eastern India; ii) a Pilot study involving the Identity confirmation therapeutic innovation.

## Results

Insights on processes leading to poor mental health outcomes: i) Societal Identity negation and constant rejection, fear of persecution and social prejudice leads to development of internalized homophobia; ii) Negotiation of sexuality and gender identity and subsequent non-acceptance results in culturally-induced learned helplessness among LGBT Youth.

Insights on Identity confirmation via therapeutic dialogic praxis are: i) Active engagement with LGBT youth via life-skills training, and healing-oriented focused on human rights leads to better identity negotiation, confirmation and subsequent adjustment; ii) mental health of LGBT youth can be improved with creation of a furthering of recursive engagement with the mainstream society, and thereby resilience, agency and a heightened sense of subjective wellbeing.

## Conclusions

Identity confirmation is a crucial process in one's identity development process, and culturally viable, and sensitive practices are required. A dialogic process to foster resilience is recommended.

## Early detection

25 July 2018, 10:45 - 12:15, South Hall 2B

FP 077

### Sleep impairment in offspring of parents with bipolar disorder

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Klecany, Czech Republic

<sup>4</sup>Motol University Hospital, Child and adolescent psychiatry, Prague, Czech Republic

### Objectives

This study compares the sleep-wake cycle and sleep macrostructure in offspring of bipolar parents (BD-off) and controls.

### Methods

Case-control cross-sectional study. 30 days of actigraphic assessment controlled with sleep diaries. Interim data of 27 BD-off and 22 controls were analyzed.

#### Results

Samples did not differ in sex (11 females vs. 8 females; Fisher's exact test;  $p = .77$ ) and age ( $10.1 \pm 2.3$  vs.  $9.7 \pm 2.3$ ;  $t = 0.23$ ;  $p = .77$ ). No significant between-group differences were found in sleep-wake rhythm parameters (stability;  $t = 0.74$ ;  $p = .46$ ; and variability;  $t = -1.36$ ;  $p = .18$ ). Total activity score was higher in BD-off than in controls ( $Z = 3.42$ ;  $p < .001$ ). Approximated daily sleep time was shorter in BD-off than in controls ( $7.7 \pm 1.3$  vs.  $8.1 \pm 0.5$  hours;  $Z = -2.21$ ;  $p = 0.03$ ). More poor sleepers (sleep efficacy  $< 80\%$ ) were found in BD-off (16/24 vs. 4/13; Fisher's exact test;  $p = .047$ ).

### Conclusions

Although BD-off do not have dysregulated sleep-wake cycle, they have lower sleep quality than controls.

Study was funded by the project GA UK no.476417 and AZV 17-32478A.

### Early detection

25 July 2018, 10:45 - 12:15, South Hall 2B

FP 078

### To distinguish prodromal stage of bipolar disorder from early onset schizophrenia during adolescence

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<sup>2</sup>Dokuz Eylül University School of Medicine, Adult Psychiatry, Izmir, Turkey

### Objectives

To determine which prodromal symptom clusters are more specific for early onset schizophrenia (EOP) and bipolar disorder (BD) during adolescence.

### Methods

121 adolescents (30 EOP, 33 BD, 58 healthy controls) aged between 13-19 were recruited to the study. Socio-demographic data form, K-SADS, Childhood Global Assessment Scale, and Premorbid Adjustment Scale were applied to each patient. In order to evaluate the prodromal stage, each patient was questioned whether or not there were 79 symptoms, formed according to literature, before their first full psychotic or manic episode. If symptom was present, severity, frequency, and worsening were assessed.

### Results

Most of the prodromal symptoms and clusters were similar in comparison of BD and EOP. Statistically significant difference was only detected in the prevalence of attenuated manic symptom syndrome (AMSS) and brief limited intermittent psychotic symptoms (BLIPS) ( $p < 0.05$ ) between EOP and BD. Logistic regression analyses were utilized to predict which prodromal symptom clusters predictive of distinguishing BD group from EOP and healthy controls. It was informed that presence of AMSS ( $p = 0.034$ ) and  $> 1$  depressive symptom ( $p = 0.007$ ) increased the risk of BD compared to healthy controls. Differentiating BD from EOP, presence of AMSS ( $p = 0.003$ ) and ADHD ( $p = 0.012$ ) increased risk of BD; however, presence of BLIPS ( $p = 0.016$ ) enhanced risk of EOP.

### Conclusions

It was revealed that especially attenuated manic and depressive symptom clusters were differentiating BD from healthy controls. Otherwise, symptom clusters of BLIPS-AMSS, and ADHD diagnosis could be guide in differentiating of BD and EOP in the prodromal stage.

### Early detection

25 July 2018, 10:45 - 12:15, South Hall 2B

FP 079

### Predicting mental health risk in high school students: An analysis of risk and protective factors

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<sup>2</sup>Macquarie University, Centre for Emotional Health, Sydney, Australia

### Objectives

Many mental health disorders first arise during adolescence. Best practice dictates that intervention should be implemented as early as possible. A significant challenge for mental health professionals is to predict which young people are at risk of developing difficulties. Given that most students attend each day, schools are ideally placed to help do this. This paper investigates the influence of a variety of key risk and protective factors in predicting risk over a 12 month period – both in terms of the relative contributions of factors as well as their cumulative effect.

### Methods

A sample of 520 High School students from Australia were assessed for the presence of a range of risk/protective factors implicated in the development of internalising and externalising difficulties as well as their mental health status on two separate occasions over 12 months.

### Results

A distinct pattern of predictor variables emerged for both internalising and externalising disorders in boys, but not in girls. Specifically, body image and academic success were found to significantly predict internalising symptoms above baseline symptomology, while family relationships and peer relationships significantly predicted externalising symptoms above and beyond baseline symptoms. Moreover, support was found for the Cumulative Risk model, whereby the more risk factors a person had at Time 1, the more symptoms of emotional and behavioural disorders they displayed 12 months later.

### Conclusions

Mental health professionals – particularly those working within schools – can use a knowledge of a young person's profile of risk and protective factors to better guide prioritising students for follow-up and further investigation.

### Early detection

25 July 2018, 10:45 - 12:15, South Hall 2B

FP 080

### Sensitivity and specificity of screening instrument for psychotic-like experiences among high school student population in Jakarta

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## Objectives

Children and adolescents who ever experienced any psychotic-like experience were reported to be at more risk to develop psychotic disorder and other psychological disorders in the future. Therefore, early detection is needed to identify at-risk individuals in order to prevent the development of any serious future disorders. Previous studies in Indonesia used the 9 items Psychotic-Like Experiences (PLEs) scale to identify at-risk individuals. However the validity of this instrument had not yet been checked. This study aims to evaluate the validity of psychotic-like experiences screening instrument that is used to identify at-risk individuals in Jakarta, Indonesia.

## Methods

This is a two-phase school-based study combining epidemiological and double blind study with 622 high school students' participants. They were randomly selected and assessed by using 9 items Psychotic-Like Experiences (PLEs) scale. The in-depth clinical interview then carried out with 40 student samples to provide gold standard comparison for PLEs. Sensitivity, specificity, and predictive values were calculated to evaluate the validity of PLEs questionnaire results.

## Results

We found that the sensitivity (75%) and specificity (87.5%) of Psychotic-Like Experiences (PLEs) questionnaire are good enough to identify individuals with or without psychotic-experience. The 9 items Psychotic-Like Experiences (PLEs) questionnaire also found to have good predictive power with PPV of 90% and NPV of 70%.

## Conclusions

This study results indicated that the screening questionnaire for psychotic-like experiences given and used in Indonesia has a high degree of accuracy to identify at-risk individuals with psychotic-like experiences within the general population.

## Suicidality

25 July 2018, 10:45 - 12:15, Terrace 2A

FP 081

### Suicide in adolescents: findings from the Swiss National cohort

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<sup>3</sup>*University of Bern, Institute of Social and Preventive Medicine, Bern, Switzerland*

## Objectives

Suicide in adolescents is the second most common cause of death in this age group and an important public health problem.

## Methods

We examined sociodemographic factors associated with suicide in Swiss adolescents and analysed time trends in youth suicide in the Swiss National Cohort (SNC). The SNC is a longitudinal study of the whole Swiss resident population, based on linkage of census and mortality records

## Results

We identified suicides in adolescents aged 10–18 years from 1991 to 2013. A total of 2.396 million adolescents were included and 592 suicides were recorded, corresponding to a rate of 3.7 per 100,000 [95% confidence interval (CI) 3.4–4.0]. Rates increased with age from 0.0 per 100,000 at age 10 years to 14.8 per 100,000 (95% CI 12.6–17.5) at 18 years in boys, and from 0.0 to 5.4 per 100,000 (4.1–7.2) in girls. Being a boy, living in a single parent household, being an only or middle-born child, and living in rural

regions were factors associated with a higher rate of suicide. Hanging was the most common method in boys, and railway suicides were most frequent in girls. There was no clear evidence for an increase or decrease over calendar time.

## Conclusions

We conclude that familial and socioeconomic factors including type of household, birth order and urbanity are associated with youth suicide in Switzerland. These factors should be considered when designing prevention programmes for youth suicide.

## Suicidality

25 July 2018, 10:45 - 12:15, Terrace 2A

FP 082

### Predictive risk factors for suicidal attempts in high schools students

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## Objectives

To determine the risk factors that affects the appearance of a suicide attempt in school-aged adolescents.

## Methods

This is a descriptive and prospective study. A sample of 919 first-year high school students from 7 communes in the province of Concepcion (Chile) was studied. At baseline, information about socio-demographic background, family history, substance abuse and structured questionnaires of suicidality, self-esteem, depressive symptomatology, hopelessness, family cohesion and adaptability, impulsivity and stressful life events was obtained. A year later, the scale of suicidality was applied again. The group of adolescents that presented a suicidal attempt during the 12 years of follow up was compared with the group that did not.

## Results

There were statistically significant differences between the group that committed a suicide attempt during the 12 months after the first assessment and the one that did not for most of the risk factors evaluated. In the multivariate analysis, only the antecedent of attempted suicide (both recent and old), antecedent of maternal death, date of birth, academic performance and the score on the hopelessness scale could enter into the predictive model.

## Conclusions

This study is the first to establish risk predictive factors through prospective methodology. One of it aims was to simplify the investigation of risk factors that are effectively conditioning the appearance of suicidal behavior in adolescents. The five factors that were found to have a predictive value, are associated independently to this phenomenon, which places them in a priority position when investigating adolescents with suicidal risk.

## Suicidality

25 July 2018, 10:45 - 12:15, Terrace 2A

FP 083

### Thirteen reasons why school-based suicide prevention programs succeed.



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<sup>1</sup>Queensland Health, Children and Youth Mental Health, Mackay, Australia

### Objectives

Bullying leads to devastating physical and emotional effects among teens, being an important factor in youth suicide which is the third cause of death in Australian young people (15-24 years old).

The aim of this paper is to reflect on suicide prevention and early intervention school programs based on the controversial TV serie: "13 reasons why".

### Methods

We defined bullying/cyberbullying as a toxic and dynamic relationship between bullies/victims/bystanders with misuse of power during a period of time, through repeated verbal, physical and/or social behaviours causing physical and emotional harm on the victims.

Hannah is a 17-year-old intelligent and creative adolescent who started a new school. Her emotional pain and suicide were recorded in thirteen cassettes unfolding the bullying, betrayal, isolation, depression and sexual assault.

### Results

Bullies/victims/bystanders fight for a sense of belonging trying to probe themselves during the movie. School, families and community lose special "moments" to intervene. Youth suicide school prevention programs need to address "adolescents' conflicts" and require the compromise of the whole community to succeed. They should respond earlier to "risky groups" in the context of discrimination for being "different" due to physical, emotional or intellectual causes, socioeconomic status, sexual preferences and religious or political beliefs.

### Conclusions

The positive use of technology; 24/7 crisis service responses and postvention programs are crucial in educational settings as school-base mental health programs delivery to students in primary and high schools. School as an example of "democratic community" should have the objective on teaching values, responsibility and respect of human rights.

## Suicidality

25 July 2018, 10:45 - 12:15, Terrace 2A

FP 084

### A comparison of suicidality among adolescent and adult patients with anorexia nervosa

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### Objectives

Anorexia nervosa is a serious psychiatric illness which often first presents in adolescence. It is associated with significant comorbid psychopathology, including suicidality. Despite the seriousness of these conditions, few data are available regarding the prevalence of suicidal thinking in adolescent patients as compared to adult patients. The purpose of this study is to determine whether adolescent patients with anorexia nervosa have lower or higher rates of suicidality than adult patients, as measured using a form of the Columbia Suicide Severity Rating Scale (C-SSRS).

### Methods

We examined patients meeting DSM-5 criteria for anorexia nervosa admitted to the specialized inpatient eating disorders unit at New York-Presbyterian Hospital (New York/USA). Data were collected during a 180-day period. Study participants included both males and females, ranging in age from 13 to 60 years.

### Results

We hypothesized that adolescent patients (defined as patients ranging in age from 13 years to 18 years) would have lower rates of suicidality than adult patients (defined as patients over age 18).

### Conclusions

The risk of suicidal thinking in patients with anorexia nervosa may be affected by age.

## Measurements

25 July 2018, 14:45 - 16:15, Club B

FP 085

### The validity and reliability study of the inventory of parent and peer attachment—revised (IPPA-R)—Turkish version

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<sup>3</sup>Istanbul aydin university- istanbul french lape hospital, department of psychology- department of child and adolescent psychiatry, istanbul, Turkey

### Objectives

The aim of this study is to evaluate validity and reliability of the inventory of parent and peer attachment—revised Turkish version (IPPA-R-T), and relationship between parent and peer attachment and depression levels in a group of Turkish adolescents.

### Methods

600 participants (78 % female, 22 % male) aged between 14 and 18 were recruited from two high schools in Istanbul. Socio-demographic data Form, IPPA-R-T, Child Depression Inventory (CDI) were used. Three months after the first evaluation, the participants were requested to fulfill the IPPA-R-T again. Statistical analysis was performed via Statistical Package for Social Sciences (SPSS) 21 and LISREL 8.7. Cronbach's alpha coefficients and measures of goodness-of-fit were determined for IPPA-R-T. Test-retest reliability of IPPA-R-T was analyzed by Pearson product moment correlation test. The predictability of the attachment scores and socio-demographic variables on depression levels was tested by multivariate linear regression analysis.

### Results

The Cronbach's alpha coefficients for both parent and peer attachment parts of the IPPA-R-T were 0,89. The measures of goodness-of-fit for IPPA-R-T met the acceptable standards (Parental part, 2/df=3,180, GFI= 0,924, AGFI= 0,911, CFI=0,900, RMSEA=0,074, RMR=0,032; peer part, 2/df=2,956, GFI= 0,903, AGFI= 0,909, CFI=0,901, RMSEA=0,075, RMR=0,044). The correlation coefficients for parent and peer part scales and subscales of IPPA-R-T were >0.9. Regression analysis indicates that parent and peer attachment levels and age significantly predict the depression levels.

### Conclusions

The results of this study indicate that IPPA-R-T is useful for adolescents aged between 14-18. Additionally, parent and peer attachment scores predict the depression levels in Turkish adolescents, significantly.

## Measurements

25 July 2018, 14:45 - 16:15, Club B

FP 086

### The bilingual assessment of learning disabilities

S. Lacroix<sup>1</sup>

<sup>1</sup>UBC, ECPS, Vancouver, Canada

#### Objectives

The assessment of bilingual individuals poses a problem when it comes to determining if they have a learning disorder, especially if the disorder is language based. The issue of language of assessment, when testing bilingual individuals, is fundamental as choosing the wrong language could skew the results. Students in North America and Europe are often taught in a language that is not their dominant one and determining their achievement level or their eligibility for a diagnosis of specific learning disorder is challenging.

#### Methods

In this presentation, I will suggest an assessment approach that will allow for bilingual testing of intelligence and achievement as well as some considerations for an overall bilingual procedure. Two key components of the procedure will be described: the bilingual and dynamic assessment of intelligence and the separate assessment of achievement in two languages.

#### Results

Results are then integrated and interpreted in light of the overall functioning, considering both languages involved. The approach, although idealistic, is the most appropriate when dealing with individuals studying in a multilingual context. Using such an approach has implications on diagnosis, on examiner's training and on test development.

#### Conclusions

The approach will allow examiners to move away from always cautioning their results when working with the bilingual population while also allowing them to be more confident in the results they obtain and have better faith in the diagnosis they pose.

## Measurements

25 July 2018, 14:45 - 16:15, Club B

FP 087

### The discriminate capacity of the CBCL/1.5-5 in a Brazilian sample of preschool children

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Clínica, São Paulo, Brazil

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<sup>9</sup>Universidade do Vale do Rio dos Sinos, Programa de Pós-Graduação em Psicologia, São Leopoldo, Brazil

#### Objectives

Cultural differences pose challenge for understanding psychopathology around the world. Given the need for evidence-based, culturally robust assessment procedures, the Achenbach System of Empirically Based Assessment (ASEBA) have become widely used, showing cross-cultural consistency in countries in Europe, Asia, Middle East, and Africa. This kind of study has rarely been done in South America, especially considering data on preschool children behavioral and emotional problems. The aim of the present study was to analyze the discriminative capacity of the Brazilian version of the "Child Behavior Checklist for Ages 1.5-5" (CBCL/1.5-5).

#### Methods

Parents of 308 children (1.5 to 5-years-old) referred for mental health services filled out the CBCL/1.5-5 (referred sample). Parents of 308 children recruited through schools, matched by age and gender, composed the "General Population" sample. Data was collected in three out of five major regions of Brazil. Analysis of Variance (ANOVA) and Multivariate Analysis of Variance were used to test the differences between groups on CBCL/1.5-5 scales scores.

#### Results

Referred children achieved higher scores on most CBCL/1.5-5 scales, including Total Problems, as shown in Table 1.

Table 1 - Insert here

In comparison with data from other cultures, parents of Brazilian children tend to report more problems.

CBCL/1.5-5 Scales	General Pop. – Mean scores (SD)	Referred Sample – Mean scores (SD)	Z	p	OP
<b>Emotionally Reactive</b>	3.69 (3.20)	<b>4.33 (3.47)</b>	5.657	<b>0.018</b>	0.661
Anxious/Depressed	4.42 (3.25)	4.74 (2.84)	1.747	0.187	0.262
<b>Somatic Complaints</b>	2.80 (2.59)	<b>3.96 (3.21)</b>	24.489	<b>0.000</b>	0.999
<b>Withdrawn</b>	2.19 (2.37)	<b>3.33 (2.52)</b>	33.544	<b>0.000</b>	1.000
<b>Sleep Problems</b>	3.74 (2.99)	<b>4.34 (3.41)</b>	5.408	<b>0.020</b>	0.641
<b>Attention Problems</b>	2.88 (2.20)	<b>3.68 (2.43)</b>	18.247	<b>0.000</b>	0.989
Aggressive Behavior	12.30 (7.19)	13.02 (7.79)	1.436	0.231	0.223
<b>Internalizing Problems</b>	13.10 (9.41)	<b>16.36 (8.61)</b>	20.191	<b>0.000</b>	0.994
<b>Externalizing Problems</b>	15.18 (8.78)	<b>16.70 (9.32)</b>	4.358	<b>0.037</b>	0.550
<b>Total Problems</b>	44.90 (25.64)	<b>51.64 (23.06)</b>	11.769	<b>0.001</b>	0.929
<b>Affective Problems</b>	3.07 (2.79)	<b>3.81 (2.56)</b>	11.778	<b>0.001</b>	0.929
Anxiety Problems	5.44 (3.53)	5.52 (3.56)	0.094	0.759	0.061
<b>Autism Spectrum Problems</b>	3.78 (3.44)	<b>6.17 (3.90)</b>	65.380	<b>0.000</b>	1.000
Att. Def./Hyperactivity Problems	5.78 (3.14)	5.52 (3.39)	0.974	0.324	0.166
Oppositional Defiant Problems	4.33 (2.71)	4.30 (3.01)	0.020	0.888	0.052

#### Conclusions

Parents of referred children indicate more behavioral and emotional problems on the CBCL/1.5-5 scales. These results provide evidence that the Brazilian version of the CBCL/1.5-5 is able to discriminate those who need mental health services. Further analyses are necessary to understand the problems for which no difference was found, and to increase knowledge on variations among societies.



## Measurements

25 July 2018, 14:45 - 16:15, Club B

FP 088

### Dimensionality and measurement precision of the strengths and difficulties questionnaire (SDQ) self-report: an item response theory approach

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<sup>3</sup>University of Bielefeld, Department of Sociology, Bielefeld, Germany

#### Objectives

The Strengths and Difficulties Questionnaire (SDQ) assesses five subscales with five items each for measuring child adjustment. There are several studies that examine the factorial structure of the SDQ with confirmatory factor analyses, but attempts to apply an item response theory (IRT) approach are scarce, although IRT might be more adequate for ordinal items with a small number of categories.

#### Methods

The self-report version of the SDQ subscales and the total difficulties score (TDS), which is obtained by summing up the scores of the four problem subscales, is analysed in a sample of students in grade 5 (n=1042) and grade 9 (n=1167). Partial credit and generalized partial credit models (GPCM) were estimated for each subscale and a bifactor model based on GPCM was applied to the TDS.

#### Results

IRT analyses showed satisfying to good psychometric properties in both samples for most of the five subscales. However, measurement precision for the four problem scales is limited in the lower half of the trait and all have their strengths in the upper parts of the trait. The TDS revealed good measurement precision over a wide range of the trait. Item discrimination and category threshold parameters were broadly comparable between the samples. According to the bifactor models, there is evidence for multidimensionality in the TDS, but the general factor was strong.

#### Conclusions

The TDS can be treated as essentially unidimensional, although some subscales may be of additional value.

## Anxiety

25 July 2018, 14:45 - 16:15, Club E

FP 089

### Identifying youth at risk of anxiety disorders in pediatric primary care clinic: prevalence and associated features

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#### Objectives

Non-specific somatic complaints are common leading symptoms of children and adolescents who have anxiety disorders. Pediatric primary care setting then provides an ample opportunity for early identification of this most prevalent mental health problem in youth. Therefore, this study aims to assess the

prevalence of anxiety symptoms in children and adolescents visiting pediatric primary care clinic for physical health problems, and identifying associated clinical features that can help aiding pediatricians recognizing at-risk youth who presented with general physical complaints.

#### Methods

The Screen for Child Anxiety and Related Emotional Disorders (SCARED-Thai version), including youth self-report and parent forms, were completed by 92 pairs of youth and their parents. Data regarding associated factors, clinical characteristics, and general health habit were obtained.

#### Results

Anxiety symptoms above the threshold for clinical diagnosis of the SCARED was identified in 39 percent of child participants. Clinical variables associated with significantly elevated anxiety symptoms included female gender, regular caffeine consumption, having somatic pain as leading complaints, and greater than 6 times of medical visits in the past year.

#### Conclusions

Anxiety disorder in youth is frequently unnoticed by parents, under-diagnosed nor untreated by primary care providers, hence, becoming a hidden burden in pediatric medical setting. Enhancing awareness of the possibility of anxiety disorder in youth who presents with unexplained physical complaints as well as identifying practical indicators that can feasibly implement for early detection of at-risk youth are crucial steps toward reducing this load of unnecessary medical health care utilization and optimizing long-term outcomes in affected youth.

## Anxiety

25 July 2018, 14:45 - 16:15, Club E

FP 090

### Parental psychopathology and selective mutism in a nationwide population based study

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<sup>2</sup>Psychiatric University Clinic Zurich, Department of Child and Adolescent Psychiatry, Zürich, Switzerland

<sup>3</sup>Capital Region Psychiatry, Child and Adolescent Mental Health Centre, Copenhagen, Denmark

<sup>4</sup>University of Basel, Department of Psychology, Basel, Switzerland

<sup>5</sup>Turku University Hospital, Department of Child Psychiatry, Turku, Finland

#### Objectives

Selective mutism (SM) is rather rare mental disorder that is still understudied and not well understood. Although parental psychopathology has been associated with several neuropsychiatric disorders in childhood, similar studies on SM are lacking. The present study examined the association between parental psychopathology and SM.

#### Methods

In this nested case-control study, 1056 individuals with SM were identified based on the Finnish Hospital Discharge Register (FHDR). For each case, four sex- and date of birth -matched controls (N= 4199) were selected from the Finnish Central Population Registers (FCPR). Information on parental psychopathology was obtained from the FHDR and the Finnish Medical Birth Register (FMBR) and their associations with SM were examined using conditional logistic regression analyses.

#### Results

Both parents with any psychopathology had almost three-fold increased odds

(OR 2.8, 95%CI 2.1-3.8) of having an offspring with SM. The association and the consistency across types of disorders was stronger for psychopathology among only mothers than only fathers. The highest odds were seen for personality disorders (OR 4.0, 95%CI 2.7-6.0), other psychoses (OR 3.7, 95%CI 2.3-5.9), and schizophrenia and schizoaffective disorders (OR 3.4, 95%CI 1.7-6.9) among mothers and for schizophrenia and schizoaffective disorders (OR 2.3, 95%CI 1.0-5.0), other psychoses (OR 2, 1, 95%CI 1.2-3.5) and personality disorders (OR 1.8, 95%CI 1.3-2.6) among fathers.

## Conclusions

Parental psychopathology was strongly associated with offspring SM. The clustering of several parental psychiatric disorders with SM points towards a shared origin of psychiatric disorders. The specific findings on maternal psychopathology might point towards additional influence of prenatal environmental factors.

## Anxiety

25 July 2018, 14:45 - 16:15, Club E

FP 091

### Descriptive study on the demographics and clinical profile of preschool children with Selective Mutism in Singapore

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<sup>2</sup>KK Women's and Children's Hospital, Department of Child Development, Singapore, Singapore

#### Objectives

To describe the demographics and clinical profile of preschool children with Selective Mutism (SM) in Singapore.

#### Methods

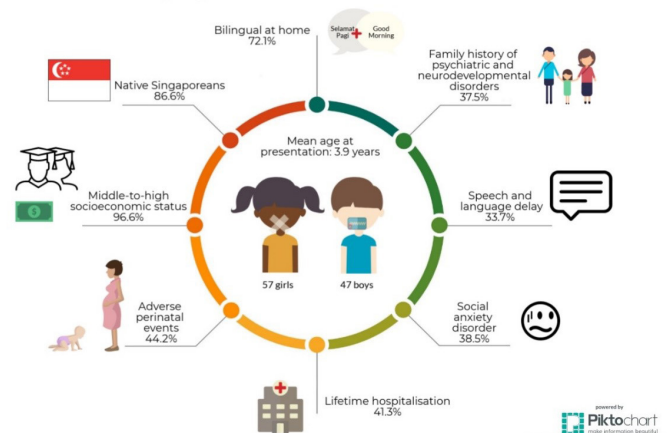
This case series reviewed medical records of 104 preschool children born in and after 2009, aged 2-6 years, diagnosed with SM at our hospital, from January 2012 to June 2016. Demographic characteristics, clinical characteristics, and mode of clinical presentation were described in frequencies.

#### Results

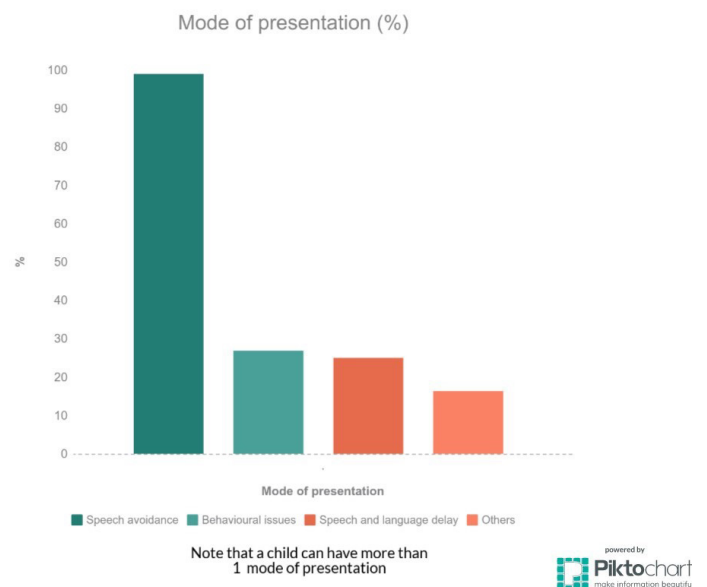
There were 57 girls and 47 boys, with an almost equal gender ratio of 1.2 to 1. The mean age at presentation was 3.9 (SD 1.1) years while the mean age of diagnosis was 4.2 (SD 1.1) years. These children largely came from a middle-to-high socioeconomic status (96.6%), were native (86.6%), and were bilingual at home (72.1%). A history of adverse events during pregnancy and birth (44.2%), lifetime hospitalisation (41.3%), comorbid social anxiety disorder (38.5%), pre/co-morbid speech and/or language delay (33.7%), family history of neurodevelopmental delay or psychiatric conditions (37.5%) were found to be common. In addition to speech avoidance, behavioural issues (26.9%) and speech and/or language delay (25.0%) were other modes of presentation.

Picture 1 - Demographics and clinical characteristics

#### Demographics and clinical characteristics



Picture 2 - Mode of presentation



#### Conclusions

A high hospitalisation rate has not been previously described as a risk factor for SM and warrants further evaluation. We propose that SM is associated with an accumulation of psychological insults in children with anxious temperaments and communication difficulties.

## Anxiety

25 July 2018, 14:45 - 16:15, Club E

FP 092

### New development in the therapy of obsessive-compulsive disorder therapeutically accompanied home exposure via videoconference in adolescent patients with obsessive-compulsive disorder

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### Objectives

Obsessive compulsive disorder (OCD) is one of the most common psychiatric disorders in children and adolescents with a strong impact on day-to-day management, family and school life with massive stress situations for patients and surrounding. New studies confirm cognitive behavioral therapy with exposure and response management as the most effective therapy (therapy of first choice). However, there are major problems in supply and use of CBT with practical exposure due to difficulties finding outpatient therapists performing an accompaniment in home environments. Internet therapies or other forms of home-based support have been increasingly developed.

The study examines practicability and feasibility of videoconferencing-based home exposure, usability and user friendliness of the technique, impact on therapeutic alliance and comparison with home exposure without therapeutic Support.

### Methods

A videoconference accompanying exposure in the home environment is being tested at the Schön Clinic Roseneck. A total of 42 adolescent patients with OCD (14-18 years), treated in an inpatient unit are examined. Disorder specific psychometric instruments are used (Y-BOCS and CY-BOCS).

### Results

First comparison with control group shows high effect sizes in both groups indicating feasibility and acceptance of videoconferencing-based home exposure. Initial experience shows that this form of exposure monitoring is perceived as genuine and comparable effective as with a personal accompaniment and these are experienced as very helpful.

### Conclusions

This technique with portable system offers the possibility of accompaniment in many domestic situations and thus the possibility of "on-site" exposure treatments. Establishment in the treatment concept for obsessive-compulsive disorder is planned.

## Internet and social media

25 July 2018, 14:45 - 16:15, South Hall 1B

FP 093

### A Research Protocol: Effect of social media use on self-esteem, depressive symptoms, psychiatric morbidity and salivary cortisol in adolescent psychiatric patients and controls

R. M.A. Shafi<sup>1</sup>, A. Nandakumar<sup>1</sup>, J. Lebow<sup>1</sup>, S. Tye<sup>1</sup>, P. Croarkin<sup>1</sup>

<sup>1</sup>Mayo Clinic, Psychiatry and Psychology, Rochester, USA

### Objectives

A substantial knowledge gap exists regarding the impact of social media use on psychosocial development and psychiatric morbidity. To our knowledge there is no existing literature on the acute impact of social media use on self-esteem, depression scores or physiological biomarkers of stress (cortisol and alpha amylase).

Aims

- Is problematic social media use more prevalent in depressed adolescents compared to controls?
- Is problematic use associated with increased psychiatric admissions, depression symptom severity and lower self-esteem?
- Are biological markers of stress impacted after social media use?

Hypotheses

Depressed adolescents will have:

- Greater problematic social media use.
- Higher levels of problematic correlating with psychiatric admissions.
- Self esteem negatively affected by social media use
- Raised stress response following social media use

Methods

Prospective case-control pilot study. Depressed adolescents and controls (13-17 years) will complete measurements of level of social media use, self-esteem, psychiatric symptom and salivary sample pre and post social media use. Follow-up will occur six months later.

Expected outcome/results

Social media use is expected to be associated with increased depression severity, cyber bullying and lower self-esteem scores among depressed patients compared with controls characterising social media use as a risk factor for psychiatric symptom severity and hospitalisations.

## Internet and social media

25 July 2018, 14:45 - 16:15, South Hall 1B

FP 094

### Is social media use a precipitant for psychiatric hospitalizations in 13-17 year olds?

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<sup>1</sup>Mayo Clinic, Psychiatry and Psychology, Rochester, USA

### Background

The psychosocial impact of social media use in young people is poorly understood. A literature search did not reveal existing studies assessing social media use and psychiatric hospitalizations. This is an exploratory, retrospective chart review of adolescents hospitalized on the Mayo Clinic Child and Adolescent Psychiatric unit.

### Aims and Hypotheses

Retrospectively evaluate whether social media use is documented within Child and Adolescent Psychiatric inpatient admission notes as a precipitant to admission. We hypothesize that at least 10-20% of psychiatric admission notes in 2015 will cite social media use as a factor precipitating presentation within the History of Presenting Illness (HPI) in 13-17 year olds.

### Methods

IRB approved retrospective medical record surveillance of inpatient psychiatric admission notes for patients aged 13-17yrs admitted to the Child and Adolescent Psychiatry Inpatient Unit at Mayo Clinic in 2015. Using Advanced Cohort Explorer software, records containing mention of social media use in the history of presenting illness were identified and reviewed. Variables collected included demographics, presentation and nature of social media use.

### Preliminary results/Expected outcome

Approximately 10% of 13-17y olds admitted during 2015 had social media use documented as part of their admission note, typically documented by trainees. We continue to analyze the results to yield data to ascertain whether social media is a risk factor for psychiatric hospitalization and its use should be asked as part of a standard psychiatric history when assessing child and adolescent patients.



## Internet and social media

25 July 2018, 14:45 - 16:15, South Hall 1B

FP 095

### Internet use of caregivers impact on internet use and sleep habit of preschool children

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#### Objectives

Overuse of internet is a major problem not only among adults but also children. Parental use of internet may impact on the use of internet in childhood, and could also cause sleep problem among children. The aim of the study was to elucidate the impact of parental internet use on children especially focusing on internet use and sleep habits of children.

#### Methods

All kindergartens and nursery schools in Yamaguchi City, Japan participate in the study. Child and Adolescent Sleep Checklist was distributed to all caregivers of children between 4-5 years of age. Seven hundred and thirty seven responses were included in the analysis. Sleep habits of caregiver and their children, and the use of internet of their children were compared between the caregiver usage of internet more than two hours a day (n=261) and less than two hours a day (n=476). This research was fully supported by Health Labor Ministry Science Research Grant, Japan.

#### Results

Caregivers who use internet more than two hours a day showed significantly delayed bedtime and wake time. Use of internet of children was twice as longer (0.2 vs 0.4 hours on weekdays and 0.4 hours vs 0.8 hours on holidays) among children whose caregiver use internet more than two hours. Wake time of children was significantly later among children whose caregiver use internet more.

#### Conclusions

Use of internet of caregivers significantly affect the use of internet of children and also impair sleep habit of both caregiver and children. Impact of internet use of caregiver on children was shown to present among preschool children, thus indicate the need for careful attention of caregiver internet use to prevent internet overuse in later life of children.

## Self-harm behavior

25 July 2018, 14:45 - 16:15, South Hall 2B

FP 096

### Anacliism/autocriticism in female adolescents with borderline personality disorder: associations with non-suicidal self-injurying

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#### Objectives

Psychodynamic models of adolescent borderline functioning suggest that non-suicidal self-injury (NSSI) – a particularly frequent symptom in borderline girls – may constitute a way of coping with distress resulting from anaclitic interpersonal-relatedness difficulties they typically experience. Our objective was to investigate the relationship in borderline female adolescents between NSSI and the two dimensions of Sydney Blatt's developmental model of lifelong depressive experience: anaclitism and autocriticism; we hypothesized that NSSI would be more strongly associated with anaclitism than with autocriticism.

#### Methods

The study was conducted within the European Research Network on Borderline Personality Disorder in Adolescence. Participants were administered the Ottawa Self-Injury Inventory (OSII) and the Depressive Experience Questionnaire (DEQ).

#### Results

Borderline patients (n = 57 ; mean age = 16.5 ± 1.2) had significantly higher scores than healthy controls on both Anaclitism and Autocriticism DEQ dimensions (0.97 vs 0.22 and 0.93 vs 0.01, respectively; p < 0.001). Patients with NSSI on the OSII (n = 40) had significantly higher Anaclitism scores than patients without NSSI (1.17 vs 0.48; p < 0.01); Autocriticism scores did not significantly differ between subgroups (1.00 vs 0.76).

#### Conclusions

The study corroborates the hypothesis that NSSI in adolescents with borderline functioning is linked to high anaclitism, which should be taken into consideration in clinical practice with these patients. More studies are necessary to better understand the relationships between NSSI and developmental psychopathology in borderline patients.

This research was supported by a grant from the Wyeth Foundation for Child and Adolescent Health & by a grant from the Lilly Foundation.

## Self-harm behavior

25 July 2018, 14:45 - 16:15, South Hall 2B

FP 097

### A new therapeutic approach for adolescents with selfharm: Cut the Cut (CTC)

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#### Objectives

Nonsuicidal Selfharm in Adolescents is a common and therefore relevant problem in adolescents. However evidence-based effective treatment programs are rare. Objective was to develop and evaluate a new standardized treatment program for self-harming adolescents. We surveyed if a) a structured program (Cut The Cut (CTC)) can reduce self-harm to a higher extent than regular inpatient care and b) assessed patient satisfaction with the treatment (CTC or standard care) received.

#### Methods

CTC is a standardized treatment program developed for adolescents with dysfunctional problem-solving skills, such as self-harm, as well as ineffective



emotional control strategies. Treatment takes place in three intervals. During the first interval (6 weeks) treatment focusses on alternative strategies for self-harm. Youths learn to cope with emotional states using new alternative functional skills. The second interval (5 weeks) focuses on understanding the underlying problem while the last interval (3 weeks) has youths take responsibility for themselves. During treatment-free intervals adolescents practice at home what they learned, receiving only once a week or bi-weekly ambulatory care.

#### Results

Data from a first pilot study of adolescents aged 16-17 comparing CTC patients (n=12) with patients having received Standard care (n=12) will be presented. Acceptance of and compliance with CTC was high. Most patients went completed CTC-Program. Self-harm reduced throughout treatment.

#### Conclusions

First results indicate that CTC is an effective standardized program for treating self-harm in adolescents. A larger study is now needed to confirm these findings.

### Self-harm behavior

25 July 2018, 14:45 - 16:15, South Hall 2B

FP 098

#### Understanding self-harm: Do parenting styles have an impact on self-harming behavior in adolescents?

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#### Objectives

Self-Harming Behaviour (SHB) is a common though often hidden condition in adolescents that if not detected early-on can lead to suicide. Clinical experience and the literature show a strong association between SHB and suicide. Recent studies show that parenting styles are associated with risk behavior leading to SHB. Our study aims to investigate this association between parenting styles and SHB in a clinical sample of adolescents.

#### Methods

The study included 150 referred adolescents (55 Girls and 24 Boys), age 14-18 years, with an average age of 16 yrs.

Adolescents completed the following instruments:

1. Parental Bonding Instrument (PBI, Parker, 1979) – measure assessing perceived levels of parental care and control/protection; separately for father and mother; four parenting styles are derived.

2. Adapted version of the Functional Assessment of Self-Mutilation (FASM, Lloyd, 1997) questionnaire which records the occurrence, frequency and motivation for various forms of self-harm.

#### Results

67.9% (N=55) of girls and 34.8% (N=24) of boys engaged in some form of SHB. In the SHB group, the predominant parenting style is 'affectionless control' (low care, high protection/control) for both fathers and mothers. SHB in females correlated with low parental, especially paternal, care. SHB in males correlated with maternal overprotection. Adolescents who perceive their par-

ent's parenting style to be optimal (high care, low protection/control) engage in SHB less frequently compared to other parenting styles.

#### Conclusions

Gauging for parenting styles at the initial stages of assessment can shed light on antecedents of SHB. Given the immediacy of required intervention, acquiring such information can enhance treatment planning and suicide prevention.

### Self-harm behavior

25 July 2018, 14:45 - 16:15, South Hall 2B

FP 099

#### Mental health attitudes, support preferences, and prevalence of self-harm among young people in Ireland.

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#### Objectives

An Irish based study intended to identify young people's willingness to seek appropriate mental health help and support and what support preferences they would use and the prevalence of self-harm among youth.

#### Methods

This study was a cross-sectional in between subject's design. In the current research eighty-nine participants mainly between 15-25 years old completed online anonymous questionnaires on self-esteem, willingness to seek help inventory, and modified version of deliberate self-harm. The researcher-devised survey included open-ended questions on reasons for engaging in self-harm and overcoming same. Participants also examined a vignette depicting an individual with depression. A total of 10 adolescents took part from 2 schools in the research. Snowball sampling was used to recruit individuals over the age of 18 to 25 years.

#### Results

Majority of adolescents recognised the symptoms of depression from the vignette. 17% of respondents had engaged in self-harm. 60% of participants indicated that they were affected by mental health issues in the past while 33% were currently affected. The most common reasons for self-harm were adverse life events. Most common support preferences were one to one therapy within mental health services. Low self-esteem predicted a higher likelihood of engaging in self-harm. High self-esteem predicted willingness to seek help.

#### Conclusions

Self-harm is widespread but can often be an unknown phenomenon in youth. An enormous number of young people delay in seeking any mental health and self-harm support. This study confirms that self-harm among youth is a major problem.

### Self-harm behavior

25 July 2018, 14:45 - 16:15, South Hall 2B

FP 100

#### Comparing two cohorts referred to paediatric liaison psychiatry services for self-harm related behaviour and ideation; 2002-2006 v 2010-2015

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## Objectives

To identify differences between the two cohorts demographically and clinically to identify trends over time with a focus on self-harm ideation as well as self-harm acts and re-presentation rates.

## Methods

Data entered onto SPSS for 2010-2015 cohort and analysed descriptively and compared with earlier paper published by this department (Morgan et al, 2006 IJPM)

## Results

There were 906 self-harm related referrals in the later cohort. In both cohorts, approximately 70 % of all presentations presented with an act of self-harm, the remainder presented with ideation alone. There was remarkable stability over time in terms of gender breakdown with 72 % v. 74 % (2010-2016) of all girls presenting with an act in both cohorts. In boys overall, however, the proportion presenting with an act increased from 47 % (N= 41) in the earlier cohort to 60 % (N =139) in the later cohort, with the remainder presenting with ideation alone. Younger boys and girls in the later cohort were equally as likely to present with self harm act as self-harm ideation. The rate of re-presentations were also remarkably similar at approximately 30 % in the two cohorts.

## Conclusions

Rates of self-harm presenting have increased almost four fold. Boys are more likely to present with an act than in the earlier cohort. Younger children more likely to present with ideation in later cohort compared to older children. Need to consider cohort effect when analysing self-harm groups longitudinally.

## Mindfulness

25 July 2018, 16:45 - 18:15, Club A

FP 101

### Mindfulness as an effective treatment for emotional dysregulation in children with ADHD (randomized trial)

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## Objectives

To evaluate the effectiveness of mindfulness delivered as a structured treatment program targeting emotional dysregulation in newly diagnosed children with ADHD.

## Methods

72 subjects were included, randomized in two groups (experimental and control group). The experimental group received an intervention program based on mindfulness (8 sessions, once-per-week, 75 minutes and daily homework assignments). The control group received the usual treatment for this condition and/or school reinforcement and/or after-school reinforcement and/or ADHD psychoeducation, behavioral management assessment. K-SADS-PL interview was administered to assess the presence and presentation of ADHD. The study assessments included pre-ant posttest measures of ADHD symptoms (ADHD Rating Scale IV parents' version) and emotional and/or behavioral problems (Child Behavior Checklist-CBCL). Emotional dysregulation (DESR) was assessed using Attention/Anxiety-Depression/Aggression (A-A-A) scales on CBCL profile which are congruent with the clinical concept of DESR. Data were analyzed using X<sup>2</sup> test and Student's t-test. Grant project: BR201501.

## Results

Sociodemographic and clinical characteristics are shown in Table 1. Regarding emotional regulation 54.2% showed mild DESR and 22.9% presented severe DESR in pre-assessment measure. Significant differences were found regarding the presentation of ADHD and the presence of emotional dysregulation, children with combined presentation showed higher levels of DESR comparing with children with inattentive presentation (p=0.018). Statistically significant difference was observed between both groups in emotion regulation on CBCL dysregulation profile after intervention, mindfulness grouped presented 10.03 point decrease respect baseline, in contrast control group showed -1.93 points (p=0.032).

Characteristics	MINDFULNESS (n=34)		CONTROL (n=36)		p
Mean age (years)	8.79 (SD 1.29)		8.81(SD 1.65)		0.975 <sup>1</sup>
<b>X score ADHD RS IV-parent's version</b>					
Inattention	20.71 (SD 4.15)		18.83 (SD 5.15)		0.1 <sup>1</sup>
Hyperactivity/Impulsivity	18.47 (SD 5.31)		14.42 (SD 6.25)		<0.01 <sup>1</sup>
Total Symptoms	38.88 (SD 6.86)		33.25 (SD 9.75)		<0.01 <sup>1</sup>
	n	%	n	%	p
<b>Sex</b>					
Boys	24	70.6	27	75	0.678 <sup>2</sup>
Girls	10	29.4	9	25	
<b>ADHD presentation</b>					
Inattentive	10	29.4	12	33.3	0.865 <sup>3</sup>
Hyperactive-impulsive	2	5.9	1	2.8	
Combined	22	64.7	23	63.9	
<b>Comorbidity</b>					
Yes	18	52.9	16	44.4	0.477 <sup>2</sup>
No	16	47.1	20	55.6	
<b>Anxiety Disorder</b>					
Yes	12	35.3	8	22.9	0.813 <sup>2</sup>
No	22	64.7	28	77.1	
<b>Oppositional Defiant Disorder</b>					
Yes	5	14.7	7	20	0.813 <sup>2</sup>
No	29	85.3	29	80	
<b>Tics Disorder</b>					
Yes	1	2.9	1	2.9	0.813 <sup>2</sup>
No	33	97.1	35	97.1	

SD: standard deviation  
p: significance level  
<sup>1</sup>: t de Student Fisher  
<sup>2</sup>: X<sup>2</sup> test  
<sup>3</sup>: Gamma coefficient

## Conclusions

These findings back mindfulness as a first line effective treatment for DESR in ADHD children.

## Mindfulness

25 July 2018, 16:45 - 18:15, Club A

FP 102

### Short-term effect of simple mindfulness practices on emotional state in hospitalized adolescents with mental disorders: a pilot study

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## Objectives

Recent findings converge to the evidence that simple mindfulness practices can help children deal with difficult emotions and thoughts. Apart from pharmacotherapy and psychotherapy, mindfulness-based exercises seem to be another important pillar of mental health care. The aim of the present study was to test the hypothesis that simple mindfulness exercises lead to a change of actual emotional state and a greater sense of control over thoughts.

## Methods

Our study was performed on hospitalized children (N = 20; mean age 14,2 ±



## Mindfulness

25 July 2018, 16:45 - 18:15, Club A

FP 104

### Mindfulness interventions in inflammatory bowel disease: a systematic review and meta-analysis

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#### Objectives

Inflammatory Bowel Disease (IBD) is an autoimmune disease associated with high disease burden and significant mental health co-morbidities. There has been an increasing focus on mindfulness-based interventions as an important component of comprehensive IBD treatment. These are interventions grounded in mindfulness principles and containing core mindfulness practices such as the body scan, meditation and yoga. This review aimed to assess the effect of mindfulness interventions on psychological symptoms, quality of life (QoL) and IBD activity.

#### Methods

The following databases were searched: MEDLINE, EMBASE, PsycINFO, CINAHL and WHO ICTRP database.

The review included randomised controlled trials of mindfulness interventions compared with treatment as usual, another psychological intervention or wait list control. Interventions of interest included manualized interventions consisting of multiple mindfulness components together with homework exercises such as Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT) as well as abbreviated mindfulness Interventions.

Primary outcomes investigated included rates of depression, anxiety, stress and QoL as assessed by validated screening tools. Secondary outcomes included IBD activity levels and mindfulness measures.

#### Results

Mindfulness interventions are effective in improving quality of life, anxiety, depression and mindfulness measures following program completion. Mindfulness interventions do not cause significant improvement in subjective and objective measures of disease activity.

#### Conclusions

Mindfulness interventions appear to be effective in improving psychological symptoms associated with IBD but have not shown significant improvements in IBD activity levels and disease course. Further studies with more methodological rigour and IBD tailored programs are recommended especially programs tailored for youth with IBD.

## Attachment and parenting

25 July 2018, 16:45 - 18:15, South Hall 1A

FP 105

### Exploration of childhood influences on the development of first-time mothers' caregiving system

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#### Objectives

The transition to parenthood is characterized by numerous emotions, thoughts, and possibly some self-doubts. This study will explore whether this transition may be triggering attachment insecurities for pregnant women – especially those with challenging childhoods. The transition bears significance that the woman who was previously seeking care from her caregiver, will be the one providing care to her own child.

#### Methods

The development of the caregiving system was explored in 12-weeks first-time pregnant women within the framework of adult attachment styles and recollection of bonding with primary caregiver. The caregiving system was investigated in terms of desire to become a mother, perceived ability to relate to own children, personal meaning ascribed to motherhood, and concerns regarding becoming a mother. Some control variables were taken into account: marital satisfaction, whether the pregnancy is wanted or not, whether the woman is currently working, and the occurrence of a previous miscarriage and/or abortion. The study was conducted in Murcia, as part of a bigger cross-cultural research that aims at shedding light on possible cultural implications regarding the topic.

#### Results

#### Conclusions

Further understanding is needed regarding the relationship between attachment styles, the transition to parenthood, and intergenerational transmission of attachment.

## Attachment and parenting

25 July 2018, 16:45 - 18:15, South Hall 1A

FP 106

### Does secure attachment style promote resilience among the children of depressive mothers?

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#### Objectives

The aim of the study was to explore whether the security of attachment style is associated with resilience, defined as low levels of internalizing and externalizing problems, among depressive mothers' children in adulthood.

#### Methods

Maternal depressive symptoms were assessed by the Edinburgh Postnatal Depression Scales antenatally and at two months, six months, 4–5 years, 8–9 years and 16–17 years after delivery in a normal population sample of 329 Finnish first-time mothers. A model including four symptom trajectories was selected to describe the maternal symptom patterns over time. Among the 27-year-old firstborns (n = 144), internalizing and externalizing problems were assessed by the Adult Self Report forms. The Attachment Style Question-



naires (Short Forms) were used to assess the secure (Confidence) and insecure (Discomfort with Closeness, Relationships as Secondary, Need for Approval, Preoccupation with Relationships) attachment styles. The associations between internalizing and externalizing problems and attachment style scores among the firstborns of mothers belonging to the high depressive symptom trajectory groups ( $n = 48$ ) were investigated.

#### Results

Firstborns with a low level of internalizing problems scored higher in the secure and lower in all four insecure attachment style scales than firstborns with internalizing problems (all associations  $p < 0.05$ ). A low level of externalizing problems was associated with low scores in Relationships as Secondary scale ( $p = 0.001$ ) and Preoccupation with Relationships scale ( $p = 0.031$ ).

#### Conclusions

The results suggest that the evolution of a secure attachment style promotes resilience among depressive mothers' children.

### Attachment and parenting

25 July 2018, 16:45 - 18:15, South Hall 1A

FP 107

#### Maternal-fetal attachment: Outcomes of maternal overprotection history

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<sup>3</sup>Montreal University, Department of Computer Science and Operations Research, Montreal, Canada

#### Objectives

To examine whether early women's attachment to their mothers is associated to the prenatal attachment to their unborn baby.

#### Methods

A cross-sectional study was carried in the maternity "C" ward of the center of maternity and neonatology of Tunis from October 2017 to December 2017. Pregnant women with perceived fetal movements were included. Maternal-fetal attachment was assessed by the Prenatal Attachment Inventory (PAI) and the mother version of the Parental Bonding Instrument (PBI) was used to evaluate experienced bond to mother. Socio-demographic and clinical data were collected on a pre-established form.

#### Results

Eighty-four respondents were retained from 95 recruited pregnant women. Their ages ranged from 19 to 44 with an average of 31.98 years. Primiparity rate was at 28.6%. The majority of parturient women (54%) showed a high PAI score (mean score of 55.04;  $SD=10.87$ ). Overprotection was linked with lack of care as the 2 PBI scales correlated negatively ( $p=0.007$ ). The four types of maternal bonding were distributed as follow: affectionate constraint (34.5%), affectionless control (33.3%), optimal bonding (20.2%) and weak bonding (11.9%). In this last group, the PAI score was the highest but didn't reach statistical significance. The prenatal attachment wasn't predicted by the PBI "care" dimension ( $p=0,78$ ), whereas it was highly and negatively correlated to the « overprotection » dimension ( $p=0.005$ ).

#### Conclusions

Our findings revealed that pregnant women whose mothers showed more over-protective and controlling behaviors were more at risk of developing a weak

attachment towards their unborn baby. Further researches are needed.

### Attachment and parenting

25 July 2018, 16:45 - 18:15, South Hall 1A

FP 108

#### Global Minds: Caregivers' knowledge and perceptions of early childhood cognitive development across cultures

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#### Objectives

Caregivers with greater knowledge of early child development (ECD) are more likely to provide stimulation to their children, resulting in better developmental outcomes. Existing research suggests large possible differences between and within cultures on maternal ECD knowledge and beliefs. Cross-cultural data about caregivers' perceptions of ECD and their own role in supporting child development is sparse, yet critical for informing parenting interventions globally. The current study extends previous research by examining caregivers' perceptions of (1) child cognitive development and (2) their role in supporting their children's learning and development across five cultures.

#### Methods

We conducted 30-minute semi-structured interviews in the local language with 150 caregivers of children 0-3 years in Hong Kong, Brazil, Guatemala, Ghana, and Lebanon, following a caregiver-report of child cognitive abilities. We analyzed English translations with NVivo software, using standard grounded theory. Transcripts were double coded, with discrepancies arbitrated by a third reviewer.

#### Results

Caregivers in Guatemala and Hong Kong reported that children learn most at age 0-2 years, and that parents are central to promoting early learning. In Brazil, Ghana, and Lebanon, caregivers highlighted age two years through school entry, and emphasized teachers' role (and siblings' and peers' role in Ghana) in supporting development and learning. Some cultures conceptualized child intelligence as independence; others emphasized communication and problem-solving skills. Cross-culturally, caregivers viewed play as important for learning, and adult-child talk as important for language development.

Picture 1 - Thematic Quotes

Thematic Quotes

Theme	Quote	Respondent Characteristics
Early learning between 0-2 years	I think that about 2 months they realize what you are saying. They pay attention to you. I also think that from the womb, you can talk to them. You can communicate with them by talking...I think that around 4 months, they learn more. Well, I've noticed with my child that he plays with whatever you give him. He'll play on the bed with whatever toys he has.	Mother of a 5 month old boy, Guatemala
Later learning	From 3 years and above because their mind is empty and they can capture everything. They're very smart at this age. The ages 3-4, they're very smart.	Syrian mother of a 12 month old boy, Lebanon
Role of parents in supporting learning	Caregivers are more important (than teachers). Because parents are the one who spend the most time with the children. I believe parents are the first teacher for children. They learn more from parents in all aspects. Teachers are only teaching them knowledge but parents' teaching is more well-rounded such as basic politeness or even academic needs.	Mother of a 17 month old girl, Hong Kong
Role of peers in supporting learning	When they (children) are together like this they can learn from each other or the friend can do something outside and when he comes home he will also do it...I don't do anything for now (to help my child learn).	Mother of a 20 month old boy, Ghana
Role of teachers in supporting learning	Look, I don't have an education, since I studied a little but did not learn and what I have learned I already forgot... it is something that we cannot give to them. (teachers) have it there to give, education, respect, learning.	Mother of a 31 month old boy, Brazil
Intelligence regarded as independence	I think she is a very intelligent child. I do not know if it is because she went to school early or something like that, but she speaks of everything properly, she is super independent, takes a bath alone, goes into the bathroom alone, if she is hungry she eats alone, I think she is a very independent child, very clever. She already wants to get dressed alone.	Mother of a 12 month old girl, Brazil
Intelligence regarded as communication and problem-solving skills	At age 1, able to talk. Able to recognize words. At age 3, maybe they can fluently express themselves. Or they can easily solve problems.	Mother of a 14 month old girl, Hong Kong
Play is important for learning	Yes, it's important for learning because through games, many things can be taught, and not just playing, things for their daily lives.	Mother of a 35 month old boy, Guatemala
Adult-child talk is important for language development	He knows (language) because you can tell he listens to you. How did he learn? By talking to him all day. It's important for him to hear different words. Now, he says "okay." Whatever I say, he responds saying "okay." That's his answer. He will repeat whatever you say. Children learn because of you.	Mother of a 24 month old boy, Guatemala

## Conclusions

Caregivers have diverse perspectives of ECD across cultures, which future parenting interventions must consider in order to be effective.

## Autism III

25 July 2018, 16:45 - 18:15, South Hall 2A

FP 110

### Clinical features and autoimmune variables associated with regression in autism spectrum disorders

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## Objectives

This cross-sectional case-control study aims to investigate the differences between ASD (Autism Spectrum Disorders) cases with regression and without regression by assessing autoimmune markers, clinical manifestations and regression specific features.

## Methods

This study includes a total of 24 ASD cases with regression aged between 2-6 years and 26 age-matched controls including non-regressive ASD patients. Following an informed consent, all participants were assessed according to DSM 5 criteria, CARS (Childhood Autism Rating Scale) and ADST (Ankara Developmental Screening Test). Aberrant Behavior Checklist (AuBC) and Autism Behavior Checklist (ABC) was completed by parents. Autoimmune encephalitis panel including neuronal surface autoantibodies (Anti-NMDA, Anti-CASPR2, Anti-LG1, Anti-Glutamat type AMPA 1-2, Anti GABA B, Anti-DPPX) and Anti-GAD antibody were assayed in serum samples.

## Results

There was no significant difference in CARS, ADST, AuBC, ABC scores be-

tween cases and controls. Early developmental milestones (i.e. language skills, potty training, walking) were attained earlier in regressive group. Anti-GAD antibodies were detected in the serum of 5 (20.8%) ASD patients with regression vs none of the controls ( $p < 0.05$ ). There was no seropositivity of neuronal surface autoantibodies in any participant. A significant direct relationship was found between the levels of language skills attained before the regression and regained after the regression ( $p < 0.05$ ). Gradual onset pattern of regression was shown to be associated with disruption in most of the behavioral domains especially social and self-help skills.

## Conclusions

This study provides novel findings related to the phenomenology of regression and postulates that autoimmunity might have a specific contribution to the etiology of ASD.

## Autism III

25 July 2018, 16:45 - 18:15, South Hall 2A

FP 111

### Clinical and genetic profile of 396 children with autism spectrum disorder

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<sup>2</sup>Farhat Hached University Hospital, Department of Cytogenetic and Reproductive Biology, Sousse, Tunisia

## Objectives

To describe the clinical and cytogenetic features of tunisian children with autism spectrum disorder

## Methods

We conducted a descriptive cross-sectional study of 396 patients referred to the cytogenetic department at the University Hospital Farhat Hached of Sousse between January 2013 and December 2016. The diagnosis of ASD was confirmed by child psychiatrists based on DSM V criteria. Genetic studies included a karyotype for all the patients, and FISH and CGHarray for clinically or genetically selected ones.

## Results

The mean age of the study population was 3 years and 5 months, and the sex ratio was 4.28. Consanguinity and family history of ASD was noted respectively for 25% and 5.3% of the cases. ASD was correlated to the late paternal age that exceeded 40 years old for 58.5% of the fathers. Birth complications occurred in 10% of the cases which were specially an acute fetal distress. The age and the duration of television exposure were correlated to ASD. We noted nonverbal communication disorders in 100%, both verbal communication delay and stereotypes in 97% and sensory dysfunction in 24% of the cases. 16% was the pourcentage of both syndromic ASD and motor development delay. Genetic studies detected 5 chromosomal aberrations including 2 Trisomy X, a supernumerary chromosome, and 2 microdeletions.

## Conclusions

The clinical features of Tunisian children with ASD are similar to those described internationally and we have not noted any genetic specificity either. We believe that we must encourage the study of this phenotypic and genotypic heterogeneity where the environment acts.



### Autism III

25 July 2018, 16:45 - 18:15, South Hall 2A

FP 112

#### The sexuality of adolescent men with high-functioning autism/Asperger syndrome

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<sup>5</sup>National Institute of Mental Health, Laboratory of Evolutionary Sexology and Psychopathology, Klecany, Czech Republic

#### Objectives

There are only few surveys focused on sexuality of young men with High-Functioning Autism (HFA) or Asperger Syndrome (AS). The social abilities, empathy, the non-verbal communication skills or ability to decode properly the proceptivity signals of potential partners are important parts of human sexuality. On the other hand the lack of the social competences with well-preserved normal or higher level of intelligence are the main characteristics of HFA/AS disorder. How this discrepancy influences the sexual identity, sexual preferences and sexual behaviors of patients is a matter of our research.

#### Methods

About 40 young men with the HFA/AS diagnosis will be interviewed by the special questionnaire of sexual behavior, identity and preferences. The results of survey will be compared with the results of the same-age group respondents from the National Sexual Behavior Survey.

#### Results

The study will be finished in the spring 2018. Nevertheless, there are still some very interesting results concerning specifics of the sexuality of people with HFA/AS, concerning especially the anomalies of fetishistic nature, sexual orientation and gender identity disorder.

#### Conclusions

Hopefully the outcomes will help us to understand the sexuality of adolescent and young men with HFA/AS.

### Child abuse II

26 July 2018, 08:00 - 09:30, South Hall 1B

FP 113

#### Indian adolescent victims' perspective of experiencing abuse and neglect as reflected through narratives and drawings

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<sup>3</sup>University of Calcutta, Department of Psychology, Kolkata, India

#### Objectives

The study aims to explore how thoughts, feelings, and beliefs about experienc-

ing abuse and neglect and their life after such experiences are emerging out of narrative accounts given by adolescents with a history of abuse and neglect.

#### Methods

The study involves fifteen Indian adolescents who are between 12 to 16 years of age, purposefully sampled by using the Juvenile Victimization Questionnaire (JVQ). Narratives, which were found as a part of a therapeutic intervention, were analyzed through Descriptive-Phenomenological-Psychological perspective.

#### Results

Findings gave rise to three main themes. The first theme explains how coping styles and personal resources are contributing to adolescent's dealing with their trauma; either being hopeless or hopeful for future. The second theme explores how receiving either social support or social criticism influence to whom, when and in what circumstances victims prefer or reluctant to disclose. The third theme explains whether passage of 'time' is perceived as healing or an entrapment.

#### Conclusions

The present study tried to contribute to the field of literature that concerns on perspectives of adolescent victims on their experiences of abuse and neglect by analyzing narrative accounts found during group art therapy sessions. It is the Indian socio-cultural system that acts as a mold to shape the victim's perception and belief system thus creates confusion about whether the incident was abusive at all and whether victims are responsible. Survivors are left alone with all their miseries without any intervention. Initiation to help victims should come from adult stake-holders outside the family.

### Child abuse II

26 July 2018, 08:00 - 09:30, South Hall 1B

FP 114

#### Child sexual abuse prevention in German teacher's professional education

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#### Objectives

Schools in Germany are obliged to provide child sexual abuse prevention since the Child Protection Act in Germany came into effect in 2012. Thus, school teachers for all forms of schools have to act accordingly, e.g. providing knowledge of sexual child abuse prevention and/or intervention. Hence, the objective of this study is to investigate where and how do teachers acquire the knowledge necessary for this task?

#### Methods

A document review analysis, executed in 2017 and a follow-up in 2018, of German's professional / vocational education centers investigates local or regional offers of seminars, courses workshops, lectures etc., i.e. all forms of academic distribution are considered within this analysis.

#### Results

The German school system is organized in a complex way: every county [Land] holds the responsibility for its schools and the teachers employed. In order to guarantee a vocational training for teachers, respective courses are to be provided by professional teacher centers. Every county manages at least one center. In some cases the centers are differentiated by regions and forms of schools while in other counties the respective centers are organized as competence centers for all teachers independent of the respective form of school. Results of the analysis show a heterogeneous picture: it depends on



the commitment of the respective center which offers are made especially for teachers.

## Conclusions

School teachers cannot be guaranteed to be fully equipped with the professional knowledge necessary for their protective roles. Thus, it could be concluded that the child protection task of schools might be neglected.

## Child abuse II

26 July 2018, 08:00 - 09:30, South Hall 1B

FP 115

### Are psychosocial predictors of child abuse potential dependent on parental child abuse history?

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## Objectives

While previous studies have focused on differences between the "maintainers" and the "breakers" of the intergenerational child abuse cycle, little is known on how the "maintainers" differ from the "initiators" of this cycle. The aim of our study was to separately investigate the psychosocial predictor profiles of increased child abuse potential among parents who were and were not abused in childhood (potential "maintainers" and "initiators").

## Methods

The sample of 372 non-clinical parents filled in the following questionnaires: socio-demographic questionnaire, Childhood Trauma Questionnaire – CTQ, Child Abuse Potential Inventory – CAPI, Temperament and Character Inventory Revised - TCI-R, Experiences in Close Relationships Revised - ECR-R, Dissociative Experiences Scale – DES, and Symptom Checklist-90-Revised - SCL-90-R.

## Results

The specific predictors of child abuse potential among parents with child abuse history were older age of the youngest child, more intensive emotional abuse, and lower novelty seeking, self-directedness and self-transcendence. On the other hand, lower income, higher harm avoidance and higher reward dependence were specific predictors in the group of parents without child abuse experiences. Mutual predictors for both groups were higher attachment-anxiety, persistence and positive symptom distress index. Comparing to parents who were not abused themselves, child abuse potential in the abused parents was more dependent on character, and less dependent on temperament and situational context.

## Conclusions

The psychosocial profiles of potential „maintainers“ and potential „initiators“ of child abuse cycle may be different, and should be further investigated. Specifically tailored interventions for two groups of at-risk parents are proposed.

## Eating disorders

26 July 2018, 08:00 - 09:30, South Hall 2B

FP 116

### Social cognition and emotional functioning in adolescents with binge eating disorder with their relationship to clinical profile: a preliminary report

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<sup>6</sup>İzmir Katip Çelebi University, Pediatric Endocrinology, Izmir, Turkey

## Objectives

This study aims to evaluate the theory of mind (ToM) ability in a sample of obese adolescent patients with and without binge eating disorder (BED) and to explore its relationship with the psychopathological and clinical profile.

## Methods

Overall, 20 non-BED, 20 BED obese patients and 40 healthy controls completed a battery of tests assessing social cognition and eating disorder psychopathology. These tasks evaluate affective and cognitive ToM, respectively. We also examined the correlations between performance on ToM tasks and the clinical psychopathological profile, which was extensively evaluated through self-report instruments and clinical interviews.

## Results

Binge eating disorder and non-BED obese patients showed similar ability to recognise others' emotions, but BED and non-BED obese patients poorer performance than healthy controls (HC) had in the affective ToM task except Faux Pas Test. High positive correlations were evident between ToM task with body mass index, depression, eating attitudes.

## Conclusions

In this study, patients with BED and non-BED obesity showed an impairment in ToM tasks, dependent of their clinical status compared with healthy controls. Our findings demonstrate a specific difficulty in social cognition in patients with BED and non-BED obese patients. Our results suggest that in order to provide a more effective and permanent treatment, the cases should also be examined for their social cognitive skills and they should be taken into account in the patient-specific treatment approach, as well.

## Eating disorders

26 July 2018, 08:00 - 09:30, South Hall 2B

FP 117

### Assessing in autistic traits and impairment of social function in female adolescents with anorexia nervosa

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cent Psychiatry, Ankara, Turkey

### Objectives

It is known that patients with anorexia nervosa (AN) display social difficulties like social responsiveness and high levels of autistic behaviors such as rigidity, narrow interests of food and weight; however it is not clear whether patients have comorbid Autism Spectrum Disorders(ASD) or it is about acute phase of illness. In this study it is aimed to investigate autistic traits and social functioning in adolescents with AN.

### Methods

Study group was consisted of 32 girls who are AN patients aged between 12-18 years. Control group was consisted of 30 healthy girls. K-SADS-PL was applied to all participants in order to detect psychiatric disorders. Autism symptom levels and social functioning were measured using Social Responsiveness Scale (SRS). All adolescents were administered The Eating Attitude Test (EAT), Beck Depression Inventory, Screen for Child Anxiety and Related Disorders (SCARED), Maudsley Obsessive Compulsive Inventory.

### Results

Results of the study indicated that compared to control group adolescents with AN patients higher symptoms of depression, anxiety and autism-like symptom clusters; and lower social responsiveness and social functioning. Patient group had also higher raw scores at social awareness, cognition, communication and motivation subscales. Psychiatric comorbidities were not associated with these difficulties.

### Conclusions

It is shown that AN patients have an impairment of social functioning and responsiveness, the impairment seems to be associated with AN regardless of psychiatric comorbidities. Despite these two disorders are known different, they have several common traits which is associated with ASD. These results suggest that there may be a common pathogenesis between ASD and AN.

## Eating disorders

26 July 2018, 08:00 - 09:30, South Hall 2B

FP 118

### A mixed studies systematic review evaluating the effectiveness of adolescent inpatient eating disorder treatment

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### Objectives

The complex presentation of eating disorders involves multiple treatment approaches in various settings. Research literature discussing effective treatment components for adolescents with eating disorders remains unclear. To ensure timely and informed decision making in clinical practice for adolescent inpatient eating disorder treatment, a systematic review and synthesis of relevant literature is warranted.

### Methods

This mixed-studies systematic review examined the qualitative and quantitative research evidence on effective components of eating disorder treatment on adolescent inpatient units. A literature search was conducted using five electronic databases on the EBSCO and OVID interfaces. Studies were selected by two reviewers. Selection was based on mutually agreed upon inclusion criteria targeting adolescents 9 to 21 years of age diagnosed with eating disorders on an inpatient unit. Data were extracted using an Excel spreadsheet and critiqued using the Critical Appraisal Skills Programme (CASP) and the Cochrane Risk of Bias Tool for qualitative and quantitative studies respectively.

### Results

Results are pending. 6433 articles were screened by title and reference type. 1532 journal articles are currently being screened by title and abstract. The resulting full-text articles will be assessed for eligibility based on inclusion criteria and relevance to the research question. Qualitative and quantitative studies will be synthesized using thematic synthesis and meta-analysis respectively.

### Conclusions

This systematic review aims to identify the effective, evidence-informed components of adolescent inpatient eating disorder treatment, current gaps in evidence-informed knowledge of adolescents and eating disorder in-patient treatment, and most promising nursing and health care practices for effective, evidence-informed interventions for adolescents diagnosed with eating disorders.

## Conduct disorders II

26 July 2018, 10:45 - 12:15, Club E

FP 119

### Offending behaviour pathways in adolescence: a longitudinal investigation of reciprocal influences between violent and property offending.

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### Objectives

Adolescents across different countries become involved in offending. The factors that explain offending are complex and require analyses of the interactions between different process across time. In this study, we used an innovative statistical approach, Associative Latent Transition Analysis (ALTA) to test whether: (a) an increase in adolescents' violent offending is associated with escalation in property offences; (b) changes in different sets of covariates differentially affect violent and property offending.

### Methods

3,895 adolescents reported their involvement in offending acts when aged 13 and again at 14 years of age. Adolescents also reported on family dynamics and on a number of items that allowed us to estimate their family's affluence. Individual changes in property and violent offending from 13 to 14 years were established using Latent Class Analysis. We then used ALTA to test conceptual models of reciprocal influences between the two categories of offending.

### Results

The results confirmed significant associations between individual differences in violent and property offending over time: increasing involvement in more serious property offences was predicted by higher levels of violent offending. Families' changes in affluence also predicted changes in adolescents' property offending.

### Conclusions

The results confirm a prominence of violence as a determinant of another form of offending such as property offending: this supports the view that violence is linked to differences in psycho-affective processes that may hamper development of behaviour regulation skills. The study also provides a worked example of how sophisticated longitudinal analyses can be applied to shed light into complex processes of development.

## Conduct disorders II

26 July 2018, 10:45 - 12:15, Club E

FP 120

### Moral competence and conduct disorder among Filipino children in conflict with the law

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<sup>2</sup>La Consolacion University Philippines, Medicine, Malolos City, Philippines

#### Objectives

This study aimed to present a demographic profile of Filipino children in conflict with the law, determine the prevalence of conduct disorder among the study sample, and investigate the associations between variables such as moral competence, parental warmth and acceptance, and history of abuse with conduct disorder.

#### Methods

This was a cross-sectional study conducted in a Philippine Custodial Care Center from April-December 2017. The procedure entailed a diagnostic interview and administration of the Moral Competence Test and Parental Warmth and Acceptance Scale questionnaires. SPSS v.23 was used for data analysis.

#### Results

Majority of the participants were male adolescents between the ages of 16-18 years old. Most participants were found to have comorbid psychiatric conditions. The presence of a conduct disorder was found to be associated with the commission of multiple violations, the commission of theft and homicide, the presence of a substance use disorder, and past histories of abuse and neglect. Importantly, participants with conduct disorder were found to have lower moral competence levels.

#### Conclusions

The presence of a conduct disorder was associated with a history of abuse, high-risk antisocial behavior, and lower levels of moral competence. Recommendations include extension of the study and the development of a local intervention program geared towards increasing their moral competence.

## Conduct disorders II

26 July 2018, 10:45 - 12:15, Club E

FP 121

### Post-traumatic stress and externalizing symptoms: Investigating the mediating role of borderline personality features in delinquent and non-delinquent adolescents

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<sup>1</sup>Vilnius University, Department of Clinical Psychology, Vilnius, Lithuania

#### Objectives

There is evidence that traumatic experiences, posttraumatic stress increase the risk for juvenile delinquency. In addition, other studies suggest that borderline personality (BP) traits are associated with significant problems in clinical functioning among delinquent adolescents. The current study examined relations between posttraumatic stress and externalizing symptoms exploring the role of BP features as a mediator and delinquency status as a moderator.

#### Methods

Participants were adolescents (N = 464) who consisted of two subgroups: delinquent adolescents (N = 88; 76.1% males) and population-based group (N = 376; 59 males) aged 10-18 in the study Lithuania. Youth Self-Report (YSR; Achenbach & Rescorla, 2001) was used to assess externalizing symptoms and posttraumatic stress symptoms. Borderline Personality Features Scale for Children-11 (Sharp et al., 2014) was a measure of personality traits. The study was funded by a grant (No. GER-004/2017) from the Research Council of Lithuania.

#### Results

Results indicate that BP features mediate the relation between posttraumatic stress problems and externalizing symptoms. Evidence of moderated mediation was noted such that this mediational relation was stronger for adolescents at high risk for delinquency.

#### Conclusions

The current study suggests that BP traits should be identified and addressed to help adolescents at high risk for delinquency lower high levels of aggressive and rule breaking behavior.

## Transculture and Learning disabilities

26 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 122

### Diagnostic and dimensional predictors of slow-processing speed in a youth clinical sample

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#### Objectives

Impaired processing speed (PS) associates with difficulties in academic and adaptive functioning. PS has been examined extensively in ADHD but to a lesser degree in other conditions. We aimed to elucidate the role of diagnosis, psychiatric comorbidity and transdiagnostic psychopathology traits in predicting impaired PS in youth referred for neuropsychiatric evaluation. We also examined a potential mechanism by which PS impacts academic functioning.

#### Methods

Data were from 775 youth, ages 6-21, consecutively referred for evaluation and enrolled in the Longitudinal Study of Genetic Influences on Cognition. PS was operationalized using the Wechsler intelligence scales indices. Data were analyzed using mixed modeling, ANOVA, logistic regression and SEM, controlling for age, sex and psychotropic medication use.

#### Results

In referred youth, PS showed greater impairment than working memory (WM;  $M$ difference = -1.3,  $p = .03$ ) and general ability (GA:  $M$ difference = -9.0,  $p < .001$ ). Youth with psychosis, autism spectrum disorder (ASD), mood disorders and ADHD all showed impaired PS. Controlling for comorbidity, the presence



of psychosis (OR=3.5), ASD (OR=1.8) and ADHD (OR=1.5) increased the risk of having slow processing speed (PSI < 85). Among dimensional psychopathology measures, only inattention (OR=1.4) was a significant predictor of impaired PS across disorders. In models, PS had an indirect effect through both WM and GA on different domains of academic function.

### Conclusions

Impaired PS is relevant to neuropsychiatric conditions beyond ADHD. Our data suggest that variation in inattention accounts for impaired PS across disorders. Findings also have implications for the mechanism by which PS impacts academic function.

## Transculture and Learning disabilities

26 July 2018, 10:45 - 12:15, Meeting Room 2.1

### FP 123

#### Raising different minds – cross-cultural caregiver attitudes towards early childhood socioemotional development and mental health

A. Chen<sup>1</sup>, M. Elansary<sup>2</sup>, A. Ward-Seidel<sup>1</sup>, C. Dai<sup>1</sup>, J. Hui<sup>1</sup>, K. O'Connor<sup>1</sup>, D. McCoy<sup>1</sup>

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### Objectives

Caregivers who provide early stimulation and supportive care can positively impact children's developmental outcomes. While existing research has shown diversity in cross-cultural caregivers' parenting behaviours and mindsets, there is a lack of data on (1) caregivers' perceptions of child socioemotional development and mental health, and (2) their own role in supporting this critical aspect of Early Childhood Development (ECD). This study contributes to the literature by examining these two questions among caregivers from five cultures, with the goal of informing global ECD interventions to be more culturally relevant and effective.

### Methods

Our research engaged 150 caregivers of children 0-3 years in Hong Kong, Lebanon, Ghana, Guatemala, and Brazil, who scored their children's SE-MH assets and participated in semi-structured interviews conducted in their local language. Using standard grounded theory, we analysed and double-coded transcripts in English using NVivo software, and a third researcher arbitrated discrepancies.

### Results

Caregivers' perceptions differed cross-culturally regarding how children should manage their emotions – e.g., Lebanon caregivers expected their children to self-regulate sadness or anger, whereas Hong Kong and Guatemala parents expected them to talk through it logically. Most caregivers believed that children under three years could develop mental health disorders and parents were most important in supporting their child's SE-MH; whereas in Ghana, most parents did not believe mental health disorders could develop so young and teachers were more important for their child's SE-MH instead.

### Conclusions

Globally, ECD intervention design should consider caregivers' diverse cross-cultural perspectives of early childhood SE-MH in order to maximise depth and sustainability of impact.

## Transculture and Learning disabilities

26 July 2018, 10:45 - 12:15, Meeting Room 2.1

### FP 124

#### Neurobiological correlates and effect of remediation in Specific learning disorder

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<sup>2</sup>PGIMER, Nuclear Medicine, Chandigarh, India

<sup>3</sup>PGIMER, Neurosurgery, Chandigarh, India

### Objectives

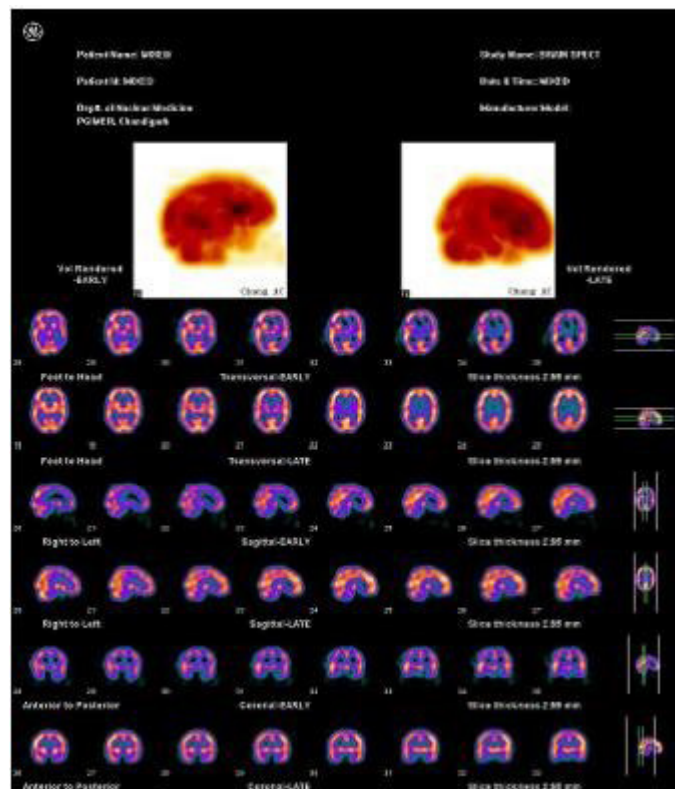
The study aimed to find out the neuropsychological correlates, cerebral blood flow abnormalities and effect of remediation in patients with Specific learning.

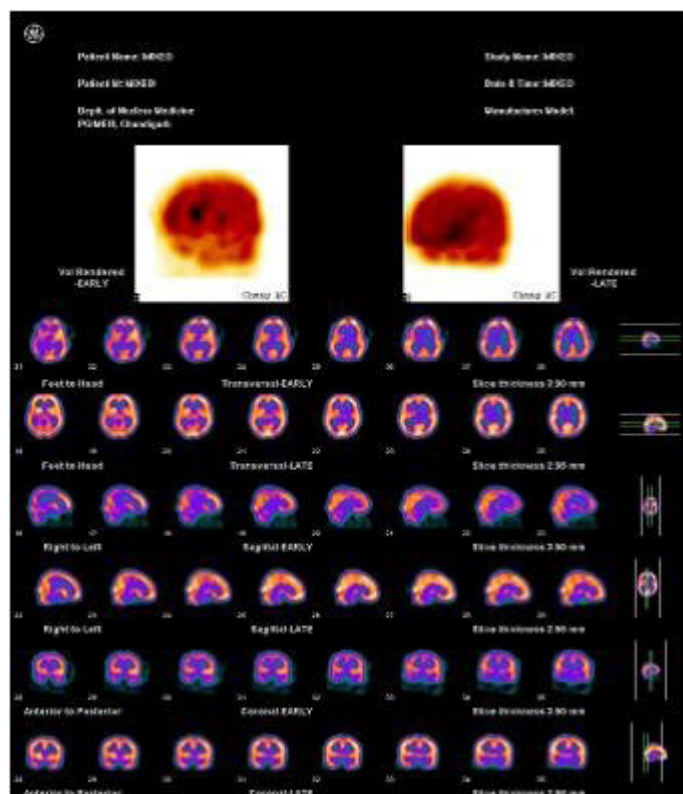
### Methods

This is a prospective intervention study carried out between 2016 -2017. The subjects comprised 10 children of 6-14 years of age with learning disability (Reading, writing, or both). Specific learning disability-comprehensive diagnostic battery, Diagnostic test of learning disability, Edinburgh handedness inventory and SPECT scan were administered. The patients underwent individualized intervention programme based on improving deficits in neuropsychological processes and were reassessed after 12 weeks.

### Results

Reading and writing disability were most common. Children showed predominant perfusion deficits in areas of inferior frontal gyrus, angular gyrus, temporal lobe, inferior temporal gyrus, inferior occipital gyrus, cerebellum and hippocampus. Post intervention significant improvement was found in eye hand co-ordination, auditory perception, memory and total errors in reading and writing, along with significant reduction in the cerebral blood flow in majority of the subjects.





## Conclusions

Neurological processes have a causal role in learning disability. The deficits of learning disability are reversible in older children too.

## Funding:

This study was a part of Child and Adolescent Psychiatry residency dissertation and was supported by the grant from institute research grant cell (PGIMER, Chandigarh, India).

## Transculture and Learning disabilities

26 July 2018, 10:45 - 12:15, Meeting Room 2.1

FP 125

## Cultural practices and CAMH: bridging the gap in Southwestern Nigeria

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## Objectives

The Yoruba people of southwestern Nigeria have a lot of cultural practices that are considered to be part of their ways of life. Some of this practices are harmful, while some are beneficial to the mental health of children and adolescents. The Objective of this presentation is to highlight these practices and proffer ways in which the practices can be better adapted to promote CAMH among the generality of the Yoruba people and other tribes in Nigeria.

## Methods

In-depth interviews and review of existing literature on the cultural practices of the Yoruba people.

## Results

There are some beneficial cultural practices that must be promoted to enhance CAMH.

## Conclusions

Health promotion with regards to CAMH in southwestern Nigeria should focus on promoting the beneficial aspects of cultural practices among the Yoruba people.

## e-Mental health interventions

26 July 2018, 14:45 - 16:15, Club B

FP 126

## Use of new technologies (NT) in children and adolescents with and without symptoms of autism spectrum disorders

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<sup>3</sup>Hospital Vall d'Hebron, Statistic, Barcelona, Spain

## Objectives

To evaluate the characteristics of the use of NT in patients under 18 y.o. with and without ASD symptoms

## Methods

32 patients and their parents were attended at a child and adolescents mental health center, and were provided with an ad-hoc designed questionnaire. In the case of parents, it included: socio-demographic data, hours/use of NT, parental control measures, aspects that could indicate addictive behavior, and the SCQ (Social Communication Questionnaire - A). In the case of the patients, they completed a questionnaire on the use of media. Patients included were divided into two groups according to the SCQ score: group A (SCQ ≥ 15, suspected ASD), and group B (SCQ ≤ 15), clinical population. The Ethical Committee of our centre reviewed and approved the study. No conflicts of interest must be declared.

## Results

No significant differences were found in socio-demographic or academic data. Regarding the pattern of use, it was observed that subjects from group A, play more on line with strangers than those of group B ( $p = 0.049$ ). Parents from group A, observed a minor interference of the use of NT in the life of their children, compared with group B ( $p = 0.037$ ). In the case of the patients, among those from group B there was a greater restriction of use ( $p = 0.036$ ).

## Conclusions

Significant differences were found in the use of NT and addictive behaviors, which could correspond to differences in socialization and insight in patients and a minor alarm in the families of patients with ASD.

## e-Mental health interventions

26 July 2018, 14:45 - 16:15, Club B

FP 127

## Adolescents' experiences with a suicide prevention safety planning smartphone application



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<sup>2</sup>Monash Health, Early in Life Mental Health Service, Clayton, Australia

<sup>3</sup>University of Warwick, Centre for Educational Development- Appraisal- and Research, Coventry, United Kingdom

<sup>4</sup>beyondblue, Suicide Prevention, Hawthorn, Australia

<sup>5</sup>Susan Beaton Consulting, Susan Beaton Consulting, Melbourne, Australia

### Objectives

Suicide is a leading cause of mortality in young people in Australia and internationally. However, a substantial proportion of young people who experience suicidal ideation and behaviour do not access appropriate support or interventions that might mitigate their risk. In this context, BeyondNow, a smartphone application that allows users to prepare a personalised suicide prevention safety plan was developed, evaluated and widely disseminated in Australia. Given the high proportion of Australian adolescents who use smartphones, the elevated rates of suicide risk, and the novelty of BeyondNow, our objective was to survey older adolescent's use of and engagement with BeyondNow.

### Methods

App users were invited to complete a survey of their experiences using the app and provide the researchers with access to their safety plan.

### Results

Participants were 163 older adolescent app users aged 16-18 years. The vast majority of participants reported that the app was at least somewhat useful (94%) and that the app was easy or very easy to use (97%). Adolescents were more likely to have completed their app-based plan on their own rather than with a professional or support person. Analysis of safety plan content will be presented, providing insights into adolescent's use of the app, preferred strategies and supports in managing suicide risk.

### Conclusions

Adolescents reported favourable views on the BeyondNow app and were likely to use the app independently. Implications for working with suicidal adolescents and their families and supporters will be discussed.

### e-Mental health interventions

26 July 2018, 14:45 - 16:15, Club B

FP 128

### Acceptability, feasibility and effectiveness of iCBT interventions for pediatric OCD: a systematic review

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<sup>2</sup>Norges teknisk-naturvitenskapelige universitet NTNU, Library Section for Medicine and Health Sciences, Trondheim, Norway

### Objectives

Obsessive-compulsive disorder (OCD) is characterized by obsessions and compulsions, and 1-3% children and adolescents suffer from it. iCBT is a cognitive behavioral therapy that includes interactive technology features. This systematic review has investigated acceptability, feasibility and effectiveness of iCBT for pediatric OCD. With increased computerization of psychological interventions, iCBT may be perceived as visually attractive and easily to engage therapy, however it is vital to provide evidence base for it.

### Methods

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)

guidelines were followed. EMBASE, Medline, PsycInfo, CENTRAL, LILACS, CINAHL and Scopus were searched. From January 1987 to November 2017 for pediatric iCBT for OCD studies published in English. Main inclusion criteria were: patients being 7-17 years' old, primary diagnosis of OCD by a specialist, with no limitation on setting, cultural background, ethnicity and sex; without restrictions on the length of the treatment or number of sessions.

### Results

The initial search identified 3165 studies that were reduced in 2183, once duplicates were eliminated. Once titles, abstracts and later full papers were analyzed, six studies met the review criteria. This Systematic Review, has indicated high rates of feasibility as shown in treatment adherence rates, high acceptability of the iCBT intervention by children and their parents, and good effectiveness indicated by decreased scores on standard measures of OCD symptom severity.

### Conclusions

While the number of studies was limited, pediatric iCBT systematic review's results are promising and encourages more studies in this new field.

### Autism IV

26 July 2018, 14:45 - 16:15, Club E

FP 129

### Health-related quality of life of parents of children with autism spectrum disorder

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<sup>3</sup>YuNing Psychiatric Clinic, YuNing Psychiatric Clinic, Taipei, Taiwan\r

<sup>4</sup>Chung Shan Medical University, Department of Occupational Therapy, Taichung, Taiwan\r

<sup>5</sup>Chang Gung Memorial Hospital at Kaohsiung Medical Center- Chang Gung University College of Medicine, Department of Child and Adolescent Psychiatry, Kaohsiung, Taiwan\r

<sup>6</sup>National Taipei University, Language Center, New Taipei City, Taiwan\r

### Objectives

Children with autism spectrum disorder (ASD) have also been reported to have wide-ranging functional impairments, lower health-related quality of life (HRQOL) and diminished family functioning and hindered parental well-being. The aim for this study was carried out to examine the impact of ASD and child's related functional impairments on parental HRQOL.

### Methods

The sample consisted of 501 children (mean age: 25.09±8.82 months) who had applied to one health center for immunization in Northern Taiwan, and 60 children diagnosed with autism spectrum disorder (mean age: 32.85 ±6.44 months). Parents completed the Brief Infant-Toddler Social and Emotional Assessment (BITSEA), The Family Adaptation, Partnership, Growth, Affection, Resolve (Family APGAR), Modified Checklist for Autism in Toddlers (M-CHAT), and the World Health Organization Quality of Life-BREF (WHOQOL-BREF).

### Results

This study found parental HRQOL were more related to child's socio-emotional competency rather than socio-emotional or behavioral problems in children with ASD and children with typical development. In addition, child's autistic symp-

toms and externalized behavioral problems were related to parental physical HRQOL and family income were related to parental environmental HRQOL. Gender effect was observed in parental psychological HRQOL. Mothers had a worse psychological HRQOL than fathers in children with ASD and children with typical development.

## Conclusions

The findings suggest a multi-pronged approach to treatment of children with ASD should include improving family functions, increasing support services and helping parents develop healthy coping skills.

## Autism IV

26 July 2018, 14:45 - 16:15, Club E

FP 135

### Effectiveness of brief parent-mediated interventions for children with autism spectrum disorder – a randomized controlled trial

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## Objectives

Given the global rise in prevalence of Autism Spectrum Disorder (ASD), developing and testing the efficacy of culturally-relevant and cost-effective interventions in low-resource settings is in need. We aimed to study the long-term efficacy of brief parent-mediated intervention delivered in the primary care setting.

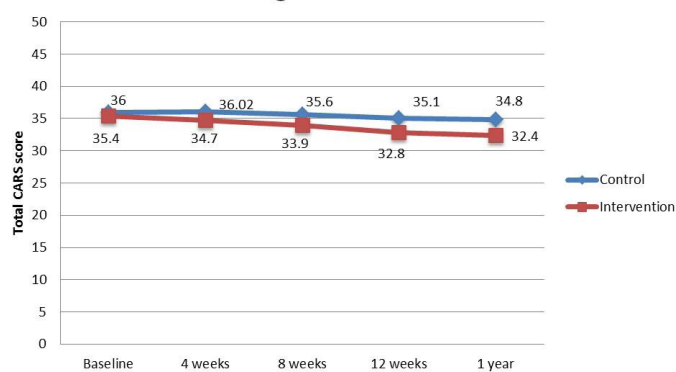
## Methods

50 participants were randomized to intervention (n=26) and Treatment as usual (TAU) group (n=24). The intervention focusing on joint attention, imitation and adaptive skills was structured to be delivered within a frame of five sessions over 12 weeks in primary-care setting. Children received twice a month center-based intervention and 10 hours per week of parent-mediated home-based interventions. Autism severity was monitored on Childhood autism rating scale (CARS). All children were followed up at 4, 8 and 12 weeks after interventions and at the end of 1 year for maintenance of intervention effects.

## Results

CARS scores decreased in both groups at the end of 12 weeks, with significant difference in favor of intervention group ( $F=9.733$ , ( $p=0.001$ ),  $ES(2)=0.169$ ). Children maintained the gains and continued to show improvement at the end of 1 year, with significant difference in favor of intervention group ( $F=5.31$ ;  $p=0.016$ ,  $ES(2)=0.100$ ). 20% children had CARS score below the autistic range, and many moved to lesser severe category compared to baseline. 6 (12%) children no longer fulfilled diagnosis of ASD at 1 year follow up.

Change in CARS Score



## Conclusions

Parent-mediated interventions can enable parents to skillfully contribute to their child's treatment and can help in maintaining the gains attained in the long term.

## Autism IV

26 July 2018, 14:45 - 16:15, Club E

FP 131

### Disorders of functioning in families with children of autistic spectrum

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## Objectives

In recent years in Ukraine there has been increasing interest in medicine and psychology in autism. In families that have children with autism spectrum disorders, violations of family functioning are often observed. The nature of these disorders can be associated with the special needs of the child, the mental disorders of the parents, the pathological dynamics of relationships in the family. The aim of the current study is to determine condition of parent-child relationship in the families in which children with autism grow up. Also studied the prevalence of mental disorders in these families. In order to improve the current state of knowledge about the psychological state of parents children with autism & also about the system parent-child relationship in such families, in this study were compared indicators of parents of children with autism & parents of children who have no special characteristics in development.

## Methods

They were examined 68 families with children of autistic spectrum & 42 families with children who have no special characteristics in development. For the diagnosis of autism criteria ICD 10, a semi-structured interview with parents (ADI-R) and a semi-structured child behavior assessment (ADOS) were used. Method of diagnostic interview were also used, standard tests for parental or family (Parental Attitude Research Instrument, ARI, Wiesbadener Inventar zur Positiven Psychotherapie und Familientherapie, WIPPF, Analysis of family relationships, Eidemiller, Justickis, Parental Relation Research, Varga, Stolin), projective drawing tests ("Animal Family", "Non-existent Animal"), tests for depression (PHQ9, Beck Depression Inventory, BDI) & anxiety (State-Trait Anxiety Inventory, STAI, Sheehan Patient-Rated Anxiety Scale, SPRAS). A course of CBT therapy was conducted for 15 weeks & the anxiety level was lowered (67%) & depression (82%) in the group of autistic parents, 88% 93% in the control group respectively. Change the system of incestuous relations & attachment disorder of childhood for such a short period it was not possible.



### Results

parents of children with autism showed a significantly higher level of anxiety (65%) & depression (78%) in comparison with the control group (12 % & 19 %). Violations of parent-child relationship & the situation of incest or psychological incest are observed in 8 % & 77 % of families. In comparison with the control group, 2 % & 37 %.

### Conclusions

On these bases, this study is a contribution for a better understanding of the Families in which children with autism grow up. There is a significant violation of the system parent-child relationship in the Families in which children with autism grow up. It can also be concluded that most autistic parents need specialized help because they have anxiety and depression.

### Psychotherapy

26 July 2018, 14:45 - 16:15, South Hall 1B

FP 132

### Parent-Child Interaction Therapy (PCIT): a valid and easy to learn tool for psychiatry residents

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### Objectives

Externalizing behaviors are common in young children and can prove difficult to manage for psychiatry residents in clinical settings, particularly without the support of multidisciplinary staff. Parent-child interaction therapy (PCIT) is an evidence based behavioral treatment for children that is typically taught by and to psychologists and other multidisciplinary team members. Here we discuss an elective rotation where basic PCIT skills were taught and practiced by a third-year psychiatry resident.

### Methods

A general psychiatry trainee was provided with self-directed reading material and under supervision performed the intake assessment of a newly referred parent and their 4-year-old child. The trainee utilized standard PCIT protocol to provide real-time coaching and feedback whilst the caregiver interacted with the child. Supervisor was present during sessions and was available for feedback at all times.

### Results

At the end of the treatment, child's functioning improved at home and school with the resolution of aggressive behaviors. Caregiver demonstrated mastery in assessed communication skill domains and expressed high satisfaction. Psychiatry trainee noted increased comfort and ability to manage and assist with communication difficulties between children and caregivers in their own clinical practice.

### Conclusions

The techniques of PCIT are intuitive, easy to learn and implementable across a multitude of clinical sessions outside of PCIT treatment, such as ADHD medication appointments. Measures to incorporate PCIT teaching in psychiatry curriculums may help trainees effectively assist parents in improving communication with their children and complement pharmacotherapy interventions.

### Psychotherapy

26 July 2018, 14:45 - 16:15, South Hall 1B

FP 133

### A safe and free space to narrate early trauma is the key: predictors for innovative moments in child psychotherapy

S.T. Liu<sup>1</sup>

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### Objectives

Children are often brought to psychotherapy for their multiple emotional and behavioural "problems". Although the negative impact of early trauma on developmental adjustments and mental health has been well documented, its link with current active problems is often unclear and difficult to track due to its unspoken and even "amnesic" nature. However, to express early trauma behind complex emotional and behavioural "symptoms" may be the key to solve difficult clinical problems. Innovative moments, rooted in narrative-based psychotherapy in adults, refers to significant moments in which clients transform their old maladaptive self-narratives to new creative insights. The study aims to understand how children generate innovative moments and examine the associations between early trauma narratives and psychotherapeutic changes.

### Methods

A case series analysis of child individual psychotherapy was conducted. We used both children's verbal narratives and nonverbal expressions (e.g., drawings, sand play pictures) to explore children's experiences of psychotherapeutic changes. We also extracted themes from therapists' notes of self-reflection and supervision to examine predictors for innovative moments in psychotherapy.

### Results

The presence and securely attached relationship with the therapist, combined with the free nature of nonverbal expressive psychotherapy, facilitated and opened a way for young child clients narrate their early trauma and make change possible. Reducing inhibition and avoidance of trauma processing from their caregivers allowed children to start the hero's journey of going through their deep fear and suffering.

### Conclusions

To create a safe and free space to process early trauma in child psychotherapy is the key to psychotherapeutic changes in innovative moments.

### Psychotherapy

26 July 2018, 14:45 - 16:15, South Hall 1B

FP 134

### Comparison of disorder-specific inpatient multimodal cognitive behavioral therapy in male and female adolescent patients with anorexia nervosa

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<sup>3</sup>Schön Klinik Roseneck, Ärztl. Leitung, Prien, Germany

### Objectives

Anorexia nervosa is a serious and chronic psychosomatic disorder with increase in prevalence and decrease of first-onset age in recent decades, affecting significantly fewer male adolescents. The aim of this study is evaluating the effectiveness of inpatient disorder-specific treatment and differences between female and male adolescents regarding treatment success.

### Methods

869 female adolescents and 21 male adolescents with AN at the age of



13;0 to 17;11 years ( $m=16.055$  years;  $SD0.92$  vs.  $f=15.95$  years;  $SD1.01$ ) were assessed with the self-rating-scales Eating-Disorder-Inventory-2, PHQ and Brief-Symptom-Inventory at admission and discharge.

## Results

In both groups, no differences in age, treatment duration, general psychopathology, BMI at admission and eating disorder-specific psychometric values are evaluated. Average BMI increased significantly less in females with  $14.6\text{kg}/\text{m}^2$  ( $SD1.4$ ) at admission and  $16.8\text{kg}/\text{m}^2$  ( $SD1.6$ ) at discharge compared to males ( $15.4\text{kg}/\text{m}^2$  ( $SD1.0$ ) at admission to  $17.9\text{kg}/\text{m}^2$  ( $SD1.3$ ) at discharge). Weight gain per week was significantly higher in males than in females ( $820\text{g}/\text{week}$  vs.  $530\text{g}/\text{week}$ ). Males also achieved an overall higher weight gain ( $7.6\text{kg}$  vs.  $5.8\text{kg}$ ) in shorter treatment time (58 days vs. 75 days). In both groups, change in overall eating disorder symptoms was equally high and significant. Reduction of comorbid depressive symptoms and general psychopathology was of comparable, significant Magnitude.

## Conclusions

Findings show that inpatient multimodal treatment of adolescents with anorexia nervosa is effective at specialized eating disorder units. Male adolescents benefit more regarding weight gain, change in general and eating disorder psychopathology in shorter treatment time. Possible reasons for the differences and first catamnestic results one year after discharge are presented.

## Psychotherapy

26 July 2018, 14:45 - 16:15, South Hall 1B

FP 135

### Systematic review of third-wave psychotherapies on adolescents in conflict with law: Recent trends

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<sup>3</sup>All India Institute of Medical Sciences, Psychiatry, New Delhi, India

## Objectives

Third-wave therapies are emerging treatment modality in the field of psychotherapy. In last 10 years, third wave psychotherapies have gained momentum and several research initiatives were taken to find out its efficacy. Still there are differences in opinions regarding its effectiveness. Similar trend is seen in the area of juvenile delinquency. In last decade few researches have tried to evaluate the efficacy of third wave therapies. The aim of the presentation is to evaluate the efficacy of third wave therapies in adolescents in conflict with law.

## Methods

Titles and abstracts of all potentially relevant articles were reviewed. The inclusion criteria were third wave psychotherapy, adolescent population, studies within last 10 years. An electronic search was conducted on search engines like: PUBMED, MEDLINE, PsycInfo Cochrane and Google Scholar from January 2006 to August 2016 with relevant key search words. With appropriate Mesh Terms total 7642 articles were found within which 5 articles were taken based on inclusion criteria.

## Results

Review indicated that Dialectic behaviour therapy, Acceptance and commitment therapy, mindfulness meditation and power source intervention were effective. Most of the study suggested 8 sessions with length of 60-90 minutes. Therapy showed improvement in terms of reduced aggression, increased attention, improved self-regulation and most importantly reduced recidivism.

## Conclusions

Overall the review suggest third wave based therapy to be effective for treating adolescents in conflict with law though further randomized controlled study required to establish its efficacy.

## ADHD IV

26 July 2018, 14:45 - 16:15, Terrace 2A

FP 136

### The relationship between ADHD and vocal fold nodules - a case-control study

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<sup>2</sup>Centro Hospitalar e Universitário do Porto, Otolaryngology, Porto, Portugal

## Objectives

To evaluate the overall behaviour profile of children with vocal fold nodules (VNs).

## Methods

We conducted a case-control study. The study group included 4-15 years-old children with VNs in a tertiary university hospital. The control group included 4-13 years-old children without VNs, routinely followed in a primary care facility. Parents of the participants completed the parent-proxy Strengths and Difficulties Questionnaire (SQD).

## Results

Twenty seven children (24 boys and 3 girls) with VNs and forty one controls (33 boys and 8 girls) were enrolled in the study. The two groups did not differ significantly in age or gender ( $p>0.05$ ). 52% of the VNs group presented "borderline" or "abnormal" overall behaviour, which is statistically different from the general population ( $p<0.001$ ). The patients' group significantly differed from control group on the Total score ( $p=0.01$ ) and Hyperactivity ( $p=0.002$ ) and Prosocial ( $p=0.033$ ) SDQ subscales, showing higher abnormal rates for all those three parameters. Emotional Problems, Conduct Problems and Peer Problems subscales scores on the VNs group were not found to be significantly different from the control group.

## Conclusions

The greatest difference between groups was for Hyperactivity subscale score. Since elevated Hyperactivity score in SDQ is a predictor of ADHD in 5-15 years-old youths, our findings suggest for the first time an association between VNs and ADHD. Previous literature proposed laryngeal evaluation in all ADHD children. These results strengthen that recommendation and, mainly, support ADHD assessment in children presenting with VNs. Taken together, these data point to an interrelationship between hyperactivity profile and laryngeal damage.

## ADHD IV

26 July 2018, 14:45 - 16:15, Terrace 2A

FP 137

### Is attention deficit hyperactivity disorder more common among children with amblyopia? A cross sectional study from Turkey

T. Mutluer<sup>1</sup>, O. Gokmen<sup>2</sup>, E. Kızıldağ<sup>2</sup>, D.D. Sevgi<sup>3</sup>, I. Necer<sup>1</sup>

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<sup>3</sup>Koç University Medical Faculty, Medical Faculty, Istanbul, Turkey

### Objectives

To examine presence and different clinical features of Attention deficit/hyperactivity disorder (ADHD) in a group of children with or without Amblyopia.

### Methods

This is a cross-sectional study of 143 children aged 5 to 16 years ( $9.20 \pm 1.9$ ), including 41 (27.9%) with Amblyopia and 102 (69.4%) age and gender matched typically developing controls. All of the subjects were underwent full ophthalmological examination including slit lamp biomicroscopy and cycloplegic refraction measurements after instilling 2 drops of cyclopentolate 1% 10 minutes apart and waiting for 50 minutes to achieve effective cycloplegia by using (Canon rk-f1) autorefractometer. Significant refractive errors were defined as a spherical equivalent (SE) of myopia of  $-0.50$  D or higher, hyperopia equal or higher than 2 D. Also anisometropia values were calculated in order to evaluate any correlation between ADHD. Anisometropia was defined as a SE of 1 D or more. Patents and teachers of participants were filled Conner's ADHD questionnaires. Subjects undergone extensive diagnostic measures including K-SADS which applied by a child psychiatrist.

### Results

We found that ADHD-AD subtype rates were significantly higher in Amblyopia group (19.8% vs 7.9%,  $p .005$ ). Binocular patients had significantly higher ADHD scores than monocular patients ( $t=2.24$ ,  $p .005$ ). Binary LR analysis showed that more severe ADHD was significantly associated with having myopia, hypermetropia and anisometropia ( $p .005$ ).

### Conclusions

Current literature has a few studies investigating the relation between convergence insufficiency and ADHD, however no study to date examined the relation between amblyopia and ADHD. We found that especially AD subtype ADHD is more common. It is also difficult to be recognized and referred AD subtype patients by families, teachers and doctors. It is crucial to refer all patients with amblyopia for child psychiatric evaluation.

### ADHD IV

26 July 2018, 14:45 - 16:15, Terrace 2A

FP 138

### Neural correlates of emotional dysregulation in attention-deficit/hyperactivity disorder youths: a diffusion spectrum imaging tractography study

C.J. Tsai<sup>1,2</sup>, I.W.Y. Tseng<sup>3</sup>, S.S.-F. Gau<sup>2,4</sup>

<sup>1</sup>Taichung Veterans General Hospital, Department of Psychiatry, Taichung, Taiwan

<sup>2</sup>National Taiwan University, Graduate Institute of Clinical Medicine- College of Medicine, Taipei, Taiwan

<sup>3</sup>National Taiwan University, Center for Optoelectronic Medicine- College of Medicine, Taipei, Taiwan

<sup>4</sup>National Taiwan University Hospital and College of Medicine, Department of Psychiatry, Taipei, Taiwan

### Objectives

Emotion dysregulation (ED) is common in ADHD but neural correlates associated with ED in ADHD remains under-investigated. We aimed to explore altered white matter (WM) microstructural characteristics underpinning ED by comparing ADHD youths (aged 7 to 18 years) with ED to those without and to

typically developing controls (TDC).

### Methods

DSI was performed to obtain the generalized fractional anisotropy (GFA), axial diffusivity (AD, radial diffusivity (RD) and mean diffusivity (MD) values to present microstructural property of each WM tract in 59 youth without ADHD without ED (ADHD-ED), 48 youths with ADHD with ED (ADHD+ED), and 128 TDC. The ED problems were specified by the sum of T-score of Anxiety/Depression, Attention, and Aggression subscales in the Child Behavior Checklist larger than 180. General linear analyses of the each property in WM tracts, adjusting for age, full-scale IQ, and sex were used to for group comparison.

### Results

Among ADHD group, GFA value in commissural tract of superior parietal lobe showed positive correlation with ED severity. However, AD, RD and MD in many WM tracts showed negative correlation with ED severity within ADHD group. Besides, AD value of right medial lemniscus tract and RD value of tract connecting right cingulate gyrus and hippocampus could differentiate ADHD-ED from ADHD+ED. For group comparison between ADHD and TDC, GFA, AD, RD and MD values in many tracts showed group by ED severity interaction which could differentiate from ADHD and TDC. GFA over commissural tracts connecting bilateral SMA, postcentral gyrus and superior parietal lobules showed increased value in ADHD while decrease value in TDC with ED severity.

### Conclusions

ED played an important role on the difference of microstructural property among WM tracts in ADHD and could help to differentiate ADHD from TDC.

### ADHD IV

26 July 2018, 14:45 - 16:15, Terrace 2A

FP 139

### Investigation of the relationship between attention deficit hyperactivity disorder and mitochondrial DNA (mtDNA) copy number

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### Objectives

The etiology of Attention Deficit Hyperactivity Disorder (ADHD) is not completely known, there are some hypotheses about the etiology. The mitochondrial dysfunction is one of these hypotheses. To confirm this hypothesis, it is aimed to investigate mtDNA copy number, one of the best biomarkers of mitochondrial dysfunction, in patients with ADHD.

### Methods

The case group of our study is composed of 56 children aged 6-16 years who first received ADHD diagnosis and 56 healthy children were included. K-SADS-PLT, Conners rating scales were applied and DSM-V based clinical interviews were conducted to participants. The analysis was performed by Real Time PCR method and the ratio of the amount of mtDNA to the amount of nuclear DNA, the relative mtDNA copy number was reached.

### Results

The mean  $\Delta\Delta Ct$  values calculated for groups were 51,862 for the case group and 39,246 for the control group ( $p < 0,001$ ). The mtDNA copy number obtained in the case group is 1.32 times higher than the number of mtDNA

copies obtained from the control group. In the ROC curve analysis, the cutoff value was calculated as 45, values higher than this value were defined as high. The high mtDNA copy number increased 3.8-fold the risk of ADHD diagnosis.

## Conclusions

Our study found that mtDNA copy number was significantly higher in patients with ADHD than healthy controls, and that there was no significant correlation between other factors and the mtDNA copy number. These findings support that mitochondrial dysfunction is involved in the etiopathogenesis of ADHD.

## Promoting resilience

26 July 2018, 16:45 - 18:15, Meeting Room 2.1

FP 140

### Participation in structured afterschool activities is linked to positive mental health in preadolescents: a population-level study in British Columbia

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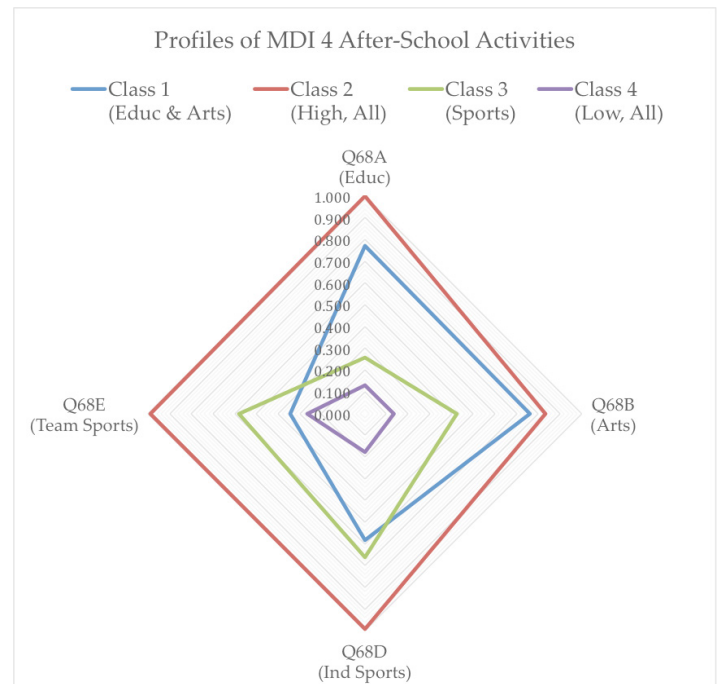
## Objectives

Our objective was to investigate the link between grade 4 children's participation in structured afterschool-activities, and their positive mental health (satisfaction with life, positive self concept, optimism) in a population-level sample in British Columbia (BC/Canada).

## Methods

Data were drawn from a population-level sample of grade 4 students (N = 27,119; 49% female) in public schools in BC who completed a self-report survey (Middle Years Development Instrument). Positive mental health indicators (i.e., optimism, self concept, life satisfaction) and students' participation in structured after-school activities within the past week (i.e., individual sports, team sports, arts and music programs, educational programs) were variables of interest. Latent Class Analysis was used to identify participation profiles; differences in positive mental health based on participation profiles were analyzed.

## Results



LCA identified four classes (Figure 1): low participation across activities; high participation in Arts/Music and Education programs but low participation in sports; high participation in team sports and individual sports but low participation in arts/music and educational programs; high participation in all activity categories. Positive mental health was significantly highest in students who participated in team sports and individual sports, and those who participated all types of activities, and lowest in those who did not participate in any activities. Higher participation was linked to generally higher levels of positive mental health.

## Conclusions

Participation in structured afterschool activities, and sports in particular, is an asset for positive mental during the preadolescent years.

## Promoting resilience

26 July 2018, 16:45 - 18:15, Meeting Room 2.1

FP 141

### Self-esteem as predictor of prosocial behaviors: a cross-sectional study among adolescents in Kosovo

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## Objectives

Research suggests that self-esteem serves as predictors of the emotional, behavioral, and academic adjustment. The purpose of the study was to investigate the level of pro-social behaviors among adolescents in Kosovo and determine whether self-esteem serves as significant predictors of these behaviors.

## Methods

Participants were 1162 adolescents aged between 11 and 20 years old (M=16.37 ; SD=1.58); in terms of gender composition, there were girls 593 (51 %), boys 535 (46 %). The measures used included the Albanian versions



of The Strengths and Difficulties Questionnaire (Goodman, 1997) and Rosenberg Self-Esteem Scale (Rosenberg, 1965).

### Results

Results indicated that 6.4% of participants reported abnormal levels of prosocial behaviors and 52.7 % reported low self-esteem. Pro-social behaviors were significantly predicted by self-esteem ( $\beta = -.104, p < .00$ ), gender ( $\beta = .107, p < .00$ ), and residence ( $\beta = .164, p < .00$ ). Together these variables explained 5 % of the variance in pro-social behaviors.

### Conclusions

Findings suggested that self-esteem might partially explain pro-social behaviors. Despite the low statistical power of findings it is important to investigate these relationships in future research, especially when considering that more than half the sample reported low self-esteem.

### Promoting resilience

26 July 2018, 16:45 - 18:15, Meeting Room 2.1

FP 142

### Peer mentoring and the role of the youth worker in the children and young people's mental health workforce

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### Objectives

Recognising the need for Preventative and Early Help to support Children and Young People's Mental Health (CYPMH) we are looking to demonstrate the importance and added value of the Youth Worker being part of the wider CYPMH workforce.

### Methods

More than Mentors (MiM) is a peer mentoring programme that has shown favourable results in building resilience in young people showing signs of early mental health needs, or felt to be vulnerable to developing mental health difficulties.

Youth workers, with specific mental health training, and supervised by a clinical psychologist, have facilitated this peer mentoring programme in schools and community settings. They offer 2 days of training to expert by experience peer mentors, followed by supporting up to 10 sessions of peer mentoring.

The youth workers were interviewed to explore their views on working within this More than Mentors (mental health based) model - and how this might differ from their regular Youth Work role

### Results

The MiM programme continues to demonstrate the capacity for peer mentoring to build resilience.

The table demonstrates that this programme engages a diverse group of young people in dialogue about mental health.

The Youth Workers felt confident in delivering this mental health intervention, supported by clinical supervision from a psychologist .

	Mentors	Mentees
Gender	10% male, 90% female	40% male, 60% female
Mean age	16.4 years	13.2 years
Ethnicity	27.3% White British 18.2% Any other white background 13.6% Black African 13.6% Bangladeshi 9.1% Pakistani 4.5% White and Black African 4.5% Other	34.8% White British 21.7% Any other white background 8.7% Black African 8.7% Other 4.3% Bangladeshi 4.3% Any other black background 4.3% Chinese
FSM eligible	27.3%	52.2%
SEN support	0.0%	21.7%

### Conclusions

The MiM Youth Workers successfully facilitated this early and preventative mental health intervention.

They were also able to work with and engage young people who may not regularly engage with services.

The Youth Worker role needs to be recognised and developed further as part of the wider CYPMH workforce.

### Promoting resilience

26 July 2018, 16:45 - 18:15, Meeting Room 2.1

FP 143

### Protective effects of resilience and self-esteem among adolescents exposed to Boko Haram insurgency in Maiduguri, Nigeria

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<sup>3</sup>Yobe State Specialist Hospital- Damaturu- Nigeria, psychiatry, damaturu, Nigeria

### Objectives

The Boko Haram insurgency in north-eastern Nigeria has destabilized millions of citizens, with women, and adolescents being the most affected. While adolescents should be socially competent to adjust to life changes, trauma exposure can impair their normal functioning and development. Similarly, low self-esteem makes it difficult for affected adolescents to feel good about themselves, attain goals or function optimally. Previous reports have linked self-esteem and resilience to protection from mental disorders, depending on personal characteristics and environmental factors. This relationship has yet to be explored among adolescents affected by insurgency in North-Eastern Nigeria.

The study explored the relationship between trauma exposure and living conditions with resilience and self-esteem among adolescents in Maiduguri.

### Methods

This cross-sectional comparative study assessed 485 adolescents exposed to Boko Haram attacks that were either living at home or in Internally Displaced Persons (IDP) camps in Maiduguri. A sociodemographic Questionnaire, Rosenberg Self-esteem Scale (RSES), Wagnild and Young Resilience Scale (RS), Harvard Trauma Questionnaire (HTQ) and Schedule for Affective Disorder and Schizophrenia for School-Aged Children -Present and Lifetime Version (K-SADS-PL) PTSD module were utilized to collect data from the participants. Informed consent and assent were obtained from caregivers and adolescents respectively.

## Results

Multiple traumatic exposures were more significant among adolescents living at home ( $p=0.02$ ). Resilience was significantly associated with extent of trauma among both adolescents living in IDP camps ( $p<0.01$ ), and at home ( $p=0.01$ ).

## Conclusions

Trauma has an impact on adolescents' resilience in Maiduguri. Thus, culture sensitive psychosocial interventions to enhance trauma exposed adolescents' coping strategies is advocated.

## Physical disorders-mental health II

26 July 2018, 16:45 - 18:15, Meeting Room 3.1

FP 144

### Development of a parenting acceptance in pediatric oncology populations questionnaire using exploratory and confirmatory factor analysis

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## Objectives

Despite the fact that all parents receive the same specialized treatment in the units of pediatric oncology care, not all parents adjust equally to the illness of their children because of personal and dispositional factors. It could be viewed that acceptance is one of these factors and plays an important role in the emotional experience of parents of children with cancer. However, there are relative few psychometric studies available. The aim of this study is to develop and present the psychometric properties of the Parenting Acceptance in Pediatric Oncology populations Questionnaire (PAPOQ).

## Methods

Face-to-face interviews were conducted with 78 parents of children with cancer who are currently receiving treatment (mean age = 40.97; SD = 6.09; 67.9 % female). The study was approved by the University Ethics Research Committee (10/2/2015).

## Results

The preliminary Exploratory factor analysis results were consistently supported by the findings from confirmatory factor analysis. A one-factor model had a factor structure with high factor loadings, acceptable fit indices ( $\chi^2/df = 70$ ; GFI = 0.84; CFI = 0.82; TLI = 0.77; SRMR = 0.07). Acceptable reliability indexes were found for the scale ( $\alpha = 0.76$ ).

## Conclusions

The PAPOQ with 14 items shows acceptable psychometric properties and may be a useful tool for clinical assessment and therapeutic work with parents. The PAPOQ appears to be a valid short version to be used in further studies to evaluate parents' acceptance. The study of acceptance in this group to understand and promote well-being in these families will affect child's adjustment.

## Physical disorders-mental health II

26 July 2018, 16:45 - 18:15, Meeting Room 3.1

FP 145

### Social Anxiety in young people living with sickle cell disease

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## Objectives

Sickle Cell Disease (SCD) is a hereditary blood condition affecting mainly people of Black African origin. Although most prevalence is in Africa, migration now means that many affected persons live in Europe. Pain is the most common manifestation, and physical appearance can also be affected. These problems can impact on affected young people's engagement with peers and lead to anxiety about social interactions. The predictors of social anxiety in SCD have not yet been investigated; hence this is the aim of the current study.

## Methods

This was a cross-sectional questionnaire survey of 93 young people with SCD aged 10-19 years (Mean 14 years) in the UK. Social anxiety was measured with the Brief Fear of Negative Evaluation scale. Self-esteem was measured by the Rosenberg Global Self-Esteem scale, and family function was assessed with the Family Assessment and Device scale.

## Results

Participants were evenly split in gender. Almost all were of Black ethnicity (95%), and three-quarters were born in the UK. Bivariate analyses identified significant association between social anxiety and the following variables: poor family function, experience of racism and low self-esteem. However, linear regression identified experience of racism and low self-esteem as the significant independent predictors of social anxiety.

## Conclusions

The findings suggest that adverse racial experiences and low self-esteem increase the likelihood of social anxiety in young people living with SCD. Therefore, preventing negative racial experiences and encouraging activities that improve the self-confidence of affected young persons could enhance their sense of social competence.

## Physical disorders-mental health II

26 July 2018, 16:45 - 18:15, Meeting Room 3.1

FP 146

### The power of participatory action research with young women with 22q11.2 deletion syndrome

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## Objectives

Young people born with 22q are at very high risk of developing a range of mental health disorders (Schneider 2014) as well as medical illnesses and learning difficulties. This research sought to directly hear the lived experience of young women living with the rare genetic disorder 22q11.2 Deletion Syndrome in Ireland with regards to their mental health, coping strategies and their recommendations for mental health services.

## Methods

'Participatory Action Research' (Greenwood & Levin, 2000) methodology empowered young adults with 22q to express their lived experience of their own mental health, their perceptions of the mental health needs of other children and youth with 22q, and their recommendations for future service development. Creative arts, somatic and narrative methods supported the process, including guided relaxation, body mapping, lifelines, photo elicitation, visual collage, focus group discussion and digital storytelling.



## Results

The young participants reported increased resilience factors as a result of participation in this research, including greater awareness, self-confidence, acceptance of their unique genetic condition, peer support and a sense of belonging to a rare community. Participants also highlighted the need for tailored mental health services and multidisciplinary integrated care pathways for children and young people with rare genetic disorders in Ireland.

## Conclusions

Engagement in a creative participatory action research process enhanced the mental health resilience of young adult women with the rare genetic disorder 22q11.2DS. Research identified a key clinical service gap for children and young people with rare genetic disorders in Ireland, which is currently being addressed by interdisciplinary research and clinical advocates.

## Institutional care

26 July 2018, 16:45 - 18:15, Meeting Room 3.2

FP 147

## Counselling manual for institutionalized children under child protection system: India

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## Objectives

The psycho social needs of children who are in difficult circumstances under child protection system are varied. Working with them is very crucial to address their unique needs and concerns. Counselling is one among the effective ways to address psycho social issues among children and to contribute for the better psychological health. The present paper focused upon development of need and issues based counselling manual for counsellors working under child protection method.

## Methods

The manual was developed based on the extensive review of literature, need assessment with children, needs and requirements of counsellors and discussions with experts in the field. The content of the manual was field tested with the children and families.

## Results

Structure of the manual included introduction about the issues (runaway, trafficking, child labour, CSA, Mental health issues etc) psycho social issues, assessment structure, tools for assessment, interventions to be provided, referral services and follow up and activities to facilitate discussion with children.

## Conclusions

Developing effective psychosocial interventions and therapeutic services based on the socio-cultural context, need and issue based are very crucial to address their unique needs of children and would be helpful for counsellors as a handy resource in their daily practice

## Institutional care

26 July 2018, 16:45 - 18:15, Meeting Room 3.2

FP 148

## Depression, anxiety and perceived hope in orphaned adolescents: a child and adolescent psychiatry clinic based study from India

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## Objectives

To estimate prevalence of depression and anxiety disorders and assess perceived hope in orphaned adolescents and explore demographic and correlational factors.

## Methods

This was a cross sectional study. All adolescents living in orphanages who were referred for consultation at the Child and Adolescent Psychiatry Clinic were eligible to participate in the study and adolescents unwilling to participate in study or having severe medical or severe psychiatric problems or severe sensory handicaps rendering them uncooperative were excluded. Informed consent from adolescents and caregivers and Institutional Ethics committee clearance was obtained. Predesigned data collection form and scales such as Self Report for Childhood Anxiety Related disorders(SCARED) scale, Centre for Epidemiological studies depression scale( CES-D) , children's hope scale were administered. Data was collected and analysed using SPSS

## Results

Sample size was 46, n=42 girls( 91.66%) and n=4 boys( 8.33%). The mean age profile was 14.65 years and mean age of stay in current orphanage was 6.67 years. The mean scores of SCARED scale profile was 34.48 with 84.95% having scores>30 indicating significant anxiety symptoms . The mean scores of CESD scale was 23.22 with 52.45% having scores > 15 indicating significant depression. Mean scores of Hope scale was 12.09 and 69.3% of adolescents had agency related hope and 30.7% had pathways related hope. There were significant correlations p value<0.05 between items of depressive scores, anxiety and hope scores.

## Conclusions

Our study has relevant implications for clinical, service development and research perspectives for mental health care for adolescents living in orphanages.

## Institutional care

26 July 2018, 16:45 - 18:15, Meeting Room 3.2

FP 149

## Family realities of young people leaving care in Madrid (Spain)

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## Objectives

This communication highlights the main conclusions of a longitudinal study, which has been carried out in the Community of Madrid, Spain, between 2015 and 2016, on the expectations and real transitions of young people leaving care.

## Methods

They complemented two questionnaires: the first one (92 items) was applied six months before they become of age, the second one was done nine months after leaving residential care (84 items). The first was completed by a sample of 106 young people (70.6% of the total population), and, the second one by 45

young people (42% of the population); aged 17-19, 51.4% were women and 36.2% were non-nationals.

## Results

There is a contradiction between the conflicting family realities and the expectations of transitioning to an adult life with them as the main resource of help (30.5%). A 28.9% finally return to the family home. One year after their return, an important rejection of this family context is shown: 51.1% do not have a good relationship with their family and 40% say that their family is not helping them.

## Conclusions

There is a limitation of this population to reach a self-sufficient plan at the age of 18. They have excessive expectations about the capability of family to help in the transition to adulthood and this produces frustration and a high risk of failure during the transition to adult life in a high percentage of young people who leave residential care. More work with the family of origin is needed while young people are in residential care.

## Autism V

26 July 2018, 16:45 - 18:15, South Hall 2A

FP 150

### Obtaining an autism spectrum disorder diagnosis: New Zealand parents' experiences

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<sup>5</sup>Inclusive Communication LTD, Speech and Language, Wellington, New Zealand

#### Objectives

This study aimed to explore New Zealand parents' experiences of obtaining an autism spectrum disorder (ASD) diagnosis for their child and to identify factors that predicted parent satisfaction.

#### Methods

Parents of ASD parent support groups were invited by email to participate in an anonymous online survey. Parents were asked to rate their satisfaction with a number of key aspects of the diagnostic process for ASD. Correlation analysis and ANOVA were utilised to explore possible associations between parent satisfaction and putative demographic and clinical factors and experiences. Multiple regression analysis was then used to identify key predictor variables of parent satisfaction and stress.

#### Results

Parent (n=516) satisfaction with the diagnostic process for ASD was endorsed by 53.1%. The strongest predictor of was satisfaction with the written assessment and diagnostic report, a variable not previously reported. Higher satisfaction among parents was also predicted by spending less time on a wait-list for assessment, where assessment was multi-disciplinary and when children did not have concurrent ADHD. Most parents (77.1%) found the diagnostic process stressful. Only 23% of parents were satisfied with post-diagnostic supports, and just 19% their coordination.

#### Conclusions

Many New Zealand parents are satisfied with the diagnostic process for ASD, despite most finding the process stressful. Reducing assessment wait-times and increasing rates of multi-disciplinary team assessment may raise satisfaction rates further. Receiving a satisfactory written assessment and diagnostic report may be of particular importance to parents. The low rate of satisfaction with post-diagnostic supports indicates that further development of these services is a priority for NZ.

## Autism V

26 July 2018, 16:45 - 18:15, South Hall 2A

FP 151

### Caring for caregivers of children with autism spectrum disorder: An overview of interventions within a South African context

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#### Objectives

Given parental stress in primary caregivers (PCG) of children with Autism Spectrum Disorder (ASD) there is a need to address their quality of life (QoL). This poster presents an objective of a doctoral study towards developing a contextually appropriate QoL model of care for PCG of children with ASD aged five to nine years old within South Africa (SA). The objective is to describe and appraise interventions offered to PCG of children with ASD in SA, through a survey with stakeholders providing services to this population in order to generate items for the model.

#### Methods

This objective was embedded in an exploratory mixed methods sequential design. An online data collection tool was developed. Snowball sampling was adopted. Descriptive statistics were used to analyze the questionnaires. Furthermore qualitative aspects were thematically analyzed using deductive reasoning according to the content, structure and mechanism of delivery of interventions.

#### Results

Sixty-one questionnaires were submitted. Twenty-two questionnaires contained missing data. Four males and 57 females participated in the survey. Six of the nine provinces in SA were represented. Almost 45% of the participants were between the ages of 25-34 years. The content of the interventions were in keeping with international studies. Among the themes were parental education, skills transfer and a greater focus on their needs as individuals.

#### Conclusions

The data collected from the survey will be used towards the next phase, in conjunction with data collected from a scoping review and interviews with primary caregivers of children with ASD, to develop the QoL model of care.

## Autism V

26 July 2018, 16:45 - 18:15, South Hall 2A

FP 152

### Autism screening, parent support and research: role of an African academic institutions' autism research center

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## Nigeria

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## Objectives

Autism research and capacity development in Africa remains an evolving and growing area of need for Autism sufferers in Africa. There is a need for home grown strategies in research with the need to have deliberate input in capacity development of all stakeholders involved in the care of autism spectrum disorders. We describe here the establishment and impact of a comprehensive university based autism research center which is poised for this role, its current contributions and future roles are highlighted.

## Methods

Relevant literature will be reviewed along with models of similar academic autism research centers. We highlight the benefits accrued, while also describing the process of establishment of this index center. Peer reviewed publications are highlighted along with impact of a 5 year active involvement in community based autism screening surveillance and clinical consultation.

## Results

The Center for Autism and Neurodevelopmental disorders (CAN-Do) was born out of dialogue, deliberation and input from stakeholders in the academic community and collaboration in activities with organizations in the public sector. Activities delivered include; Clinical evaluations to screen for autism and referrals to services, regular monthly care giver support groups and seminars. The center is relevant as evidenced by verbal feedback reports from beneficiary caregivers and impact figures of well over 600 participants at the annual collaborative autism screen program over a period of 5 years. The center is positioned to be dedicated to autism research and publication in Africa.

## Conclusions

There is an important role that the academic community to play in resourced poor settings in promoting development and knowledge in the field of autism spectrum disorders. The unique position to collaborate, seek research grants and to offer trainings are some of the areas in which such centers can deliver value.

## Services I

27 July 2018, 08:00 - 09:30, Meeting Room 1.1

FP 153

## What determines the gap in transition from child and adolescent to adult mental health services?

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## Objectives

Policies have emerged with the intention of reducing morbidity and service demand by supporting and optimising treatment of young people during the critical transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). This service evaluation sought to investigate determinants of successful transition of young people from CAMHS to AMHS in a South London Borough.

## Methods

Descriptive data was collected on all young people aged 17 or over, discharged from a tier 3 adolescent outpatient service over 12 months; including outcomes in the 6 months following discharge from CAMHS.

## Results

35/94 had ongoing treatment from AMHS (or ageless services). Of the 19 where transition was considered by CAMHS, 16 were referred to AMHS and 12 of these had ongoing contact, information was not available for 4. Of the 59/94 cases discharged from CAMHS with no AMHS follow up 15 were re-referred to mental health services within 6 months of discharge. Those transitioned from CAMHS to AMHS, compared to those discharged without AMHS follow up, were more commonly: prescribed psychotropic medication (31.5% vs 20%), had a previous psychiatric admission (42% vs 2%) and on CPA (31.6% vs 0%). In those transitioned mood disorders were most common, followed by psychosis.

## Conclusions

Despite increasing acknowledgement of the importance of good transition from CAMHS to AMHS there remains work to be done. There is a clear demand for additional services; as of those discharged from CAMHS without AMHS support a quarter have some form of contact with AMHS within 6 months.

## Services I

27 July 2018, 08:00 - 09:30, Meeting Room 1.1

FP 154

## Strengthening the Kenyan juvenile justice system to respond to mental health needs of young offenders

F.M. Muema<sup>1</sup>

<sup>1</sup>Employee, Probation & Aftercare Service, NAIROBI, Kenya

## Introduction

The penal code puts the age of criminal responsibility in Kenya at eight years. Kenya's juvenile justice system is adversarial despite the fact that most juvenile crimes are welfare related. Going through the system can be a distressful experience for children especially those with trauma histories and other disorders. Conversely, the same system can potentially be the best opportunity for a child with mental health problems to receive treatment.

The aim of this study is to explore ways in which Kenya's juvenile justice system can become more sensitive and responsive to children with mental health problems

- (1) To identify programs and interventions used by juvenile justice agencies when dealing with juveniles with mental disorders
- (2) Establish the knowledge resource capacity of key players
- (3) Identify strategies that can enhance the capability of the juvenile justice system

## Methods

Stakeholders including, police officers, magistrates, state counsel, probation officers, children officers, prisons officers, psychiatrists, special education officers and other service agencies. Purposive sampling will be used to identify respondents.

## Results

The findings will be used to develop a framework for establishing an effective system of care. This is anticipated to include strengthening interagency collaboration, policy development and advocacy strategies.

## Conclusions



Effective rehabilitation of a child offender can only be realized if all his/her psychosocial needs are addressed. A systemic-audit can pave way for the development of clinically sound, cost effective mental health services.

## Services I

27 July 2018, 08:00 - 09:30, Meeting Room 1.1

FP 155

### Opportunities and challenges in providing psychotherapy services for children and adolescents in Ibadan, South-West Nigeria

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<sup>2</sup>University College Hospital, Department of Children and Adolescent Psychiatry, Ibadan, Nigeria

<sup>3</sup>University of Ibadan and University College Hospital, Department of Psychiatry, Ibadan, Nigeria

#### Objectives

Child and adolescent mental health problems are often associated with psychosocial issues which are amenable to psychosocial therapies which are often inaccessible to youth in developing countries due to the dearth of resources including trained personnel. Following improved training in youth psychosocial therapies through a multidisciplinary programme of the Centre for Child and Adolescent Mental Health, University of Ibadan (CCAMH), a psychotherapy service was established at the University College Hospital, Ibadan for young people with severe mental health issues. This study aims to describe the opportunities, challenges and contextual factors associated with this service.

#### Methods

Psychotherapy notes were critically reviewed.

#### Results

More females than males accessed this service with ages between 8 and 21 years. Mood, suicidal and substance use problems were common among those referred to the service. Participants had a minimum of 4 sessions and format was individualized. Important issues dealt with included medication adherence, as well as changing negative core beliefs. Techniques used included psycho-education, CBT and supportive therapy. Participants described the service as a safe avenue to address issues. Challenges included a lack of availability of clients for follow-up sessions. Cultural adaptations were built around faith-based concepts.

#### Conclusions

Brief psychotherapy appears to be an acceptable adjunct to other modalities of care for youth accessing hospital-based mental health services in Ibadan, Nigeria. In the future, there is a need for a more thorough evaluation of this service.

## Services I

27 July 2018, 08:00 - 09:30, Meeting Room 1.1

FP 156

### "We need CAMH services but cannot afford them": Guardians' perception of CAMH problems and available mental health services in Nigeria

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<sup>5</sup>Howard University, Faculty of Clinical Psychology, Washington- DC, USA

#### Objectives

Parents' understanding of their child's mental health condition and perception of mental health services influence their use of such services for their children. This preliminary study qualitatively evaluated guardians' perceptions about mental health problems (MHP) in children and adolescents, and access to mental health services at the Child and Adolescent Psychiatry (CAP) clinic of the University College Hospital, Ibadan, Nigeria.

#### Methods

This was a cross-sectional qualitative study in Ibadan, Southwest Nigeria. Four focus groups were conducted, 2 among parents from an inner-city urban community with 8 and 7 participants each, making up 15 participants. Fourteen guardians who had sought mental healthcare for their wards at the UCH CAP clinic participated in 2 focus groups of 8 and 6 carers each.

#### Results

Participants from the CAP clinic identified autism, cerebral palsy, behavioural and physical health problems, rage, developmental delay and drooling as MHP in children. The CAP clinic was the only facility identified to address MHP in children and adolescents, and it was easy to locate. Participants mentioned cost of care and ignorance about MHP as barriers to care. Participants from the community identified drinking, smoking, rage and stubbornness as MHP in children. Mental health facilities known to participants included mainstream hospitals, traditional homes and 'prayer mountains'. Participants mentioned finance as a barrier to care.

#### Conclusions

This study highlights the need for public awareness about MHP and available services for treatment in Nigerian communities, and wider mental health coverage in the country's National Health Insurance Scheme.

## Depression

27 July 2018, 08:00 - 09:30, South Hall 1A

FP 157

### Electronic screen use and trajectories of depression: an accelerated longitudinal study of Australian adolescents

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<sup>1</sup>The University of Western Australia, Centre for Child & Adolescent Related Disorders, Perth, Australia

<sup>2</sup>University of Strathclyde, School of Psychological Sciences and Health, Glasgow, United Kingdom

<sup>3</sup>The University of Western Australia, Graduate School of Education, Perth, Australia

<sup>4</sup>The University of Western Australia, Health Promotion Evaluation Unit, Perth, Australia

#### Objectives

To (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 changes in screen use are predictive of future changes in depression symptoms or vice-versa.

### Methods

An accelerated longitudinal cohort sequential design to assess and represent change spanning 10-18 years of age was implemented. Three cohorts randomly recruited at 10, 12/13, and 15/16 years of age (N = 2,620) were assessed on screen use and depressive symptoms on multiple occasions over three years. A latent growth curve model was fitted to the trajectories of depression. The Random Intercept Cross Lagged Panel Model tested for reciprocal predictive effects

### Results

Three latent groups ("Normal", "Depression at Time 1" and "Developing Depression") were identified. Substantial associations were observed between time spent using screens and depression, especially in the "Developing Depression" trajectory. The strongest association between the Developing Depression trajectory and changes in screen use over time were seen in those 12/13 years old at the start of the study. Associations between developing depression and screen use varied according to sex and screen activities. However, reciprocal predictive effects were limited.

### Conclusions

Approximately 8% of adolescents are on a Developing Depression trajectory and this is associated with increasing screen use in specific screen activities. However, reciprocity and predictability between screen use and depression is limited. This research provides empirical evidence to educate young people, their families and health services about appropriate screen use.

## Depression

27 July 2018, 08:00 - 09:30, South Hall 1A

FP 158

### Depressive symptom networks: structure and connectivity corresponding to improvement and deterioration in treatment

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<sup>3</sup>University College London and the Anna Freud Centre, Evidence Based Practice Unit, London, United Kingdom

### Objectives

Network models of psychopathology have become increasingly visible within the literature, and it has been suggested that network connectivity (i.e. the strength of associations between individual symptoms) may be a prognostic indicator of treatment non-response in cases of depression. Thus, the present study examined the depressive symptom networks of adolescents in the context of treatment response.

### Methods

Routine psychiatric data were obtained for service users who underwent at least three treatment sessions in publicly funded services in England between 2011 and 2015 (n=3,017, 78% female; mean age [SD] = 14.43 [1.75]). Network analysis was used to examine the symptom structure of three groups; those who reliably improved, those who remained unchanged, and those who reliably deteriorated. Non-parametric permutation tests were used to compare the structure and overall connectivity of the networks.

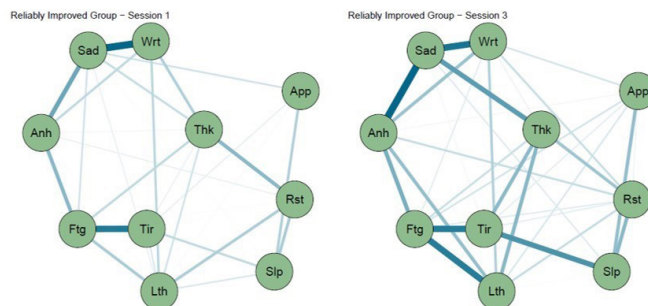


Fig. 1. Networks diagrams for those who improved over three treatment sessions.

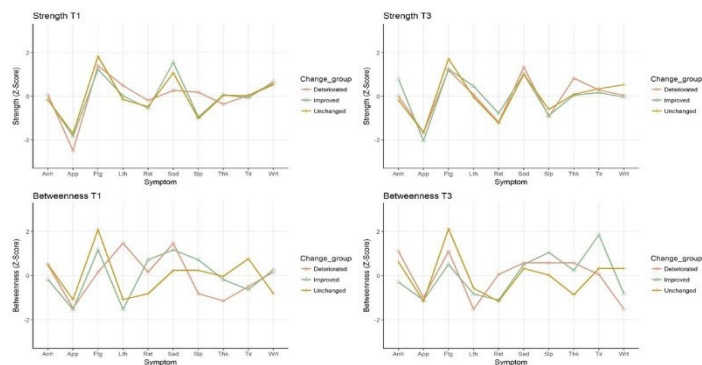


Fig. 2. Centrality values at first and third sessions.

### Results

Overall connectivity was significantly weaker for the improved group at baseline ( $\Delta$ global strength = 0.71,  $p < 0.01$ ), however, this group saw the largest increase in connectivity over the course of treatment ( $\Delta$ global strength = 0.72,  $p < 0.01$ ). With regards to local connectivity (i.e., the importance of specific symptoms within the networks), fatigue was particularly central for the unchanged group, whereas lethargy was more central for the deteriorated group.

### Conclusions

Adolescents who respond to treatment are characterised by symptom networks that increase in connectivity over the course of treatment. This may be reflective of 'positive spirals' whereby improvement in one symptom triggers an improvement in another, thereby increasing symptom-symptom associations even as severity decreases.

## Depression

27 July 2018, 08:00 - 09:30, South Hall 1A

FP 159

### The role of maternal parenting behaviors during early adolescence in the intergenerational transmission of risk for depression

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## Objectives

The risk of developing a depressive disorder during adolescence increases in the presence of maternal depression (Downey & Coyne, 1990). Maternal parenting behaviours are hypothesised to be a mechanism by which maternal depression increases an adolescents' risk for depression and a potential target in preventative interventions (Goodman & Gotlib, 1999). We investigated the mediating role of aggressive, dysphoric, and positive maternal parenting behaviours between maternal depression and the onset of adolescent depression to examine which specific parenting behaviours warrant attention in preventative efforts because of their potential role in transmitting intergenerational risk for depression.

## Methods

Using data from a prospective longitudinal study in a community-based sample, 156 mother-adolescent dyads (49.3% males, mean age 12.48 years) completed self-rated questionnaires and clinical interviews to assess depressive symptoms and disorders, and parenting behaviours were assessed via observation of parent-child interaction tasks. Over three waves of follow up assessment (at approximately ages 15, 16, and 18), diagnostic interviews were used to determine if adolescents had experienced the onset of a Major Depressive Disorder (MDD).

## Results

Results indicated that lower rates of positive parenting behaviours partially mediated the relationship between baseline maternal depressive symptoms and the onset of MDD during adolescence (Figure 1). Sex differences were also found whereby maternal depressive symptoms predicted adolescent depression in daughters only.

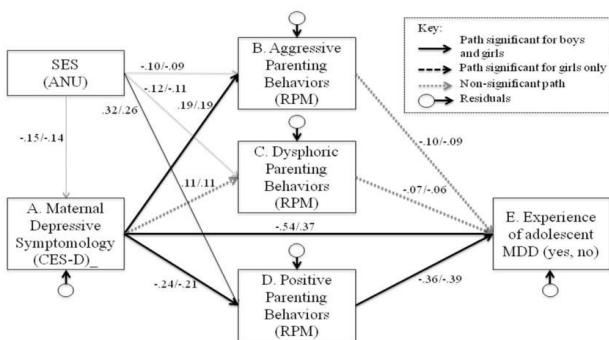


Figure 1. Prediction of adolescent depression (onset of MDD T1-T4) using maternal CES-D scores and maternal parenting behaviour constructs.

## Conclusions

These findings suggest that parenting is a mechanism in the intergenerational transmission of risk for depression, and implicate low positive maternal parenting behaviours as a target in preventative interventions aimed at breaking this pattern.

## Depression

27 July 2018, 08:00 - 09:30, South Hall 1A

FP 160

## Childhood irritability and depressive/anxious mood profiles, and adolescent suicidal behaviors. 17-year population-based study

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<sup>5</sup>University College Dublin, School of Public Health- Physiotherapy and Sports Science, Dublin, Ireland

<sup>6</sup>University of Montreal, Department of Social and Preventive Medicine, Montreal, Canada

## Objectives

To investigate the predictive association between childhood profiles of irritability and depressive/anxious mood and adolescent's suicidal behaviors.

## Methods

Participants were 1430 children from the Québec Longitudinal Study of Child Development. Childhood irritability and depressive/anxious mood were assessed via teacher-report between 6 and 12 years (5 time points). Past-year suicidality (serious suicidal ideation/attempt) was self-reported at 13, 15 and 17 years. We used multi-trajectory modeling to describe profiles on the basis of the joint developmental trajectories of irritability and depressive/anxious mood (6-12 years), and logistic regression to assess the association with suicidality.

## Results

Group-based multi-trajectory modeling identified 5 profiles: 'No irritability & low depressive/anxious mood', 'low irritability and low depressive/anxious mood' (combined, 58.1%; reference group), 'moderate irritability & low depressive/anxious mood' (24.7%), 'high depressive/anxious mood only' (6.6%), and 'high irritability & depressive/anxious mood' (10.6%). Both the 'moderate irritability & low depressive/anxious mood' profile (OR=1.51, 95%CI=1.02-2.25) and the 'high irritability & depressive/anxious mood' profile (OR=2.22, 95%CI=1.32-3.74) predicted suicidality in adolescence. The 'high depressive/anxious mood only' profile did not predict later suicidality (OR=0.96, 95%CI=0.47-1.95). The 'high irritability & depressive/anxious mood' profile had higher suicidal risk compared to the 'depressive/anxious mood only' profile (OR=2.28, 95%CI=1.02-5.15).

## Conclusions

Children with high irritability and depressive/anxious mood, and to a lesser extent with moderate irritability only, exhibited higher suicidal risk during adolescence compared to children with low symptom levels. Early manifestation of chronic irritability during childhood, especially when combined with depressive/anxious mood, conveys an elevated risk for adolescent suicidality. The putatively causal role of irritability should be investigated.

## Classification and new disorders

27 July 2018, 08:00 - 09:30, South Hall 2B

FP 161

## ADHD with exercise addiction comorbidity - a case report and review of literature

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### Objectives

To present a clinical case of ADHD with Exercise Addiction (EA) comorbidity and a review of the literature.

### Methods

Review of the literature and presentation of a clinical case.

### Results

Herein, we present the case of a 15-year-old boy consulted in our department. He was diagnosed with ADHD at 7 years old and underwent on methylphenidate treatment since then. His mother reported a pattern of exercising characterized by progressive increasing amount of daily time weight lifting, frequent familial conflicts regarding that behavior with consequent secrecy on exercising. The boy admitted he often exercised during study periods at home and during night awakenings, felt irritability if prevented from exercising and his interpersonal encounters were restricted to playing football.

EA is described as a compulsive or addictive pattern of exercising with risks from the continuance despite negative consequences. Despite EA is not cited within any officially diagnostic system, it is commonly classified as a behavioral addiction. All the six behavioral addictions criteria are met, including salience, mood modification, tolerance, withdrawal symptoms, personal conflict and relapse. The main negative consequences are overuse injuries, interpersonal conflicts and social impairments. The most described comorbidities include eating disorders, bigorexia, OCD, specific personality traits and other addictions.

### Conclusions

Although the prevalence of behavioral addictions in patients with ADHD ranges up to 88.3% and the coexistence of ADHD in those with behavioral addictions is up to 71.8%, EA comorbidity with ADHD wasn't described yet. To our knowledge, this is the first report of such comorbidity.

### Classification and new disorders

27 July 2018, 08:00 - 09:30, South Hall 2B

FP 162

### Epidemiology of sluggish cognitive tempo in primary school students

H.A. Tahillioglu<sup>1</sup>, B. Kardas<sup>2</sup>, M. Cikili Uytun<sup>3</sup>, O. Kardas<sup>4</sup>, F. Donder<sup>5</sup>, E. Demirci<sup>6</sup>, M. Erguven Demirtas<sup>7</sup>, O. Kahraman<sup>3</sup>, E.S. Ercan<sup>1</sup>

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### Objectives

Sluggish cognitive tempo (SCT) has been described for those children who are slow to respond, hypoactive, lost in thoughts, tend to daydreaming, confused and sleepy. The objective of this study was to determine epidemiological characteristics of SCT and focus on the associations between SCT and other comorbid psychiatric disorders.

### Methods

186 Turkish primary school children aged 7 to 11 years from 3 different cities were included in this study. Attention-Deficit/Hyperactivity Disorder Rating Scale-IV (ADHD-RS-IV), Children's Sleep Habits Questionnaire (CSHQ) and Barkley Children's Attention Survey were filled out by parents and teachers. Psychiatric diagnoses in children were assessed using the K-SADS-PL (Schedule for Affective Disorders and Schizophrenia for School-Age Children- Present and Lifetime Version).

### Results

In all, we observed 10,7% of the children in our sample had scored above the clinical cut-off on Barkley Children's Attention Survey. Children with SCT, had statistically more significant and higher rates (78,9%) of having more than one comorbid psychopathology than children who didn't have SCT (45,6%) ( $p < 0,001$ ). The most associated comorbid psychiatric disorders with SCT were ADHD ( $p < 0,001$ ) and Social Phobia ( $p = 0,03$ ). However, no statistically significant differences were found for sleeping problems in SCT cases ( $p = 0,11$ ).

### Conclusions

This study elicited the first estimates of the prevalence of Sluggish Cognitive Tempo in Turkish children population. Results showed us ADHD (especially predominantly inattentive form) is much more relevant with SCT and clarified that there is no substantial relation between sleeping problems and SCT.

### Classification and new disorders

27 July 2018, 08:00 - 09:30, South Hall 2B

FP 163

### ICD-11 vs. DSM 5

P.-A. Rydelius<sup>1</sup>

<sup>1</sup>Karolinska Institutet, Dept of Women's and Children's health, Stockholm, Sweden

### Objectives

To present ICD-11

### Methods

The WHO, Department of Mental Health and Substance Abuse, has been working with the revision of ICD-10 "Mental and Behavioral Disorders" to ICD-11 for almost 10 years. An International Advisory Group was set with international representation including representation from WPA, IACAPAP, WONCA (World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians), IUPsyS (International Union of Psychological Science, IAC (International Association for Counselling), ICN (International Council of Nurses), IFSW (International Federation of Social Workers). Working groups were set up for each diagnostic group including a working group for CAP. A close cooperation with working groups for the revision of DSM-IV to DSM 5 was established to harmonize the systems. Field studies have been performed.

### Results

"The ICD-11 CDDG were developed with the goal of improving clinical utility while maintaining diagnostic reliability", conducting both Internet-based and clinic-based field trials covering the world. At a WHO-meeting in Shanghai Nov 2017 final discussions took place with the aim to present ICD-11 in 2018. Michael B First from WHO and Columbia University NY discussed the ICD/DSM harmonization. There will be differences. With his permission the following slide, for example, shows differences in the "metastructure" between the two systems where ICD-11 will use "Mood Disorders" instead of "Bipolar and depressive disorders" in DSM 5.

### Conclusions

Most probably, ICD-11 will be a more international useful tool compared to DSM 5

## Course and development

27 July 2018, 10:45 - 12:15, Club A

FP 164

### Developmental cascades of internalising, externalising and cognitive ability from early childhood to middle adolescence

E. Flouri<sup>1</sup>

<sup>1</sup>UCL, Psychology and Human Development, London, United Kingdom

#### Objectives

Cognitive ability (CA) and problem behaviour (externalising and internalising problems) are variable and inter-related in children. However, it is not known if they mutually influence one another, if difficulties in one cause difficulties in the other, or if they are related only because they share causes. We carried out this study to address this.

#### Methods

We used a random intercept cross-lagged panel model to examine their developmental cascades in 17,318 (51% male) children of the UK's Millennium Cohort Study at ages 3, 5, 7, 11 and 14 years.

#### Results

The only consistent bidirectional association found was between externalising and CA in childhood, with externalising lowering CA and vice versa. In adolescence this relationship became unidirectional, with only externalising lowering CA. Internalising did not generally change either CA or externalising in males. In both genders CA reduced internalising, although only in childhood. Externalising increased internalising and lowered CA in both childhood and adolescence.

#### Conclusions

It appears that in childhood higher CA predicts fewer future internalising and externalising problems. Therefore, improving children's cognitive skills could reduce their emotional and behavioural problems. In adolescence, however, CA did not have cross-domain effects. Only externalising problems did, such that, as in childhood, they increased internalising problems and lowered CA. Thus, reducing externalising problems in either childhood or adolescence could have both emotional and cognitive benefits.

## Course and development

27 July 2018, 10:45 - 12:15, Club A

FP 165

### Internalizing and externalizing disorders in childhood and adolescence: A latent transition analysis using ALSPAC data

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<sup>1</sup>University of Liverpool, Institute of Psychology- Health and Society, Liverpool, United Kingdom

<sup>2</sup>Ulster University, School of Psychology, Londonderry, United Kingdom

#### Objectives

Research examining the association between internalizing and externalizing dimensions of psychopathology has relied heavily on variable-centred analytical techniques. Person-centred methodologies complement the vari-

able-centred approach by describing typical patterns of comorbidity within a given population. As such, person-centred methods may help explain the medium-to-large correlations that have been found between higher order dimensions of psychopathology. What little person-centred research exists has been cross-sectional and utilised adult samples. The present study sought to take a person-centred approach to the modelling of psychiatric comorbidity during a key developmental phase; middle childhood through adolescence.

#### Methods

Analysis was conducted on data from the Avon Longitudinal Study of Parents and Children (ALSPAC,  $n = 9,282$ ). Latent transition analysis (LTA) was conducted using eight DSM-IV disorders assessed at ages 7.5 and 14 years as measured indicators. At both time points, a four class solution provided the best fit, with classes labelled as i) normative, ii) primarily internalizing, iii) primarily externalizing, and iv) high-risk/multimorbid.

#### Results

There was considerable individual level stability across time, with approximately 80% of children remaining in the same class at both time points. Compared with those in the internalizing class at baseline, those in the externalizing class were less likely to transition to a less severe class (i.e. the normative class).

#### Conclusions

Person-centred methodologies demonstrate that the association between internalizing and externalizing dimensions is accounted for by a sub-population at high risk of experiencing psychiatric comorbidity, and 'cross-class' disorders which link the internalizing and externalizing spectra.

## Course and development

27 July 2018, 10:45 - 12:15, Club A

FP 166

### Developmental stability of general and specific factors of psychopathology from early childhood to adolescence: Dynamic mutualism or p-differentiation?

E. McElroy<sup>1</sup>, J. Belsky<sup>2</sup>, N. Carragher<sup>3</sup>, P. Fearon<sup>4</sup>, P. Patalay<sup>1</sup>

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<sup>2</sup>University of California- Davis, Department of Human Ecology, Davis, USA

<sup>3</sup>University of New South Wales, Office of Medical Education, Sydney, Australia

<sup>4</sup>University College London, Research Department of Clinical- Educational and Health Psychology, London, United Kingdom

#### Objectives

Bi-factor models of psychopathology, consisting of a general factor capturing co-morbidity (p) and several more specific factors, have become increasingly visible within the literature. However, little is known about the stability of these factors during childhood and adolescence, although two opposing developmental processes have been proposed: dynamic mutualism suggests that comorbidity (p) becomes stronger over time as symptoms feed into and reinforce each other, whereas p-differentiation posits a general vulnerability to psychopathology that gives way to increasingly distinct patterns of symptoms. In order to test both processes, we examine the developmental stability of general and specific factors from early childhood to adolescence.

#### Methods

Data were from the NICHD Study of Early Child Care and Youth Development. Maternal reported symptoms were assessed 8 times between ages 2 and 14 years ( $n = 1,253$ ). Confirmatory bifactor modelling was used to test structural models of psychopathology at each age. Stability in the amount of variance explained by p and specific factors was examined by calculating the Explained



Common Variance (ECV) and the homotypic and heterotypic continuity of these factors were investigated using cross-lagged modelling.

**Results**

Bifactor models fit the data well across this developmental period. ECV values were reasonably consistent, with the general factor accounting for the majority of shared variance (61-71%). There was both homotypic and heterotypic continuity, with most heterotypic continuity involving the general factor, as it both predicted and was predicted by specific factors.

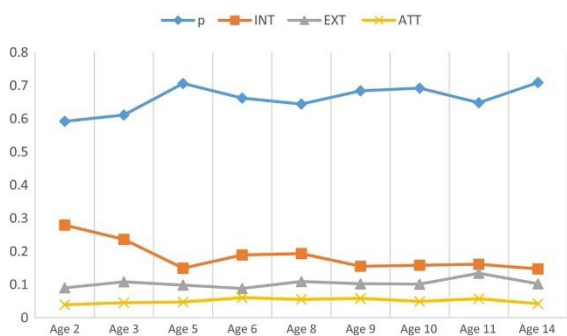


Fig. 1. ECV values across time. p, general psychopathology; INT, internalizing; EXT, externalizing; ATT, attention problems

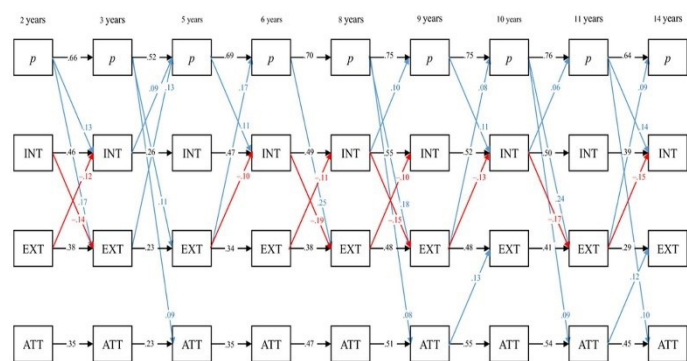


Fig. 2. Standardized path coefficients (calculated using factor scores) across time. All paths significant at  $p < .01$ . p, general psychopathology; INT, internalizing; EXT, externalizing; ATT, attention problems

**Conclusions**

A bifactor model effectively represents psychopathological comorbidity during early childhood and adolescence. The longitudinal associations between the general and specific factors provide evidence for both the hypothesized processes (dynamic mutualism and p-differentiation) occurring over this period.

**Course and development**

27 July 2018, 10:45 - 12:15, Club A

FP 167

**Diagnostic stability of bipolar disorder in a Spanish sample of children and adolescents**

A. Díez-Suárez<sup>1,2</sup>, M. Ribeiro<sup>2,3</sup>, C. Soutullo<sup>2,4</sup>

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<sup>2</sup>Idisna: Navarra Institute for Health Research, Idisna: Navarra Institute for Health Research, Pamplona, Spain

<sup>3</sup>Complejo Hospitalario de Navarra, Department of Psychiatry, Pamplona, Spain

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**Objectives**

To describe the phenomenology, clinical characteristics and diagnostic stability of a sample of children and adolescents with bipolar disorder (BD).

**Methods**

The medical records of a sample of patients younger than 18 y.o. followed for up to 15 years (n=72) with a diagnosis of BD (DSM, K-SADS-PL) were reviewed. Stability of diagnosis in order to the BD subtype was also reviewed.

**Results**

Patients had a median follow up period of 3.9 years (p25-p75 1.8-6.0), with a mean of 4.6 years (SD 3.5). 50% showed a delay from symptom onset to diagnosis of >2 years (p25-p75 1.2-4.9), but only four months delay from their first Psychiatric evaluation till diagnosis (p25-p75 0.0-1.0). At first diagnosis, 37.5% had BD-I, 8.3% BD-II and 54.2% BD-NOS. At follow-up, 62.5% had BD-I, 8.3% BD-II, and 23.6% BD-NOS, and only 4.2% were fully recovered and didn't meet criteria for BD. Two patients (2.78%) committed suicide during the follow-up period.

**Conclusions**

95% of our sample retained the diagnosis after a median of almost four years of follow-up. BD-I patients retained the diagnosis, and about half of the patients with baseline NOS-BD developed BD-I at follow-up.

**Services II**

27 July 2018, 10:45 - 12:15, Club E

FP 168

**Telepsychiatry for children and adolescents diagnosis: review and perspectives from French pilot PROMETTED project protocol**

M. Ducloy<sup>1</sup>, C. Doyen<sup>1</sup>, P. Chaste<sup>1</sup>, K. Kaye<sup>1</sup>, M. Speranza<sup>2</sup>, M.J. Overe<sup>2</sup>, I. Frioux<sup>3</sup>, E. Desailly<sup>3</sup>, N. François<sup>1</sup>

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<sup>3</sup>Medico-Social Institute Le Reverdi, Ellen Poidatz Foundation, Vert-Saint-Denis, France

**Objectives**

Diagnosis and access to expert child and adolescent psychiatric service represent major public health challenge in France which faces with a lack of these experts. Since 2009 legal French framework allows and tries to enhance telepsychiatry. Some children with Attention Deficit with or without Hyperactivity Disorder or Autism Spectrum Disorder (ASD) can be easily engaged within a teleconsultation model. But no standard protocol was initially defined to develop standard teliagnosis. The objectives are to explore literature about telepsychiatry and define a French new standard protocol for ASD diagnosis and follow-up.

**Methods**

Systematic review about telemedicine and telepsychiatry has been made from PubMed. Then since 2015 French multicentric prospective observational pilot project (PROMETTED) including expert Center for Diagnosis and Evaluation for Autism of Sainte-Anne Hospital in Paris and Versailles Hospital (PEDIATED) started to include patients for clinical evaluation.

## Results

Several studies from 2004 show high diagnosis concordance within conventional observations and telepsychiatry, possible reduction in patients symptoms and satisfaction improvement for patients, family and physicians.

Table 2. Studies Relating to Child and Adolescent Telemental Health (Adapted from Carlisle<sup>18</sup>)

AUTHORS	TYPE	KEY WORDS	N	RESULTS CONCLUSIONS
Elford et al. <sup>16</sup>	Randomized controlled trial	Child Assessment videoconferencing	25	96% concordance
Nelson et al. <sup>17</sup>	Randomized controlled trial	Childhood Depression videoconferencing	28	Comparable reduction of symptoms
Diamond and Bloch (2010)	Review	Child and adolescent Assessment Behavior disorders	-	No data that suggest negative outcomes
Yellowless et al. <sup>19</sup>	Pre-post study design	Child and adolescent Retrospective analysis Telemental health program	41	Oppositional symptoms improved in boys Mood symptoms improved in girls
Myers et al. (2010)	Descriptive	Child and adolescent Utilization Referral patterns Practice trends	701	191 Primary care Diagnostic profile Physicians with different practice styles by telepsychiatrists
Myers et al. (2004)	Descriptive	Child and adolescent Telepsychiatry comparison/outpatient	368	No differences in diagnoses, demographics, payer status
Myers et al. <sup>18</sup>	Descriptive	Youth Incarcerated	115	79.8% satisfaction
Myers et al. (2007)	Descriptive	Child and adolescent Feasibility Acceptability Sustainability	62	High level of satisfaction for PCPs Pediatricians > family physicians
Fox et al. (2008)	Pre-post study design	Juvenile detention Behavioral health	190	Increasing N goals and N achieved goals
Stain et al. <sup>20</sup>	Controlled	Rural youth Videoconferencing Feasibility Neuropsychological assessments Early psychosis	11	Excellent correlation face-to-face/videoconferencing Acceptance+

Five structures for ASD patients and the two CDEAs co-elaborated telepsychiatric intervention protocol. The remote evaluation is a fourstep process structured around medical history interview, subject observation and international validated tools (ADIR, CARS, Vineland).

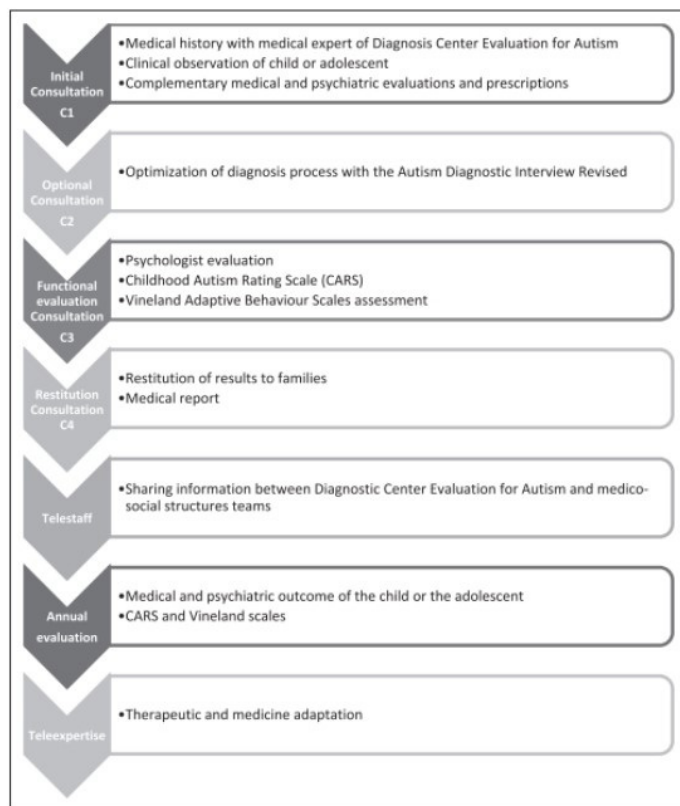


Fig. 1. PROMETTED evaluation scheme for children and adolescents.

## Conclusions

Telepsychiatry in child and adolescent seems promising to facilitate the care process for ASD person and family, to increase access to standard diagnosis using validated instruments and lower diagnosis age. PROMETTED protocol proposes experienced guidelines for ASD telediagnosis and follow-up.

## Services II

27 July 2018, 10:45 - 12:15, Club E

FP 169

### Long-term impact of parenting style on children's psychological well-being during the transition from adolescence to young adulthood

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## Objectives

The present study explored the styles of mothers' and fathers' parenting to examine its long-term impact on children's psychological problems during adolescence and young adulthood from those theories of family life stage development, social learning and role identity.

## Methods

Data (n = 1052) were based on a panel study conducted by the Taiwan Youth Project at children's 15, 18, 21 and 26 years old. The main measurements included mother's and father's parenting practices, mental health about depression and self-esteem, and transition to adulthood experiences, such as entering the labor market, getting married, and becoming a parent. Latent profile analysis was employed to find out the latent styles of parenting and multivariate hierarchical linear model was used to examine the long-term impact of parenting styles and transitional experiences on children's mental health.

## Results

Main results showed that (1) parenting style could be distinguished as 'indulgent', 'reasoning', 'middling' and 'harsh'. The proportion of each pattern was about 17.76%, 55.94%, 20.21%, and 5.79%, respectively. (2) Compare with those who were 'reasoning', those who were the other three styles reported lower levels of family cohesion and higher levels of life events. (3) There was a significant linear increase in depressed mood and a significant converse U-curve in self-esteem from adolescence to young adulthood. Those who were 'harsh' reported the highest depressed mood and poor self-esteem at the intercept, however, those who were 'reasoning' reported better self-esteem over time.

## Conclusions

The results confirmed that the strong and lasting impact of parenting styles on children's psychological well-being.

## Services II

27 July 2018, 10:45 - 12:15, Club E

FP 170

### The effects on early child development of a nurse home visitation program for pregnant youth living in adverse conditions

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## Brazil

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## Objectives

To test the efficacy of a nurse home visitation program (NHVP) on the development of adolescent mothers' offspring living in a poor urban area in Brazil.

## Methods

We conducted a randomized controlled clinical trial to test the efficacy of a NHVP for poor pregnant youth and their families. The intervention comprised of home visits focused on four domains: health/social care, environmental health, life course goals, and parenting skills. Participants were randomized to intervention (N=40) and control group (usual care, N=40). We used the Bayley Scales for Infant Development to assess cognitive, language and motor development at 3, 6, and 12 months of child's age. A generalized estimating equations model for each development domain. Statistical tests were 2-sided and p values <0.05 were considered statistically significant.

## Results

71 participants had at least 1 measure of child development at 12 months (88.7%). Participants with at least 2 development measures were entered in the models (N=68). Expressive language development was positively associated with the intervention (B=0.7, p=0.033). Other developmental domains were not associated with the intervention: cognition (B=0.4, p=0.569), receptive language (B=0.1, p=0.809), fine motor (B=0.2, p=0.727), and gross motor (B=1.1, p=0.165).

## Conclusions

Our study showed that a NHVP for adolescent mothers and their children implemented in a poor urban area had a moderate effect on child expressive language development over the first year of life. Future follow-ups could show additional benefits in early childhood development and potential positive effects on other domains, such as mental health.

## Services II

27 July 2018, 10:45 - 12:15, Club E

FP 171

## Frayme: Mobilizing international knowledge to improve youth mental health services and outcomes

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<sup>3</sup>University of British Columbia- Foundry, Psychiatry, Vancouver, Canada

<sup>4</sup>The Royal Ottawa, Institute for Mental Health Research, Ottawa, Canada

## Objectives

Most mental disorders begin in adolescence and young adulthood, a developmental period associated with critical life milestones. Yet, worldwide, youths face delayed detection, long waiting lists and inferior quality, fragmented care. Recent attempts have been made to address this issue in various jurisdictions globally, by integrating services across multiple domains and optimizing their delivery to match needs and problem severity. Despite the promise of such attempts, their implementation is limited due to gaps in knowledge sharing across research, policy, and practice. Our objective is to demonstrate how a purpose-built international knowledge exchange network can promote faster

implementation of improved youth services and policies.

## Methods

Hosted in Canada, Frayme is an international knowledge mobilization network focused on the implementation of integrated youth mental health and substance use services. Using Frayme as a case study and specific examples, this presentation will detail how Frayme is leading knowledge exchange to inform youth services and policy transformations.

## Results

Frayme has engaged 100+ policy-makers, researchers, service providers, families, and youth across nine countries. It is undertaking projects in knowledge synthesis and translation such as the identification of current best practices in stepped care models; creation of an online resource hub; and facilitation of policy change by engaging policy-makers in identifying knowledge needs and preferred formats for sharing evidence.

## Conclusions

Critical lessons have been learnt about building partnerships across sectors and geographies, and how planned knowledge mobilization initiatives can result in positive, catalytic impacts in the areas of youth mental health services, policy and research.

## Forensic I

27 July 2018, 10:45 - 12:15, Forum Hall

FP 172

## Clinical findings and legal outcomes of sexual assault on minors

S. Bouslah<sup>1</sup>, M. Zemzem<sup>1</sup>, N. Gaddour<sup>1</sup>, L. Gaha<sup>1</sup>

<sup>1</sup>University Hospital Fattouma Bourguiba - University of Monastir, Psychiatry Department, Monastir, Tunisia

## Objectives

The description of the clinical profile of juvenile victims of sexual abuse and the legal consequences of cases relating to these assaults

## Methods

Retrospective study that includes victims of sexual abuse examined in outpatient child psychiatry at the University Hospital of Monastir between July 2004 and January 2016. The clinical profile of the victims was described by reviewing their medical files. The legal follow-up related to these assaults was obtained from the Regional Delegation of Child Protection, and the Office of the Juvenile Judge at the Monastir Court of First Instance.

## Results

93 children were included in this study, with a mean age of 10 years and a sex ratio of 0.97.

60.2% of children had a pathological medical history of which 18% were psychiatric disorders.

The abuses studied were mainly sexual touching. 79% were committed in a familiar place to the child and it was incest in 29% of cases.

Sexual abuse was inflicted on the child by multiple perpetrators in 17.6%, was repeated in 44% and associated with another type of violence in 26% of cases.

Mental disorders was diagnosed among 70% of the children examined. A PTSD was diagnosed for only 1.2% of them.

The child psychiatrist alerted the Child Protection Office for all the patients. Only 25 children were seen by the child protection delegate and 7 among them were followed by the Juvenile Judge.

## Conclusions

Despite the contributions of the Code of Child Protection and specificities of



assaults on minors in Tunisian legal texts, there are still challenges both clinically and legally.

## Forensic I

27 July 2018, 10:45 - 12:15, Forum Hall

FP 173

### Feasibility of a novel semi-structured homicide and violence assessment tool

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<sup>4</sup>Institute of Living/Hartford Hospital, Child and Adolescent Psychiatry, Hartford, USA

#### Objectives

This feasibility study involved a needs assessment and pilot testing of a novel tool for assessment of homicidal ideation and threats of violence. The Institute of Living Homicide Assessment and Review of Risk Factors Tool (IHARRT©) includes evaluation of the specific threat, relevant risk factors, and focused mental status with an enhanced screen for social cognition. The tool is intended for use in initial assessments at the bedside.

#### Methods

45 clinicians (MDs, LCSWs, and PsyD/PhDs) participated in a survey gauging risk assessment familiarity and baseline skills. Clinicians were trained on the IHARRT©, and a subset completed assessments on an inpatient adolescent unit. They then rated their experience with the tool and their comfort in assessing risk when aided by this structured instrument.

#### Results

Clinicians reported insufficient training (84%); 91% endorsed need for standardized assessments, and 95% wanted a tool; only 16% routinely use structured psychological tests in homicide and violence assessment. Tests revealed statistically significant differences in confidence and knowledge (p of 0.032 and 0.014, respectively) between experienced and inexperienced clinicians; however, no differences in comfort, efficiency of interviews, or recall of domains were identified between groups. Further implications after initial use will be described.

#### Conclusions

Needs assessment demonstrated a clear need for an enhanced, semi-structured method in homicide assessment. Initial feedback found that IHARRT© was useful for a diverse group of professionals. Next steps include establishing reliability and widening dissemination of the tool.

## Forensic I

27 July 2018, 10:45 - 12:15, Forum Hall

FP 174

### "Can't tell me what to do with my life!" - a case of compulsory-admitted to CAP adolescent

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<sup>2</sup>Medical University of Sofia, Dpt. of Psychiatry and Medical Psychology, Sofia, Bulgaria

<sup>3</sup>Clinic of Child Psychiatry "St. Nikolas"- University Multiprofile Hospital for Active Treatment Alexandrovska, Outpatient Dpt., Sofia, Bulgaria

<sup>4</sup>Clinic of Child Psychiatry "St. Nikolas"- University Multiprofile Hospital for Active Treatment "Alexandrovska", Outpatient Dpt., Sofia, Bulgaria

<sup>5</sup>Clinic of Child Psychiatry "St. Nikolas"- University Multiprofile Hospital for Active Treatment "Alexandrovska", Head of the Clinic of child Psychiatry "St. Nikolas", Sofia, Bulgaria

#### Objectives

Compulsory admission in child and adolescent psychiatry is a sensitive but relatively rarely topic to be reviewed. In most western countries its regulations are based on the primary concept of risk - for self and others. Nonpsychotic patients with severe disadaptation, abnormally developing personality, suicidal ideation and violent behavior frequently fall in this category. These cases are difficult to manage in clinical setting due to diagnostic issues and ambiguity of therapeutic relationship frame.

#### Methods

J.S. is a 16y. old male admitted with court decision to the day care department of the Clinic of Child Psychiatry "St. Nikolas" due to homicidal threats towards his mother and his brother and suicidal intentions. A comprehensive diagnostic assessment was conducted using: clinical interview, interview with the mother, information from school, C-SSRS (Columbia-Suicide Severity Rating Scale), MMPI®-A, AIDA (Assessment of Identity Development in Adolescence), WISC-IV, YPI (Youth Psychopathic traits Inventory). He followed a two months psycho-education and counseling in the clinic.

#### Results

Absence of psychotic symptoms, borderline intellectual capacities, specific learning problems and emerging abnormal personality traits were identified. The crisis has been successfully managed - the real problems were verbalized, J.S. need to seek a way out of difficult situation was validated and a realistic plan for school re-inclusion has been build up, the suicidal and aggressive impulses have subsided, family relations and understanding have improved.

#### Conclusions

We discuss diagnostic and treatment issues linked to symptom dissimulation and particularities in building therapeutic alliance in patients admitted without their consent.

## Fighting stigma

27 July 2018, 10:45 - 12:15, South Hall 1A

FP 175

### Stigma, social exclusion and adolescent self-harm. Exposition of a stigma model and its impact upon adolescent self-harm in UK schools.

R. Parker<sup>1</sup>

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#### Objectives

Adolescent self-harm in the UK is a major public health issue, with increasing rates in hospital admissions. Secondary schools are posited as key settings where support could be delivered, but currently UK schools do very little preventative work for adolescent self-harm. Recent work highlights the need to understand the school-based context more fully in regards to adolescent self-harm, for support planning. The current research project therefore aimed to contribute to public health intervention design for adolescent self-harm in UK secondary schools, to explore the contextual factors in the school setting.



## Methods

The UK Medical Research Council guidance for developing complex interventions informed the project's methods and design. Qualitative research methods (Participatory Rapid Appraisal) generated school-context-dependent information that was analysed through the critical realist logic of abduction, using grounded theory. This generated the theory for the Context+Mechanism+Outcome configurations, to inform future complex intervention design within the school context for adolescent self-harm.

## Results

The project's research methodology enabled a theoretical model of stigma to be created, that was active in the whole school context for adolescent self-harm. Applying the critical realist Context+Mechanism+Outcomes (CMO) configuration, the school context (C) generated the mechanisms of the stigma model (M), which delivered the outcomes of the whole-school topic exclusion (O). This resulted in discrimination.

## Conclusions

Recent research demonstrated the topic of self-harm being excluded from UK schools. The stigma model generated in this research project may be one explanation. This means widespread institutionalised social exclusion and discrimination may exist throughout UK secondary school contexts for adolescent self-harm.

## Fighting stigma

27 July 2018, 10:45 - 12:15, South Hall 1A

FP 176

## Stigmatization Experiences of Parents of Patients Hospitalized in Child and Adolescent Psychiatric Clinics

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<sup>2</sup>Manisa Mental Health and Disorders Hospital, Child and Adolescent Psychiatric Unit, Manisa, Turkey

<sup>3</sup>Dicle University, Department of Health, Diyarbakir, Turkey

## Objectives

This study aims to determine the stigmatization and discrimination experiences of parents with children who receive inpatient treatment in child and adolescent psychiatry clinics.

## Methods

This study was conducted using a qualitative descriptive research method and an individual in-depth interview method. The study sample consisted of 15 parents of children and adolescents receiving inpatient treatment in a child and adolescent psychiatry clinic at a regional psychiatric and neuropsychiatric hospital. The research data were collected using introductory information form with semi-structured interview questions. The research data were evaluated using the thematic analysis method.

## Results

As a result of the data analysis, six categories and 11 themes were created regarding the stigmatization and discrimination experiences of the participants' parents. These categories were defined as follows: exclusion, being ridiculed, being ignored, hiding the disease, positive discrimination, and coping.

## Conclusions

This study determined that all participant parents were exposed to stigmatization and discrimination in many areas, and hid the fact that their children were diagnosed with mental conditions. Mental health and psychiatric nurses should support the parents of such patients in sharing and expressing their stigmatiza-

tion and discrimination experiences. Moreover, the parents should accept their children's mental illnesses, particularly soon after the diagnosis. Mental health nurses should inform the public about mental health and illnesses in all possible environments.

## Fighting stigma

27 July 2018, 10:45 - 12:15, South Hall 1A

FP 177

## A mother's sense of self when her child has a physical disability

C. Harvey<sup>1</sup>

<sup>1</sup>University of the Witwatersrand, Psychology, Johannesburg, South Africa

## Objectives

Motherhood scholars have criticised the lack of focus on women's experiences, resulting in a reiteration of the tendency to view mothers as merely the background to their children's overall development. While a recent shift in recognising mothers as subjects has been welcomed, such a focus is still sparse within psychology writings when a woman has added layers to her identity, including disability; particularly the experience of able-bodied mothers raising disabled children. The paper offers an understanding of the emotions potentially experienced by such mothers.

## Methods

Julia Kristeva's (1980) notion of the abject will be drawn on to analyse repeated psychoanalytic interviews with a mother. People abject (expel) that which they are deeply uncomfortable with in order to develop subjectivity. However, what has been rejected remains on the periphery of the person's sense of who they are, as a threat to undo the self.

## Results

I argue that an able-bodied person expels parts of themselves that have the potential to make them disabled and vulnerable. When encountering disability in others, an able-bodied sense of self is threatened as they painfully face aspects of what they initially expelled. Hence, the process of developing a sense of self becomes particularly complex for able-bodied mothers raising a disabled child. The descriptive account of a mother raising a physically disabled child will be discussed to illustrate this abject process in developing maternal subjectivity.

## Conclusions

The paper has implications for therapists working with mothers and families with disabled children.

## Early diagnostics and interventions

27 July 2018, 10:45 - 12:15, South Hall 2A

FP 178

## Impact of a multi-component early intervention program on trajectories of behavior, cognition, and health

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<sup>2</sup>McGill University, Department of Psychiatry, Montreal, Canada

<sup>3</sup>University College Dublin, School of Public Health- Physiotherapy and Sports Science, Dublin, Ireland

<sup>4</sup>University College Dublin, School of Economics, Dublin, Ireland

## Objectives

To investigate the developmental impact of a prenatal to age five multi-component early intervention program targeting families living in low socioeconomic conditions.

## Methods

Pregnant women from a disadvantaged Irish community were randomized into a treatment (home visits, baby massage, and parenting program,  $n=115$ ) or control ( $n=118$ ) group. Children's behavioral problems (externalizing, internalizing), cognitive skills (general skills, vocabulary), and health service use (number of health clinic visits, hospitalizations), were regularly (3-6 times) assessed between six months and four years. Children's developmental trajectories were modeled using latent class growth analyses to test whether certain subgroups benefited more than others.

## Results

Two developmental trajectories (high and low) were identified for each outcome. Treated children were more likely to follow the high-level trajectory for cognition ( $OR=2.89$ ;  $95\%CI=1.55-5.50$ ) and vocabulary skills ( $OR=2.02$ ;  $95\%CI=1.08-3.82$ ), while they were more likely to follow the low-level trajectory for hospitalizations ( $OR=4.35$ ;  $95\%CI=1.76-12.35$ ). There were no differences by treatment condition in the risk of belonging to a high externalizing or high health clinic visit trajectory. However, within the high externalizing trajectory, treated children had lower scores than controls (Hedges'  $g=0.45$ ,  $0.58$  and  $0.52$ ,  $p<0.05$ , at 2, 3, and 4 years respectively) and, within the high health clinic visit trajectory, only control children experienced an increasing number of visits.

## Conclusions

This program showed moderate positive impacts on trajectories of cognitive development, number of health clinic visits, and hospitalizations for all children, while positive impacts on externalizing behavior problems were restricted to those with the most severe problems.

## Early diagnostics and interventions

27 July 2018, 10:45 - 12:15, South Hall 2A

FP 179

### A community-based parenting intervention for parents of children with a disability: outcomes in the Australian Stepping Stones Triple P project

K. Gray<sup>1</sup>, B. Tonge<sup>1</sup>, N. Hu<sup>1</sup>, M. Sanders<sup>2</sup>, K. Sofronoff<sup>2</sup>, S. Einfeld<sup>3</sup>

<sup>1</sup>Monash University, Centre for Developmental Psychiatry & Psychology- Department of Psychiatry, Clayton, Australia

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<sup>3</sup>University of Sydney, Brain Mind Research Institute, Sydney, Australia

## Objectives

The high prevalence of behaviour and emotional problems in children with developmental disabilities has been well established. Parent training programmes, such as Stepping Stones Triple P (SSTP), have been shown to reduce child behaviour and emotional problems. This project aimed to evaluate the effectiveness of the SSTP programme in a community-based implementation in Australia.

## Methods

The SSTP programme was made available to parents of children with an intellectual or developmental disability aged 2-10 years, across Queensland, Victoria, and New South Wales (Australia). Whilst more than 3,000 families have participated in the programme, this paper focuses on a sub-set of families

( $n=365$ ) from Victoria and Queensland who completed detailed measures pre, post, and at 12 month time points. Parents completed measures assessing a range of constructs, including child behaviour and emotional problems, parent psychosocial wellbeing, and parenting style.

## Results

Overall child behaviour and emotional problems decreased significantly from pre to post intervention, and these gains were maintained at 12 month follow-up. A similar pattern of results was found for parent depression, anxiety, and stress. Parenting skills (consistency, positive encouragement) improved from pre to post intervention, and use of coercive parenting strategies decreased, with improvements maintained at 12 month follow up. In particular, change in coercive parenting was associated with significant changes in child behaviour and emotional problems.

## Conclusions

A community-based implementation of SSTP demonstrated similar results to previous RCTs. The implications of these results in relation to the provision of family-focused interventions at a population level will be discussed.

## Early diagnostics and interventions

27 July 2018, 10:45 - 12:15, South Hall 2A

FP 180

### Early intervention in patients with personality disorder - evaluation of adolescent identity treatment

R. Zimmermann<sup>1</sup>, N. Schenk<sup>1</sup>, L. Fürer<sup>1</sup>, S. Schlüter-Müller<sup>1</sup>, K. Schmeck<sup>1</sup>

<sup>1</sup>Psychiatric Hospital of the University Basel, Child and Adolescent Psychiatric Research Unit, Basel, Switzerland

## Objectives

Personality disorders can be diagnosed in adolescents. Experts broadly agree on the necessity of specialised interventions and the importance of starting treatment early to limit the impact on psychosocial functioning. Adolescent Identity Treatment (AIT) (Foelsch et al., 2014) is a psychodynamic approach to the treatment of PD in adolescents that integrates modified elements of Transference-Focused Psychotherapy with psychoeducation, behaviour-oriented home plans, and work with parents to support the therapeutic process. This study evaluates the efficacy of AIT during the psychotherapeutic process.

## Methods

Intermediate Outcome, defined as "the client's improvements observed over several sessions of a treatment", is monitored applying the Youth Outcome Questionnaire Self Rating (Y-OQ-SR) on a monthly basis. A mixed effects model is used to evaluate symptomatic change over the psychotherapy.

## Results

Significant improvement of symptoms is observed over the course of the psychotherapy. Predictors of the psychotherapeutic success are evaluated.

## Conclusions

AIT is an effective psychotherapeutic intervention for adolescents with PD. It can be applied as a relatively short-term intervention including 25 sessions.



## Early diagnostics and interventions

27 July 2018, 10:45 - 12:15, South Hall 2A

FP 181

### Child behavior checklist in the screening of autism in toddlers

F. Wang<sup>1</sup>, J. Liu<sup>1</sup>, X. Li<sup>1</sup>

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#### Objectives

To explore the efficacy of Child Behavior Checklist (CBCL) version for 2-3 years children for the screening of autism in toddlers.

#### Methods

Totally 116 subjects meeting the criteria of DSM-IV for autism, aged 2-3 years, were enrolled and rated with CBCL (version for 2-3 years children), Autism Behavior Checklist (ABC) and Clancy Autism Behavior (CABS) at the same time. 174 subjects with typical development were enrolled and rated with CBCL. The gender, age, total score of CBCL and CBCL's factors, the positive rate of each factor of CBCL were compared between the two groups. The withdrawn score of CBCL was used to analyze the criterion validity of CBCL for screening of autism in toddlers. The Receiver Operating Characteristic (ROC) of withdrawn factor was used to calculate the area under the curve and sensitivity, specificity, the optimal cut-off.

#### Results

There were no statistical differences in age and gender between the two groups. The total scores, internal and external scores and factors' scores of CBCL and positive rate of factors of CBCL except sleep factor were significantly higher in autism group than that in normal control group (all  $p < 0.05$ ). The withdrawn factor has the highest OR value for the diagnosis of autism. The Spearman Correlation between the score of CBCL withdrawn factor and ABC total score ( $r = 0.458$ ,  $p < 0.001$ ) is higher than that between the score of CBCL withdrawn factor and CABS total score ( $r = 0.308$ ,  $p = 0.017$ ). The Area Under the Curve (AUC) of withdrawn scores is 0.855 with 95%CI (0.811, 0.900) ( $p < 0.001$ ). Choosing 7 as a boundary score, there are a better sensitivity ( $> 0.793$ ) and specificity ( $> 0.695$ ).

#### Conclusions

Toddlers with Autism have more emotional and behavioral problems. The withdrawn factor of CBCL/2-3 can effectively distinguish toddlers with autism from typical toddlers with good validity, sensitivity and acceptable specificity. The CBCL can be used for early screening of autism in toddlers.

## Brain and its research

27 July 2018, 10:45 - 12:15, South Hall 2B

FP 182

### Advances in brain stimulation modalities for monitoring and modulating adolescent suicidality

P. Croarkin<sup>1</sup>, D. Doruk Camsari<sup>1</sup>

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#### Objectives

Reliable biomarkers and targeted treatments for suicidality in adolescents are lacking. This presentation will review results from two discrete studies with transcranial magnetic stimulation focused on biomarker and intervention

development for suicidality in adolescents.

#### Methods

Study 1: Utilized single- and paired-pulse transcranial magnetic stimulation (TMS) to assess excitatory and inhibitory cortical functioning in healthy control adolescents ( $n = 20$ ), depressed adolescents without any history of suicidal behavior ("Depressed",  $n = 37$ ), and depressed adolescents with lifetime history of suicidal behavior ("Depressed+SB",  $n = 17$ ).

Study 2: Examined changes in suicidal ideation from adolescents ( $n = 20$ ) undergoing 6 weeks of open-label rTMS treatment for treatment resistant depression.

#### Results

Study 1: Group main effects were significant for long-interval intracortical inhibition (IICI) at interstimulus intervals (ISIs) of 100 ms and 150 ms, but not 200 ms. Depressed+SB adolescents demonstrated impaired IICI compared to healthy control and Depressed adolescents, while healthy control and Depressed participants did not differ in IICI. There were positive linear relationships between lifetime suicidal behavior severity and IICI paradigm at 100-ms and 150-ms ISIs. In a post hoc receiver operating characteristic analysis, IICI significantly discriminated Depressed from Depressed+SB youth in 100-ms and 150-ms paradigms.

Study 2: Suicidality as assessed by the C-SSRS improved from baseline to posttreatment ( $p = 0.02$ , Wilcoxon Signed Rank Test). Suicidality as assessed by item 13 of the CDRS-R demonstrated improvement from baseline to posttreatment ( $p = 0.004$ ).

#### Conclusions

These findings suggest that IICI may have promise as a biomarker to assess suicidality in adolescents. Interventional, high frequency rTMS may address suicidality in adolescents.

## Brain and its research

27 July 2018, 10:45 - 12:15, South Hall 2B

FP 183

### Resting-state EEG power patterns in children and adolescents with ADHD, ASD and co-morbid ADHD+ASD

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#### Objectives

We compared resting-state neuro-physiological brain activity in children and adolescents with ADHD, ASD, comorbid ADHD+ASD and typically developing (TD) ones.

#### Methods

47 participants (7-16 years old) completed an eyes-open/eyes-closed resting-state session. Absolute EEG power in theta, alpha and beta frequency bands was analysed in the two conditions (EC: eyes-closed; EO: eyes-open) and across twelve areas of the brain, created through combining location (frontal, central, posterior and occipital) and laterality (left, midline, right).

#### Results

Alpha power was higher on posterior areas in TD, but not in ADHD+ASD, and besides showing the same effect as TD children, it was unexpectedly high on occipital areas during EO, in ADHD. ASD children showed increased beta power on frontal areas, while the comorbid ADHD+ASD group showed asymmetry between the hemispheres, with reduced beta power in the right one. At last, theta power increased when all children, apart from ASD ones, kept their eyes closed.

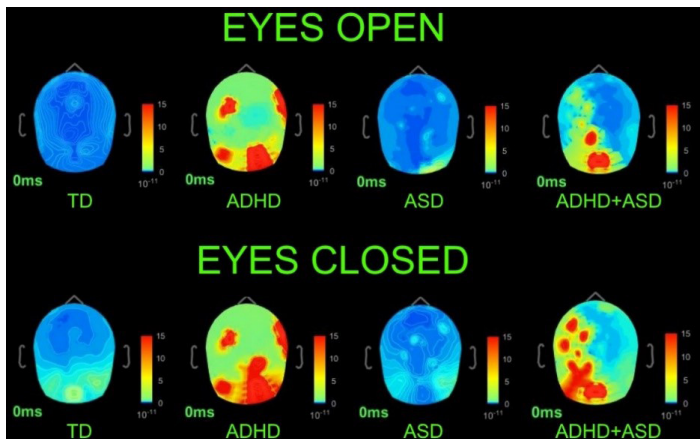


Fig. 1 – Theta power across the groups, in the conditions “Eyes open” and “Eyes closed”

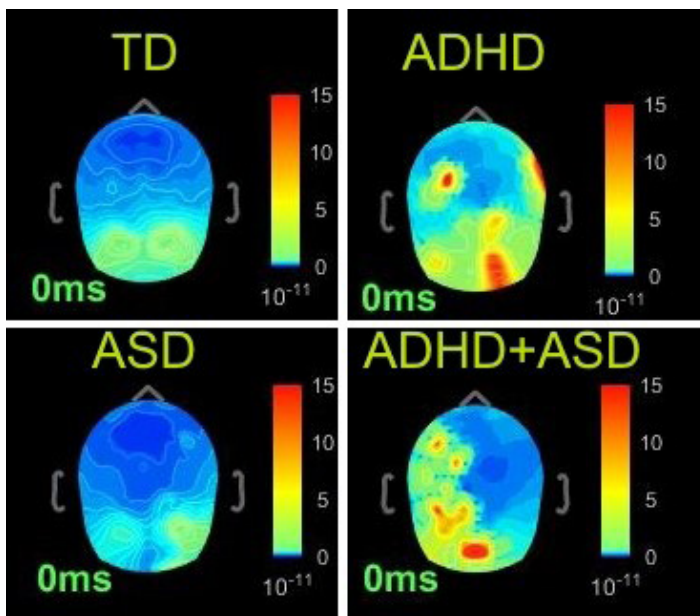


Fig. 2 – Alpha power across the groups

### Conclusions

ADHD symptoms were related to cortical hypo-arousal and inefficient control over posterior brain systems, ASD ones were related to cortical hyper-excitability and difficulties in focusing on internal states, while children with comorbid ADHD+ASD showed a mixed pattern. Those atypicalities, which are present in the single disorders, may have a worse impact if they present together, causing symptoms of both conditions to appear during infancy and childhood. Concluding, cortical hypo-arousal may be prominent in ADHD, as hyper-arousal may be in ASD, and they may both be present in comorbid ASD+ADHD, giving rise to a more complex and severe pattern of clinical symptoms.

### Brain and its research

27 July 2018, 10:45 - 12:15, South Hall 2B

FP 184

### Leadership at Brain Research NZ. An example of the importance of a child and adolescent psychiatry perspective.

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### Objectives

Brain Research New Zealand is a National Centre of Research Excellence focussed on the ‘Ageing Brain’. It encompasses more than 200 researchers at 4 universities with a budget of almost \$30million over 6 years.

### Methods

A Māori Strategic Leader position was established to fulfill obligations to build partnerships with Māori communities, to include and value Mātauranga (Māori knowledge systems) and to support Māori health research and clinician career pathways.

### Results

In the first three years of the Māori strategic plan several unique and important activities have been set up. Central to these is dissemination of Māori and developmentally informed concepts of “the ageing brain” being consistent with a lifespan approach, a process from conception, rather than a sole emphasis on later years. A Māori focus on the importance of older people as sources of wisdom and leadership rather than a mainstream deficit, pathology-focussed model of older peoples’ identity was brought forward.

### Conclusions

The influence of having child and adolescent psychiatry training and clinical experience in the form of a Māori clinician-researcher was instrumental in bringing a developmentally informed view to Brain Research NZ. This is one example of how Child and Adolescent Psychiatrists play important roles in wider health care service and research development in ensuring a lifespan, community and intergenerational perspective is central, thereby improving the relevance and impact of such activities.

### Brain and its research

27 July 2018, 10:45 - 12:15, South Hall 2B

FP 185

### Repetitive transcranial magnetic stimulation for the treatment of anxiety in adolescents with depressive disorders

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### Objectives

Anxiety is common amongst adolescents with depressive disorders, with the presence of comorbid anxiety increasing duration of illness, degree of impair-



ment, and risk of recurrence in depressed youth. While some of this comorbidity may be explained by symptom overlap, the reduction of anxiety represents a valid treatment target amongst many adolescents with depression, and should be considered when evaluating emerging treatments. The aim of the present study was to examine the effects of repetitive transcranial magnetic stimulation on anxiety when administered to adolescents with depression.

#### Methods

In the current study, 14 adolescents aged 14 to 18 years ( $M = 16.64$ , 71.4% female) with current major depressive disorder received 20 sessions of repetitive transcranial magnetic stimulation (rTMS) to the dorsolateral prefrontal cortex over four weeks. Changes in the number, frequency, and severity of anxiety symptoms were assessed via self-report (Screen for Child Anxiety Related Disorders; SCARED) and via a clinician-rated assessment tool (Pediatric Anxiety Rating Scale; PARS).

#### Results

Analysis showed a significant reduction in SCARED scores between baseline and post-treatment ( $p = .001$ ), with improvement maintained at 6-month follow-up. PARS scores also decreased significantly between baseline and post-treatment assessments ( $p = .03$ ), with improvement again maintained at 6-month follow-up.

#### Conclusions

These results suggest that rTMS can effectively reduce anxiety symptoms amongst adolescents with depression, however the likelihood and impact of symptom overlap between depression and anxiety in the sample must be acknowledged. Further investigation with larger samples is warranted.

### Pharmacotherapy

27 July 2018, 14:45 - 16:15, Forum Hall

FP 186

#### Olanzapine versus risperidone in children and adolescents with psychosis: a meta-analysis of randomized controlled trials

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<sup>1</sup>Anhui Medical University, Psychiatry, Hefei, China

#### Objectives

To compare the efficacy and safety of olanzapine and risperidone in children and adolescents (aged  $\leq 18$  years) with psychosis by conducting a meta-analysis of randomized controlled trials (RCTs).

#### Methods

Several English and Chinese databases were searched for studies published before February 8th, 2017. Two independent investigators screened the studies according to prespecified criteria and extracted the data. Review Manager 5.3 was used to conduct the data synthesis.

#### Results

Eight RCTs involving 457 participants (225 participants in the olanzapine group and 232 participants in the risperidone group) were included. No significant differences were observed in the mean scores on the PANSS/ BPRS (SMD=0.06, 95% CI=[-0.31, 0.19],  $P=0.63$ ), the positive symptom scores (SMD=0.09, 95% CI=[-0.32, 0.15],  $P=0.48$ ), or the negative symptom scores (SMD=0.11, 95% CI=[-0.34, 0.13],  $P=0.38$ ) between the two groups. Regarding adverse effects, the mean increases in weight (MD=2.90, 95% CI=[1.41, 4.39],  $P=0.0001$ ), body mass index (BMI) (MD=0.90, 95% CI=[0.42, 1.38],  $P=0.0003$ ) and incidence of hypersomnia (RR=1.98, 95% CI=[1.15, 3.43],  $P=0.01$ ) were higher in the olanzapine group, while the incidence of insomnia (RR=0.31, 95% CI=[0.11, 0.85],  $P=0.02$ ), prolactin elevation (RR=0.11, 95% CI=[0.01, 0.85],  $P=0.03$ ), myotonia (RR=0.12,

95% CI=[0.03, 0.49],  $P=0.003$ ), tremor (RR=0.22, 95% CI=[0.08, 0.63],  $P=0.005$ ), and akathisia (RR=0.27, 95% CI=[0.12, 0.57],  $P=0.0007$ ) was higher in the risperidone group.

#### Conclusions

There is no significant difference in efficacy between olanzapine and risperidone for the treatment of children and adolescents with psychosis, but the side effect profiles of these two medications differ. High-quality RCTs are needed prior to recommending clinical treatment in children and adolescents.

### Pharmacotherapy

27 July 2018, 14:45 - 16:15, Forum Hall

FP 187

#### The impact of interdisciplinary psychiatric treatment on psychopharmacological prescribing patterns in youth with autism spectrum disorder and severe maladaptive behaviors

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#### Objectives

This pilot study aimed to examine how the introduction of interdisciplinary psychiatry in a behaviourally-oriented program, influences psychopharmacological prescribing patterns for youth with Autistic Spectrum Disorder (ASD).

#### Methods

Clinical records of children and youth admitted to day-treatment program for children with ASD, Intellectual Disability (ID), and severe maladaptive behaviors were examined. In 2014, an interdisciplinary treatment model, providing team-based psychiatric care, was introduced in the program. We reviewed the records of 19 subjects before this change (G1), and 16 subjects after the change (G2). Demographic, general clinical features, prescribed psychiatric medications at admission (T1), and after 12 months in the program (T2) were extracted. Data were analyzed for the presence of polypharmacy ( $\geq 2$  psychiatric medications), prescription of any second-generation antipsychotics (SGA's) including SGA dose-equivalence, prescription of anti-depressants and ADHD medications. We compared G1 and G2 differences at T1 and T2.

#### Results

Thirty-five completed charts were analyzed. G1 and G2 subjects, aged 8- 17 ( $11.46 \pm 2.67$ ), were comparable regarding demographics, diagnostic profile, and psychopharmacologic prescriptions at admission. Although not statistically significant, after one year, the subjects in G1 were more likely to be prescribed an SGA, more likely to have polypharmacy (68% vs. 50%;  $P= 0.268$  and 47.4% vs. 37.5%;  $P= 0.557$ ), and more likely to be prescribed ADHD medications. By contrast, subjects in G2 were more likely to be prescribed an SSRI (10.5% vs. 37.4%;  $P= 0.105$ ).

#### Conclusions

The team-based psychiatric care for youth with ASD and severe behaviors reduces non-specific use of SGA's and polypharmacy, and increases utilization of SSRI's.

## Pharmacotherapy

27 July 2018, 14:45 - 16:15, Forum Hall

FP 188

### Trends and patterns of antidepressant use in French children and adolescents from 2009 to 2016: the French paradox

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<sup>2</sup>Toulouse University Hospital- Faculty of Medicine, Midi-Pyrénées Centre for Pharmacovigilance- Pharmacoeconomics and Drug Information- Department of Medical and Clinical Pharmacology, Toulouse, France

<sup>3</sup>University of Toulouse III- Faculty of Medicine, UMR1027- Inserm, Toulouse, France

#### Objectives

Over the last decade, the use of antidepressants (ATD) in children has markedly increased in several occidental countries, but recent data in French children are missing. This study aimed to assess trends of ATD use in French children (6-11 years) and adolescents (12-17 years) and to characterize changes in ATD prescribing's patterns from 2009 to 2016.

#### Methods

Using data from the French Health Insurance Database, annual prevalence and incidence of ATD use and changes in ATD prescribing's patterns were analyzed.

#### Results

Overall ATD prevalence of use rose slightly from 0.51% in 2009 to 0.53% in 2016 (+3.9%), with a decrease in the children group (0.18% to 0.11%; -38.9%) and an increase in the adolescent group (0.86% to 0.98%; +14.0%), and an overall female preponderance (56.7% in 2009; 58.7% in 2016). Serotonin reuptake inhibitors' prevalence of use increased from 0.24% to 0.34%, while tricyclic antidepressants' use decreased (from 0.20% to 0.16%). Similar trends were obtained with overall incidence of use (0.39% in 2009; 0.36% in 2016). Sertraline was the most frequently prescribed in adolescents (2009: 22.2% of all ATD prescriptions; 2016: 32.9%), while amitriptyline was the most prescribed in children (2009: 42.7% and 2016: 41.2%). Proportion of patients treated by ATD who were from a low socio-economic status increased in children (from 21.4% to 32.7%) and in adolescents (from 17.7% to 18.0%).

#### Conclusions

ATD level of use in French children and adolescents was stable in recent years and lower than that observed in other European countries and the United States.

## Pharmacotherapy

27 July 2018, 14:45 - 16:15, Forum Hall

FP 189

### Anti-psychotic prescribing trends, patterns and associated factors in Taiwanese children and adolescents for 2004 to 2013

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#### Objectives

The purpose of this study is to review the prescribing trends, patterns and associated factors of anti-psychotic medication in children and adolescents as a concern.

#### Methods

We conducted a retrospective study by applying database of out-patient health insurance filing files of a psychiatric center at northern Taiwan from 2004 to 2013 to explore the prescribed of anti-psychotic medication among children and adolescents.

#### Results

A total of 173,209 out-patient health insurance filing files were included in this study. The average age of all study samples was 11.3 ( $\pm$  3.9) year-old. The participants with antipsychotic prescribing were 13.4%. From 2004 through 2013, the rate of all types of antipsychotic medication prescribing in all out-patients aged 18 years or younger increasing yearly by 0.6%. First generation antipsychotics prescribing decreased with an estimation of the average annual percent change 5.6% ( $p < .001$ ). By contrast, second generation antipsychotics increased with an estimation of the average annual percent change equaling 3.4% ( $p < .001$ ). Multiple logistic regressions analyzed for age, gender and diagnosis that associated with anti-psychotic prescribing. After adjusting for the other variables, the anti-psychotic prescription was increased by 1.31 times with every year in age, and 1.06 times more likely to be male, and patients with diagnosis other than schizophrenia seemed to be less risk to be prescribed anti-psychotics.

#### Conclusions

Prescriptions of anti-psychotic medications among children and adolescents are increasing greatly in recent years. The efficacy and safety issues of antipsychotics use in children and adolescents warranted clinical concern.

## Pharmacotherapy

27 July 2018, 14:45 - 16:15, Forum Hall

FP 190

### Risk of drug-herb interactions and suggestions for pharmacovigilance in the field of mental health.

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#### Objectives

In mental health, traditional healing methods and cultural habits include the use of herbal preparations either by prescription or self-initiated by patients with or without informing their physician. Co-administration of herbs with with one or more psychotropic drugs may lead to severe adverse effects. Also, direct influence of herbs on pathophysiology of psychiatric disorders is possible. Therefore not only knowledge about effective and reliable pharmacotherapy/psychotherapy methods but also information on drug-herb interaction is needed in clinical practice.

#### Methods

This presentation will start with pharmacokinetic/pharmacodynamics principles of drug interaction, followed by information on drug-herb combinations, concluding with suggestions for pharmacovigilance

#### Results

Examples for herb-drug combinations with increased risk of unfavourable interaction include:

- Cardiovascular risk (venlafaxine+caffeine).
- Decreased effect of drug (neuroleptics+ caffeine/nutmeg).



- Drug toxicity if caffeine is stopped (lithium+caffeine).
- Drug toxicity if smoking is stopped (clozapine+nicotine).
- Epileptic seizure (carbamazepine+sage; methylphenidate+sage; amitriptylin+ ginkgo/St.John's wort/sage).
- Photosensitivity, severe sunburn (nortriptyline/phenytoin sodium /risperidone + St.John's wort).
- Sedation, impaired driving and workplace safety (benzodiazepines+ linden/passion flower; risperidone+ lemon balm/passion flower/valerian root).
- Serotonin Syndrome, may be lethal (SSRI's like citalopram/fluoxetine/sertraline + ginkgo/St.John's wort).

#### Conclusions

1. Herb-drug interactions may have an unfavourable outcome. Healthcare practitioners should ask patients about use of herbs and inform about risks of combining drugs with herbal preparations of complementary/alternative medicine.

2. In treatment planning, principles of pharmacovigilance should be applied to the simultaneous use of drugs and herbs.

3. Adapting pharmaceutical methods according to medical and cultural requirements, standardized herbal preparations and training modules are needed to minimize interaction risk.

#### Forensic II

27 July 2018, 14:45 - 16:15, North Hall

FP 191

#### Intimate partner violence and childhood abuse among women with severe mental illness

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#### Objectives

Association between childhood abuse and IPV has not been adequately investigated among women from clinical setting. Reviews have indicated moderate relationship between childhood abuse and adult victimization to intimate partner violence among women and this association becomes stronger among women with mental illness. This investigation, reports the findings on association between childhood abuse and intimate partner violence among women with severe mental illness in comparison with healthy women.

#### Methods

This study was conducted at a tertiary mental health centre, India with women with severe mental illness (N=514) and healthy women (N=100) between the ages of 18 to 50 years. Composite abuse scale (Hegarty, Bush & Sheehan, 2007) was used to assess intimate partner violence and International Child Abuse Screening Tool – Retrospective (ICAST – R, ISPCAN, 2006) was used to study the childhood abuse.

#### Results

Results indicated that, both incidences of childhood abuse and intimate partner violence were significantly higher among clinical group as compared to healthy comparison group and there was mild to moderate correlation between childhood abuse and IPV, seen only among clinical group.

#### Conclusions

To conclude, assessments in clinical setting tend to ignore issues such as childhood abuse and intimate partner violence which have strong impact on the course and the outcome of the mental illness. Women with experience of childhood abuse and intimate partner violence tend to have difficult course and outcome leading to chronicity of mental illness. Therefore, assessment of these factors and appropriate interventions are important aspects of clinical management of women with severe mental illness.

#### Forensic II

27 July 2018, 14:45 - 16:15, North Hall

FP 192

#### A retrospective case-series analysis on Parental Alienation Syndrome in children seeking services from a tertiary-care hospital in India.

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#### Objectives

This study highlights the characteristics of Parental Alienation Syndrome in children from separated or divorced Indian families.

#### Methods

The study retrospectively analyzed the case files of four children at a tertiary-care hospital in India, diagnosed with emotional and behavioural disorders and referred for evaluation and intervention in the context of child custody conflicts. They met the Richard Gardner's Parent Alienation Syndrome criteria.

#### Results

It was observed that the alienating parent could either be the custodial parent or one with the visitation rights. It was found that three of them were the first in birth order. It predominantly involved deliberate hatred and indoctrination in the child against the alienated parent along with indiscriminate approval of the alienating parent by the child, thereby creating hostility and conflict between the child and alienated parent. They had symptoms of aggressiveness, social withdrawal, and other psychological problems particularly towards the alienated parent.

#### Conclusions

Overall, these cases showed distinct parental alienation characteristics that were independent of other post-divorce issues that influence the child's mental health. These findings also reflected the similarity of parental alienation characteristics in the Indian context as highlighted in Western studies. After the evaluation, the children were seen in individual psychotherapy along with psychoeducation of the parents about the need for cooperative co-parenting strategies to protect the child from loyalty conflicts and promote their mental health.



## Forensic II

27 July 2018, 14:45 - 16:15, North Hall

FP 193

### From the voices of the secondary victims of child sexual abuse - a preliminary observations

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#### Objectives

Child Sexual Abuse (CSA) is a major public health concern across the globe. Efforts have been ongoing to protect the best interest of the children and their families from both governmental and nongovernmental organizations to deal with this problem effectively in different parts of the world. The current research project was an attempt to capture the experiences of parents of CSA survivors who were availing care and protection services from different child protection mechanisms in Urban Bengaluru, capital city of Karnataka State, India.

#### Methods

An exploratory research design was adopted in collecting the retrospective data to fulfill the study objectives. An interview guide was developed based on the detailed review of literature and discussion with 15 experts working in various fields in this area and was also face validated by 5 experts. Data was analyzed qualitatively using content analysis approach.

#### Results

The preliminary observations made based on the pilot study revealed that the study participants had mixed experience i.e., both positive and negative from different child protection mechanisms such as Special Juvenile Police Unit, Child Welfare Committee, Judiciary body and Health care professionals. This experience was largely determined by their perception on support extended by those mechanisms in meeting their psychosocial needs aroused secondary to the event.

#### Conclusions

Despite of having a wide range of child protection mechanisms unfortunately the beneficiaries of such systems are still unable to utilize the support available optimally. Thus this study has an implication for formulating new programmes or revising existing ones from a beneficiary inclusive perspective based on their real experience which upholds the democratic principles of India from rights and justice point of view.

## Services III

27 July 2018, 14:45 - 16:15, South Hall 1B

FP 194

### Patient satisfaction of adolescents and their parents with in-patient psychiatric treatment: confirmatory factor analyses of the Best questionnaires

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#### Objectives

Studies on patient satisfaction with in-patient adolescent psychiatric treatment

are scarce.

#### Methods

Questionnaires for the assessment of patient satisfaction were developed for adolescents and for parents. In a first study (submitted), psychometric analyses and exploratory factor analyses were based on  $n = 2548$  adolescents and  $n = 3142$  parents, assessed in nine in-patient units across Germany. The current study aims at confirming the results of study 1 in a second independent sample of about the same size. In addition, an advanced examination of the factorial structure of the questionnaires is conducted with a focus on bifactor models.

#### Results

Results obtained so far confirm that five factors can be distinguished in adolescents: Therapeutic relationship, environment, over-all satisfaction, perceived attention and information, and schooling. For parents, three factors emerge: Relationship to therapist, environment, and over-all satisfaction. Bifactor analyses are suggesting a strong general factor. It can also be replicated that over-all satisfaction is rated highest while the environment (= "hotel quality" and rules) is less satisfying. Agreement between the subscales of adolescents and their parents is only moderate. Correlations with an external assessment instrument of patient satisfaction (the FBB questionnaires of Matiejat and Remschmidt) are good to high. Effects of gender and age play a minor role.

#### Conclusions

The Best questionnaires can be considered as reliable and valid instruments to assess various aspects of patient satisfaction and can be used for scientific as well as quality management purposes.

## Services III

27 July 2018, 14:45 - 16:15, South Hall 1B

FP 195

### Barriers and facilitators to treatment of MR children, an Indian perspective

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#### Objectives

To study barriers to treatment and factors that support treatment in children attending special school for intellectually impaired children in central India.

#### Methods

50 children attending special school were seen, their files were reviewed, whenever necessary further information from parents was collected with their valid written consent and information was used to complete ICF-CY (international classification of functioning child and youth version WHO standardised instrument)

#### Results

ICF-CY section 4 assesses information about facilitators and barriers in variety of categories, such as parental attitudes, supports etc. ICF also assess other factors such as governmental policies, support from health agencies and education opportunities, support and policies. Barriers and facilitators in India are probably quite different to developing countries. Results from our study and its implications from Indian perspective are discussed here.

#### Conclusions

In India family was the biggest facilitator for treatment but at the same time attitudes of some family members posed particular problems due to joint family structure. Availability of expert medical advice was a barrier to some extent. Governmental policy was supportive in theory but implementation part of it was



the biggest barrier.

### Services III

27 July 2018, 14:45 - 16:15, South Hall 1B

FP 196

#### A long term follow-up on Hometreatment. What do the patients and the parents say?

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#### Objectives

In Germany psychiatric disorders in childhood and adolescence have a high prevalence of 10% to 20%, reducing quality of life by far, affecting the patient as much as the family, limiting social, familial and school integration. Once mental illness in children and adolescents has manifested, the risk of chronicity is high, illness persisting for the next 2-5 years in over 50% of the cases. Early and efficient intervention is therefore essential.

However next to fear of stigmatisation, unawareness of available support or fear of deprivation of parental rights, structural barriers such as limited availability or difficulties in reachability of the next child and adolescent psychiatric services often prevent early psychiatric evaluation.

#### Methods

Therefore a novel hometreatment service (BeZuHG) has been established 2011, offering intensive psychiatric hometreatment, with the option to use specific clinical elements bridging the gap between inpatient and outpatient treatment options. Aim of this follow-up study was to evaluate if the previously shown positive effect at the end of treatment and 8 months after as well as patient satisfaction persists over time by assessing 5 years after completion of treatment the first cohort of 100 randomized patients (Intervention- and control-group) anew, judging treatment effect by general functioning (HoN-OSACA) and patient satisfaction

#### Results

A good treatment effect persisted over time within the hometreatment group, while a slight decline of general functioning could be shown for the control group.

#### Conclusions

Hometreatment enhanced with clinical elements is a good alternative with positive longterm effects for children and adolescents requiring inpatient Treatment.

### Services III

27 July 2018, 14:45 - 16:15, South Hall 1B

FP 197

#### How can interface management between school-, youth-, welfare- and mental health services be successful?

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#### Objectives

Child and adolescent psychiatric care often comprises work between interfaces of mental health Services to schooling, youth welfare services, the legal system and families. Continuum of Care on the interface between medical and social systems is thereby essential for optimal psychiatric care. However exactly these interfaces often depict predetermined breaking points in psychiatric care for children and adolescents.

#### Methods

The naturalistic ASpeKT Study (German acronym for: statements of interface-coordination for children and adolescents in need of psychiatric care) surveyed parents and patients in two different regions of Southern Germany, which provide qualified inpatient psychiatric care, to assess the families subjective perception of experienced interface-coordination between systems. 200 children and adolescents between 8 and 17 years were monitored in their statements to perceived treatment effect and progress over time, patient satisfaction, and interface management. (T1=within 2 weeks upon admission, T2= at discharge, T3=6 months after treatment and T4=12 months after treatment)

#### Results

Results show high patient satisfaction in both regions despite surprisingly low parental knowledge of availability of support within the social and mental health system. Concrete recommendations for interface-management were derived on the basis of the data and are to be presented in the talk.

#### Conclusions

Pathways for specific individual interface-coordination should be established in order to enhance treatment effects.

### Prevention

27 July 2018, 14:45 - 16:15, South Hall 2A

FP 198

#### Developing interventions for children and youth at risk for sexual exploitation: a community-based participatory research project

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#### Objectives

Worldwide, children and youth are at high risk of sexual predation and exploitation. Children and youth who are victims of sexual exploitation experience higher rates of mental health conditions such as anxiety, suicidality, depression, post-traumatic stress disorder, and substance use disorders. In Canada, little research has focused on developing evidence based programs to prevent sexual exploitation in children and youth at the community level, as well as the recognition and enhancement of protective factors.

#### Methods

Using a participatory community based research approach our project aims to develop relevant and meaningful interventions to address sexual predation and exploitation. In phase 1 of our project, we collaboratively explored the lives of female children and youth facing potential high risk for sexual exploitation. We explored how their experiences are shaped by familial, community, intergenerational, cultural, social, legal, historical, and institutional narratives.

#### Results

Throughout our work, we realize the importance of experience that is contextualized as the foundation of any future program development in addressing sexual exploitation; the youth and children's experiences need to be central in order to create change.

## Conclusions

In this presentation we will focus on the key themes that have emerged from our analysis of data collected during phase 1. We will also reflect on the close involvement of youth as we move into the program development and implementation phases.

## Prevention

27 July 2018, 14:45 - 16:15, South Hall 2A

FP 199

### The victim-offender overlap in Hong Kong adolescents: implications for preventive measures and interventions

H.C.O. Chan<sup>1</sup>

<sup>1</sup>City University of Hong Kong, Department of Applied Social Sciences, Kowloon, Hong Kong

#### Objectives

This study aims to explore the overall prevalence rate of offending perpetration and victimization, to examine the joint occurrence of general, violent, and nonviolent offending and victimization, and to investigate the effects of psychosocial risk factors in jointly predict these different phenomena.

#### Methods

The sample of this study consists of nearly 1,000 Hong Kong children and adolescents who aged 10 to 20 years. With the use of quantitative research methodology, a number of delinquency (i.e., violent and nonviolent offending and victimization) and psychosocial and mental health measures (e.g., self-control, social bonding, pro-violence attitudes, negative temperament, deviant peer influence, and neighborhood disorganization) are adopted in the research.

#### Results

Statistical findings indicate that the victim-offender overlap is much higher in violent than nonviolent behavior. Several psychosocial and mental health measures are found to jointly predict the different forms of offending and victimization in children and adolescents in Hong Kong.

## Conclusions

Implications for preventive measures and interventions could be derived from this study.

## Prevention

27 July 2018, 14:45 - 16:15, South Hall 2A

FP 200

### Are child ombudsmen possible way for preventive psychiatry?

I. Škodáček<sup>1</sup>

<sup>1</sup>Comenius University, Faculty of Medicine- Department of Child Psychiatry, Bratislava, Slovakia

#### Objectives

The rights of individuals with mental disorders are regulated according by the law. Observance of these regulations is monitored by Ombudsman, or the Public Defender of the Rights which was created in Slovakia with the adoption of the Constitutional Act No. 90/2001 and innovated from September 2015 with denomination the commissioner for children.

## Methods

The ombudsman paid special attention toward the young generation and also to mentally handicapped children. And this is the ground for collaboration since 2002 with child ombudsmen. They can advocate also in prevention of the Child Abuse and Neglect syndrome.

## Results

The problematic children receive little attention not only in Slovakia but similar is in many other countries. This is where the child ombudsman could act. Since December 2008 children from Slovak schools selected from their ranks a "child ombudsman" who is willing to defend the rights of every child also with mental problems. The child ombudsmen become assistants of pedopsychiatry.

## Conclusions

The Europe has been developed from April 2010 an international cooperation of child ombudspersons for preventing of mental and physical damage so called The European Network of Ombudspersons for Children. The children ombudspersons should be arranged in the public healthcare system also for positive mental health in minors and this is also way for preventive psychiatry.

## Refugees, migration and mental health issues

27 July 2018, 14:45 - 16:15, South Hall 2B

FP 201

### Refugees, stress, and mental health trajectories: Testing the beneficial impacts of humanitarian programming for youth affected by the Syria crisis

C. Panter-Brick<sup>1</sup>, M. Eggerman<sup>2</sup>, K. Hadfield<sup>3</sup>, R. Dajani<sup>4,5</sup>, A. Ager<sup>6</sup>

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<sup>6</sup>Queen Margaret University, Institute of Global Health and Development, Edinburgh, United Kingdom

#### Objectives

While many humanitarian programs seek to alleviate distress and mental health problems in crisis-affected youth, few can show rigorous evidence of beneficial impacts. Given the scale of displacement worldwide, it is vital to know what drives mental health trajectories among refugee and war-affected youth.

#### Methods

We conducted a randomized controlled trial to test the effectiveness of a structured, psychosocial program to alleviate profound stress among Syrian refugees and Jordanian non-refugees (baseline n=817) living in areas heavily affected by the Syrian crisis. Our three-wave survey included self-reported data on mental health and psychosocial wellbeing and an objective, physiological measure of chronic stress (hair cortisol), collected pre-intervention, post-intervention, and 11-month follow-up. We examined how past trauma, current insecurity, and resilience resources impacted mental health and stress outcomes over time.

#### Results

Levels of insecurity and resilience were stronger predictors of mental health and psychosocial stress trajectories than past trauma exposure. Resilience also acted as a moderator, influencing links between trauma exposure and insecurity on mental health and psychosocial wellbeing. Participation in the humanitarian



program was shown to alleviate feelings of insecurity and also regulate cortisol production.

#### Conclusions

Exposure to traumatic events impacted mental health status at baseline, but not the slope of recovery over time. By contrast, experiences of ongoing insecurity demonstrably influenced trajectories of psychosocial recovery and physiological stress. This study demonstrates which signatures of wellbeing are modifiable by structured humanitarian programming, and the extent to which psychosocial interventions may accelerate pathways of recovery in conflict-affected youth.

### Refugees, migration and mental health issues

27 July 2018, 14:45 - 16:15, South Hall 2B

FP 202

#### Psychological intervention for refugees' children in Lake Chad Region

E. Dozio<sup>1</sup>, C. Bizouerne<sup>1</sup>

<sup>1</sup>Action Contre la Faim, Mental Health and Care Practices, Paris, France

#### Objectives

The Lake Chad region has been affected for several years by the Boko Haram group. This mass violence has forced thousands of people to seek refuge and protection far from their homeland.

Refugees exposed to any kind of atrocity in their Country and during forced migration, showed important signs of psychological trauma, in particular children. Based on the analysis of the mental health and psychosocial situation of children, Action Contre la Faim implemented a psychosocial program focused on providing psychological support to affected children in most vulnerable communities of the region.

#### Methods

The psychological intervention has been provided as group sessions. Each group was composed by maximum of 8 children. Children were enrolled after a psychoeducation session. Groups' sessions have been proposed on a weekly base for a period of five weeks, respecting a specific protocol focused on strengthening the resilience process and facing the traumatic experience. The use of drawing as mediation to express and elaborate the trauma symptoms has been employed at each session.

#### Results

Around 300 children participated to the program in a period of six months. They assiduously attended the group sessions: most of them completed the whole cycle of five sessions, showing a real engagement, wiliness and need to express and overcome their emotions. At the end 90% of children showed an improvement of psychological wellbeing and a reduction of traumatic symptoms.

#### Conclusions

The group approach proposed in the program helped children to share similar experience and suffering and contributed to recreated an individual and a community resilience.

### Refugees, migration and mental health issues

27 July 2018, 14:45 - 16:15, South Hall 2B

FP 203

#### Psychological distress amongst unaccompanied asylum-seeking adolescents in Greece

I. Giannopoulou<sup>1</sup>, L. Murloukou<sup>1</sup>, C. Christodoulou<sup>1</sup>, A. Douzenis<sup>2</sup>

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<sup>2</sup>Attikon University Hospital, 2nd Department of Psychiatry, Athens, Greece

#### Objectives

The present study seeks to examine the levels of psychological distress, and risk and protective factors that might increase or ameliorate this distress amongst 100 unaccompanied asylum-seeking children (UASC), aged >14-years old, from Syria, Afghanistan, Iraq, Morocco, Pakistan, Algeria, who are accommodated in 9 Shelters run by PRAXIS in Athens and live in waiting for the final decision on the asylum or family reunification in another EU country.

#### Methods

UASC are evaluated with the Depression Self-Rating Scale (DSRS), Children's Revised Impact of Events Scale (CRIES-8), and Post-Traumatic Cognitions Inventory – child version (cPTCI). Information regarding their experiences before and during their flight and after their arrival in Greece, support networks and coping strategies is gathered from UASC. In addition, shelter coordinator completes, based on the staff's knowledge and/or observations, a checklist of behavioural and emotional symptoms that the adolescent displays.

#### Results

The data collection has not as yet been completed. However, preliminary results (based on the data analysis of 30 UASC's) point to differences in symptom severity and symptom profile between UAS Syrians and UAS of other origin. The effects of a range of risk factors (gender, pre-flight, during journey, and post-flight traumatic experiences and stresses) and protective factors (social support, enrollment in organized activities, school attendance, religiosity) on variation in symptom levels will be examined.

#### Conclusions

It is expected that the findings will inform the planning and development of helpful psychosocial interventions aiming at alleviating symptoms of psychological distress amongst UASC living in Greece.

### Refugees, migration and mental health issues

27 July 2018, 14:45 - 16:15, South Hall 2B

FP 204

#### Resettlement challenges faced by refugee families in Québec, Canada: construction of a sustainable daily routine

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<sup>1</sup>Université du Québec à Montréal, Psychology, Montréal, Canada

<sup>2</sup>Université du Québec à Montréal, Psychology, Montreal, Canada

#### Objectives

In the aftermath of the recent refugee crisis, adult refugees face significant and well-documented postmigratory challenges once in the host country. However, little is known about the resettlement process and the psychosocial needs of refugee parents, and how it impacts the family unit, especially with young children. To address this dearth in the literature, our research uses the concept of daily routine (DR), from the ecocultural theory. Studies suggest that a fundamental task ensuring family well-being is to construct a sustainable DR. Nevertheless, none of these studies has specifically looked at refugee families' DR, often undermined during forced migration. The present research aims to further understand the experience of refugee parents in Québec. More specifically, to 1) describe their daily activities, their constraints and the resources they use, 2) identify their psychosocial needs, in order to adapt the quebecois parenting support services.

## Methods

This study reports on 24 in-depth interviews with mothers of children aged between 0 and 5, from middle-east countries. Their DR were addressed through their activities, parenting values and objectives, resources, challenges and general mental well-being. A thematic analysis was led using Braun and Clark method (2006).

## Results

Preliminary results suggest that refugee parents manage to organize a DR but encounter several difficulties to sustain it, such like unemployment and lack of accessibility to child care services.

## Conclusions

Based on the results, the discussion will enable to understand how the environments that refugee parents live in influence their lives, how they respond to it and influence it in return.

## Physical disorders-mental health I

27 July 2018, 14:45 - 16:15, Terrace 2A

FP 205

### Psychiatric referral patterns of children with medically unexplained symptoms at a pediatric medical center in Thailand: a retrospective study

S. Ularntinon<sup>1</sup>, O. Pushpakom<sup>1</sup>

<sup>1</sup>Queen Sirikit national Institute of Child Health, Pediatrics, Bangkok, Thailand

## Objectives

To study clinical presentations and psychiatric referral patterns of pediatric patients who were initially diagnosed with medically unexplained symptoms by pediatric primary care providers.

## Methods

Medical and psychiatric data were obtained from medical records of patients who were diagnosed with medically unexplained symptoms (MUS) by pediatricians at the primary care clinic and emergency unit of Queen Sirikit National Institute of Child Health, Bangkok, Thailand between January 1, 2007 to December 31, 2014.

Abstracted data included presenting symptoms, the total number of visitations, and the pattern and pathway of referral to child psychiatric consultation unit.

## Results

Of 116 participants, who identified in this study, we found that MUS were more common in girls (74.1%), and mostly occurred at the age range between 6-12 years old. The most common presenting symptom was chest discomfort (73.3%). About 10 percent of patients were presented with functional headache, whereas fatigue and weakness were found in 6 percent of patients. Prevalence of referral to psychiatric consultants was 64.6 percent. Factors contributing to the referral included number of visitations, characteristics of presenting symptoms, and clinical experiences of the front-line pediatricians as gatekeeper.

## Conclusions

Recurrent and unexplained physical symptoms are common among children who have emotional difficulties. Pediatric primary care physicians have a critical role as gatekeeper in identifying the "real" cause of the symptoms through providing proper investigation and referral. Raising pediatrician's awareness of the possibility of mental health problems and creating seamlessly medical-psychiatric referral system are pivotal steps towards improving long-term health outcomes for these young patients.

## Physical disorders-mental health I

27 July 2018, 14:45 - 16:15, Terrace 2A

FP 206

### Exploring the relationship between mental health, chronic diseases and parental support: results for the adolescents in France

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<sup>1</sup>Fondation Vallée Centre hospitalier - Psychiatrie de l'Enfant et de l'Adolescent - Gentilly, Pôle Universitaire, Gentilly, France

## Objectives

Little data about the situation of mental health in adolescent with chronic diseases exists. However chronic diseases experience a complicated process of adolescence because the disease affects their bodies and their quality of life. We aim to find out the impact of the disease on the occurrence of black ideas, depression and suicidal attempts in adolescence, as well as the quality of parental support as a known protective factor in sick adolescents.

## Methods

The data comes from a mixed research that conducted on a multicenter cross-sectional school-based study "Portrait of adolescents" in three regions of France in 2013. Adolescents aged 13 to 20 were selected from 134 institutions. The data collection was conducted by using an anonymous self-questionnaire, comprising 350 questions. Chi-2 analysis was used to estimate the statistical differences between chronic disease group and healthy group.

## Results

15,235 adolescents were included in the study, 2978 were suffering chronic disease (19.5%) and 12,257 were in good health (80.5%). The result shows that adolescents with chronic diseases are more likely to have black ideas, to be depressed and to have attempted suicide (Table 1). In addition, they are less likely to benefit from parental support than healthy adolescents (Table 2).

Table 1: Bivariate relationships between chronic diseases and mental health

Variables	Chronic disease				Chi2	P	
	No		Yes				
	nb	%	nb	%			
Black idea	No	7452	62.10%	1662	56.90%	27.26	<0.001
	Yes	4546	37.90%	1263	43.10%		
Depression	No	10467	86.89%	2422	85.00%	26.99	<0.001
	Yes	1351	11.40%	428	15.00%		
Suicide attempt	No	10804	89.30%	2509	85.10%	43.66	<0.001
	Once	886	7.30%	291	9.90%		
	Many times	412	3.40%	149	5.10%		

Table 2: Bivariate relationships between chronic diseases and parental support

Variables	Chronic disease				Chi2	P	
	No		Yes				
	nb	%	nb	%			
Parental support	No	4306	36.9%	1221	42.8%	33.48	<0.001
	Yes	7363	63.1%	1634	57.2%		

## Conclusions

Chronic disease seriously affects the experience of adolescence, as well as parental support. Pediatricians and health workers should routinely ask about the condition of mental health during the assessment of adolescent with chronic disease. Further research is needed to understand the disparities about parental support.



### Physical disorders-mental health I

27 July 2018, 14:45 - 16:15, Terrace 2A

FP 207

#### Play therapy as a tool to promote resilience: normalizing in the face of the trauma of battling cancer

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<sup>3</sup>Kidwai Memorial Institute of Oncology- Bengaluru- India, Paediatric Oncology, Bengaluru, India

#### Objectives

To examine the effect of play therapy on children undergoing treatment for cancer

#### Methods

The study comprised of 20 children diagnosed with Acute Lymphoblastic Leukaemia (ALL), their mothers, and primary nurse in-charge. Purposive sampling was employed. Children were recruited if they were between 4 and 8 years, had normal intellectual functioning, and solely diagnosed with ALL, for the first time. Pre and post intervention assessment of emotional/behavioral problem indicators, responses to cancer related stressors, and play behaviors was carried out. Intervention comprised of 10 non-directive play therapy sessions, which were videotaped. Multi-informant and mixed-methods design was utilized; with a combination of standardized tools and those prepared specifically for the purposes of the study. Findings at post-assessment were compared to a healthy peer cohort.

#### Results

There were 6 girls and 14 boys, and the mean age of the sample was 59.40 ( $\pm$  10.10) months. There was attrition in the recruited sample due to death, discharge, and/or non-cooperation. From the initial 20, there were 16 children at post-intervention assessment. Between pre and post assessments, there was a significant decrease in emotional/behavioral problem indicators and significant improvement in children's responses to cancer related stressors. At post-assessment, there was significantly greater percentage of children experiencing positive affect; and play behaviors demonstrated change towards adaptability. Findings at post-assessment suggested a trend towards normalization.

#### Conclusions

In the face of dealing with the traumatic experience of battling cancer, play therapy is an effective medium to facilitate normalization; thus rendering it a tool to promote resilience.

### Physical disorders-mental health I

27 July 2018, 14:45 - 16:15, Terrace 2A

FP 208

#### Profile of consultation liaison child and adolescent psychiatry patterns in medically sick hospitalized children and adolescents

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<sup>3</sup>Mahatma Gandhi Missions Medical College and Hospital- Navi Mumbai, Department of Psychiatry, Navi Mumbai, India

#### Objectives

To assess patterns and profiles of child and adolescent consultation liaison psychiatry among hospitalized medically sick children and adolescents and explore demographic factors and correlations among relevant variables.

#### Methods

This was a cross sectional study over a period of 1 year. Inclusion criteria comprised medically sick children and adolescents who were admitted in the Hospital across respective units for medical problems and were referred for child and adolescent consultation liaison psychiatry opinion. Children and adolescents who had an inconclusive diagnosis or diagnosis deferred were excluded from the study. Data was collected with pre designed data collection form for consultation liaison psychiatry and was analyzed using SPSS.

#### Results

Sample size comprised n=128; children =76( 59.37%) and adolescents =52( 40.63%). Sex profile was 88 boys (68.75%) and 40 girls( 31.25%). Mean age was 8.32 years. Pediatrics Ward ( 81.75%) was the most common referring unit, Pediatric Neurologist( 72.36%) was the most frequent referring super specialist. Pediatric ICU also contributed to 8.72% of referrals. The most common medical diagnosis were Seizure disorder( 21.32%), Infectious Diseases( 14.79%), Metabolic disorders,(11.34%), Cancers( 8.69%), Poisonings( 7.34%) etc. Most common psychiatric diagnosis were Delirium( 22.35%) Depression(18.76%), Organic Psychosis( 14.35%), Somatoform and Dissociative disorders,(12.83%) etc. Risperidone (75.36%) was most common antipsychotic and Escitalopram( 63.45%) was the most common antidepressant advised. There were statistically significant correlations (p value<0.05) between medical and psychiatric diagnosis, age, sex and treatment given.

#### Conclusions

Our study provides new insights in consultation liaison child and adolescent psychiatry and has relevant implications from clinical and research perspectives.

### Physical disorders-mental health I

27 July 2018, 14:45 - 16:15, Terrace 2A

FP 209

#### Problematic self destructive behavioral problems that meet pediatric hospital

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#### Objectives

To evaluate deliberate self-poisoning peculiarities and circumstances between two groups: I – self-poisoning with aim to get inebriated, II - with clear aim of suicide.

#### Methods

Retrospective study that includes patients aged <18, with deliberate acute self-poisoning by medicaments, drugs or alcohol (2014 and 2016) was performed in Vilnius city clinical hospital PICU. I and II groups were compared according to sex, age, season of intoxication, severity of intoxication (GCS), used substances.

#### Results



390 cases were analysed. In I group there were 305 (78,21%), in II group - 85 (21,79%) cases. Gender distribution in I group: 62% boys and 38% girls ( $p < 0,05$ ), in II group - 13% boys and 87% girls ( $p < 0,05$ ). In group I dominant season was winter (31,2%) and spring (30,9%) in group II. Severity of intoxication was compared by GCS: in group I average score was 11,46 and 13,42 in group II ( $p < 0,05$ ). In the majority of cases in group I the cause of intoxication was alcohol 72,8%. In the majority of the cases in group II the main cause of intoxication were medications 88,9%, most commonly - benzodiazepines (43%). Other self-harm: 14% in I group, 66% in II group ( $p < 0,05$ ).

#### Conclusions

Girls are more likely to self-poison with aim of suicide, and boys - to get inebriated. Mostly adolescents attempt suicide in spring, while, in winter, most adolescents try to get inebriated. GCS scores were lower between adolescents who tried to get inebriated, the most commonly used substance was alcohol. Most common used medications to commit suicide were benzodiazepines.

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# IACAPAP 2018

UNDERSTANDING DIVERSITY  
AND UNIQUENESS

23–27 JULY 2018  
PRAGUE, CZECH REPUBLIC



## POSTER SESSIONS





## Posters in this session correspond to the following topics:

P 1.001 - P 1.095 ADHD  
P 1.096 - P 1.104 Learning Disabilities  
P 1.105 - P 1.108 Sleep Impairment  
P 1.109 - P 1.114 Tic Disorders

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.001

### A comparative study of executive functions among children with attention deficit and hyperactivity disorder and those with learning disabilities

H. Abouelwafa<sup>1</sup>, S. Ghobashy<sup>1</sup>, A. Maged<sup>1</sup>

<sup>1</sup>Alexandria university, Psychiatry, Alexandria, Egypt

#### Objectives

The aim of the work was to:-

Study executive functions among children of ADHD and children of learning disorder and to specify the affected domains in each of them.  
-Compare between the studied executive functions among children of ADHD, children of learning disorder and the control group children.

#### Methods

Study design: Comparative case-control study  
Study Setting: This study was carried out on children attending the Child and Adolescent Psychiatry Outpatient Clinic - El Hadara University Hospital  
Target population: 340 children were divided in to four groups according to their diagnosis recruited from children attending the CAPOC: Group (I): 100 children diagnosed with ADHD only  
Group (II): 80 children diagnosed with learning disorder only.  
Group (III): 60 children diagnosed with combined ADHD and specific learning disabilities disorder.  
Group (IV): 100 normal children with matching age, sex and educational level were taken as a control group  
Inclusion Criteria: Age : (6 – 13) years  
Both gender  
Diagnoses: Attention-Deficit Hyperactivity Disorder (ADHD) and learning disabilities according to the DSM –IV-TR diagnostic criteria.  
Informed and written consent of all the children's parents.  
Drug naive children.  
Exclusion criteria: History of any sensory impairment.  
History of intellectual disability.  
History or present pharmacological treatment for ADHD or learning disability.  
History of disabling neurological disorder

The studied children were subjected to :

-I) History taking for: A) Demographic data, age of onset of symptoms, developmental history, previous medical and surgical history, family history. B) Assessment of parent's parenting style with special emphasis on children exposure to abuse and neglect.  
. II) Physical and neurological examination.  
III) Psychiatric Assessment Using K-SADS which use DSM-IV-TR criteria for diagnosis .  
Psychometric assessment A) IQ testing using Stanford binnet test. B) Conner's parent rating form for ADHD (group I) and combined group (group III). C) Socioeconomic standards of the parents using modified Fahmy and Elsherbiny scale. D) Assessment of scholastic Achievement of the children through their final grades. E) Barkley deficits in executive functioning scale - children and adolescents (BDEFS-CA).

#### Results

Comparison between the different studied groups according to Executive dy-functions showed that: On applying BDEFS- CA group I children had self-restraint EF (response inhibition) to be the most affected EF in 93% followed by emotion regulation EF in 73%, while group II children had time management EF and problem solving EF (self -regulation) to be the most commonly affected domains with 81.3% for each, On the other hand group III children had time management EF to be the most affected EF in 90 % followed by problem

solving EF in 75 % while children of group IV had emotion regulation EF to be the most commonly affected EF in 4% of them, there was a statistically significant difference between the disordered children and the control group ( $p < 0.001$ ) among the five domains, post comparison test showed that group I (ADHD only) was significantly more affected regarding self- restraint EF than group II, III and IV, and regarding emotion regulation more than group II and IV while group II (LD only) was significantly more affected regarding time management EF and problem solving EF more than group I and group IV.

#### Conclusions

1) Results support our primary hypothesis in finding children with pure ADHD or pure learning disorders or both combined to exhibit more executive dysfunction than children of the control group.  
2) Group I (ADHD GROUP) with its three sub types separately (inattentive, hyperactive and combined) showed significant relation to self-restraint executive dysfunction followed by emotion regulation executive dysfunction while in group II (LEARNING DISORDER GROUP) problem solving followed by time management showed to be significantly dysfunctional.  
3) It was found that recurrent accidents are significantly related to time management executive dysfunction.  
4) Risk factors were found to affect specific executive function domains including different psychiatric comorbidities as epilepsy comorbidity and Younger Age (age less than 10 years) were found to be a significant risk factors for problem solving executive dysfunction.  
5) Lower socioeconomic standards and younger age <10 years was found to be a significant risk factor for Self-restraint (inhibition) executive dysfunction.  
6) Male sex was found to be a significant risk factor for self -motivation executive dysfunction, it was found also to be the most significantly associated EF with scholastic achievement (scholastic achievement was also significantly related to IQ but insignificantly related to Conner's score).  
7) Psychiatric comorbidity as Disruptive behavior disorders (including ODD and conduct disorder) and mood disorders, Abuse whether physical or sexual and neglect and low socioeconomic standards were found to be risk factors for emotion regulation executive dysfunction.  
8) BDEFS-CA is newly translated and tested for reliability in Arabic language reliable to be used for rating executive functions in children and adolescents

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.003

### Emotional expression in child and adolescent with ADHD

J.A. Alda<sup>1</sup>, A. Gonzalez-Lorza<sup>1</sup>, A. Huguet<sup>1</sup>

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#### Objectives

Emotional expression can be defined as the outward appearance of an individual in terms of affect and expressed emotions, either positive or negative. There is little research on the impact treatment can have on emotional processing. This research aims to evaluate emotional expression on 22 children and adolescents, in the moment previous to treatment, and after the first, third and sixth month, and assess if there is a significant change

#### Methods

Multicentric, observational and naturalistic study composed of 22 naïve children and adolescents diagnosed of ADHD. Participants were recruited by the ADHD unit of the pediatric Hospital Sant Joan de Deu and 5 mental health centers adjunct to the hospital. Participants were required to meet the criteria for ADHD by clinical assessment and ADHD Rating Scale (ADHD RS). Data were collected at baseline (previous to treatment); and months 1, 3 and 6. Emotional expression was assessed with the Emotional Expression



Scale for Children and was completed by tutors.

In addition, it is intended to measure if there is a relationship between the three domains evaluated by EESC (positive emotions, emotional blunting and emotional lability); type of treatment (pharmacological or psychotherapy) and the patient's profile.

### Results

Results were analyzed using mixed model repeated measures, t test for repeated measures and analysis of variance (ANOVA). After six months of pharmacological treatment, there is a significant improvement in emotional blunting ( $p=0.023$ ), with slight changes in the rest of domains and total score, without reaching significance.

### Conclusions

Findings suggest that after initiating pharmacological treatment for 6 months, ADHD patients show a significant improvement in emotional blunting, with slight changes for positive emotions, emotional lability and EESC total score with being significant ( $p>0,05$ ).

Results should be interpreted with caution due to the small sample.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.004

### Video game as a learning tool for children with ADHD: a pilot study

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### Objectives

To analyze the efficacy of an educational video game as a learning tool for children with ADHD

### Methods

28 children between 8 and 12 years were recruited, randomized in two groups (naïve children with ADHD ( $n=13$ ) and healthy children  $n=15$ ). An educational game with 12 educational goals was selected. Groups were divided into two subgroups: one went through a conventional class and the other played the game for around 20 minutes. Children were asked to fill a questionnaire about the educational goals before and after the session. Answers between both groups were compared to analyze the amount of knowledge acquired

### Results

Knowledge results of children with ADHD were significantly lower than healthy children both before (average score on a scale of 10 of 2.2 versus 3.4) and after the session (average score 4.0 versus 7). Both groups improved after the session, but major improvements were shown in the control group (127% versus 83.9%). In both groups, the improvement was significantly higher in children that played the video game in contrast of those that attended the class. Proportionally this improvement is higher in the case of children with ADHD (137% game versus 26% class) than in the control group (196% game versus 77%). (see Table 1)

		ADHT group				Control group					
		class		game		class		game			
		Before	After	Before	After	Before	After	Before	After		
Answers (over 12)	Average number	6,2	6,8	6,3	9,8	8,3	12,0	7,9	11,8		
	Standard deviation	2,9	2,6	2,3	2,4	1,7	0,0	1,4	0,3		
	Percentage	51,4	56,9	52,8	81,9	69,0	100,0	65,6	97,9		
Score (over 10)	Average	2,1	2,6	2,2	5,3	4,2	7,4	2,7	8,0		
	Standard deviation	1,0	1,2	0,7	1,1	1,2	0,4	0,4	0,7		
Percentual increment in the number of answered questions				10,8		55,3		44,8		49,2	
Percentual increment of the score				26,7		137,5		77,1		196,2	

### Conclusions

The results of this pilot study suggest that serious games can be an effective educational tool for the entire child population and especially for children with ADHD.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.005

### Work with ADHD children and their families – Serbian experience

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### Objectives

In the clinic sample with the ADHD diagnosis are 15-20% children at Department for Specialist Consulting, Institute of Mental Health.

### Methods

In diagnosis procedure we use, beside structural psychiatric interview, standard psychological tests. Neurological check up with the point to the presence of "soft signs" is required as well. We also interesting in how parents cope with this children, so we use clinical scales such as IOWA and FACES IV (for asseinsg parental functioning).

### Results

A significant place in the treatment belongs to the work in small group with children and parallel group with parents. Groups consist of 5-7 children, age-balanced, to provide approximately the same level of cognitive development and understanding. We use the psychoeducative approach- children learn how to solve different social problems, stimulating social skills, how to relax and control impulsiveness. In parents group we discuss the core behavioral problems in ADHD- lack of attention, hyperactivity and impulsivity. Parents learn how to cope with daily routing with their ADHD kids. They also discuss with pedagogue how to adopting better learning strategies, how to better cooperate with school and also about psycho pharmacotherapy.

### Conclusions

We will present our workshop activities through the sessions and discuss the challenges in group therapy with ADHD children and their parents.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.006

### Comparison of impulsivity levels in internalizing, externalizing and combined disorders among adolescents

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#### Objectives

It was aimed to investigate whether impulsivity is a specific subdimension of attention deficit hyperactivity disorder (ADHD) and/or disruptive behavior disorder (DBD).

#### Methods

Cases between the ages of 11 and 18 years (n = 201; 94 female and 107 male) were included into this study who applied to the Child and Adolescent Psychiatry outpatient clinic. The adolescents never had previous psychiatric evaluation and pharmacological treatment for any psychiatric disorder. After structured diagnostic interview (K-SADS-PL), all parents were asked to evaluate psychiatric symptoms in their children using the Conners Parent Rating Scale (CPRS). All adolescents completed Barratt Impulsivity Scale-11 (BIS-11) for assessing the impulsivity levels of the cases. The cases with ADHD predominantly inattentiveness type (ADHD-I) were defined as group 1, ADHD combined type (ADHD-C) as group 2, ADHD plus DBD as group 3, ADHD plus any anxiety disorder/major depressive disorder (ANX/MDD) as group 4, only ANX/MDD as group 5.

#### Results

ADHD plus ANX/MDD group had significantly higher levels of attentive impulsivity subscore than only ADHD-I group. ADHD plus ANX/MDD group had significantly higher levels of non-planning impulsivity subscore than only ADHD-I and only ANX/MDD groups. ADHD plus ANX/MDD group had significantly higher levels of motor impulsivity subscore than only ADHD-I (Table 1). Correlation analysis revealed significant correlation between all subscales of CPRS and total and all subscales of BIS (Table 2).

Table 1. Demographic characteristics and ratings on clinical scales

	ADHD D/I N=51	ADHD /C N=50	ADHD + DBD N=21	ADHD+ ANX/M D N=27	ANX/ MD N=52	F <sup>a</sup> / $\chi^2$	p	Contrasts
Age (Years; Mean $\pm$ SD)	14.65 $\pm$ 1.89	14.27 $\pm$ 1.53	13.93 $\pm$ 1.69	14.52 $\pm$ 1.70	14.95 $\pm$ 1.80	1.72	0.14	
Male, n(%)	30 (58.8)	40 (80)	11 (52.4)	8 (29.6)	18 (34.6)	28.31	0.000	
SES	8.27 $\pm$ 2.42	8.14 $\pm$ 1.75	7.38 $\pm$ 2.22	7.55 $\pm$ 2.29	7.36 $\pm$ 2.21	1.66	0.16	
CPRS-HA	3.06 $\pm$ 2.42	5.21 $\pm$ 2.32	6.75 $\pm$ 2.04	6.00 $\pm$ 3.19	2.22 $\pm$ 1.90	23.62	0.000	1=5<2<3 =4
CPRS-I	5.04 $\pm$ 2.69	8.21 $\pm$ 2.89	10.90 $\pm$ 3.47	8.75 $\pm$ 4.16	4.24 $\pm$ 2.54	24.83	0.000	1=5<2=4 <3
CPRS-CP	1.71 $\pm$ 1.24	3.66 $\pm$ 2.23	7.05 $\pm$ 4.32	4.28 $\pm$ 3.21	2.34 $\pm$ 2.00	19.01	0.000	1=5<2=4 <3
CPRS-OP	5.67 $\pm$ 2.57	7.10 $\pm$ 2.56	10.70 $\pm$ 2.55	8.14 $\pm$ 3.42	4.52 $\pm$ 2.44	21.45	0.000	1=2<5<3 =4
CPRS- Anxiety	5.06 $\pm$ 2.85	4.45 $\pm$ 2.29	8.40 $\pm$ 4.67	10.15 $\pm$ 3.77	6.55 $\pm$ 3.50	13.80	0.000	1=5<2=3 =4
BIS-Total	64.19 $\pm$ 10.63	67.60 $\pm$ 10.9	69.66 $\pm$ 9.11	73.77 $\pm$ 8.79	65.07 $\pm$ 9.96	4.90	0.001	1=5<4 2=3=4 1=2=3
BIS-Attention	16.88 $\pm$ 4.08	18.16 $\pm$ 3.63	19.19 $\pm$ 3.66	20.51 $\pm$ 4.05	17.90 $\pm$ 4.54	3.92	0.004	1<4 2=3=4=5 1=2=3=5
BIS-Planning	27.52 $\pm$ 4.93	28.34 $\pm$ 4.81	28.76 $\pm$ 3.92	30.85 $\pm$ 4.46	27.21 $\pm$ 5.15	2.92	0.022	1=5<4 2=3=4 1=2=3
BIS-Motor	19.78 $\pm$ 3.85	21.10 $\pm$ 4.29	21.71 $\pm$ 4.47	22.40 $\pm$ 4.64	19.96 $\pm$ 3.95	2.58	0.038	1<4 2=3=4=5 1=2=3=5

<sup>a</sup>Means adjusted for gender

Note: ADHD/I: Attention Deficit Hyperactivity Disorder/Predominantly Inattentive type; ADHD/C: ADHD/Combined type; DBD: Disruptive Behavior Disorder; ANX/MDD: Any Anxiety Disorder/Major Depressive Disorder; SES: Socioeconomic Status; CPRS: Conners Parent Rating Scale; HA: Hyperactivity; I: Inattentiveness; CP: Conduct Problems; OP: Oppositional Problems; BIS: Barratt Impulsivity Scale.

Table 2. Symptom correlations between impulsivity and inattentiveness, hyperactivity, oppositionality, conduct, anxiety

	BIS-Total	BIS-Attention	BIS-Motor	BIS-Planning
CPRS-CP	0.245**	0.221**	0.203**	0.154*
CPRS-ODD	0.332**	0.278**	0.285**	0.230**
CPRS-HA	0.217**	0.210**	0.155*	0.172*
CPRS-I	0.273**	0.265**	0.267**	0.158*
CPRS-Anxiety	0.332**	0.272**	0.290**	0.247**

#### Conclusions

Impulsivity is also seen in internalizing disorders as seen in externalizing disorders. Cases of ADHD plus ANX/MDD may especially have an increased risk of impulsivity.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.007

### The effects of therapeutic horse riding program on attention, emotion and behavior in adolescents with ADHD

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**Objectives**

The purpose of this study is to examine the effects of therapeutic horse riding on adolescent with attention-deficit hyperactivity disorder (ADHD) in terms of attention, emotion and behavior.

**Methods**

The subjects were seven adolescents with ADHD. They participated in a therapeutic horse riding program of 60 minutes long, twice a week for 8 weeks. The participants' attention, emotion and behavior level were measured before and after 8 weeks of program with the following methods; Comprehensive Attention Test (CAT), Youth Self Report (YSR), Children's Depression Inventory (CDI) and Revised Children's Manifest Anxiety Scale (RCMAS) reported by subject, and Child Behavior Checklist of Ages between 6-18 (CBCL) reported by their parents. The data was analyzed by paired t-test using the SPSS.

**Table 1. The horse riding program**

session	preparing (5 min)	Warming up (10 min)	Hippotherapy (40 min)	Wrap up (5 min)
1 <sup>st</sup>			mounting & dismounting Basic posture at the walk Learning walk & halt aids	
2 <sup>nd</sup>			Learn to hold the reins and changing direction with 10 corns at the walk	
3 <sup>rd</sup>			Half seat posture using hands at the walk	
4 <sup>th</sup>			2 point at the walk and Half seat using hands at the trot	
5 <sup>th</sup>			2 point at the walk and trot	
6 <sup>th</sup>			posting trot at the ring	
7 <sup>th</sup>			posting trot at the ring	
8 <sup>th</sup>	Change outfit and tack up a horses with a instructor	mounting & warm up	posting trot at the half arena	cool down & Feedback
9 <sup>th</sup>			posting trot with change diagonal at the half arena	
10 <sup>th</sup>			posting trot with 20m circle at the half arena	
11 <sup>th</sup>			posting trot with 10m circle at the half arena	
12 <sup>th</sup>			posting trot with 20m circle, spiral in to 10m circle, spiral back out at the half arena	
13 <sup>th</sup>			posting trot with change short diagonal at the full arena	
14 <sup>th</sup>			posting trot with Serpentine at the full arena	
15 <sup>th</sup>			posting trot with Serpentine at the full arena	
16 <sup>th</sup>			posting trot with Figure 8 at the full arena	

**Results**

After 8 weeks of therapeutic horse riding program, there was a significant improvements on CBCL. However, the CAT and YSR changes did not reach statistical significance.

**Table 2. CBCL paired sample t- test results**

CBCL scale	Pre-program	Post-program	t	p
	Mean (SD)	Mean (SD)		
Total Problem Score	70.43 (6.80)	59.71 (7.74)	3.78	.01**
Anxiety/Depressed	66.71 (5.56)	59.57 (7.25)	4.75	<.01**
Withdrawn/Depressed	61.71 (5.65)	59.29 (6.47)	1.37	.22
Social Problems	70.57 (2.70)	62.57 (6.71)	3.23	.02*
Attention Problems	67.00 (6.90)	58.86 (4.78)	2.90	.03*
Rule-breaking Behavior	67.14 (8.26)	62.00 (9.35)	1.67	.15
Aggressive Behavior	66.00 (7.81)	59.29 (6.82)	3.78	.01**
ADHD Problems	65.14 (3.44)	57.29 (3.68)	5.53	<.01**
Oppositional Defiant Problems	67.43 (8.77)	58.57 (6.19)	4.27	.01**
Conduct Problems	67.00 (9.02)	60.86 (8.88)	1.84	.12
Total Adaptive Score	40.86 (6.26)	48.57 (11.00)	-2.64	.04*

CBCL, Child Behavior Checklist for Ages 6-18=T scores  
SD, Standard deviation. \* : p<.05, \*\* : p<.01

**Conclusions**

The result indicates that therapeutic horse riding has a positive effect on adolescents with ADHD in emotion and behavior reported by parents. This study suggests that therapeutic horse riding could be considered an effective method on adolescents with ADHD to improve emotional stability.

**Poster session 1**

24 July 2018, 07:30 - 13:00, Poster Area

P 1.008

**Is it only ADHD? – A clinical case study of a girl with history of early deprivation.**

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**Objectives**

It is generally accepted that early deprivation due to institutional care is associated with increased risk of life-long mental health problems. A large pool of data provides evidence to the relationship between early attachment deficits and symptoms that may fall within or resemble a neurodevelopmental condition including ADHD.

**Methods**

As an illustration of deprivation-related inattention/overactivity and broader neurodevelopmental problems, the authors present a case study of a 7-year old girl referred to the day department of the Clinic of Child Psychiatry "St. Nikolas" for overactivity, learning problems, difficulties in peer relationships and challenging behavior at home. The girl was born prematurely by a mother with alcoholism, placed at age 2 months in institutional care and adopted 3 years later. A comprehensive diagnostic assessment was conducted using: clinical interview and observation, interview with the mother, information from school, HAWIK-R, Development Profile 3 (DP3), Conners, Strengths and Difficulties Questionnaire (SDQ), complex assessment of speech and language.

## Results

The criteria for ADHD diagnosis were not reached, although the child presented with overactivity and behavior dysregulation that may be attributed to the deficits in the attachment bond. Intellectual capacity falls within the borderline range, with marked executive functioning deficits. Conners Scale results reveal high scores on: social problems, separation anxiety and learning difficulties.

## Conclusions

Authors reflect on challenges in the process of differential diagnosis of neurodevelopmental disorders when effects of early deprivation and attachment problems intermingle with biological and environmental risk factors. Possible therapeutic interventions in these cases are also discussed.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.009

### The ADHD symptomatology in a Romanian sample of psychiatric adult patients and the risk of substance addiction

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## Objectives

60% of the ADHD symptoms experienced in childhood, remain burdensome and cause dysfunctionality in adulthood. Although this diagnosis has become increasingly known worldwide, in Romania a lot of adult psychiatrist avoid making this diagnosis.

This study investigates if the symptoms encountered in the study subject's childhood are persistent in adulthood, in a group of patients admitted in a psychiatry hospital, in a department with an addiction profile. We also aim to investigate the correlation between the presence of ADHD symptoms and the risk of alcohol or another psychoactive substance abuse.

## Methods

The data were provided after the characterization of the groups according to final scores after applying DIVA (instrument for adult ADHD diagnosis). The questionnaire will be applied to two groups: a group of admitted patients in psychiatry services with an addiction profile, and the second group consisting in subjects from general population in the same age range and sex distribution. An exclusion criteria for the two groups will be mental delays.

## Results

The groups will each consist of 50 subjects. We will investigate statistical correlation regarding the presence of ADHD symptoms in the two groups, the risk of alcohol and other psychoactive substances addiction in the subjects with ADHD symptoms at least at a subclinical intensity, especially in those with comorbid behavioral disorders.

## Conclusions

Positive correlations should help me raise the awareness regarding the use of ADHD diagnosis in Romanian adult psychiatry services. This increased awareness should better orient the intervention (both pharmacological and

psychotherapeutic) in the case of this patients.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.010

### Determination of Serum VEGF levels in attention deficit hyperactivity disorder

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## Objectives

Attention-deficit/hyperactivity disorder (ADHD) is a persistent neurodevelopmental disorder. Recent studies have investigated the relationship between ADHD and neurotrophic factors in children and adults. Vascular endothelial growth factors (VEGF) are a major angiogenic growth factor. The effect of VEGF on neuronal development is known, but its relationship with ADHD, a neurodevelopmental disorder, has not yet been fully elucidated. In this study, we aimed to compare serum VEGF levels between a healthy control group and in ADHD patients to help determine the association between serum VEGF levels and ADHD.

## Methods

This study sample included forty-four patients diagnosed with ADHD and 43 healthy volunteer controls from the Gazi University Medical Faculty, Child and Adolescent Psychiatry Department. Blood samples were taken from patients and the healthy control group to assess their serum VEGF levels.

## Results

This study included 44 patients diagnosed with ADHD and 43 control subjects. There were no significant differences between the patient and control groups with respect to age and gender ( $p > 0.05$ ). The mean VEGF level of the children was  $333.6 \pm 209.8$  in the ADHD group and  $341.3 \pm 201.8$  in the control group.

## Conclusions

There were no significant difference in serum VEGF levels between the ADHD and control groups. Our results are inconsistent with the previous animal studies. This is the first human study investigating serum VEGF levels in ADHD patients, so there is a need to replicate these findings. It is possible that animal models don't accurately represent human ADHD and/or VEGF levels in ADHD may not reflect central VEGF levels.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.011

### ADHD and time perception styles

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### Objectives

ADHD is a neurodevelopmental disorder that significantly affects not only childhood but the entire lives of the affected individuals. Apart from the difficulties associated with the major symptomatology (hyperactivity, impulsivity and inattention), disabilities are also very common in executive functioning, including time perception and time perspective, in the meaning of individual style of time perception. The objective of the presented study was to examine the relationship between intensity of ADHD symptomatology among young adults (20-30 years) and styles of time perception.

### Methods

To examine the objective of the study we employed self-assessment questionnaires: Zimbardo Time Perspective Inventory (ZTPI), Adult ADHD Self-Report Scale (ASRS), Wender Utah Rating scale (WURS). The sample consisted of n=200 young adults (avg age 25, 1 years). Gender ratio was equal.

### Results

The study found strong correlation between the intensity of ADHD symptoms measured by ASRS and the Hedonist Present style of time perception measured by ZTPI ( $r=0,8$ ,  $p<0,01$ ), the relationship between ASRS score and the Fatalist Present style of time perception is also suggested ( $r=0,4$ ,  $p<0,01$ ).

### Conclusions

The study suggests possible relationship between the intensity of ADHD symptoms and time perception styles focused on present (Hedonist Present and Fatalist Present time perception styles). The findings are in accordance with the usual problems of persons with ADHD in the area of executive functioning especially regarding organizing, planning and control. The findings suggest important direction for further research.

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## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.013

### Sleep disturbances in ADHD, objectively and no-objectively measured

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### Objectives

To evaluate the prevalence of sleep disorders in children with ADHD (naïve) compared with healthy children.

### Methods

Observational, case-control, cross-evaluation study matched by age and sex. The case group consists of 60 children with ADHD and the control group of 60 healthy children. K-SADS-PL interview was administrated to assess the presence and presentation of ADHD. Sleep disturbances were measured by actigraphy, the Sleep Disturbance Scale for Children (SDSC) and a sleep diary. Participants ward an actigraph on the non-dominant hand during 7 days and parents completed the SDSC and a sleep diary.

### Results

The results show more difficulties in the ADHD group than in the control group to initiate and maintain sleep ( $p=0.008$ ), more respiratory problems ( $p=0.015$ ), major changes in transit wake/sleep ( $p<0:01$ ) and excessive sleepiness ( $p<0.01$ ) according to the SDSC, and more awakenings during the night ( $p=0.016$ ) and increased sleep latency ( $p<0:01$ ) according to the sleep diary. No differences are observed between ADHD and controls in actigraph measures. The sleep diaries from both groups reported less sleeping difficulties than those reported by the actigraphy: get up later ( $p=0.002$  ADHD group;  $p<0:01$  control group), more total sleep time ( $p<0:01$ ), more total time in bed ( $p<0:01$ ), less number of awakenings ( $p<0:01$ ), increased latency ( $p<0:01$ ) and better sleep efficiency ( $p<0:01$ ).

### Conclusions

Children with ADHD seem to have more sleeping difficulties than healthy children, according to the SDSC and the sleep diary. Actigraphy result indicates no differences in sleep disturbances between both groups.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.014

### Omega-3 Polyunsaturated Fatty Acids in children with attention deficit hyperactivity disorder

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### Objectives

Deficiency in omega-3 polyunsaturated fatty acids (n-3 PUFAs), a type of essential fatty acids (EFA), has been associated with cognitive function and emotional regulation, and it has also been associated with the manifestation of attention deficit hyperactivity disorder (ADHD). This study investigated the association of n-3 PUFAs and clinical symptoms in children with ADHD.

### Methods

First part of the study examined the n-3 PUFAs intake, EFA deficiency, ADHD symptom severity and neurocognitive function in 21 children diagnosed with DSM-IV ADHD and 21 typically developing youth (TD). The second part of the study is the meta-analysis of 7 clinical trials of n-3 PUFAs supplementation in youth with ADHD (n=534).

### Results

The children with ADHD, when compared with TD, had a greater severity of EFA deficiency ( $7.24 + 4.56$ ,  $p= .02$ ). Moreover, severity of ADHD symptoms was positively correlated with severity in EFA deficiency. Meta-analysis showed children with ADHD had lower levels of total n-3 PUFAs ( $g=-0.58$ ,  $p=0.0001$ ), and n-3 PUFAs supplementation, compared to placebo, improved total ADHD scores in children with ADHD ( $g=0.38$ ,  $p<0.0001$ ).

### Conclusions

Children with ADHD had a higher EFA deficiency and lower levels of n-3 PUFAs. Moreover, n-3 PUFAs supplementation improved inattention and hyperactivity symptoms in children with ADHD. Our study further supports the role of n-3 PUFAs in ADHD. N-3 PUFAs may serve as a potential alternative treatment option for children with ADHD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.015

## Improvements in inattention and impulsivity/hyperactivity after consuming phosphotidylserine-containing supplements in ADHD multi-ethnic Asian children

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### Objectives

Attention Deficit Hyperactivity Disorder (ADHD) is characterized by behaviours that can result in performance issues in social and education. Phosphotidylserine (PS) supplements were reported to improve ADHD symptoms by Manor et al and Vaisman et al. We aim to evaluate if improvements are seen in a multi-ethnic Asian population.

### Methods

This is a prospective open-label pilot study with 13 ADHD boys aged 6-13 consuming 6 months of PS supplements. They were evaluated for mean T-score improvement (TSI) in symptoms using Conners 3rd Edition Parents Rating Scale (Conner-3P), and Test of Variable Attention (TOVA), at start (T0), 3rd (T3) and 6th (T6) month. Those with no improvement at T3 will have their dosage doubled and symptoms re-evaluated.

### Results

Our preliminary analysis of n=5 showed improvement in Conner-3P mean TSI for inattention (IN=11.8, AN=14.8), impulsivity/hyperactivity (HY=11.4, AH=11), and executive function (EF=14.6) from T0-T6. 2 boys who doubled dosage showed overall improvement in Conner-3P mean TSI (IN=3.5, AN=8, HY=5.5, AH=4.5, EF=10) from T0-T6. Those presenting with severe symptoms globally showed better mean TSI than those with milder symptoms (GI=25.3 vs -0.5) from T0-T6. Improvement in mean difference of TOVA attention comparison score by 1.3 was also observed from T0-T6.

### Conclusions

Our results showed that PS helps with inattention, impulsivity/hyperactivity and executive function in ADHD boys. It also suggested better improvement in those with more severe symptoms. These findings may allow PS to be considered an alternative therapy to stimulants. The results are preliminary of n=5, and final results for n=13 will be reported in the poster.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.016

## Sexually transmitted infection among adolescents and young adults with attention-deficit hyperactivity disorder: a nationwide longitudinal study

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### Objectives

Previous studies suggested that ADHD was related to risky sexual behaviors, which have been regarded as a major risk factor of sexually transmitted

infection (STI). However, the association between ADHD and subsequent STIs remained unknown.

### Methods

Using the Taiwan National Health Insurance Research Database, 17898 adolescents and young adults who were diagnosed with ADHD by psychiatrists and 71592 age-/sex-matched non-ADHD comparisons were enrolled between 2001 and 2009 and followed up to the end of 2011 in our study. Subjects who developed any STI during the follow-up period were identified. Cox regression analysis was performed to examine the risk of STIs between patients with ADHD and non-ADHD comparisons.

### Results

Patients with ADHD were prone to developing any STI (hazard ratio [HR]: 3.36, 95% confidence interval [CI]: 2.69~4.21) after adjusting for demographic data, psychiatric comorbidities, and ADHD medications compared with the comparison group. Substance use disorders (HR: 1.94, 95% CI: 1.27~2.98) were also associated with the STI risk. Both short-term use (0.70, 95% CI: 0.53~0.94) of and long-term use (HR: 0.59, 95% CI: 0.37~0.93) of ADHD medications were related to a reduced risk of subsequent STIs.

### Conclusions

Adolescents and young adults with ADHD had an elevated risk of developing any STI later in life compared with the non-ADHD comparisons. Patients with ADHD who also had substance use disorders were at the highest risk of subsequent STIs. Treatment of ADHD medications was associated with a reduced risk of subsequent STIs.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.017

## Attention deficit hyperactivity disorder and mortality: a population-based cohort study and meta-analysis

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### Objectives

To investigate overall and cause-specific mortality in ADHD cases compared to age- and gender-matched controls using a national population-based database and meta-analysis.

### Methods

A retrospective cohort study was conducted utilizing Taiwan National Health Insurance Research Database. The ADHD group comprised 275,980 newly diagnosed individuals aged 4-44 years old between January 1, 2000 and December 31, 2012. All individuals with ADHD were compared with 1,931,860 gender- and age-matched controls without ADHD. All subjects were follow-up from the index date to the date of death, migration, or



December 31, 2013. The association between ADHD and suicide-, accident-, murder-, and natural-cause mortality was performed by a competing risk adjusted Cox regression controlling for other causes of mortality and potential confounding factors. We performed a meta-analysis of studies investigating the association between ADHD and specific causes of death.

### Results

After controlling for potential confounders, ADHD cases had significantly higher mortality from suicide (adjusted hazard ratio [AHR]: 2.14, 95% confidence interval [CI]: 1.65-2.77), accidents (AHR 1.30, 1.10-1.52) and murder (AHR 1.99, 1.08-3.66). Elevated natural-cause mortality in unadjusted models was substantially attenuated (AHR 0.87, 0.77-1.18) after adjustment for congenital anomaly and psychiatric comorbidities. The association between ADHD and elevated adjusted all-cause mortality was more pronounced in females than males. In the meta-analysis, the increased causes of mortality were mostly due to suicide (risk ratio 2.32, 95% CI 1.44- 3.74), and accident (risk ratio 1.31, 95% CI 1.12 - 1.53), but not significantly found in natural-cause mortality (risk ratio 1.18, 95% CI 0.61- 2.27).

### Conclusions

ADHD is associated with increased mortality especially in females. After adjustment for potential confounders, excess mortality from unnatural causes persists, especially suicide mortality, but no independent association is found with natural-cause mortality.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.018

### Positive association between the activation in reward pathway and intelligence among healthy parents with attention deficit hyperactivity disorder offspring

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#### Objectives

Altered reward processing has been noted in attention-deficit hyperactivity disorder (ADHD) patients and their unaffected family members and regarded as promising endophenotype. Whether the reward processing is influenced by other neuropsychological correlates is unknown. The aim of this study is to probe the association between the activity in reward pathway and intelligence among healthy parents with ADHD offspring.

#### Methods

Fifteen healthy parents with ADHD offspring and 16 healthy controls matched for age, sex and years of education were recruited. The Wechsler Adult Intelligence Scale-Revised (WAIS-R) was used to measure intelligence. All participants underwent event-related functional magnetic resonance imaging (fMRI) while performing the Iowa gambling test (IGT), a test for detection of decision-making and reward system processing.

#### Results

Intelligence was found to be related with the activity in medial prefrontal cortex (mPFC) during winning (Full IQ:  $r = 0.53$ ,  $P = 0.044$ ) and losing situation (Full IQ:  $r = 0.72$ ,  $P = 0.002$ ; verbal IQ:  $r = 0.712$ ,  $P = 0.003$ ) in healthy parents with ADHD offspring using the IGT. These effects remained significant after controlling the effect of age. No significant association was found among control.

ROI	ADHD parents (N = 15)			Controls (N = 16)		
	PIQ	VIQ	Full IQ	PIQ	VIQ	Full IQ
<b>Losing</b>						
ACC	0.13	0.37	0.27	0.36	0.31	0.38
Left OFC	-0.01	0.16	0.09	0.13	0.15	0.18
Left striatum	0.06	0.36	0.31	0.21	0.20	0.24
Left insult	0.21	0.21	0.16	0.13	-0.02	0.07
Medial PFC	0.43	0.71*	0.72**	0.20	0.19	0.22
Right OFC	0.22	0.30	0.26	0.31	-0.11	0.10
Right striatum	0.16	0.27	0.31	0.34	-0.12	0.01
Right insula	0.14	0.20	0.11	0.42	-0.11	0.18
<b>Winning</b>						
ACC	0.03	0.01	-0.04	-0.02	0.34	0.14
Left OFC	-0.21	-0.18	-0.26	0.05	0.38	0.26
Left striatum	-0.49	-0.23	-0.36	-0.15	0.25	0.06
Left insult	0.05	-0.04	-0.11	-0.21	-0.17	-0.19
Medial PFC	0.27	0.50	0.53*	0.12	0.44	0.28
Right OFC	-0.04	-0.20	-0.24	0.13	-0.09	-0.10
Right striatum	-0.01	-0.12	-0.06	0.09	-0.09	-0.13
Right insula	-0.10	-0.11	-0.20	0.27	0.05	0.15

ACC: anterior cingulate cortex; OFC: orbitofrontal cortex; PFC: prefrontal cortex  
\*:  $P < 0.05$ ; \*\*:  $P < 0.01$ .

### Conclusions

The activation of mPFC is positively associated with intelligence during decision making and reward processing among healthy parents with ADHD offspring, especially under negative situation, but not in healthy controls. The finding suggests possible differences in the higher modulation mechanism facing punishment in this population.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.019

### Structural covariance in internet gaming disorder with comorbid attention-deficit/hyperactivity disorder

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#### Objectives

Internet gaming disorder (IGD), a type of addictive disorder in DSM-5, frequently associated with several disorders such as attention-deficit/hyperactivity disorder (ADHD). We explored properties of structural covariance in IGD



subjects with or without ADHD comorbidity (IGD-ADHD).

## Methods

T1-weighted images of 101 subjects (IGD: 53, IGD with ADHD: 48) were acquired with 3T MRI. Both cortical parcellation and subcortical segmentation were performed via Freesurfer 6.0 pipeline. Using normalized cortical thickness and intracranial volume-controlled subcortical volume in each subject, partial least squares regression analysis for each region of interest (ROI) was performed with the rest ROIs across each group. The permutation test was performed to get structural covariance matrix consisting of statistically significant, against null distribution, edges. Finally, group difference in covariance at each edge was acquired.

## Results

IGD subjects with ADHD showed more complicated covariance network showing more between ROIs in different lobes and had a cluster consisting larger number of ROIs.

## Conclusions

Our results suggest that complicated structural covariance network is a characteristic feature in ADHD comorbidity in IGD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

### P 1.020

#### Are low dosage of Methylphenidate more efficient than normal dosage in adolescents with ADHD and SMD? 2 cases report

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## Objectives

There is an overlapping between attentional deficit/hyperactive disorder (ADHD) and severe mood disorder (SMD) symptoms regarding the functional impact of emotional dysregulation on attention capacities, defiant behaviour and consequences on family – scholar – peer functioning (1)(2). Medical literature data is in favor of treatment by Methylphenidate (MTP) for patients suffering from ADHD and SMD(1)(2). Some Adolescents diagnosed with ADHD and SMD have developed side effects with treatment dosages for ADHD ranging from 0.8 to 1.2 mg/Kg/J (3). However, little is known about the target dosage in SMD with a ADHD comorbidity (1)(4).

## Methods

2 adolescent patients consulting in a learning disorders evaluation unit, fulfilling criteria for ADHD and SMD were treated with MTP at usual dosage and experienced side effects, in particular somatic complaints and anxiety increase. The dosage of MTP was lowered to 0.45 mg/Kg/J. Efficacy and adverse effects were assessed after 3 and 6 weeks, with validated clinical scales

## Results

The follow up at 3 and 6 weeks of pharmacological treatment showed a better clinical tolerance, increased attention and decreased of anxiety

## Conclusions

These 2 patients with ADHD and SMD showed a better clinical response to their ADHD symptoms and a better tolerance profile with lower dosage of MTP compared to the usual dosage in ADHD. There is a need for trials evaluating the optimal dosage of MTP on the treatment of ADHD associated with SMD, as these two medical conditions bring specific and complex clinical profiles.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

### P 1.021

#### Comparison of creativity between children with and without attention deficit hyperactivity disorder: a case-control study

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## Objectives

The aim of this study was to compare creativity in children with and without attention deficit hyperactivity disorder.

## Methods

This was an analytic and descriptive study. Participants were 33 children aged 7-12 years selected from a child and adolescent psychiatric clinic at Imam Hossein hospital (Tehran, Iran), who were diagnosed with ADHD by a child and adolescent psychiatrist. They met the DSM-IV diagnostic criteria for ADHD and had no comorbidity according to K-SADS (Kiddi-Scadule for Affective disorders and Schizophrenia). The Figural TTCT (Torrance Test of Creativity Thinking) and Raven Intelligence test were performed for them. They were requested not to take stimulant before the Figural TTCT. Thirty-three age and sex-matched children selected from the regional schools were recruited for the control group. They did not have any psychiatric disorders according to K-SADS. The Figural TTCT and Raven Intelligence test were conducted for the controls as well.

## Results

No statistically significant difference was found in the intelligence score between two groups and there was no significant difference between the mean±SD of the total score of creativity of children with ADHD (125.2 ± 42.6) and the control group (130.6 ± 47.5) (P value = 0.49). Children with ADHD had worse function in fluency and flexibility items and were not different in originality and elaboration items.

## Conclusions

According to this study the creativity of children with ADHD is not different from that of the control group.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

### P 1.022

#### The role of sociodemographic characteristics in inappropriate eating attitude of children with ADHD.

O. Demir<sup>1</sup>, E.S. Ercan<sup>1</sup>, S. Huseynova<sup>1</sup>, N. Majroh<sup>1</sup>, D. Çelik<sup>1</sup>

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## Objectives

It is reported that obesity and inappropriate eating attitude relevant with eating disorders are associated with ADHD in adult individuals. The objective of this study was to determine the sociodemographic findings of the children diagnosed with ADHD and the presence of inappropriate eating attitude.

## Methods

23 cases who applied to Ege University Child and Adolescent Psychiatry clinic and had at least one comorbid psychiatric disorder in addition to ADHD were



taken into the study. Those children filled out the Eating Attitude Test-40 (EAT-40) and parents completed the sociodemographic data form that we delivered.

### Results

In all, it was determined that 26% of ADHD patients in our sample showed inappropriate eating attitude. No statistically significant correlations were found between BMI ( $p=0.64$ ) and inappropriate eating attitude. We didn't find any association between presence of any psychopathology in mothers ( $p=0.27$ ), fathers ( $p=1.0$ ) or siblings ( $p=0.08$ ) and having inappropriate eating attitude.

### Conclusions

The findings in this small sample suggested an attenuated relationship between sociodemographic features of individuals with ADHD and the presence of inappropriate eating attitude. In our study, most of the children with ADHD were associated with inappropriate eating attitude. We considered this condition may have other etiological causes. Further research is needed to clarify this outcome, which we do not yet know why.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.023

### Prevalence and predictors of Internet addiction on adolescents with attention deficit hyperactivity disorder

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<sup>3</sup>Istanbul University Istanbul Medical Faculty, Child and Adolescent Psychiatry, Istanbul, Turkey

### Objectives

Attention-deficit/hyperactivity disorder (ADHD) is among the most common psychiatric disorders in childhood and adolescence. Youth with ADHD are known to have a higher risk of developing dependencies, including internet addiction. The aim of our study is to investigate the prevalence of internet addiction/pathological internet use and associated factors on adolescent with ADHD.

### Methods

95 adolescents between the ages of 12-18 with ADHD were included. Patients with intellectual disability and/or autism spectrum disorders were excluded. Sociodemographic data forms and Internet Use Patterns Form were filled out by the researcher. Height and weight measurements were obtained for calculating body mass index (BMI). Schedule for Affective Disorders and Schizophrenia for School Age Children - Present and Lifetime Version (KSADS-PL) was applied in order to assess psychiatric diagnoses. Subjects and their parents filled in Young Internet Addiction Scale (YIAS), Turgay's DSM-IV-based ADHD and Disruptive Behaviour Disorders Screening Scale and a form for parental monitoring of internet use.

### Results

In our study, 3,2% of the subjects were pathological internet users ( $n=3$ ), 30,5% were excessive internet users ( $n=29$ ). 33,7% ( $n=32$ ) of the subjects had problematic internet use in total. Higher weekly use of computer ( $p=0,025$ ), using desktop and tablet/laptop computers ( $p=0,028$ ), having physical complaints ( $p=0,006$ ), online gaming ( $p<0,001$ ), chatting online ( $p=0,014$ ), general information searching ( $p=0,041$ ), educational purposes ( $p=0,012$ ), using e-mail ( $p=0,004$ ), higher scores of inattention ( $p=0,037$ ), present social anxiety disorder ( $p=0,035$ ) and lifetime depression ( $p=0,010$ ) were found to be associated with problematic internet use.

### Conclusions

We detected a relationship between pathological internet use and depression and social anxiety disorder. Patterns of internet use were found to be associated with problematic internet use. It is possible to suggest examine internet use habit and associated factors in adolescents with ADHD, which is important for their psychosocial functioning and clinical monitoring.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.024

### Association between stimulants and height in children and adolescent with ADHD: a systematic review and meta-Analysis

A. Díez-Suárez<sup>1</sup>, M.Á. Calero<sup>1</sup>, J. Marín<sup>1</sup>, Vallejo Valdivielso, M. <sup>1</sup>, P. de Castro<sup>1</sup>, C. Soutullo<sup>1</sup>

<sup>1</sup>Clinica Universidad de Navarra, Child and Adolescent Psychiatry Unit-Psychiatry and Clinical Psychology Department, Pamplona, Spain

### Objectives

To conduct a meta-analysis to evaluate growth and final height in children and adolescents diagnosed with ADHD treated with stimulants, and how the influence of factors such as age, duration of treatment and risk of bias.

### Methods

PubMed, Web of Science, Cochrane Library and PsycInfo were searched for articles until August 2017. Additional studies were identified by contacting clinical experts and searching grey literature databases as OpenGrey. Used keywords included ADHD, height, growth, methylphenidate and other stimulants. Only published studies which evaluate the relationship between stimulant treatment and height in children and adolescent with ADHD were included, excluding case series and case studies, studies not reporting dosages, or with median follow-up less than one year. Two investigators independently screened all studies by title and abstract using standardized forms and study quality indicators. PROSPERO protocol number: CRD42015027827

### Results

Eight studies (1438 patients) met our inclusion criteria. Follow-up periods ranged from 2.3 to 6.3 years. High heterogeneity among studies was observed (I<sup>2</sup>: 94%) due to the methodology used (diverse ages and follow-up periods, and lack of control groups in most studies, among others). The pooled height reduction was -0.19 (95% confidence interval -0.27 to -0.10) SDS.

### Conclusions

This meta-analysis suggests an association between a reduction in the expected height (SDS) and the use of methylphenidate in children and adolescents with ADHD. Further research, especially studies with longer follow-up periods, until adulthood, are needed to clarify the impact of continuous treatment with stimulants on growth in patients with ADHD.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.025

### Attention deficit/hyperactivity disorder (ADHD) peer relationship-focused treatment: a case report

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<sup>2</sup>Projeto Quixote, Psychosocial Center, São Paulo, Brazil

## Objectives

The Project Quixote is a Civil Society Organization connected to the Federal University of São Paulo (UNIFESP), which has operated since 1996. Its mission is to transform the stories of children, adolescents, and families in situations of high social risk through integrated clinical and social care. Projeto Quixote uses art, education, and culture as its tools to approach and get closer to children and youth.

To describe the outcomes of an attention deficit/hyperactivity disorder (ADHD) case submitted to six months of peer relationship-focused treatment.  
To present an Institutional's experience of group-based treatment for ADHD.  
To disclose an after-school program proposal for the treatment of ADHD and its comorbidities.

## Methods

The Project Quixote provides mental health care for children and adolescents. When a child begins at the institution, she and her family go through initial assessments with a team of child psychiatrists, psychologists, and social workers. After this initial evaluation, an individualized treatment project is proposed. We describe the case of a ten years old boy diagnosed with ADHD at six years old on regular treatment with Methylphenidate and weekly psychotherapy since eight years old was referred to our service for not showing significant improvements. In the case described, the child was referred for psychiatric and therapeutic group follow-up. Below, we describe the group protocol  
Children grouped by age into a weekly sport groups of 08-12.  
Group stay together throughout 06 months at least.  
03 professionals (physical education teacher, psychologist and educator) work with the group on an after-school schedule.  
Treatment implemented in context of recreational and academic activities.  
Focus on Impairment and teaching skills (not symptoms).  
Parent training incorporated.

## Results

In the case described, the group produces large improvements in multiple domains:  
Improvement in interpersonal relationships;  
Less difficulty in following agreements;  
Improvement in the dialogue, being able to explain his difficulties;  
Improved motor aspects, suiting children his own age;  
Improved attendance at school and academics rates;  
Improvement on clinical symptoms scales.  
The group teaches skills (e.g., sports) and presents extremely low dropout rate.  
High child attendance and parent attendance at parent training meetings.  
Addresses the three key psychosocial predictors: parenting, peer relationships, and academics.

## Conclusions

Based on the experience of other institutions (Challenging Horizons Program, CHP; Evans et al., 2011; Summer Treatment Programs – STP, Pelham et al., 2008; Molina et al., 2008), Projeto Quixote manages an adapted protocol of a peer-relationship focused treatment for 5 years. We chose to present our experience through a case report to better illustrate the complexity and difficulties of treating a child with ADHD in a context of social and economic disadvantage as experienced by most of Brazilians youth.  
Although official protocols recommend intensive psychosocial treatments, on the panorama of Brazilian public health for children and adolescents, this still is a distant reality to be achieved. This case illustrates another possibility of a successful and more feasible approach within the context of a developing country, but which still need more evaluations and to be replicated in other scenarios.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

### P 1.026

## The impact of ADHD on the social competence of children and adolescents

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## Objectives

ADHD is one of the most frequent neurodevelopmental disorders in children. Several studies establish that they have, in a high frequency, deficiencies in the area of competence and social functioning.

## Objectives:

To study the characteristics of social competence (SC) in a sample of children with a diagnosis of ADHD referred to a child psychiatry unit.

## Methods

Cross sectional study.  
Sample: 408 consecutive patients between 6-16 years —32% women and 68% men—, referred to a psychiatric unit, of a medium-high socioeconomic level, with diagnosis of ADHD clinical and by scale of CBCL DSM IV (T-score  $\geq 65$ ). (4)  
SCALES: CBCL-Parents 6-18 years.  
Results analyzed with the SPSS 17 system.

## Results

34.4% of the patients with ADHD have deficits in SC versus 9% of the group control.

Sample1: patients with ADHD + deficit in SC

Sample2: patients with ADHD without deficits in SC.

	Sample1	Sample2
N	85	223
Male:Female	3:1	3:1
Mean "Total problems"	89	69
Mean Externalized Problems	84	70
Mean Internalized Problems	74	55
Suicide risk	43%	25%

## Conclusions

- The variables "ADHD" and "social competence" are associated. There is a higher risk of having a low social competence when one has ADHD.
- The "social competence" scale discriminates two different groups of children with ADHD.
- Gender doesn't seem to be an influential factor risk.
- The deficits in SC are aggravated when the child has a comorbid disorder.
- The suicidality risk increases almost twice when there are deficits in SC.
- The correct approach of the deficit in SC will be essential to prevent suicidal ideation, suicide attempts and suicide.

## Poster session 1



24 July 2018, 07:30 - 13:00, Poster Area

P 1.027

### The impact of ADHD on the Social Competence of children and adolescents

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<sup>2</sup>Pereira Rossell Hospital, Child and Adolescent Psychiatry, Montevideo, Uruguay

#### Objectives

- To study the characteristics of social competence (SC) in a sample of children with a diagnosis of ADHD referred to a child psychiatry unit.

#### Methods

- Cross sectional study.
- Sample: 408 consecutive patients between 6-16 years —32% women and 68% men—, referred to a psychiatric unit, of a medium-high socioeconomic level, with diagnosis of ADHD clinical and by scale of CBCL DSM IV (T-score  $\geq 65$ )
- SCALES: CBCL-Parents 6-18 years

Results analyzed with the SPSS 17 system.

#### Results

34.4% of the patients with ADHD have deficits in SC versus 9% of the group control.

Sample1: patients with ADHD + deficit in SC

Sample2: patients with ADHD without deficits in SC.

	Sample1	Sample2
N	85	223
Male:Female	3:1	3:1
Mean "Total problems"	89	69
Mean Externalized Problems	84	70
Mean Internalized Problems	74	55
Suicide risk	43%	25%

#### Conclusions

- The variables "ADHD" and "social competence" are associated. There is a higher risk of having a low social competence when one has ADHD.
- The "social competence" scale discriminates two different groups of children with ADHD.
- Gender doesn't seem to be an influential factor risk.
- The deficits in SC are aggravated when the child has a comorbid disorder.
- The suicidality risk increases almost twice when there are deficits in SC.
- The correct approach of the deficit in SC will be essential to prevent suicidal ideation, suicide attempts and suicide.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.028

### Sensory Disorders in Children with ADHD – a cross-sectional study

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#### Objectives

Parents of children with attention deficit hyperactivity disorder (ADHD) frequently report that their children exhibit unusual responses to sensory experiences. However, despite the vast evidence of impact in other neurodevelopmental disorders, little research is available, analyzing sensory disorders in these children. Therefore, the aim of this study is to assess the prevalence and impact of Sensory Processing Disorders (SPD) in children with ADHD.

#### Methods

In a cross-sectional evaluation, the Sensory Profile questionnaire's - Portuguese version was administered to parents of children with ADHD (aged 6-12 years) recruited from a Portuguese specialized outpatient clinic and to a control group, recruited from general pediatric outpatient clinic.

We tested the association of these sensory outcomes to clinical factors, such as number of ADHD symptoms, comorbidities or IQ. Data will be analyzed using SPSS.

#### Results

Since this study is currently ongoing, the authors will only be able to provide final results and conclusions by the time of submission of our work presentation, by July 2018. However, according to the literature available, we are expecting to find significant higher scores of sensory difficulties in children with ADHD compared with general population, and an association between some sensory processing patterns and the number of ADHD symptoms and some specific comorbidities.

#### Conclusions

SPD might be an under-recognized problem and could be responsible for an important part of behavioral distress associated with ADHD, having a substantial impact on daily functioning for these children. Sensory processing patterns should, thereby, be considered when designing interventions for children with ADHD.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.029

### Seven emotions' effects on neuropsychiatric diseases in the theory of Traditional Chinese Medicine

X. Han<sup>1</sup>

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#### Objectives

To introduce seven emotions' effects on neuropsychiatric diseases in the theory of Traditional Chinese Medicine.

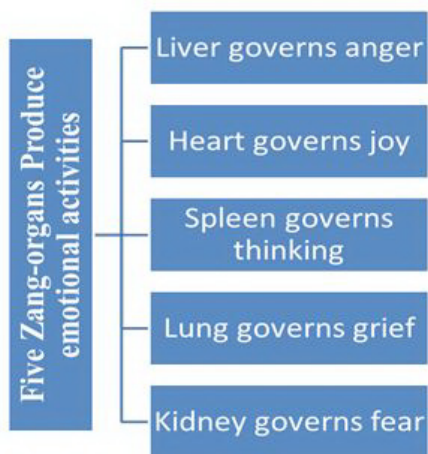
#### Methods

The seven emotions are joy, anger, grief, thinking, sorrow, fear, and fright. In most cases, emotions are normal reactions to various objects and phenomena outside of the body, and therefore do not cause problems. However, when emotional stimulation is sudden or intense or prolonged, normal physiological or psychological adaptation can be exceeded. At this time, any one of the seven emotions can result in damage to the essence-qi of organs.

#### Results

The organs' essence-qi is the physiological basis for emotional activity. The five organs store essence, which can transform into qi. In this way, the essence-qi of the five organs will produce corresponding emotional activities (figure 1).

Because the factors that stimulate the emotions are different, the movement of organs' qi is also different. There are special changes of qi movement that correspond to the changes in specific emotions and even subtle emotional tendencies can cause the qi to flow in less than healthy ways (figure 2). Clinically, neuropsychiatric diseases are connected with abnormal emotional activities, such as attention deficit hyperactivity disorder (ADHD). Children are susceptible to over-thinking because of heavy learning tasks, or being educated in an inappropriate way. Over-thinking makes qi stagnate, and prolonged stagnation of qi may produce internal heat and fire. As pathogenic factors pertain to yang, internal heat and fire disturb heart and liver, then induce symptoms of ADHD, such as impulsiveness, hyperactivity, inattention.



<b>Anger makes qi rise</b>	<ul style="list-style-type: none"> <li>When the liver qi rise too strongly, blood will rise also.</li> <li>Manifestations: headaches, flushed face with red eyes, fainting, or even stroke</li> </ul>
<b>Joy makes qi slack</b>	<ul style="list-style-type: none"> <li>Over-joy injures the heart where the heart qi becomes sluggish.</li> <li>Manifestations: absent-mindedness, mental confusion, mania, heavy sweating, weak breathing</li> </ul>
<b>Sorrow and grief consume qi</b>	<ul style="list-style-type: none"> <li>Excessive sadness/sorrow or grief injures lung.</li> <li>Manifestations: depression, shortness of breath, chest distress, fatigue</li> </ul>
<b>Fear makes qi sink</b>	<ul style="list-style-type: none"> <li>Fear makes the kidney qi unconsolidated (unable to store), leading to the downward sinking of qi.</li> <li>Manifestations: urinary and fecal incontinence</li> </ul>
<b>Fright makes qi disturbed</b>	<ul style="list-style-type: none"> <li>Sudden fright causes a disorder of qi movement.</li> <li>Manifestations: palpitations, panic attacks, mental confusion, or sudden urinary and fecal incontinence</li> </ul>
<b>Thinking makes qi stagnate</b>	<ul style="list-style-type: none"> <li>Over-thinking leads to a stagnation of the qi movement of the heart and spleen.</li> <li>Manifestations: fatigue, slow reactions, lethargy, poor appetite, epigastric fullness, abdominal distention, loose stools</li> </ul>

## Conclusions

Seven emotions are closely related with neuropsychiatric diseases.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.030

### Treatment effect of Internet gaming disorder on youth comorbid with attention deficit hyperactivity disorder and emotional disruption

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<sup>3</sup>Tamkang University- Taipei- Taiwan, Department of Mathematics- taipei, Taiwan

## Objectives

Youth with Internet Gaming Disorder (IGD) were reported to irritable when IGD considering as new potential psychiatric disorder. This study aimed to clarify the occurrence of oppositional defiant disorder (ODD) and/or disruptive mood dysregulation disorder (DMDD) on the internet-addicted attention deficit hyperactivity disorder (ADHD) youth as well as their treatment effect.

## Methods

A total of 101 youth between the ages of 7 to 18 years were recruited from outpatient department of psychiatry. The Chen Internet Addiction Scale (CIAS) and IGD criteria of DSM-5 were used to test for IGD. The Swanson, Nolan, and Pelham, questionnaire Version IV (SNAP-IV) was used to measure symptoms of inattention (ADHD-I), hyperactivity/impulsivity (ADHD-H/I), and oppositional defiant disorder (ODD). A psychiatrist based on the DSM-5 criteria assessed the associated DMDD.

## Results

Of 101 youth subjects with ADHD, 52 (51.5%) had internet addiction and comorbidities with DMDD and poor interpersonal relationships. Symptom scores of DMDD were significantly reduced by 71.9%, 74.8%, and 84.4%, at week 2, 3, and 4, respectively ( $p \leq 0.001$ ), after adjusting for the effect of baseline severity. The odds ratio was 0.085 of DMDD for week 4 vs. baseline ( $p = 0.021$ ) for the non-IA group, but the odds ratio was 86.0% less for IA group, although the result only reached borderline significance ( $p = 0.095$ ).

## Conclusions

The modern child and adolescent psychiatrists should consider that internet addiction might be associated with ADHD and DMDD. Future DSM criteria should consider these comorbid disorders as a specific sub-class of ADHD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.031

### The impact of ADHD on parents mental's health

I. Insa<sup>1</sup>, A. Huguet<sup>1</sup>, M. Chamorro<sup>1</sup>, M. Espadas<sup>1</sup>, J.A. Alda<sup>1</sup>  
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## Objectives

To analyze the mental health of the parents of children with ADHD compared to progenitors of general population.

## Methods

Observational, case-control study matched by age and sex. The sample is formed by progenitors randomized in two groups, the group case (G1) is formed by progenitors of 60 children with newly diagnosed of ADHD diagnosis, attended by the public system health and the control group (G2) is formed by the progenitors of 60 healthy children. Progenitor's mental discomfort was evaluated by The General Health Questionnaire of Goldberg (GHQ-28). Data were analyzed using  $X^2$  test and Student's t-test, using the statistical bundle SPSS.24

## Results

High levels of emotional discomfort on ADHD progenitors is observed, appearing in the 34,5% in contrast to 23,3% of parents of healthy children ( $p=0,00$ ). The discomfort is more prevalent in mothers than fathers, being present in 42,2% of G1 and in 25% of G2 ( $p=0,007$ ), in contrast in fathers discomfort



is shown in the 26,8% of G1 and in 5% of G2. ( $p=0,0024$ ). Statistically significant differences were also observed analyzing discomfort by subscales, there was major presence of anxiety, social malfunction and depression being the difference statistically significant in parents with a child with ADHD. There's a positive interrelation between emotional discomfort and intensity of ADHD symptoms. No differences were found according to children's sex the ADHD subtype.

### Conclusions

ADHD progenitors have major levels of emotional discomfort in contrast to healthy children progenitors, showing higher discomfort in mothers and at greater intensity of ADHD symptoms

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.032

### Precision of the ADHD rating scale

E. Jenezky<sup>1</sup>, J. Leise<sup>1</sup>, M. Huss<sup>1</sup>

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### Objectives

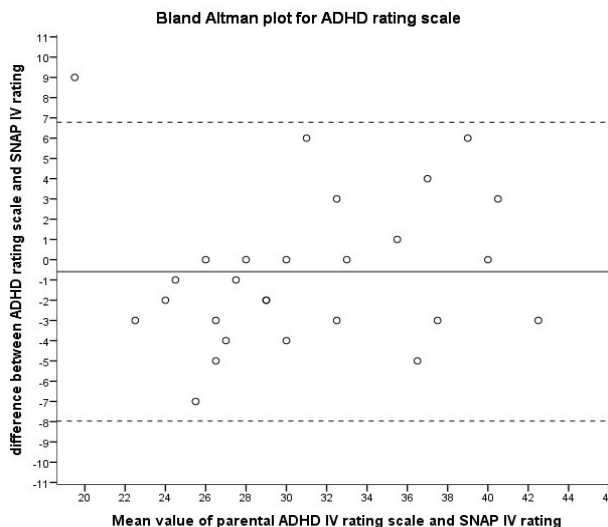
The diagnosis of ADHD is mainly based upon two check-lists with each of at least 6 of 9 symptoms for at least 6 months to an extent that is inappropriate for the developmental level. As primary efficacy endpoint the change in the 18 item rating scale is used with a maximum amount of 54 points. The various existing ratings scale versions differ slightly in wording, item sequence, heading of the Likert scale and administration.

### Methods

27 parents (89% mothers) of children (mean 9.6 years; SD=2.8 years; 74% male) filled the ADHD rating scale with the Likert heading regarding frequency of occurrence, e.g. „often.“ Immediately after this screening the same parent was interviewed by a physician with the SNAP-IV version, in which the heading asked regarding impact (e.g. „much“) of the 18 Symptoms. We compare the total scores and report the precision with the limits of agreement according Bland and Altman.

### Results

The agreement between these both parental ADHD ratings is acceptable ( $r=0.86$ ) and the mean difference is only -0.59, i.e. investigator based impact scores are higher. But total deviation range is 16 points, hence limits of agreements to include 95% of all values are 6.79 and -7.97. The variance for the nine hyperactive-impulsive values ( $r=0.86$ ) is larger than for the attention values ( $r=0.68$ ). A clear difference between low and high values wasn't found.



### Conclusions

There is a clear parental scoring difference between the Likert headings frequency and impact, although latter was influenced by an investigator. Further studies are needed.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.033

### Explore the impairments of neuropsychological functions of the continuity of ADHD symptoms within preschoolers: based on 18 months follow-up study

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### Objectives

The aim of this study was to examine the youth with ADHD onset from preschool whether had more impaired the neuropsychological functions (eg. attention measured by Conners Kiddie Continuous Performance Test (KCPT), inhibitory response measured by flanker task and Day/Night Stroop, and delay aversion measured by delay choice task) compared to the youth with ADHD onset at the elementary school through 18 months follow-up study.

### Methods

Participants included 19 youth with ADHD onset from preschool, 11 youth with ADHD onset at the elementary school, and 39 typically developmental children. neuropsychological tasks designed to measure attention (KCPT), inhibitory control (flanker task and Day/Night Stroop), and delay aversion (delay choice task). The ADHD diagnosis was made by Chinese version of the Kiddie epidemiologic version of the Schedule for Affective Disorders and Schizophrenia (K-SADS-E) based on DSM-IV criteria for ADHD.

### Results

Our results showed only youth with ADHD onset from preschool had impaired functions with attention and inhibition and had slower decision time at choice delay task compared to the other two groups. The youth with ADHD onset at elementary school did not show impairment in attention, inhibition and delay aversion.

## Conclusions

The current study demonstrated that youth with the longer with ADHD symptoms, they had tendency with more impaired neuropsychological functions. That implicated there were different developmental trajectories in ADHD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.034

### Safety of methylphenidate use in treating an ADHD child with familial long QT syndrome

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<sup>2</sup>Kitasato University School of Medicine, Department of Psychiatry, Sagamihara, Japan

#### Objectives

Methylphenidate (MPH) is one of the most effective drugs in treating attention deficit hyperactivity disorder (ADHD). About the risk of increasing QT interval among various cardiovascular side effects of MPH, it had been reported that there was no strong data. But safety of MPH use for the case with familial long QT syndrome is unknown. As we recently experienced such a case, we herein report the clinical course.

#### Methods

Case report. A boy who faced difficulties in some situations including his school due to continuous hyperactivity and inattention first visited our hospital with his mother at the age of 8 years. He met the ADHD criteria after psychiatric assessment and we discussed pharmacotherapy using MPH. Preliminary electrocardiography (ECG) revealed the tendency of long QT (automatic calculated QTc = 0.488 s). His mother and elder sister also had been pointed out long QT at school or workplace health checkup. There was no family history of sudden death.

#### Results

We consulted to a pediatrician about this case. Detailed examinations including the treadmill stress test were conducted and the pediatrician concluded that his long QT was low risk. Based on it, use of MPH (18 mg/day) was decided. This prescription effectively reduced his symptoms. Regular monitoring with ECG showed 0.483–0.512 s of QTc, and no accident has occurred during these three years.

#### Conclusions

MPH may be used to treat ADHD in patients with familial long QT syndrome after prudent cardiac and circulatory examination for risk assessment and with regular ECG monitoring.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.035

### Multilayer extended release Methylphenidate use in latency aged children: preliminary data

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<sup>1</sup>University of Rajasthan, Psychiatry, Kota, India

<sup>2</sup>University of Toronto, Pediatrics, Toronto, Canada

#### Objectives

Extended Release (ER) delivery methods for Methylphenidate (MPH) has been the innovation in Attention Deficit Hyperactivity Disorder (ADHD) for the last twenty years. A common problem is the reduction in efficacy after 6 pm. This study reflects preliminary use of a new ER-MPH using multilayer technology product named Foquest™.

#### Methods

Fifteen latency aged boys (7-11) were followed, all of whom were already on a MPH-based psychostimulant (either Concerta™ or Biphentin™) and were switched off these preparations and put on ER-MPH Foquest™. The major reason for the switch was the child's very impulsive behavior in the evenings. The children weighed between 22-33 kg in weight and were all generally healthy with a confirmed diagnosis of ADHD of the Predominantly Combined Subtype. Most of them had concurrent learning problems. The switch was based on a dose equivalency. Parent SNAP-IV ratings were done at 7 pm at baseline and for three weeks subsequent to switching.

#### Results

There were no dropouts. n = 8 of the children showed improvements in their SNAP-IV parent ratings compared to their previous medications. n = 4 showed worsening and n = 3 showed no difference. Insomnia was noted in all cases but settled in all but 2 cases after the first week.

#### Conclusions

The sample size is insufficient to show significance and a larger study is required. The dose equivalency may have been too low, but the trend is encouraging. Increased insomnia did not lead to discontinuation. It has the potential to be a true blood-level based product.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.036

### Utility of using the temperament and character inventory and other novel approaches when diagnosing adult ADHD

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<sup>1</sup>University of Rajasthan, Psychiatry, Kota, India

#### Learning Objectives

Participants should have an interest in adult Attention Deficit Hyperactivity Disorder (ADHD) or are actively wanting to diagnose these cases but at the end of the session they should be able to:

- make very competent diagnoses using the traditional diagnostic tools which are applicable to simple adult ADHD
- recognize the utility of using a psychoeducational approach that involves a novel classroom structure that simulates childhood observations (details to set up this structure and experience in long term applications described)
- use other diagnostic tools like the Temperament and Character Inventory (Cloninger 1992) which creates a computer-based analysis of personality dimensions that shows significant separation of ADHD from normal controls (the technical aspects of the approach shown) which helps in clarifying more complex cases with significant co-morbidity

#### Workshop Description

Adult ADHD is relatively simple to diagnose if there is a family history, clear childhood symptoms and impairing symptoms with little or no co-morbidity. This likely represents about 25% of patients. This workshop gives specific, practical and useful tools to sort out the majority of cases which are strewn with co-morbidity.

The participant will be brought to speed using the current diagnostic strategies



using instruments that can be found in the [www.caddra.ca](http://www.caddra.ca) website and are free and downloadable. After the initial introduction the participant will be exposed to strategies that initially began as research strategies but have very practical importance. For example, patients need to be educated but doing it in a group is well founded. But if the group teaching simulates a classroom then it has a significant overlap with the childhood mechanism of gaining information regarding clinical symptoms. This is an active observational situation which is otherwise difficult to get in adults (one can't just ask an employer). The participant will also be exposed to other diagnostic strategies such as personality inventories like the Temperament and Clinical Inventory (TCI). After using this measure in over 600 patients (as part of the author's PhD), the data will be presented but, more importantly, why the information has great utility in formulating an understanding of the whole patient (remembering that over 70% of these patients have concurrent personality disorders).

### References

Jain, U., Tannock, R., Ghelani, K. Adolescent ADHD and alteration in the TCI 27th Annual Meeting of the Canadian Psychiatric Association Annual Meeting, Montreal, PQ. November 5th, 2007

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### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.037

### Cross validation of the Attention Deficit Hyperactivity Disorder-After School Checklist (ADHD-ASK)

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### Objectives

This study aimed to evaluate the efficacy of the ADHD-After School Checklist (ADHD-ASK) by comparing the results of Comprehensive Attention Test(CAT) and Clinical Global Impression-Severity (CGI-S), and then by calculating the area under ROC curve.

### Methods

We performed correlation analyses on ADHD-ASK and CAT results, then ADHD-ASK and CGI-S results. We drew receiver operating characteristics (ROC) curve and evaluated the performance of ADHD-ASK as a diagnostic tool. We analyzed the test results from 1,348 subjects (male 56.8%) including 1,201 general population and 147 ADHD subjects, aged 6-15 years, from kindergarten to middle school in Seoul and Gyeonggi province, South Korea.

### Results

According to the correlation analyses, ADHD-ASK scores and the Attention Quotient(AQ) of CAT scores had significant correlation of -.202~-.290(p<0.05). The t-test between ADHD scores and CGI-S showed significant correlation(t=-2.552, p<0.05). The AUC was calculated 0.788 indicating the fair efficacy of ADHD-ASK and the cut-off score is calculated 15.5.

Table 1. Demographic data of study subjects

	Age	6	7	8	9	10	11	12	13	14	15
ADHD	M	2	19	21	20	11	7	10	6	7	2
	F	2	7	7	6	5	5	3	2	3	2
	total	4	26	28	26	16	12	13	8	10	4
Normal	M	9	137	148	105	64	60	57	44	26	12
	F	4	87	110	97	51	60	67	26	25	13
	total	13	224	258	202	115	120	124	70	51	25
Total		17	250	286	228	131	132	137	78	61	29

(ADHD : Attention deficit hyperactivity disorder, M : male, F : female)

Table 2. Correlation between ADHD-ASK and CAT

Pearson Correlation	Omission error	AQ	Commission error	AQ	Mean reaction time	AQ	Response time variability	AQ	d	Beta
Visual selective attention	0.016	-0.044	0.106	-0.117	0.152	-.209*	0.158	-.202*	-0.04	-0.08
Auditory selective attention	0.081	-0.079	0.143	-0.17	0.125	-0.138	.221*	-.260*	-0.14	-0.07
Sustained attention to response	0.12	-0.138	0.103	-0.118	.214*	-.280*	.271*	-.324*	-0.12	0.059
Flanker task	.261*	-.266**	.208*	-.244*	0.103	-0.121	.223*	-.284*	-.201*	0.146
Divided attention	0.218	-.290*	-0.147	0.123	0.136	-0.207	0.203	-.258*	-0.04	.330*
Spatial working memory	0.01	-0.061	-0.025	-0.103	-0.096	-0.155	-0.099	-0.172		

(\*:p<0.05, \*\*:p<0.01,\*\*\*:p<0.005)

(ADHD-ASK : Attention deficit hyperactivity disorder-After School Checklist, AQ : Attention Quotient, d : cohen's d)

Table 3. T-test results between ADHD-ASK and CGI-S

CGI-S	N	Mean	SD
mild	99	17.949	4.4753
Moderate-severe	19	20.842	4.7873

t=-2.552(0.012)\*

(\*:p<0.05, \*\*:p<0.01,\*\*\*:p<0.005)

(ADHD-ASK : Attention deficit hyperactivity disorder-After School Checklist, CGI-S : Clinical global impression-severity, SD : Standard deviation)



Fig 1. Mean ADHD-ASK Score differences between ADHD diagnosed and control subjects by ages

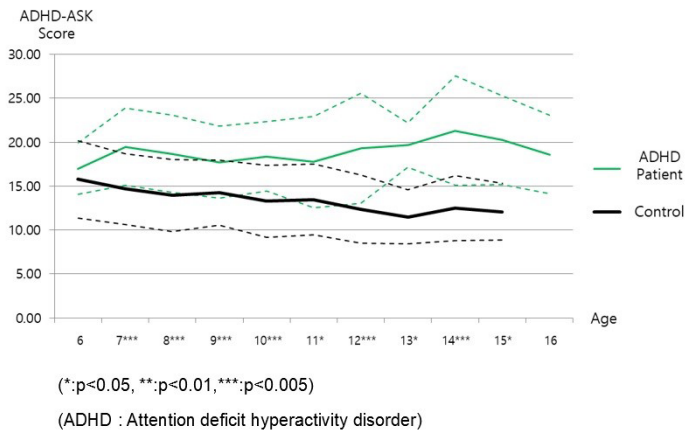
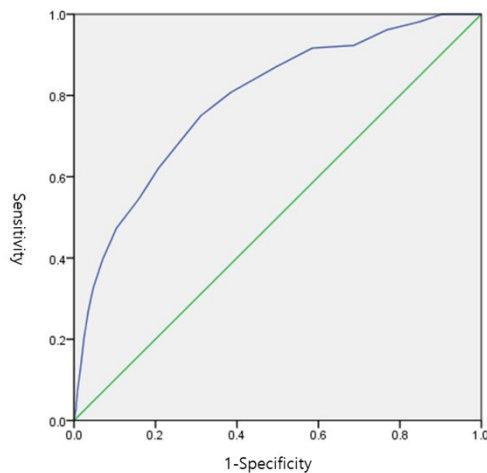


Fig 2. ROC curve of ADHD-ASK



Area Under ROC Curve	Std.Err	Asymp.Sig	Asymp. 95% CI	
			Lower Bound	Upper Bound
0.788	0.019	0	0.751	0.826

(ROC : Receiver operating characteristics, ADHD-ASK : Attention deficit hyperactivity disorder-After School Checklist, Std.Err : Standard Error, Asymp. : Asymptotic, Sig : Significance, CI : Confidence interval)

## Conclusions

The ADHD-ASK can be used as a valid tool not only to evaluate functional impairment of ADHD children and adolescents, but also to screen ADHD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.039

### ADHD symptoms in parents of children with ADHD - correlations with the child's phenotype

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<sup>3</sup>Prof. Dr. Al. Obregia Clinical Psychiatry Hospital, Child and Adolescent Psychiatry Department, Bucharest, Romania

## Objectives

Determining which ADHD symptoms in parents of children with ADHD are predictors influence the severity of the child's clinical presentation.

## Methods

Fifty children (11 girls, 5 to 14 years old), diagnosed with ADHD and 93 of their parents (45 males) were included. The ADHD Rating Scale scores and sub-scores were determined for the children; the parents were evaluated based on the Diagnostic Interview for ADHD in adults (DIVA 2.0). The data were analyzed using SPSS 22.0 and Microsoft Excel. Non-parametric testing was employed for pShapiro-Wilk<0.05.

## Results

There was a positive correlation between the score of hyperactivity / impulsivity of children and the present DIVA score for hyperactivity / impulsivity of fathers ( $r = 0.318$ ,  $p = 0.035$ ). There was direct correlation between the score for hyperactivity / impulsivity of children and the DIVA total score of fathers in childhood ( $r = 0.425$ ,  $p = 0.002$ ). There was a direct correlation between ADHD-RS total score of children and DIVA total score of fathers in childhood ( $r = 0.437$ ,  $p = 0.002$ ). The criteria for hyperactivity / impulsivity for mothers suffered a marked decline compared to childhood ( $p = 0.017$ ), as well as their total DIVA score ( $p = 0.042$ ). The later was also observed for the fathers ( $p = 0.031$ ).

## Conclusions

The fathers', rather than the mothers' hyperactivity/impulsivity characteristics, both in childhood, as well as in the present, seem to be predictors for the child's current symptoms. ADHD symptoms in parents of children diagnosed with ADHD decrease in intensity with age.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.040

### BMI changes in ADHD youth treating with Methylphenidate

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## Objectives

Overweight and obesity in children and adolescents are increasing in all over the world in recent decades. It is one of the most important health problems in developed and developing countries. One of the most neuropsychological disorders which have relationship with this problem is Attention Deficit Hyperactivity Disorder (ADHD). The aim of this study is evaluating Body Mass Index (BMI) change in ADHD youth who treated with methylphenidate.

## Methods

This is a retrospective study in an outpatient clinic in Rasht, a city in north of Iran between 2009 - 2017.

Participants were 149 youth 3 to 18 years. Diagnosis of ADHD made by child and adolescent psychiatrist based on the Diagnostic and statistical Manual of Mental Disorders, Fourth Edition, Text Revision criteria (DSM-IV-TR).

Clinicians measured height by linear meter and weight by Seca weighting



scale. BMI was calculated by <http://www.calculator.net/bmi-calculator.html>. We used SPSS 23 and ANOVA test.

### Results

From 107 youth (71.8%) were boys. The average age was  $8.20 \pm 2.62$ . 122 youth had combined type of ADHD. 24.2% of youth also had behavioral disorder and 22.8% of them have used antipsychotic or mood stabilizing drugs. The average of BMI changed from  $17.78 \pm 4.42$  at the beginning of the study to  $20.48 \pm 4.23$  at the end. The results indicated no significant association between BMI changes and sex, age, type of ADHD, medication and comorbidity. Only the years of treatment showed significant association with BMI changes.

### Conclusions

Unless the first year of treatment The BMI of ADHD youth with Methylphenidate therapy increase over the years of this study.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.041

### Emotional intelligence, parenting stress in mothers of ADHD youth

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<sup>2</sup>Guilan university of medical sciences, psychology, Rasht, Iran

### Objectives

Attention-deficit/ Hyperactivity disorder is one of the most common psychiatric disorders in children and adolescents. Emotional intelligence has a very close relationship with mental health. The aim of this study is evaluating the relationship between the emotional intelligence and the parenting stress in mothers. As the emotional intelligence is improvable, we will be able to help to improve their mental health.

### Methods

In this cross sectional study 136 mothers of ADHD youth who treating in an outpatient clinic in Rasht, a city in north of Iran participated. Data including age, grade of education, history of having psychiatric diseases during the last 6 months, duration of treatment and co morbidities. PSI-SF questionnaire was used to evaluate parenting stress and Shearing questionnaire was also used to evaluate emotional intelligence. We used SPSS-22.

### Results

The relationship between the mean emotional intelligence and parenting stress scores of the mothers were not significant with the age, grade of education, duration of treatment and the co morbidities ( $p > 0.05$ ). There was a significant relationship between the components of emotional intelligence and the parenting stress in the mothers ( $p < 0.05$ ). There was also a significant relationship between the mean emotional intelligence and parenting stress scores ( $p = 0.001$ ,  $r = -0.42$ ). Higher emotional intelligence associated with lower parenting stress score.

### Conclusions

Significant relationship was found between emotional intelligence and parenting stress, so that the mothers who had more emotional intelligence had less parenting stress and better control on their stress.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.042

### New augmentation strategy and social functioning of children with hyperkinetic conduct disorder

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### Objectives

Hyperkinetic conduct disorder (HCD) is a mixed ICD-10 category combining ADHD and conduct disorder symptoms. In 35–65% of ADHD patients conduct problems are also part of the clinical picture. Children with ADHD and conduct disorder co-occurrence tend to have more severe ADHD symptoms, greater functional impairment, poorer quality of life. Pharmacotherapy often does not completely reduce the symptoms, and children's social functioning and life quality are increased insufficiently. Studying the effects of a broader range of treatments is required, and Hopantenic acid (neuroprotective drug approved in Russia for ADHD treatment) augmentation may be beneficial.

### Methods

To evaluate the efficacy of Hopantenic acid augmentation, 38 children (29 boys, 9 girls; 6 - 12 years) with HCD with insufficient response to atomoxetine therapy for 3 previous months were enrolled in the open study. They received age-appropriate doses of Hopantenic acid during one month. CGI, CGAS, CHIP-CE were used at baseline, after 1 month of Hopantenic acid therapy, after 2 months.

### Results

Improvements in clinical assessment and social functioning of children with HCD, evident after the first month of Hopantenic acid augmentation, tended to strengthen at the final assessment. Noticeable improvements were observed in social functioning levels measured by CGAS. According to CHIP-CE, pronounced improvements were recorded in Achievement, Resilience, Comfort Domains. No serious side effects were noted.

### Conclusions

This study's findings suggest: in some HCD cases Hopantenic acid augmentation may be beneficial resulting in improved treatment outcomes and social functioning of these children. Further studies are required to replicate findings.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.043

### Evaluation of CYP2D6 and CYP2C19 genotypes of patients with ADHD admitted to A Child and Adolescent Psychiatry Clinic

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### Objectives

Personalized medicine is a model of medical practice whereby the influence of genetics is taken into consideration in the therapeutic decision-making process for the prevention, diagnosis, and treatment of disease. Pharmacogenetics, a subset of personalized medicine, is simply the influence of genetics on an individual's response to medications by determining the activities of enzymes playing part in drug metabolism via phenotypic analysis and polymorphisms

produced in enzymes like CYP enzyme systems, carrier protein and receptor via genotypic analysis (Ingelman S, 2007 and Zanger U, 2013).

The CYP system consists of a superfamily of more than 50 heme-containing mono-oxygenases, located in the membranes of the smooth endoplasmic reticulum in the liver and in many extrahepatic tissues. They are responsible for the phase I oxidative reactions of many drugs, nutrients, environmental toxins and endogenous substances like steroids, fatty acids, prostaglandins (Ingelman S, 2007 and Zanger U, 2013). Variation in gene regions encoding these enzymes may change the function of enzymes and lead to variations in the response and side effects of drugs (Kirchheiner J, 2007).

As most psychiatric drugs are metabolized by highly polymorphic CYP 2D6 and CYP 2C19, a majority of the commercially available pharmacogenomics testing resources assay for CYP2D6 and CYP2C19 and many health institutions such as English National Institute for health and Care Excellence and American Food and Drug Administration recommend that pharmacogenetic tests be performed prior to treatment (Drozda K 2014, Roots I 2007 and Kirchheiner J 2001).

In the case of the classical polymorphisms of the CYP2D6 and CYP2C19 genes, which were discovered by the phenotypic variation, they elicit in drug-treated subjects, "poor metabolizer" refers to homozygous or compound heterozygous carriers of alleles with complete lack of function (null allele); "extensive metabolizer" refers to the "normal" phenotype, usually representing the major proportion of the population; "intermediate" metabolizers carry only one normal or functionally deficient allele, resulting in impaired drug oxidation capacity; and the "ultrarapid" metabolizer phenotype originates from gain-of-function variants (Zanger U, 2013).

Generally, evidence suggests that poor metabolizers are more at risk of adverse drug reactions and that ultra metabolizers are more frequently represented among treatment-resistant patients (Rau T, 2004 and Kawanishi C, 2004).

Attention-Deficit and Hyperactivity Disorder (ADHD) is a common and treatable disorder that typically emerges during childhood or adolescence and often persists into adulthood. There are an increasing number of stimulant and non-stimulant medication options for ADHD and methylphenidate, atomoxetine which are the main drugs for ADHD treatment and also antipsychotics, SSRIs, TCA are metabolized by CYP2D6 and CYP2C19 (Prince J, 2006, Michelson D, 2007, and Kutuk MO, 2017).

On the other hand; CYP2D6 can participate in the metabolism of neurochemicals that influence psychological state, such as the formation of the catecholamines dopamine from tyramine (Bromek E, 2011 and Hiroi T, 1998) and serotonin from 5-methoxytryptamine (Yu A, 2003) and the metabolism of the endogenous cannabinoid, anandamide (Snider N, 2008) and the neurosteroid progesterone (Hiroi T, 2001).

Also, CYP2C19 can metabolize serotonin to hydroxylamine (Fradette, 2004) as well as the sex hormones testosterone, progesterone and estradiol that are known to affect brain function and personality traits (Miczek K, 2003 and Montoya E, 2012).

Based on these studies, it can be speculated that the CYP2C19 and 2D6 poor, extensive and ultra metabolizers have dissimilarities in their brain functions due to the presence of different levels of CYP2C19 and 2D6 during human brain development in ADHD patients.

Genetic and pharmacogenetic studies in ADHD have principally examined the potential effects of genetic variability on drug targets, i.e. transporters and receptors and little attention has been devoted to the potential effects of genetic variability of CYP enzymes on liver and brain (McGough JJ, 2005).

The aim of the present study is to investigate the patients with ADHD who are referred to Child and Adolescent Psychiatry outpatient clinic of Baskent University in terms of CYP2D6 and CYP 2C19 genotype results and to evaluate the relationship between these results and sociodemographic and clinical variables.

## Methods

Of patients who refer to Child and Adolescent Psychiatry outpatient clinic of Baskent University diagnosed with ADHD according to DSM V criteria will undergo CYP2D6 and CYP2D19 analysis in Medical genetics department of Baskent University between January 2018-June 2018 prior to treatment are included in the present study. Written informed consent forms are obtained from all individuals participating in the study after they are informed about the aim of the study.

Patient DNA is isolated from whole blood (3 ml) using the QIAamp DNA blood kit (QIAGEN, Hilden, Germany). CYP2D6 and CYP2C19 genotyping are performed using PXG-CYP2D6 and PGX-CYP2C19 Strip Assay tests (Vienna Lab, Austria) on Tecan Profliblot automated processor (Tecan, Switzerland). CYP2D6 phenotypes are classified as follows: Extensive metabolizer carrying normal function alleles ( $*1/*1$ ,  $*1/*3$ ,  $*1/*4$ ,  $*1/*5$  and  $*1/*6$ ); Poor Metabolizer carrying two loss-of-function alleles ( $*3/*3$ ,  $*3/*4$ ,  $*3/*5$ ,  $*3/*6$ ,  $*4/*4$ ,  $*4/*5$ ,  $*4/*6$ ,  $*5/*5$ ,  $*5/*6$ ,  $*6/*6$ ), Ultra metabolizers (UM) carrying more than two normally functioning alleles due to gene duplication ( $*1/*1XN$ ,  $*2/*2XN$ ). Phenotype calls for CYP2C19 are as follows: Extensive metabolizer carrying normal function alleles ( $*1/*1$ ), Intermediate metabolizer carrying one loss of function allele ( $*1/*2$ ,  $*1/*3$ ,  $*1/*4$ ,  $*1/*5$ ,  $*1/*6$ ,  $*1/*7$ ,  $*1/*8$ ,  $*2/*17$ ,  $*3/*17$ ,  $*4/*17$ ,  $*5/*17$ ,  $*6/*17$ ,  $*7/*17$ ,  $*8/*17$ ), Poor metabolizer carrying two loss of function alleles ( $*2/*2$ ,  $*2/*3$ ,  $*2/*4$ ,  $*2/*5$ ,  $*2/*6$ ,  $*2/*7$ ,  $*2/*8$ ,  $*3/*3$ ,  $*3/*4$ ,  $*3/*5$ ,  $*3/*6$ ,  $*3/*7$ ,  $*3/*8$ ,  $*4/*4$ ,  $*4/*5$ ,  $*4/*6$ ,  $*4/*7$ ,  $*4/*8$ ,  $*5/*5$ ,  $*5/*6$ ,  $*5/*7$ ,  $*5/*8$ ,  $*6/*6$ ,  $*6/*7$ ,  $*6/*8$ ,  $*7/*7$ ,  $*7/*8$ ,  $*8/*8$ ) and Ultrametabolizer carrying have one active allele and one rapid allele ( $*1/*17$ ) or two rapid alleles ( $*17/*17$ ).

## Results

### Conclusions

Pharmacogenetic research has gained enormous momentum, with recent advances in molecular genetics and genome sequencing. Genetic variations in drug metabolism could cause therapeutic failures, adverse drug effects or even fatal drug intoxications. The development of molecular methods for genotyping could provide researchers with the tools to pinpoint the genetic differences between individuals and in some cases give the prescribing clinician a means to improve the pharmacotherapeutic regimen of each patient on the basis of the genetic profile, thus reducing harmful side effects or inadequate drug response. In the future, these results can be used in prognosis and for predicting response to drug treatments as well as to help develop personalized medicine studies and investigate the role of CYP genes in the etiology of ADHD in child and adolescent population. Also, the understanding of the roles and regulation of brain CYPs may be useful for the development of novel strategies to better predict, prevent and treat ADHD.

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### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.044

#### The effect of social skills training on facial emotion recognition and discrimination of children with ADHD and Asperger's Disorder

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#### Objectives

This study aimed to investigate the effect of the social skill training program on facial emotion recognition and discrimination of children with ADHD and ASD.

#### Methods

Twenty-three children, aged 7 to 10 years participated in the social skill training of 24 sessions. 15 children were diagnosed with ADHD, and 8 children were diagnosed with ASD. The parents of the participants completed the Korean version of the Child Behavior Checklist, ADHD Rating Scale and Conner's scale at baseline and post-treatment. The participants completed the Korean Wechsler Intelligence Scale for Children-fourth edition and Advanced Test of Attention at baseline, Penn Emotion Recognition Task and Penn Emotion Discrimination Task at baseline and post-treatment.

#### Results

ADHD group showed more improvement in total correct response ( $p=.049$ ), correct response of female facial expression recognition ( $p=.039$ ), sad expression ( $p=.002$ ), mild expression ( $p=.015$ ), female extreme facial expression ( $p=.005$ ), male mild expression ( $p=.038$ ), and caucasian facial expression ( $p=.004$ ) than ASD group. There was no significant change in facial emotional discrimination in both group before and after social skills training. After the social skills training, ADHD group had significantly lower total response time ( $p=.036$ ), response time of male facial expression ( $p=.031$ ), neutral expression ( $p=.023$ ), extreme expression ( $p=.031$ ), extreme male facial expression ( $p=.012$ ) than baseline. On the other hand, there was no change in response time at post treatment in ASD group.

#### Conclusions

The result of this study suggests that SST is more effective in improving facial expression recognition of children with ADHD than children with ASD. For children with ASD, supplemented social skill trainings which help emotion recognition and discrimination are needed.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.045

#### Comparison of temperament and character profiles and psychopathology between ADHD alone group and ADHD with comorbid tic disorder group

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#### Objectives

The aim of this research was to identify profiles of Cloninger's temperament and character profiles and psychopathology associated with attention-deficit/hyperactivity disorder (ADHD) alone group and ADHD with comorbid tic disorders by comparison with the healthy control group.

#### Methods

The parents of 155 children (mean age: 8.61 year) completed the Junior Temperament and Character Inventory (JT-CI) and Child Behavior Checklist (CB-CL). The sample consisted of 3 groups: ADHD alone group ( $N=56$ ), ADHD with comorbid tic disorder group ( $N=41$ ) and age- and sex- matched healthy control group ( $N=58$ ).

## Results

ADHD with comorbid tic disorders had significantly high CBCL T-scores in somatic complaints ( $p$ -value  $<0.001$ ), thought problems ( $p$ -value  $<0.001$ ) than other 2 groups. And ADHD alone group had significantly high CBCL T-score in delinquent behavior ( $p$ -value  $<0.001$ ), aggressive behavior ( $p$ -value  $<0.001$ ), externalizing problems ( $p$ -value  $<0.001$ ) than other 2 groups. In comparison of temperament and character profiles, ADHD alone group had significantly high scores of novelty seeking ( $p$ -value  $<0.001$ ). But, ADHD alone group and ADHD with comorbid tic disorder group had significantly low scores of persistence, self-directiveness, cooperativeness than healthy control group ( $p$ -value  $<0.001$ ).

## Conclusions

The present results indicated that distinct pattern of psychopathology in ADHD children according to comorbid tic disorders. Novelty seeking score was higher in ADHD alone group, but similar temperament and character profiles was observed in 2 ADHD groups regardless of tic disorder.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.046

### Heavy metals in susceptibility to attention-deficit/hyperactivity disorder: implication of lead and antimony

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## Objectives

Heavy metals are known to be harmful for neurocognitive function. Lead exposure is correlated to intelligence and attention deficit/hyperactivity disorder (ADHD). We estimated the association between multiple metals and both intelligence and ADHD specific symptoms. The ADHD was diagnosed by clinical criteria and the specific symptoms severity was also evaluated.

## Methods

We recruited 48 patients with ADHD inattentive type (ADHD-I), 65 patients with ADHD hyperactivity/impulsivity type (ADHD-H/I) and 68 healthy control children between 6-16 years of age. Urine sample was obtained to measure manganese, lead, cadmium, mercury, antimony and bismuth levels. We used structural equation modeling (SEM) to analyze the relationship between heavy metal levels and ADHD measurements.

## Results

Compared to healthy controls and ADHD-I, ADHD-H/I had the highest antimony levels ( $p = .005$ ). Antimony levels were also positively correlated to the symptoms severity with both inattention, hyperactivity/impulsivity. Lead levels were negatively correlated to FSIQ, VCI, WMI and PSI of the WISC-IV, and positively correlated to the inattention scores rated by parents, and inattention, hyperactivity/impulsivity and oppositional scores rated by teachers. We also found FSIQ served as a partial mediator (path from Lead to FSIQ:  $= -1.68$ ,  $p = .057$ ; path from FSIQ to inattention:  $= -0.20$ ,  $p < .001$ ) between lead and inattention symptom.

## Conclusions

Lead and antimony were associated with ADHD and the symptoms severity in school-age children. Lead also had negative correlation to FSIQ and the effects of lead on FSIQ served partially mediating effects on inattention scores.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.047

### Effect of omega-3 and Korean red ginseng on children with attention deficit hyperactivity disorder: An open-label pilot study

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## Objectives

Nonpharmacological treatments of attention deficit hyperactivity disorder (ADHD) include dietary supplementation with omega-3, although its effectiveness is inconclusive. Effects of Korean red ginseng on ADHD have also been suggested in previous studies. The purpose of the present study was to evaluate the effect of omega-3 and Korean red ginseng on improving ADHD symptoms and cognitive function in children with ADHD.

## Methods

A total of 34 children aged 6-11 years diagnosed with ADHD participated in this open-label trial. Participants received daily supplements containing 500mg of omega-3 (EPA 294mg, DHA 206mg) and 3mg of Korean red ginseng extract (combination of ginsenoside Rg1, Rb1, and Rg3) for 12 weeks. No psychotropic drug was allowed during the study period. ADHD symptoms were assessed using the ADHD Rating Scale (ARS) and Clinical Global Impression-Severity (CGI-S) scale. Continuous performance, visual and auditory short-term memory, and executive function were also assessed.

## Results

After 12 weeks, participants showed significant improvements on ARS ( $31.12 \pm 8.82$  at baseline,  $24.15 \pm 11.45$  at endpoint,  $p < 0.001$ ) and CGI-S ( $3.38 \pm 1.18$  at baseline,  $2.94 \pm 1.00$  at endpoint,  $p < 0.001$ ). Errors of commission ( $83.29 \pm 18.57$  at baseline,  $73.68 \pm 22.25$  at endpoint,  $p < 0.001$ ) significantly decreased on the Continuous Performance Test (CPT). Memory quotient ( $97.38 \pm 16.54$  at baseline,  $105.59 \pm 18.65$  at endpoint,  $p < 0.001$ ) and design fluency ( $9.74 \pm 3.66$  at baseline,  $10.94 \pm 0.74$  at endpoint,  $p < 0.05$ ) also showed significant improvements.

## Conclusions

The results of this pilot study suggest that the combination of omega-3 and Korean red ginseng may improve ADHD symptoms and certain cognitive function in children with ADHD. Future randomized controlled trials with a larger sample and longer follow-up period is warranted.



## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.048

### Impairment in functioning among a clinically referred sample of young persons with ADHD

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#### Objectives

Research and clinical practices in attention deficit hyperactivity disorder (ADHD) have centred predominantly on the assessment and treatment of symptoms. However, alleviating symptoms may not bring better functioning. Significant difficulties in daily functioning across various areas of life of a young person with ADHD are frequent.

The objective of this study was to assess functional difficulties in a clinically referred developmental sample with ADHD in Singapore. Functioning was compared across age and gender. It was predicted that impairments were more salient in younger boys and in older girls.

#### Methods

The sample included 104 boys and 17 girls with ADHD aged between 6 to 19 referred for psychology at a psychiatric outpatient clinic in Singapore. Information about their functioning difficulties was reported by their parents through completion of the Impairment Rating Scale (IRS). A two-way ANOVA was conducted to investigate the effect of gender and age on functional impairment.

#### Results

The main effect of gender on functional impairment was not significant ( $F(1, 101) = .81, p = .37$ ) but the main effect of age was significant ( $F(1, 101) = 7.10, p = .009$ ). Compared to children, adolescents had higher impairment scores particularly in self-esteem, and siblings and parents interactions. There was no significant interaction effect ( $F(2, 101) = 2.25, p = .14$ ).

#### Conclusions

Functional impairments are more significant in Singaporean adolescents compared to children, irrespective of gender. This suggests the significance of providing early targeted intervention for adolescents to address specific areas of functioning difficulties besides reducing the symptoms of ADHD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.049

### Accommodations, modifications, and interventions for students with ADHD in Singapore primary school classrooms

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#### Objectives

Studies have shown that the use of strategies in the classroom shows favorable outcomes in helping students with ADHD manage their behavior, learning and psychosocial skills. As Singapore advances in its services for students with special needs, there have been several recent efforts to investigate specific practices for supporting students with ADHD in schools and classrooms in Singapore.

#### Methods

As part of a larger investigation, this qualitative study aims to identify the various strategies used by teachers for students with ADHD in Singapore primary classrooms. A total of 202 school personnel represented by Allied Educators (Learning and Behavioural Support), Teachers of Students with Special Needs (TSNs), and general education teachers were selected for the study. Distinctive responses that communicate the salient experiences of the participants when working with students with ADHD were transcribed and coded for meaningful units. They were then categorized into accommodations, interventions, and modifications.

#### Results

Results revealed that teachers in the Singapore primary classroom used many empirically supported strategies to help students with ADHD manage their behaviour, learning, and social interactions with others.

#### Conclusions

Accommodations constituted the highest percentage of the referenced responses while modifications were found to be the least referenced. Specifically, assignment of roles and tasks was one of the most employed interventions in the classroom. Challenges in implementation, limitations, and recommendations for future research were also discussed.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.050

### The relationship between ADHD symptoms and executive skills

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#### Objectives

Executive skills are the skills that are required to execute tasks. Many of children with ADHD had impairment in executive skills. The aim of this study is to explore the strength and weakness of executive skills of children with ADHD and the relationship between ADHD symptoms and executive skills.

#### Methods

A total of 13 ADHD children aged 6-13 (average 8.85 years-old) were recruited from clinical setting. Parents of ADHD children were invited to fill SNAP-IV Rating Scale for measuring ADHD symptoms, and 11 executive skill checklist developed by P. Dawson & R. Guare, 2008.

#### Results

Among 13 children, mean and standard deviation of total SNAP-IV score was  $40.00 \pm 10.34$ , inattention  $17.38 \pm 4.13$ , hyperactivity-impulsivity  $13.38 \pm 5.44$ , ODD  $9.23 \pm 4.66$ , respectively. For executive skills, working memory ( $9.62 \pm 1.71$ ), response inhibition ( $10.08 \pm 2.43$ ) and emotional control ( $10.23 \pm 2.05$ ) were stronger skills, while sustained attention ( $7.85 \pm 1.91$ ), goal-directed persistence ( $8.31 \pm 3.04$ ), planning/prioritization ( $8.77 \pm 2.09$ ), flexibility ( $8.77 \pm 2.35$ ) were weakest. The sustained attention ( $r=.647$ ), organization ( $r=.671$ ), and time management ( $r=.722$ ) skills had negative correlation to ADHD inattention scale.

## Conclusions

Symptoms of inattention correlate negatively with sustained attention, organization, and time management skills. Other executive skill such as goal-directed persistence, planning/ prioritization had not found relation to ADHD symptoms, though skill performance was lower in parents' view. It is worth for further study to explore other moderating factors among ADHD symptoms and executive skills.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.051

### Decision-making in adults with attention deficit/hyperactivity disorder (ADHD): an age-stratified analysis

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#### Objectives

To investigate the decision-making in the face of risk and pre-decisional processing in adults with ADHD stratified by age.

#### Methods

We recruited 212 adults diagnosed with DSM-5 ADHD and 240 non-ADHD controls. The sample was stratified into two age periods: 16-24 [young ADHD group (YA): n = 114 and young control group (YC): n = 134] and 25-35 years old [old ADHD group (OA): n = 98 and old control group (OC): n = 106]. Decision-making was measured by the Cambridge Gambling Task (CGT), and Information Sampling Task (IST) and executive functions were measured by the Cambridge Spatial Working Memory (SWM) and One touch Stocking of Cambridge (OTS). Generalized linear regression was used for analyses.

#### Results

The YA group had longer deliberation time, worse quality of decision making and risk adjustment in CGT than the YC group while the OC group had an unexpectedly higher delay aversion than and comparable quality of decision-making and risk adjustment to those in the OA group after adjusting for age and sex. There was no difference in the performance of risk taking in CGT and all tasks in IST between ADHD and controls regardless of age. Adults with ADHD had a longer latency to correct in OTS and more between errors in SWM than controls in both age periods.

#### Conclusions

Decision making was impaired in younger but not older adults with ADHD. The impaired decision making in younger adults with ADHD was not due to the tendency of risk taking or delay aversion.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.052

### Technology danger

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## Objectives

Regional surveys shows that 79% of children under two years of age use a mobile phone, 6% of preschool children have a phone, 4,2% have a phone before the age of four. Over 70% of parents allow children under the age of 3 to use the computer (the results of a national survey). The WHO warns that children under the age of two should not use electronic devices with screens. The question is at what age should children use modern technology?The question is then at what age could children safely use modern technology.Using clinical examples from mental health practice ,the aim is to raise awareness about the dangers of the Internet, and point to the lack of rules regarding their use in the family.

## Methods

Case studies from the clinical practice showing the dangers of the Internet, and pointing to the lack of rules for their use in the family.

## Results

It is important to raise greater awareness about the dangers of the internet use in order to minimise the exposure of young children and adolescents to associal and inappropriate content which may be detrimental to their health and, in some instances, life threatening.

## Conclusions

The technology and its applications are undeniably important in the education and development of young people, but the risks associated with their use must be pointed out, putting the emphasis on family cohesion.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.053

### Cannabis use and attention deficit hyperactivity disorder - the role of methylphenidate in the treatment.

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#### Objectives

Cannabis is the most used illicit psychoactive substance, yet no medication is approved for the treatment of cannabis use (CU) disorder. Many adolescents with attention deficit hyperactivity disorder (ADHD) describe self-medicating with cannabis. Agents that boost dopamine transmission like methylphenidate have been shown to reduce CU in these patients.

#### Methods

Description of two cases of CU with associated ADHD treated with methylphenidate.

#### Results

Case 1: Male, 17 years, with history of anorexia nervosa, borderline personality disorder, two suicide attempts and CU, under treatment with lamotrigine, venlafaxine and quetiapine, who presented increased CU in the beginning of the school year that did not respond to psychotherapy or increase of quetiapine dose. Methylphenidate was initiated. Abstinence was achieved within three weeks and kept until the end of follow-up.

Case 2: Male, 14 years, with history of ADHD, socialized conduct disorder, institutional upbringing and CU, under treatment with methylphenidate with an excellent response. Methylphenidate was interrupted during the school holidays and CU was reinitiated. The behavioral symptoms got progressively worse and did not respond to psychotherapy or pharmacological treatment with sertraline, quetiapine and olanzapine. Methylphenidate was reinitiated. Abstinence was



achieved within one week and kept for six months.

### Conclusions

One of the most common problems associated with ADHD is co-occurring substance abuse, and a considerable percentage of adolescents with CU has undiagnosed ADHD. It is important to be aware of the possibility that a patient with CU may have untreated ADHD. In adolescents with ADHD and CU, methylphenidate could potentially reduce CU as well as ADHD symptoms.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.054

### Oppositional defiant disorder symptoms as a severity factor in attention deficit hyperactivity disorder: the case of unintentional injuries

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### Objectives

Several studies have suggested that children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD) are at a high risk of accidents and unintentional injuries compared with those without it. However, few have investigated the influence of comorbidity in the link between injuries and ADHD whereas both externalizing and internalizing disorders are commonly observed in children with ADHD. This study assessed injuries in children with ADHD by taking into account the contribution of clinical features of ADHD, Oppositional Defiant Disorder (ODD), anxiety and emotional lability symptoms.

### Methods

Participants were 98 children with ADHD and 37 typically developing children aged 7 to 11 years old. ADHD and comorbidity were assessed with a semi-structured interview as well as parents' ratings such as the Conners Rating Scale. Two groups were created according to the number of injuries in the past year declared by their parents: an at-risk group and a control group. Both groups included children with and without ADHD. Multiple regression models were performed.

### Results

Results showed that ADHD was unrelated to injuries as inattention and hyperactivity-impulsivity symptoms were not associated with an elevated risk of injuries (ORs <p.05). However, ODD symptoms were associated with an elevated risk of injuries (OR=1.07, CI 95% [1, 1.14], p=.02). Anxiety symptoms and emotional lability remained non-significant (ORs <p.05).

### Conclusions

Injuries may be a relevant manifestation for the diagnosis and treatment of children with ADHD, especially those with comorbid ODD. Indeed, injuries seemed to be linked with an externalizing profile via ODD symptoms beyond the classical symptoms of ADHD.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.055

### ADHD: Under or over diagnosis?

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### Objectives

The increasing mediatic controversy about Attention Deficit and Hyperactivity Disorder (ADHD) diagnosis and treatment are becoming a problem of public interest. The existing variability that depends on the country and on its level of development, leads to different opinions which is constantly discussed, even outside the health scope. This study aims to reflect on the evidence that supports the under or over diagnosis of this pathology.

### Methods

A review of the literature (2000-2016) was carried out through bibliographic search in PubMed using the keywords: "ADHD", "overdiagnosis" and "underdiagnosis". 13 articles were evaluated: one study, three meta-analyses and nine reviews.

### Results

Most studies agree in the increase in diagnosis over time, justified by greater information and research. This is not necessarily related to an overdiagnosis of ADHD. Contrariwise, several studies have shown a tendency towards underdiagnosis observed mainly in countries in development, in females and in adulthood. Contributing to these discrepancies are: (a) the difficulty in accessing mental health services, (b) different methodologies of diagnostic evaluation, (c) different forms of presentation between genders, (d) attenuation of symptoms or non-recognition in adulthood and (e) the existence of comorbidities.

### Conclusions

Despite the existence of an overdiagnosis in restricted groups of populations, this pathology remains globally underdiagnosed. Supporters of overdiagnosis are based on non-acceptance of ADHD as a valid diagnosis and concern about the safety of pharmacological treatment. These facts remain important barriers to better clinical practice and timely and adequate intervention which have impact in the prognosis.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.056

### Mentalization capacity and quality of attachment in parents of children with diagnosis of hyperkinetic disorder

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### Objectives

The goal of this study was to determine if there is a difference in mentalization capacity and quality of attachment between parents of children with the diagnosis of hyperkinetic disorder and parents of children without this diagnosis.

### Methods

Sample consisted of 43 parents (30 mothers) of children aged 7 to 12 years with the diagnosis of hyperkinetic disorder and 57 parents (35 mothers) of



children in the same age group from the general population. Two groups were compared using one measure for assessing mentalization – Mentalization Questionnaire, and two measures for assessing quality of attachment – Serbian version of the Experiences in Close Relationships-Revised questionnaire and the revised version of Questionnaire for Assessment of Adult and Adolescent Attachment.

## Results

Results showed that mothers of children with the diagnosis of hyperkinetic disorders had significantly higher levels of attachment anxiety and unresolved family trauma compared to mothers from the general population. Contrary to expectations, there were no significant differences in mentalization capacity, attachment avoidance nor other specific aspects of attachment and mentalization between two groups. No differences were found when fathers were included in the analyses.

## Conclusions

Results suggest that mothers of children having impaired attention with hyperactivity have specific attachment disturbances, which should be taken into consideration when planning a child's treatment that would also include parents. Possible explanations of the other findings are discussed.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.058

### An audit of attention deficit hyperactivity disorder prescribing practices within Lancashire Children's learning disability service

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## Objectives

Attention Deficit Hyperactivity Disorder (ADHD) is highly prevalent in patients with learning disabilities (LD). Management for this group involves medication which is prescribed and overseen by a psychiatrist and specialist LD and ADHD nurse non-medical prescribers (NMPs). Management can also be transferred into primary care through shared care agreements. This clinical audit investigates current prescribing practices of medications across Lancashire within a Children's LD (58 patients). We wanted to assess several aspects including; (1) whether both national (NICE guideline) and local guidelines (NMP formularies and Lancashire protocol) were being adhered to, (2) the use of any unlicensed medications, (3) the role of NMPs and (4) the current use of shared care agreements.

## Methods

A retrospective audit using patient records was undertaken. An audit tool questionnaire was constructed and applied to the patient data to assess the current quality of care.

## Results

Management of ADHD received a total average compliance of 84%. Of 57 currently prescribed medications, 53 were licensed in accordance with the consulted guidelines. Those unlicensed were correctly documented and justified as to their use. NMPs were involved in 40% of medication reviews, the remainder overseen by a psychiatrist. There were no current shared care agreements with primary care.

## Conclusions

ADHD management was of a high standard with licensed medications being prescribed. NMPs were shown to play an integral role in patient care. There

were no current shared care agreements however with the good practices evidenced from this audit it is hoped this will encourage future implementation.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.059

### Neurological soft signs: Its association with behaviour problems and level of intelligence in children with attention deficit hyperactivity disorder

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## Objectives

To elicit Neurological Soft Signs (NSS) and to look for its association with behavior problems in children with Attention Deficit Hyperactivity Disorder (ADHD)

To study the level of intelligence in children with ADHD and its association with neurological soft signs, behavior problems and severity of ADHD

## Methods

It was a cross-sectional study. Consenting newly diagnosed, drug naive children between 6 and 16 years of age were included in the study. After general physical examination, scales like "Physical and Neurological Evaluation of Soft Signs" and "Wechsler Intelligence Scale for Children -4" were administered. "Conners rating scale" for severity of ADHD, "Mini International Neuropsychiatric Interview-KID version 5.0" and "Strength and Difficulty Questionnaire" were used to assess comorbid illnesses and behaviour problems. Data obtained was analysed using SPSS version 20.0

## Results

A total of 65 children were assessed. NSS were found to be associated with both behaviour problems and severity of ADHD with specific subsets of NSS correlating with certain domains of intelligence. Working Memory and Verbal Comprehension were negatively correlated with severity of ADHD and also with behaviour problems

## Conclusions

This study has clinical implications wherein children who have NSS have a higher probability of behaviour problems and working memory deficits and a more severe form of ADHD

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.060

### Effects of atomoxetine in adult attention-deficit/hyperactivity disorder as measured by near-infrared spectroscopy: a preliminary study

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### Objectives

Recent developments in near-infrared spectroscopy (NIRS) have enabled non-invasive clarification of brain functions in psychiatric disorders. In pediatric attention-deficit/hyperactivity disorder (ADHD), we found that atomoxetine induced an intensified prefrontal hemodynamic response as measured by NIRS. However, to the best of our knowledge, there are no existing reports on atomoxetine-induced changes in adult ADHD as measured by NIRS. This study examined the effects of a clinical dose of atomoxetine on changes in prefrontal hemodynamic response in adult ADHD, as measured by NIRS using the Stroop color-word task.

### Methods

Eight adults (5 males and 3 females; mean age, 31.3 years) with ADHD participated in the present study. This study was approved by the Institutional Review Board at the Nara Medical University. We used 24-channel NIRS to measure the oxyhemoglobin changes at the frontal lobes of participants during the Stroop color-word task in the drug-naïve condition and those who had received atomoxetine for 12 weeks. We used the Conners' Adult ADHD Rating Scale to evaluate ADHD symptoms.

### Results

We found a significant decrease in Conners' Adult ADHD Rating Scale scores, from 46.8 to 21.6 ( $P=0.012$ ). During the Stroop color-word task, we found significantly higher levels of oxyhemoglobin changes at the channel 17 and 23 located at prefrontal cortex in the atomoxetine condition compared with those in the drug-naïve condition.

### Conclusions

This increase in oxyhemoglobin changes might indicate an intensified prefrontal hemodynamic response induced by atomoxetine. Therefore, NIRS systems may have potential in the pharmacotherapeutic evaluation of atomoxetine in adult ADHD as well as pediatric ADHD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.061

### Relationship between Sleep EEG Power Spectrum and Executive Function in children with ADHD

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### Objectives

Many studies have disclosed more theta/beta ratio in power spectral analysis of awaking electroencephalogram (EEG) in children with Attention Deficit Hyperactivity Disorder (ADHD) than typical development children (TDC). However there are few studies about power spectrum in sleep EEG in ADHD. So we aimed to clarify the relationship between power spectrum in sleep EEG and executive function in ADHD children.

### Methods

Subjects were 18 patients with ADHD (mean age  $8.74 \pm 1.54$  years) and 18 typical development children (TDCs) ( $9.55 \pm 1.58$  years). Behavioral performances were assessed by each mother using ADHD-Rating scale (SNAP-IV), Pervasive Developmental Disorders Autism Society Japan Rating Scale (PARS). Neuropsychological tests included Raven's Colored Progressive Matrices (RCPM), Stroop test of Das-Naglieri Cognitive Assessment System (DN-CAS),

Mogras as cognitive performance test (CPT). Current analyses focused on sleep spindle frequencies (12-14Hz) in stage 2 sleep and a power spectral analysis was performed using fast fourier transform (FFT) techniques.

### Results

Rating of both SNAP and PARS scores was higher in ADHD children. Neuropsychological tests also revealed abnormal findings in ADHD. Sleep EEG showed dominant distribution of 12Hz spindles in frontal area (Fp1, Fp2, F3, F4), but 14Hz spindles were distributed in central area. In power spectral analysis, occurrence ratio of frontal spindle powers of 12Hz was higher in ADHD patients than TDCs, especially ADHD with autism spectrum disorder (ASD). There was a significant correlation between occurrence ratio of 12Hz spindles and variability of reaction time of CPT.

### Conclusions

Spindle-frequency EEG activity might have positive association with sustained attention function in ADHD children.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.062

### ADHD and Communication Pragmatics - What do we know?

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### Objectives

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neuropsychiatric disorder characterized by developmentally inappropriate levels of inattention and hyperactivity/ impulsivity. Kids with ADHD have significant interpersonal difficulties and social problems. It seems like the core symptoms of ADHD do not always explain or justify these difficulties.

The aim of this work was to analyse if there is evidence of communication pragmatics difficulties in kids with ADHD. Pragmatics is defined as the social use of language. More than linguistic capacities, in this study we aimed to search for evaluations of communication pragmatics capacities which includes the non-verbal communication, the cognition of the others in the act of communicating and rules of conversation, such as taking turns appropriately, maintaining conversational topics introduced by others and giving the appropriate amount of information (not too much, not too little) based on the conversational partner's needs and interests.

### Methods

A research in PubMed was carried out with the key-words: "Attention-Deficit/Hyperactivity Disorder", "ADHD", "pragmatic" and "social" with its variations. We included the ones that were relevant for this work by its title and/or abstract content.

### Results

Revised literature and recent articles suggest that children with ADHD have difficulties in the communication pragmatics.

### Conclusions

Difficulties on communication pragmatics may contribute to social, behavioral and emotional problems in children with ADHD. Therefore, in our opinion that more evidence is needed on this subject in order to better identify these difficulties, to measure its impact on kids relationships and also to potentially develop new therapeutic interventions.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.063

### Correlation between sociality and quantitative electroencephalography findings in attention deficit hyperactivity disorder : a retrospective cross-sectional study

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#### Objectives

This study was designed to investigate the association between quantitative electroencephalography(QEEG) and behavioral characteristics measured by Korean version of Child Behavior Checklist(K-CBCL) in children diagnosed with Attention Deficit Hyperactivity Disorder(ADHD).

#### Methods

We conducted a retrospective cross-sectional study of children aged 8 to 13 years who were diagnosed with ADHD at Samsung Medical Center from November 2011 to March 2017. A total of 59 ADHD children completed QEEG and a psychological examination including K-CBCL. The QEEG was analyzed by the ranges of Hz : delta(1-4Hz), theta(4- 8Hz), alpha(8-12Hz) and beta(12-25Hz) and transformed to z-scored relative power. Pearson correlation analysis was performed by adjusted age and intelligence for each frequency band and behavioral characteristics measured on K-CBCL.

#### Results

Among the items of K-CBCL, only the social immaturity, sociality, and school correlated with QEEG results. Socially immaturity was positively correlated with delta(P3, P4) and theta(P3, P3, Pz), and negatively correlated with alpha(FP2, F3, T3, T3, P3, P4, Cz, Pz). Sociality was negatively correlated delta(FP1, FP2, C3, T6, P4, O1, O2, Fz, Cz) and theta(F8, F4, C3, T6, P4 O1, O2, Cz), and positively correlated with alpha(T3, T4, C3, T5, T6, P4, O1, O2, Cz). School was negatively correlated delta(FP1, FP2, F3, C3, C4, T6, P4, O1, Cz) and theta(F7, F8, T6, P4, Cz), and positively correlated with alpha(T3, T4, T6, P4, Cz).

**Table 1.** Age & intelligence adjusted Pearson correlation(r) between CBCL sub-items and z-scored relative power (N=57).

Lead	Social immaturity			Social			School		
	Delta	Theta	Alpha	Delta	Theta	Alpha	Delta	Theta	Alpha
FP1	0.231	0.039	-0.236	-0.290*	-0.105	0.212	-0.301*	-0.107	0.226
FP2	0.250	0.059	-0.302*	-0.271*	-0.159	0.237	-0.286*	-0.208	0.255
F7	0.181	0.102	-0.266	-0.258	-0.151	0.265	-0.176	-0.290*	0.246
F8	0.142	0.278	-0.251	-0.217	-0.293*	0.231	-0.154	-0.356**	0.209
F3	0.214	0.126	-0.253	-0.234	-0.246	0.151	-0.271*	-0.213	0.238
F4	0.194	0.153	-0.288*	-0.233	-0.275*	0.205	-0.221	-0.252	0.262
T3	0.002	-0.011	-0.361**	-0.044	-0.077	0.334*	-0.125	-0.121	0.389**
T4	0.107	0.174	-0.271*	-0.008	-0.110	0.370**	-0.159	-0.254	0.310*
C3	0.237	0.151	-0.256	-0.283*	-0.274*	0.297*	-0.293*	-0.163	0.153
C4	0.113	0.175	-0.191	-0.233	-0.223	0.229	-0.304*	-0.162	0.241
T5	0.129	0.190	-0.236	-0.240	-0.284	0.280*	-0.244	-0.214	0.197
T6	0.204	0.245	-0.267	-0.385**	-0.344*	0.353**	-0.393**	-0.295*	0.299*
P3	0.270*	0.301*	-0.325*	-0.228	-0.175	0.202	-0.228	-0.203	0.131
P4	0.270*	0.426**	-0.395**	-0.277*	-0.282*	0.283*	-0.315*	0.329*	0.283*
O1	0.188	0.230	-0.199	-0.386**	-0.330*	0.312*	-0.327*	-0.257	0.221
O2	0.145	0.193	-0.210	-0.312*	-0.322*	0.312*	-0.240	-0.262	0.153
Fz	0.241	0.140	-0.266	-0.283*	-0.227	0.179	-0.259	-0.262	0.258
Cz	0.261	0.237	-0.315*	-0.341*	-0.278*	0.325*	-0.301*	-0.335*	-0.293*
Pz	0.251	0.277*	-0.300*	-0.213	-0.160	0.191	-0.230	-0.258	0.225

NOTE: Social immaturity: A problem scale of Child Behavior Checklist 6-18, Social & School: competence scales of Child Behavior Checklist 6-18.

No statistically significant correlation between beta band and CBCL sub-items. Statistical significant in analysis of Pearson correlation \* P<0.05, \*\*P<0.01.

## Conclusions

This result suggests that the resting state QEEG results of elementary school age with ADHD may reflect behavioral characteristics of children, especially in social function.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.064

### Attention deficit hyperactivity disorder (ADHD) among school-aged children in Botswana: subtypes and co-morbid conditions

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#### Objectives

To determine the prevalence of ADHD and its subtypes among school-aged children in Botswana

To explore the association of ADHD subtypes with other externalizing and internalizing psychiatric disorders (IPDs), and learning disabilities among school-aged children.

#### Methods

It was a cross-sectional descriptive design involving primary school pupils, aged 6-12 years, in Gaborone, Botswana. A two-staged random sampling technique was adopted in which 1,820 pupils were selected from 25 out of the 29 public schools in the city. The Vanderbilt Rating Scale (teachers' and parents' versions) and DSM-5 were administered, and agreements between parents' and teachers' responses were recorded.

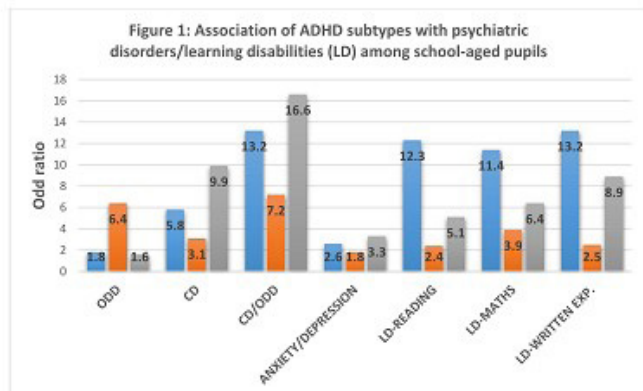
#### Results

Of the 1820 questionnaires distributed, 1783 properly filled were analysed. The mean participants' age was 9.66±2.19 years, with a slightly higher male percentage (51.3%). The overall prevalence of ADHD was 13.5% (n=240). The subtypes were distributed as hyperactive-impulsive, 1.2% (n=22), inattentive, 7.9% (n=144) and combined, 4.2% (n=76). The male to female ratio for ADHD was 2.2:1. There were statistically significant gender differences in the rates of total ADHD ( $\chi^2 = 42.5, p<0.01$ ), the inattentive ( $\chi^2 = 21.0, p<0.01$ ), and combined ( $\chi^2 = 22.1, p<0.01$ ) subtypes. Conduct disorder and Oppositional defiant disorder are the most associated psychiatric disorders across all subtypes of ADHD. Pupils with hyperactive-impulsive subtype had a lower risk for co-morbidities, particularly the IPDs.

**Table 1: The distribution of ADHD and subtypes within gender**

ADHD and sub-types	Male (n=914)		Female (n=869)		Statistics	
	n	%	n	%	$\chi^2$	p
Predominantly inattentive (n=142)	99	69.7	43	30.3	21.0	<i>&lt;0.01</i>
Hyperactive-impulsive (n=22)	12	54.5	10	45.5	0.09	0.75
Combined (n=76)	59	77.6	17	22.4	22.1	<i>&lt;0.01</i>
ADHD Prevalence (n=240)	170	70.8	70	29.2	42.5	<i>&lt;0.01</i>

df = degree of freedom,  $\chi^2$  = Chi-square, significant p = value (p) in italics



### Conclusions

The rate of ADHD in Botswana is slightly higher than reports from most literature, but the pattern of presentation is similar. Effort should be made to address this prevalent and neglected mental health issue in Botswana.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.065

### Predictors of primary school teachers' beliefs and misconceptions about attention deficit hyperactivity (ADHD) disorder and its treatment in Botswana

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### Objectives

Primary school teachers play a vital role in early detection of ADHD in children because of long and close period of contact with pupils, thus it will be salient: To examine the beliefs and misconceptions about ADHD held by primary school teachers in Botswana

To explore the associations between certain socio-demographic factors and these misconceptions and beliefs about ADHD treatment.

### Methods

The study was a cross-sectional descriptive design; conducted among primary school teachers who were randomly selected from 25 public schools in Gaborone, Botswana. A modified 30-item belief scale was used to obtain information from consenting teachers, who have a minimum of one year primary school teaching experience.

### Results

Out of the 300 questionnaires distributed, 264 returned and properly filled ones were analyzed. The median age of the participant was 38 years, more females (72.7%) participated in the study, and the median duration of teaching experience was 13 years. Almost half (49%) of them had at least one form of misconception (such as, "ADHD occurs as a consequence of adultery or demonic possession and requires spiritual treatment only"), and 59.1% of the school teachers believed in orthodox treatments. Reading of books about ADHD associated positively with belief in orthodox treatments (OR=2.91, 95%CI: 1.13-7.52) and negatively with misconceptions about ADHD (OR=0.30, 95%CI: 0.10-0.90) (tables 1&2).

**Table 1: Factors associated with beliefs about ADHD and orthodox treatment acceptability among primary school teachers in Botswana**

Variables	Statistics				
	Wald	P-value	OR	95% CI	
Gender (female)	0.03	0.86	1.05	0.58	1.91
Read magazines on ADHD	1.10	0.29	0.59	0.22	1.57
Professional development	0.51	0.48	1.29	0.64	2.62
Previous experience in teaching children with ADHD	2.03	0.16	1.51	0.86	2.65
Knows a child diagnosed with ADHD	0.40	0.53	1.26	0.61	2.59
Read books on ADHD	4.87	<b>0.03</b>	2.91	1.13	7.52

Nagelkerke R<sup>2</sup> = 0.075, df (degree of freedom) =1, CI = confidence interval, OR = odd ratio.

**Table 2: Factors associated with misconceptions about ADHD among primary school teachers in Botswana**

Variables	Statistics				
	Wald	P-value	OR	95% CI interval	
Age (> 38 years)	0.86	0.37	0.63	0.23	1.73
>13year of experience in teaching primary school children	0.22	0.63	0.78	0.28	2.18
Gender (male)	0.51	0.47	1.25	0.68	2.30
Read magazines on ADHD	2.82	0.09	2.57	0.85	7.73
Professional development	0.27	0.60	0.83	0.40	1.70
Previous experience in teaching children with ADHD	0.46	0.49	1.23	0.68	2.19
Knows a child diagnosed with ADHD	2.80	0.09	0.52	0.24	1.12
Read books on ADHD	4.61	<b>0.03</b>	0.03	0.30	0.10

Nagelkerke R<sup>2</sup> = .065, df (degree of freedom) =1, CI = confidence interval, OR = odd ratio

### Conclusions

Misconceptions about ADHD are evident among primary school teachers in Botswana, and reading of books about ADHD is significant in addressing these misconceptions and acceptability of orthodox treatment.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.066

### Differences in teachers and parents' rating of attention deficit hyperactivity disorder (ADHD) in school-age children

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### Objectives

Teachers' rating of ADHD is usually regarded as accurate since they spend more time with the children and are more objective than their parents, who may be less willing to accept the diagnosis.

The objective was to determine the agreement between parents and teachers' report of ADHD rating of school children and explore parental factors responsible for the differences.

### Methods

The parents of 442 primary school pupils who were rated positive by teachers, using the teachers' version of Vanderbilt Rating Scale (VRS) were asked to rate their children with the parents' version of the same instrument.

## Results

Four hundred and one questionnaires properly filled by the parents were analyzed. The median age of the parents was 34 years. Fifty-seven percent of the parents agreed with the teachers' reports. The inattentive subtype was the most common in both reports. Parents who did not have up to secondary school education (OR=1.92, 95%CI: 1.09-3.40) and those whose children presented with combined symptoms (OR=1.72, 95%CI: 1.08-2.74) were more likely to agree with the teachers reports, whereas those who did not report any complication in pregnancy or during childbirth (OR=0.46, 95%CI: 0.24-0.86) were less likely to agree with the teachers (table 1).

**Table 1: Parental factors associated with teachers' rating of ADHD**

Variables	Statistics				
	Wald	P-value	OR	95% CI interval lower	upper
Age (< 34 years)	1.94	0.16	1.38	0.89	2.16
Parents who had below secondary school education	5.07	<b>.024</b>	1.92	1.09	3.40
Parents in lower occupational group	0.39	0.53	1.29	0.58	2.86
Parents who reported no perinatal complication	5.90	<b>.015</b>	.456	0.24	0.86
Parents of children with hyperactive/impulsive symptoms	0.17	0.68	0.85	0.38	1.89
Parents of children with combined subtype	5.16	<b>.023</b>	1.72	1.08	2.74

df (degree of freedom) =1, CI = confidence interval, OR = odd ratio

## Conclusions

Agreement between teachers and parents' rating was modest; while parent's level of education influenced their report of ADHD, the presentation of combined subtype in the child increased the concordance between the two. Both versions of VRS are recommended for future studies because the possibility remains that some children may be over-diagnosed by teachers.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.067

### A new picture-book style rating tool is feasible for children with attention deficit hyperactivity disorder to reveal their self-understanding

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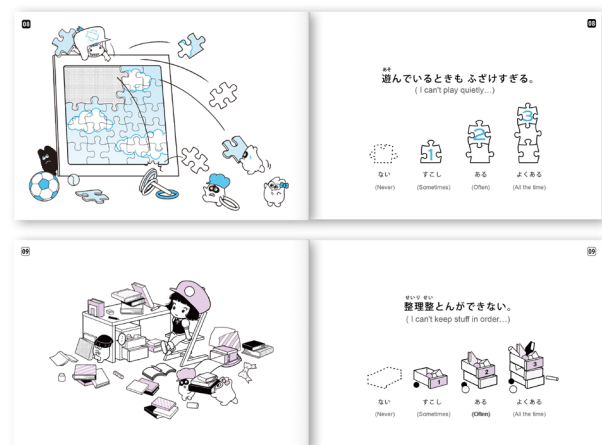
## Objectives

In daily clinical settings, child psychiatrists listen about problematic behaviors of children with attention deficit hyperactivity disorder (ADHD) from their parents and/or teachers. Consequently, the children's own thoughts are not fully known. Therefore, we developed an original picture-book style tool for children with ADHD to learn how they understand their own behaviors. We present the tool development process and investigate its feasibility.

## Methods

A picture-book style tool for children with ADHD was developed based on the Diagnostic and Statistical Manual of Mental Disorders-IV TR (pic. 1). The tool was called "A day in the life of Eddy and Heardy (DLEH)." Overall, 24 children with ADHD attending an outpatient clinic in Japan evaluated their own symptoms on DLEH. After the evaluations, they were required to answer a questionnaire about the level of amusement and understandability of the tool using a four point scale and write their own comments about the interview. Descriptive statistics were used in the evaluation.

Pic. 1 Picture-book style self-rating tool called "A day in the life of Eddy and Heardy (DLEH)" for children with ADHD



## Results

All children completed the study and reported that the tool was understandable (very understandable: 22 children, somewhat understandable: 2 children). Overall, 21 of 24 children (88%) responded that the tool was fun (very fun: 16 children, somewhat fun: 5 children), 23 (96%) contributed their own comments, and 14 (58%) commented about their behaviors, including positive comments, while admitting their own challenges (Table. 1).

Table. 1 Some free descriptive answers of children after the evaluation on DLEH (translated from Japanese to English)

Age/Sex	Free Descriptive Answers of Children
6 / M	I have Fnn. [sic]
7 / M	I was glad I used to do this stuff, but not much anymore.
8 / M	I learned that sometimes you just act on impulse. [sic]
8 / M	I never knew I had so many bad habits.
8 / M	I accidentally step on stuff so I'm a try and be careful and not step on stuff. [sic]
9 / M	I can't never concentrate, so yeah.
9 / M	I realized I got a lot of work to do.
9 / M	I did a lot of this in second grade, but not much anymore.
9 / F	Well I did the book and was suprised that all of them were a yes, not a single no.
10 / M	When I go outside, I always leave stuff behind.
11 / M	I like that it was relatable and stuff.
11 / M	I actually do a lot of these of this.
12 / F	I could not relate to much of it.
12 / M	It was mad fun.

## Conclusions

Our new picture-book style tool is feasible for children with ADHD and could help them better understand themselves while providing amusement.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area



P 1.068

**Comparison between self- and proxy-reported behaviors in children with attention deficit hyperactivity disorder using a picture-book style tool**

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**Objectives**

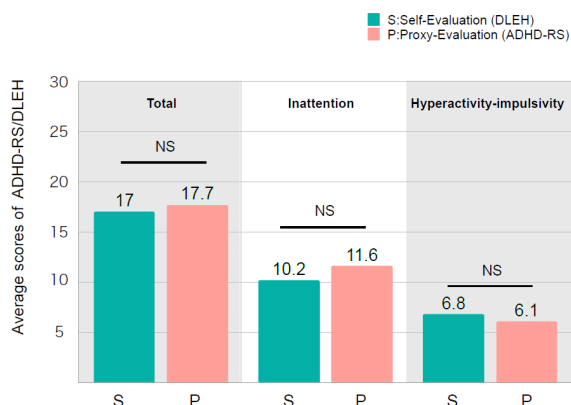
Children with attention deficit hyperactivity disorder (ADHD) tend to underestimate their problematic behaviors compared with their parents. There are many proxy measures for parents; however, self-measures specifically designed for children are unavailable. In this study, we used our picture-book style tool called "A day in the life of Eddy and Hearty (DLEH)" for children to investigate whether and the extent to which they were aware of their problematic behaviors compared with their parents.

**Methods**

Overall, 24 children with ADHD evaluated their problematic behaviors on DLEH. Meanwhile, their parents evaluated the child's behaviors in a separate room using the ADHD Rating Scale-IV. The difference in average scores of total, inattention, and hyperactivity/impulsivity and in each of the 18 items between self (S) and proxy (P) evaluations were analyzed by T-score. The difference in each total score between a parent and child was analyzed using descriptive statistics.

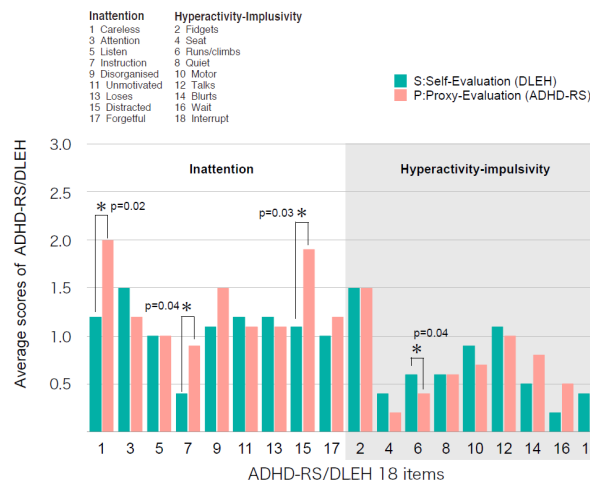
**Results**

The differences between self and proxy average of total (S = 15.6, P = 17.7), inattention (S = 10.2, P = 11.8), and hyperactivity/impulsivity (S = 6.8, P = 6.1) scores were not statistically significant (pic .2). The average score of 4 of the 18 items was statistically significant (pic. 3). Of parent-child pairs, 63% children evaluated the total scores within the standard deviation of proxy average (±7.1).



Pic.2 The differences between self- and proxy- average score of total, inattention, and hyperactivity-impulsivity

Pic.2 Differences between self- and proxy-average scores of total, inattention, and hyperactivity-impulsivity



Pic.3 The differences between self- and proxy- average scores of 18 items of DLEH/ADHD-RS-IV

Pic.3 Differences between self- and proxy- average scores of 18 items of ADHD-RS-IV/DLEH

**Conclusions**

Children with ADHD could be more self-aware and honest than previously thought if they are provided with a relaxing environment.

**Poster session 1**

24 July 2018, 07:30 - 13:00, Poster Area

P 1.069

**How an ADHD parent support group survey in the community led to quality improvement outcomes**

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<sup>2</sup>East and North Hertfordshire NHS Trust, Child Development Centre, Wellwyn Garden City, United Kingdom

**Objectives**

Following communication from a Community ADHD support group regarding problems with ADHD prescriptions collections and GP shared care in the community:

We examined parent/carer experience with prescription collections from the hospital and community to establish whether this was a widespread problem. We determined whether children had their blood pressure and pulse monitored 3 monthly under GP shared care arrangements as per ADHD NICE standards.

**Methods**

Survey circulated in a monkey survey format to carers initially in August 2016 and again in September 2016 as a result of poor initial response due to the summer holidays. Results analysed by ADHD Team.

**Results**

64 carers responded to monkey survey between August to September 2016. Carers experienced more difficulties obtaining repeat prescriptions from the Hospital Pharmacy (72%) compared to Community or GP Chemists (64%). No carer (0%) said they would prefer collecting repeat prescriptions from the Hospital Pharmacy.

Majority (71%) of carers said they had not been invited by their GP for blood pressure and pulse monitoring if their child was on GP shared care. Carers (40%) whose child had monitoring under GP shared care were unsure about how often monitoring needed to happen.

## Conclusions

The survey highlighted lack of consistency with 3 monthly monitoring of BP and pulse of children on ADHD medication as per the ADHD NICE Guidelines 2008, raising concerns regarding safety monitoring in this vulnerable group in the Community. It also highlighted poor carer experience when obtaining prescriptions from the Hospital. Action plans following the survey has led to a number of quality improvement outcomes.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

### P 1.070

#### Event-related potential and symptom severity in children with attention deficit hyperactivity disorder

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## Objectives

It has frequently been reported that children with ADHD have abnormally event-related potential (ERP). The loudness dependence of the auditory evoked potential (LDAEP) has been identified as being inversely associated with central serotonergic activity. Recent studies suggest that LDAEP is also influenced by dopaminergic transmission. The aim of the present study was to determine whether there is an association between the symptom severity and LDAEP in children with ADHD.

## Methods

A total of 32 children (6-12 years old, 29 males and 3 females) with ADHD were enrolled in this study. Severity of symptoms was assessed by using the ADHD rating scale (ARS). To evaluate the LDAEP, the auditory event-related potential was measured before beginning medication. Peak-to-peak N1/P2 amplitudes and current source densities were calculated, and the LDAEP was calculated as the linear-regression slope.

## Results

The mean age of subjects was  $9.19 \pm 1.78$  years old and the LDAEP score was  $0.80 \pm 1.06$  ( $-0.76$  -  $4.32$ ). Total ARS score was  $21.47 \pm 10.35$ . LDAEP was found to be positively associated with ARS score, after adjusting for age and IQ ( $r=0.451$ ,  $p=0.024$ ). LDAEP was related with score of inattentive symptoms ( $r=0.489$ ,  $p=0.013$ ). But LDAEP was not correlated with score of hyperactive-impulsive symptoms ( $p=0.072$ ). When linear regression analysis was carried, the relationship between LDAEP and severity of symptoms was also significant ( $p=0.013$ ). When reassessing LDAEP of 17 subjects after treatment, 12 children (70.6% of 17 children) showed that LDAEP was decreased after taking methylphenidate.

## Conclusions

These findings suggest that the LDAEP may be associated with the symptom severity in children with ADHD. Further investigation is needed.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

### P 1.071

#### Comparison of brain functional connectivity between boys and girls with ADHD in Korea: preliminary study

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<sup>2</sup>Inje University Ilsan Paik Hospital, South Korea

## Objectives

The objective of this study was to investigate the difference of brain functional connectivity between boys and girls in attention-deficit/hyperactivity disorder (ADHD) using resting state functional magnetic resonance imaging.

## Methods

A total of seven children with ADHD (5 boys, age range: 11~17 years old; 2 girls, age: 11 years old and 12 years old) were recruited. Every participant was examined by child psychiatrist using Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime version-Korean version. Each participant was examined for brain using resting state functional magnetic resonance imaging. We compared brain functional connectivity from default mode network between boys and girls using statistical parametric mapping analysis on a voxel-wise basis. We chose the posterior cingulate cortex as a seed region of interest.

## Results

Girls with ADHD showed significantly increased resting state functional connectivity within default mode network in the right middle frontal gyrus and left cerebellum compared with boys with ADHD (uncorrected  $p < 0.001$ ).

## Conclusions

This study may support functional difference of frontal lobe and cerebellum between boys and girls with ADHD. It might be related to brain maturation differences between boys and girls.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

### P 1.072

#### Attempt to assess the prevalence of ADHD symptoms among medicine students of Vilnius University

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<sup>1</sup>Vilnius University, Clinic of Psychiatry, Vilnius, Lithuania

## Objectives

To evaluate the prevalence of ADHD symptoms among medicine students of Vilnius University.

## Methods

Anonymous online survey was conducted. Questionnaires were sent to the social network groups of medicine students with adult ADHD self-report scale - ASRS (Kessler et al, 2005). Each scale point meets the criteria of DSM-IV classification for adult ADHD and is evaluated in Likert scale (0 = never, 4 = very often). Data were processed using SPSS 22 and assessed with Chi-squared test. Differences considered to be statistically significant when p value was  $< 0.05$ .

## Results

183 (16,3 %) students of the total 1118 who were in social network groups participated in the survey. 146 (79,8 %) - female, 37 (20,2 %) - male. Mean



age – 21,98 (SD 2,03). 6th year students accounted for 26,8 %, and 5th, 4th, 3rd, 2nd, 1st year students respectively: 13,7 %, 10,9 %, 15,8 %, 16,9 %, 15,8 %. Answers of 49 (26,8 %) participants were highly consistent with adult ADHD symptoms: more male (40,5 %), than female (23,3 %,  $p=0,034$ ). 18,4 % of participants with possible ADHD, and 2,2 % – without, approached healthcare specialist ( $p=0,001$ ).

#### Conclusions

Further psychiatric examination is recommended for the quarter of participants with possible ADHD. Male students are more likely to have symptoms highly consistent with ADHD than female students. Just a fifth of medicine students with symptoms of possible ADHD sought help from healthcare specialists, which indicates the need of better quality education on this topic.

#### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

#### P 1.073

### Predictors of somatic complaints in children with ADHD – What matters?

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#### Objectives

Children often use somatic complaints as a way to express distress. Some common somatic complaints reported are headaches and abdominal pains. Literature has found association between ADHD and somatic complaints, but little is known about the extent of this relationship. Other studies also reported high somatic complaints in children with emotional disorders (e.g. depression/anxiety).

Our previous study found children with ADHD combined subtype (ADHD-COM) to have significantly higher scores in depressed/anxious symptoms than those of inattentive subtype (ADHD-IA). In our current study, we would like to explore if symptomology differences between ADHD subtypes and depressed/anxious symptoms could predict somatic complaints. We hypothesize that subtypes and depressed/anxious symptoms would be predictors of somatic complaints in children with ADHD.

#### Methods

163 children aged 6 to 12 years old ( $M= 8.63$ ,  $SD= 1.51$ ) were recruited from an outpatient psychiatry clinic in Singapore. Participants were clinically diagnosed with ADHD by their attending clinicians, and fulfilled the criteria of either ADHD-COM or ADHD-IA based on Computerized Diagnostic Interview for Children (C-DISC) completed by parents. Somatic complaints and depressed/anxious subscales from parent-reported Child Behavioural Checklist (CBCL) were used.

#### Results

Multiple linear regression analysis showed that depressed/anxious symptoms significantly predicted somatic complaints in children with ADHD ( $\beta = .280$ ,  $p < .01$ ), but not ADHD subtype ( $\beta = -.434$ , n.s.).

#### Conclusions

Somatic complaints could be indicators for possible depression/anxiety in children with ADHD. When working with this population, professionals need to be more aware of somatic complaints raised by these children. Healthcare

services could include routines to increase focus on children with heightened frequency of somatic complaints.

#### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

#### P 1.074

### A comparative study of Risperidone and Aripiprazole in attention deficit hyperactivity disorder: a randomized double-blind study

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<sup>2</sup>Imam Hossein Hospital, Child and Adolescent Psychiatry, tehran, Iran

#### Objectives

Stimulants are not very effective on attention deficit hyperactivity disorder (ADHD) children under 6 years old. The most common medication that is used in this range of age is Risperidone. Evaluating the safety and efficacy of Aripiprazole versus Risperidone for treating children under 6 years suffering from ADHD was the aim of this study.

#### Methods

During this double-blind clinical trial, 34 children aged 3 - 6 years who were diagnosed with ADHD, received treatments with Aripiprazole or Risperidone randomly for 12 weeks. Follow-up measures comprised, CGAS, the ADHD-RS, CPRS and side effect checklist.

#### Results

The findings revealed that 20 patients in Risperidone group (including 13 boys and 7 girls) and 20 patients in Aripiprazole group (including 13 boys and 7 girls) had at least one follow-up examination. After 12 weeks of the study, both medications showed distinct improvements in ADHD RS ( $P < 0.001$ ), CPRS ( $P < 0.001$ ) and CGAS ( $P < 0.001$ ) scores. The statistic difference between them was not significantly different. The most common side effects in Risperidone group were reported to be panic (20%), nausea and vomiting (20%), while in Aripiprazole they were reported to be increased appetite (25%) and somnolence (15%).

#### Conclusions

The findings revealed that both Risperidone and Aripiprazole are effective in treating ADHD children under 6 years old and there was no significant difference between the two drugs. Children can tolerate them well. Aripiprazole effect on children showed itself earlier compared to Risperidone.

#### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

#### P 1.075

### Preschool ADHD and its relationship with attachment

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<sup>1</sup>Marmara University School of Medicine, Child and Adolescent Psychiatry, Istanbul, Turkey

#### Objectives

The association of ADHD and attachment is mostly studied with school-aged and older individuals. However, because both ADHD and attachment develop during early childhood, studies with preschool children are especially important due to better understanding early attachment and ADHD processes. It is also



one of the aims of this study to be able to draw attention to the importance of early diagnosis and intervention.

## Methods

Psychiatric symptom scanings were made by using Early Childhood Inventory-4, diagnoses were established by DSM-5 based clinical evaluation. Children's attachment representations were evaluated by using Doll Story Completion Task. Parents were asked to fill in The Child Attachment Questionnaire, Mother to Infant Bonding Scale, Wender Utah Rating Scale, Symptom Checklist 90-Revised, Adult Attachment Style Scale, and Social Competence and Behavior Evaluation-30 Scale. The study included 40 children as the ADHD group and 36 children as the non-ADHD group.

## Results

When the probable predictive factors of ADHD were examined by multivariate logistic regression analysis, only the child's attachment pattern was found as a predictive factor on ADHD ( $p = 0.03$ ,  $OR = 0.01$ ) (For the probable predictive factors of ADHD, see table 1.).

**Table 1. Comparison of attachment styles and clinical features between ADHD and non-ADHD children, and between mothers of both ADHD and non-ADHD children.**

Variable	ADHD	NON-ADHD	p
	Mean $\pm$ SD	Mean $\pm$ SD	
Mother to child bonding score	7.76 $\pm$ 4.13	4.41 $\pm$ 2.63	0.001*
Externalizing symptoms score	3.54 $\pm$ 2.95	0.50 $\pm$ 0.61	0.00*
Anger-aggression score	34.82 $\pm$ 10.36	23.78 $\pm$ 8.41	0.00*
Social competence score	36.49 $\pm$ 10.98	45.75 $\pm$ 7.86	0.002*
Global psychiatric severity index of mothers	1.05 $\pm$ 0.56	0.67 $\pm$ 0.55	0.02*
Wender Utah Rating Scale score of the mother	23.97 $\pm$ 13.32	16.92 $\pm$ 11.51	0.065
	N (%)	N (%)	
Insecure attachment in children	13 (37.1)	1 (3.3)	0.02*
Insecure attachment in mothers	18 (45)	8 (22.2)	0.15

\* $p < 0.05$

## Conclusions

It is important to evaluate the parent child attachment in children with ADHD, especially in the pre-school period. Attachment-related interventions will increase both the effectiveness of the treatment and the functioning of the child with less comorbidities.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.076

## Managing ADHD in the youth sports activity

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## Learning Objectives

At the end of this workshop, participants will be able to:

Recognize the importance of ADHD on sports environment, including prevalence in athletes, source of this raising topic interest, susceptibility to specific injuries and risks of dropping out.

Interpret predisposition and disfavor of ADHD for certain sports modalities.

Develop behavioral strategies along athletes, parents and coaches to minimize risks of dropping out and maximize joyfulness in sports environment and sports performance.

Identify the specific risks and adverse effects of psychostimulants in this population.

Understand the concerning doping issues.

Summarize the Therapeutic Use Exemption guidelines related to ADHD.

Select proper pharmacological intervention.

## Workshop Description

This workshop is addressed to everyone interested in helping their athlete patients to enjoy from their sports participation and to fairly attain higher sports performance. It will be presented the most updated data concerning ADHD and sports.

Introduction: Interventions in special populations of ADHD patients, such as athletes, are scarce. The interest on this field was started in the American universities campuses, where both academic and sports performances are valued. Issues like athletes' ADHD prevalence rates, adult ADHD diagnosis, impact on sports activity and higher injury risk will be discussed.

Suitability for sports modality: Brief stories of elite athletes published on the Headlines will be showed, along with the results from a survey to sports psychiatrists questioning which sports and positions in sports are more advantageous and disadvantageous for ADHD athletes. We will integrate these data in the Nideffer's Attentional Model for sports and analyze the gold standard attentional focus assessment (Test of Attentional and Interpersonal Style (TAIS)).

Non-pharmacological interventions: As part of a Multimodal Treatment, behavioral strategies have a function of creating a controlled environment that prevents drop out and maximize sports performance. Targeting the weaknesses ADHD brings to athletes, it will be presented specific attention strategies to improve sports performance and published evidence-based recommendations for trainers of ADHD patients.

Pharmacological management: It will be discussed the most recent review on the subject, including the evolution of psychostimulants' acceptance by sports agencies, particular health risks on this population, doping issues, Therapeutic Use Exemptions guidelines and main alternatives.

References

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area



P 1.077

### ADHD treatment at least three years prevents long-term complications

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#### Objectives

ADHD is known to be associated with psychiatric comorbidities and psychosocial adversities in the long term. The existing literature is focused on predominantly Western samples. There are no studies evaluating long-term functionality of youth diagnosed with ADHD in Turkey.

#### Methods

Patients diagnosed with ADHD at a study center in between 2011 and 2012 were contacted and current functionality was assessed via phone interviews. Univariate and bivariate analyses were conducted to determine correlates of functioning. Sequential logistic regression analyses were conducted to evaluate predictors of still receiving treatment for ADHD, improvement in attention/academics, improvement in behavior and in peer relationships. P was set at 0.05.

#### Results

Information on functioning of 433 patients (78.3 % male) could be collected. Male patients with ADHD tended to be more frequently under treatment at follow-up and they displayed behavior problems at follow-up significantly more frequently. Legal problems were reported in 3.7 % and substance use in 2.3 %.

#### Conclusions

Treatment for ADHD lasting at least 3 years predicted improved functioning and less psychosocial adversity. Earlier diagnosis of ADHD and longer treatment appears to protect against psychosocial adversity also in Turkish samples. Multi-center studies from Turkey with larger samples are needed.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.078

### Improving the care of children with ADHD: a South London ADHD pathway model

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#### Objectives

Attention Deficit Hyperactivity Disorder (ADHD) is a prevalent disorder which requires a significant amount of time and expertise from Child and Adolescent Mental Health Services, child psychiatrists in particular. It carries an administrative burden, as most cases remain long-term within services. The aim of this quality improvement (QI) project is to develop a multi-faceted ADHD Pathway to maximise efficiency and quality for patients and their families.

#### Methods

Using QI methodology the multidisciplinary research group are addressing a number of areas of the ADHD Pathway. This has included: assessing the impact of employing an ADHD pharmacist, regular ADHD team meetings and improving access to dictation services. To improve clinician's confidence and skill we implemented a teaching half-day on ADHD and "consultation" slots for professionals. Analysing contacts to the service was undertaken, to better understand the needs of families and professionals around ADHD management.

#### Results

Employment of an ADHD Pharmacist has been cost effective and freed Psychiatrist time for other aspects of the CAMHS service. Staff knowledge of the ADHD pathway increased from 5% to 64% following the teaching session and using online dictation has led to a reduction from 75% to 0% who "agree" that typing letters and electronic entries impacts on their clinical time.

#### Conclusions

This project shows that using a multidisciplinary approach and developing a pathway can improve ADHD care and gives examples of how this model could be replicated successfully in other services. It will be important to get feedback from stakeholders, including administration staff and young people to further innovate.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.079

### A double-blind randomized placebo-controlled trial on 4 to 6-year-olds with attention-deficit/hyperactivity disorder: probiotics as adjunct therapy to Ritalin

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#### Objectives

Stimulants are the standard of care for ADHD, however possible side-effects have prompted many to seek alternate treatments; probiotics are among the most promising candidates. This study evaluated the efficacy and safety of probiotics+ Ritalin compared to placebo+ Ritalin on ADHD symptoms in preschoolers.

#### Methods

Forty 4-6 year-olds with ADHD were recruited among the referrals to a child psychiatric outpatient clinic. The Diagnostic Infant and Preschool Assessment was used to confirm the diagnosis and evaluate the co morbid disorders. The participants were randomly assigned to either control (Ritalin + placebo) or investigation (Ritalin + probiotic) group. The severity of symptoms was assessed using the Conner's Parent Rating Scale and the Clinical Global Impression-Severity Scale at baseline, week 4 and week 8. Medications' adverse effects were checked after 4- and 8- week intervals.

#### Results

There were not any significant differences between the two groups at pre-treatment based on the gender, age, intellectual ability, and severity of the ADHD symptoms. In both groups, the ADHD indices decreased significantly from week 0 to week 8, however comparing data for different time-points among both groups revealed no significant differences. The adverse effects of the two regimens were not significantly different, however, the investigation group showed less decreased appetite.

## Conclusions

The probiotics were safe and well-tolerated in preschoolers. Although the findings of this study did not support their efficacy on ADHD improvement, probiotics may be used to increase the appetite in children receiving the stimulants. Further studies with larger sample sizes and longer follow-ups are suggested.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.080

### ADHD is a potential cause of road crashes in Bangladesh

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#### Objectives

Find out the relation between road traffic accident and Attention Deficit Hyperactivity Disorder (ADHD).

#### Methods

Purposely selected 20 male drivers of heavy vehicle who had undergone road crashes aged below 30 years were clinically assessed. Clinical assessment of drivers was done in one of the central bus depots of Dhaka city in Bangladesh. The survey was done through clinical assessment by using DSM-5 diagnostic criteria of ADHD.

#### Results

Eight out of twenty drivers were diagnosed as having ADHD. Among them two were predominantly inattentive, four were predominantly hyperactive, two were both hyperactive and inattentive, four were dropped out from school at early age due to inattention and hyperactivity, all were chain smoker and four used to change their job frequently.

#### Conclusions

In Bangladesh fatality rate due to road traffic accidents is rising sharply day by day. At least 2297 people were killed and 5480 were injured in road traffic accidents within 1st six months of 2017. Whereas in the previous year at 2016 at least 1941 people were killed and 4794 were injured within the 1st six months. No survey has been reported in Bangladesh yet correlating ADHD as a reason of impulsive driving which ends up in a road crash. Reckless and impulsive driving and tendency to overtake caused by ADHD might be one of the key factors behind such intimidating statistics of road accidents. Broad-based study should be carried out to find out ADHD individuals. Media can also play a role to promote awareness program regarding ADHD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.081

### Case series on administering long-acting methylphenidate for attention deficit hyperactivity disorder more than once daily and impact on sleep

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#### Objectives

Sleep and ADHD have a controversial relationship. Stimulants are perceived to impair sleep, but research results are variable. There is no published literature regarding administering long-acting stimulants more than once daily. This paper reports on the administration of long-acting methylphenidate twice or thrice daily and the effect on sleep in two patients with Attention Deficit Hyperactivity Disorder (ADHD).

#### Methods

Two male patients under 18 years of age received a diagnosis of ADHD, were naive to psychotropic medication and were sleeping poorly at baseline. Both patients were titrated to an effective dose of long-acting methylphenidate. Duration of action was too brief, so an additional dose of the same long-acting psychostimulant was added. Psychostimulant dosing frequency was adjusted based on parent report of symptomatic improvement, duration of symptom improvement and adverse effects.

#### Results

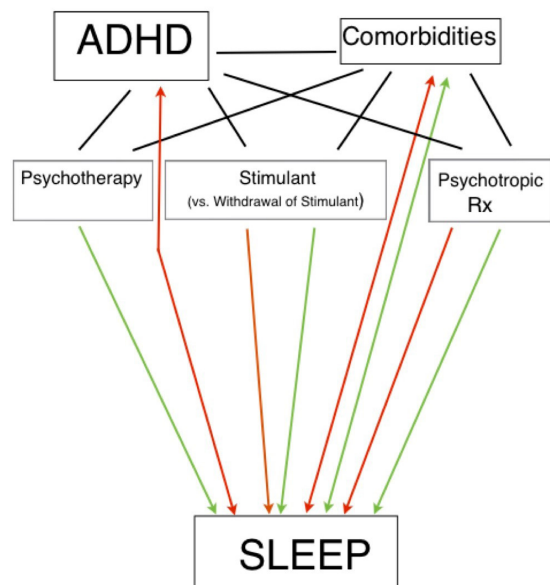
Both patients showed reduction of their ADHD symptoms and sleep also improved for both patients.

#### Conclusions

Despite the conventional wisdom of avoiding dosing long-acting psychostimulant medication more than once daily, some patients may experience longer duration of ADHD symptom remission without experiencing worsening sleep with long-acting methylphenidate given more than once daily. In this case series of two male pediatric patients, ADHD symptoms and sleep improved on long-acting methylphenidate preparations given twice to thrice daily. A model is proposed to show the complicated relationship between ADHD and sleep (Figure 1). Further studies on the potential benefits of twice or thrice daily long-acting methylphenidate are warranted.

**Figure 1: Model to Understand Relationship Between ADHD and Sleep**

Black lines represent bidirectional relationships between diagnoses and treatments. Red arrows indicate a negative impact on the other variable. Green arrows indicate a positive impact on the other variable.



## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.082



### Atypical visual-scan paths of emotion recognition in young adults with attention-deficit/hyperactivity disorder traits

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#### Objectives

The purpose of this study is to investigate atypical face visual-scan paths to facial regions (eye, nose, mouth) during emotion recognition in young adults with attention-deficit/hyperactivity disorder (ADHD) traits.

#### Methods

226 participants were divided into two groups, ADHD traits (N=16) and non-ADHD traits (N=11) according to Korean version of Conners' Adult ADHD Rating Scale and Adult ADHD Self-Report Scale scores. In visual-scan path task with eye tracking, participants passively viewed facial expressions (happy, angry, fearful, sad, neutral). In emotion recognition task, participants selected one of 4 emotions (happy, angry, fearful, sad) after morphed stimuli of emotion development stopped. Dwell time, first fixation time to eye region, and accuracy of responses for each facial expression were measured. The data was analyzed using mixed ANOVA to explore interaction between group, emotions, and facial regions.

#### Results

The result showed that ADHD traits significantly indicated lower accuracy in all emotions. In addition, there was an interaction between group and facial regions in negative emotions, but not in happy emotion. For 3 negative emotions, ADHD traits gazed longer on mouth region compared with non-ADHD traits. For happy emotion, ADHD traits and non-ADHD traits gazed longer on mouth region.

#### Conclusions

Generally, people gaze on eye region for negative emotions and eye and mouth region evenly for happy emotion. Therefore, since ADHD traits gaze more on mouth region, accuracy of emotion recognition could be lower. These results suggest that emotion processing could affect accurate emotion recognition and it is necessary to discover these findings in children with ADHD as well.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.083

### Effects of l-carnitine as an adjunctive therapy in ADHD: A randomized, double-blind, placebo-controlled trial

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#### Objectives

To evaluate the effect and safety of l-carnitine as an adjunctive therapy plus methylphenidate (MPH) in children with Attention Deficit Hyperactivity Disorder (ADHD).

#### Methods

Thirty four children with ADHD (6-16 year old, both genders), who were admitted in three academic outpatient child psychiatric clinics in 2014, were randomly assigned to the "methylphenidate plus 50 mg per day of l-carnitine" group and the "methylphenidate plus placebo" group, in a double-blind, placebo-controlled study, for 8 weeks. The "Conners' Parents' Rating Scale-Revised (CPRS-R), Children Symptom Inventory-4 (CSI-4) (ADHD section), Clinical Global Impression-Improvement (CGI) scale, and Children' Global Assessment Scale (CGAS) were completed at baseline and at the ends of the 4th and the 8th week, and the New York state Psychiatric Institute side effect form was completed weekly, as outcome measures.

#### Results

Both groups demonstrated significant improvement in all outcome measures during the study, but the level of improvement in CPRS-R, CSI-4, and CGI scales were significantly higher in the "methylphenidate plus l-carnitine" group compared to the "methylphenidate plus placebo" group. Side effects were not remarkable in, or significantly different between two groups.

#### Conclusions

l-carnitine as a short-term adjunctive treatment to methylphenidate, can have considerable therapeutic effect and safety profile in children with ADHD.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.086

### Association of the 5-HTTLPR polymorphism of the serotonin transporter gene and OROS methylphenidate response and side effect

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<sup>3</sup>Hallym University Sacred Heart Hospital, psychiatry, Anyang, Republic of Korea

#### Objectives

Promoter region of the serotonin transporter gene (5-HTTLPR) has been reported to be associated with Attention deficit hyperactivity disorder (ADHD) symptom dimensions or methylphenidate response. Our study aimed to examine the association of 5-HTTLPR polymorphism and methylphenidate response.

#### Methods

We recruited subjects with ADHD aged 6 to 18 years. We analyzed 5-HTTLPR polymorphism by blood sample of subjects. Parents completed Korean version of ADHD rating scale-IV (K-ARS) and Barkley's side effect rating scale (BSERS) at baseline and 8 weeks after treatment. Clinicians evaluated treatment response by Clinical Global Impression Improvement scale (CGI). We first defined good response group when K-ARS-IV score at 8 week was decreased more than 50% of baseline scores. We also defined it when CGI at 8 week was 1 or 2.

#### Results

183 subjects were recruited and 155(86.1%) were males and mean age was 10.1±3.0. Subjects with SS polymorphism were 54.6%, LS were 40.4% and LL were 4.9%. We compared methylphenidate response between subjects with SS and LS+LL. When we defined good response group by K-ARS, there was no association of OROS methylphenidate response and 5-HTTLPR polymorphism. When we defined response group by CGI scores at 8 week, there was a difference in OROS methylphenidate response. (good response rate of SS was 85.5%, and SL+LL was 70.8%, p=0.040). When we examined side effects at 8 week, there was a significant difference in proneness to crying (p=0.031)

## Conclusions

This study results suggest that 5-HTTLPR polymorphism may be associated with OROS-methylphenidate response or side effect in children with ADHD

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.087

### Do childhood experiences of abuse predict poorer outcomes among individuals with ADHD?

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<sup>3</sup>University of Otago, Christchurch Health and Development Study, Christchurch, New Zealand

#### Objectives

The few studies assessing rates of child abuse victimisation among individuals with ADHD have found an increased risk among this population. It is hypothesized that child abuse victimisation may have an indirect effect on poorer developmental outcomes associated with ADHD symptomatology.

#### Methods

66 adults were recruited into this study (35 ADHD: 31 controls). Retrospective child abuse victimisation was assessed by the use of the CTQ (Childhood Trauma Questionnaire), in the context of a psychological assessment for ADHD. Current adult psychological functioning was reviewed using the SCID, DASS and a range of psychosocial measures. Confounding variables (such as gender, poverty/ social deprivation, Conduct Disorder) were excluded as non-significant.

#### Results

Bivariate associations were found between ADHD severity and later diagnosis of mood and substance abuse pathology, stress and poorer coping. Significant associations were also found between ADHD and physical and emotional abuse in childhood. Moderated mediation modelling demonstrated that as hypothesized, later negative outcomes among adults with ADHD were significantly moderated by the indirect effect of child abuse victimisation (all  $ps < 0.05$ ).

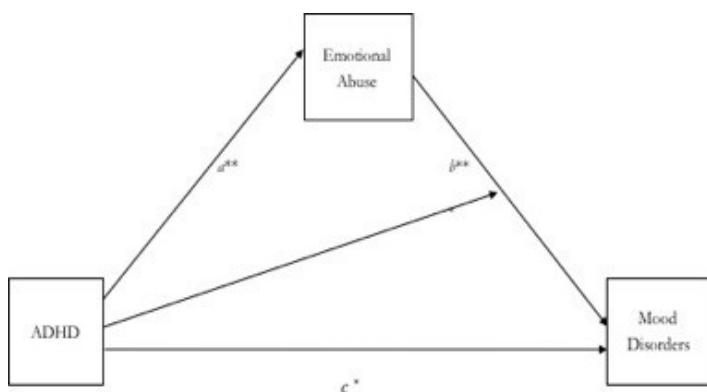


Figure 1: Moderated mediation model showing direct and indirect pathways between ADHD and mood disorders.

## Conclusions

Negative developmental outcomes associated with ADHD are likely to be compounded by the experience of early child abuse victimisation. Children with ADHD are more likely to develop later psychosocial functioning difficulties and are at more risk of child abuse victimisation. This highlights the need for a focus on psychological coping and child safety in intervention efforts for children with ADHD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.088

### Social functions, emotional-behavior problems, and bullying in children with and without attention-deficit hyperactivity children and tic disorder

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#### Objectives

Attention-deficit hyperactivity disorder (ADHD) is a common comorbid condition in children with tic disorders. The current study aimed to examine a wide range of social functions, emotional/behavioral problems and bullying experiences in children with tics and ADHD (tics+ADHD), children with tics only (tics only), children with ADHD only (ADHD only) as compared to children without ADHD and tics (controls).

#### Methods

A nationally representative school-based sample of 4739 children aged 9-13 received the psychiatric interview using the Kiddie-Schedule for Affective Disorders and Schizophrenia—Epidemiological version, modified for the DSM-5 diagnoses. There were 24 tics+ADHD, 102 tics only, 388 ADHD only and 4,302 controls. Social function was assessed by the Social Adjustment Inventory for Children and Adolescents. Emotional-behavior problems were measured by the Child Behavior Checklist and Strengths and Difficulties Questionnaire. School bullying and cyberbullying were assessed by using the Chinese version of the School Bullying Experience Questionnaire and Cyberbullying Experiences Questionnaire, respectively.

#### Results

We found that the tics+ADHD and ADHD only groups had more severe social dysfunction and emotional/behavior problems than the tics only and control groups. Children with tic disorder or ADHD were at a higher risk of being victims and perpetrators of school bullying and cyberbullying, especially the tics+ADHD group.

#### Conclusions

Our findings indicate that ADHD children with or without tic disorder show more impairments in social, behavioral and bullying than children with tics only and children who did not have either disorder. Having tics but ADHD is not associated with a wide range of functional impairment.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.089

### Using Structural Equation Modeling (SEM) to associate ADHD children's disruptive symptoms (ODD and aggression) with their



## parental depression related symptoms

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### Objectives

This study aims to examine the pathway between the disruptive behaviour related symptoms of children with ADHD and parental depression related symptoms by applying Structural Equation Modeling (SEM).

### Methods

Overall 231 children with ADHD with a mean age of 10.17 ( $\pm$  2.59) years were recruited for this study; 75.8% were boys and 24.2% were girls. The parents completed the inattention, hyperactivity/impulsivity, and oppositional defiant disorder (ODD) subscale of Swanson, Nolan, and Pelham, IV scale-Chinese version (SNAP-IV-C), a child behavior check list (CBCL), and a parental symptom checklist (SCL). SEM was applied to explore the association between ADHD related ODD and aggressive symptoms and parental depression related symptoms.

### Results

ADHD, ODD and aggressive behaviour in children closely related each other to their parental depression related symptoms is by a three-factor confirmatory factor analysis (CFA) model. Further mediational analyses of the SEM demonstrates that ODD is a mediator; directly to increase the symptoms severity of ADHD. How ODD symptom associating to parental depression related symptoms is through interacting with aggressive symptom on children with ADHD.

### Conclusions

This study suggests aggression and ODD have a direct influence on ADHD (hyperactivity and inattention) and parental depression related symptoms. ODD is a mediating risk factor that causes children with ADHD to become more aggressive. The symptom of ODD seen in hyperactive children is a warning that we need consider child's aggressive tendencies. For the family with a child having aggressive behavior accompany with ADHD and ODD, their parent need to be treated with cognitive behaviour programs earlier.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.090

### Pharmacogenetic variables associated in methylphenidate response in ADHD children and adolescents.

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### Objectives

To evaluate the association of single-nucleotide polymorphisms (SNPs) across four dopamine-related genes (COMT, DAT1, MAOA and MAOB) and of one of BDNF with methylphenidate response in a sample of ADHD pediatric subjects.

### Methods

We analyzed seven single-nucleotide polymorphisms in four dopamine-related candidate genes (rs4680 and rs6269 of COMT, rs27072 and rs2652511 of DAT1, rs3027399 of MAO A and rs1799836 of MAO B) and rs6265 of BDNF. We also considered prenatal and perinatal risk factors as environmental variables that may have an influence on methylphenidate response in a gene x environment analysis. Clinical response was defined as >30% reduction from baseline of total ADHD-RS-IV.es score and CGI-S final score of 1 or 2 maintained for the previous 3 months. Logistic regression analysis was performed for predictive analyses with SPSS statistical package.

### Results

We included 108 children and adolescents with ADHD, mean (SD) age of patients was 11.4 (3.3) years old; 79% male; 51.7% had no comorbidities; and 75.31% had clinical response to a mean MPH dose of 1.2 mg/kg/day. Our results provide evidence for the contribution of rs2652511 of DAT1 and the presence of comorbidity to the failure of clinical efficacy of methylphenidate response.

### Conclusions

This study suggests that the interaction between dopaminergic system and comorbidity, exposure may be predictors of bad response to MPH treatment. Other stimulants or non-stimulants treatment may be considered when these clinical and neuropsychological variables converged in the first clinical interview.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.091

### Clinical and neuropsychological predictors of methylphenidate response in children and adolescents with ADHD: naturalistic follow-up study in a Spanish sample.

M. Vallejo Valdivielso<sup>1,2</sup>, P. deCastro-Manglano<sup>3</sup>, A. Díez-Suárez<sup>1</sup>, C. Hernández-González<sup>1</sup>, C. Soutullo<sup>1</sup>

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### Objectives

Develop a predictive model of methylphenidate response, using a longitudinal and naturalistic follow-up study, in a Spanish sample of children and adolescents with attention deficit hyperactivity disorder (ADHD).

### Methods

We included all children and adolescent with ADHD treated with methylphenidate (MPH) in our outpatient Clinic (2005 to 2015), evaluated with the K-SADS interview. We collected ADHD-RS-IV.es and CGI-S scores at baseline and at follow up, and neuropsychological testing (WISC-IV, Continuous Performance Test (CPTII) & Stroop). Clinical response was defined as >30% reduction from baseline of total ADHD-RS-IV.es score and CGI-S final score of 1 or 2 maintained for the previous 3 months. Logistic regression analysis was performed for predictive analyses with SPSS-20 statistical package.

### Results

We included 518 children and adolescents with ADHD, mean (SD) age of patients was 11.4 (3.3) years old; 79% male; 51.7% had no comorbidities; and 75.31% had clinical response to a mean MPH dose of 1.2 mg/kg/day. Lower baseline symptom severity (lower ADHD-RS-IV.es scores), absence of comorbidities (oppositional-defiant symptoms, depressive symptoms and alcohol/cannabis use), fewer altered neuropsychological tests, higher total IQ and low

commission errors in CPT-II, were significantly associated with good outcome and clinical response to methylphenidate treatment.

## Conclusions

Oppositional-defiant symptoms, depressive symptoms, and higher number of impaired neuropsychological tests is associated with worse clinical response to methylphenidate. Other stimulants or non-stimulants treatment may be considered when these clinical and neuropsychological variables converged in the first clinical interview.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.092

### Psychiatric comorbidities in attention deficit hyperactive disorder (ADHD); a retrospective clinical chart review

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#### Objectives

Individuals diagnosed with ADHD are often found to have a number of other disorders besides their ADHD. The prevalence rate varies from as low as 7.6% to as high as 87% depending upon the sample population and settings. The aim of the present study is to identify the psychiatric comorbidities in ADHD in a clinical sample from Child Guidance Clinic in North India.

#### Methods

The Department has been running a Child Guidance clinic since 2008 under a child and adolescent specialist. We carried out a manual search of CGC patient records from 2012- 2017. Out of 2395 patient files, 436 were found to be diagnosed with ADHD. Relevant socio-demographic and clinical details were noted down. Frequency analysis was done using SPSS 19.

#### Results

Over this period 436 charts were identified and retrieved. Most common age at presentation was 8 years (n=68), with majority of children being male (n=351, 80%) presenting between age 5-8 years (n=260, 59.6%), accompanied by mother (n=193, 44%) and belonged to urban background (n=196, 45%). The prevalence of psychiatric co morbidity was 30%, with mental retardation being most common (n=58, 44.6%) followed by oppositional defiant disorder (n=42, 32%), conduct disorder (n=25, 19%) and seizure disorder (n=18, 13.8%).

#### Conclusions

The prevalence of psychiatric comorbidities in this clinical sample was in accordance with other findings, however there was a difference in the pattern of comorbidities.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.093

### A systematic review of stimulant medication and induced suicidality in youth with ADHD

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#### Objectives

In 2015, Health Canada published a new black box warning for stimulant medication indicating that there had been case reports of suicidality with the use of amphetamine and methylphenidate products in the treatment of Attention Deficit Hyperactivity Disorder. A systematic review was therefore conducted to critically evaluate all known studies focused on the use of stimulant medication in ADHD child and adolescent populations to determine the associated risk of suicidal thinking, gestures, urges and attempts.

#### Methods

MEDLINE, EMBASE, Cochrane CRCT, PsycINFO databases, along with unpublished 'grey literature' were searched for relevant studies published up to December 2017 relating to ADHD medication and stimulant use. Observational studies with any study design, in youth under age 25, involving ADHD stimulant medications (methylphenidate and amphetamine-based) were included. Studies relevant to the association between ADHD medication exposure and risk of suicidality in ADHD patients were extracted and analysed for the systematic review.

#### Results

Overall, 3619 citations were identified. After initial screening of title and abstract, 3453 articles were excluded and 166 articles were examined in depth with a full-text review. Preliminary results of the systematic review indicate only 12 observational studies that were included with the majority being case reports and case-control studies that did not account for confounders and reporting bias.

#### Conclusions

The findings of the systematic review currently do not support a significantly elevated risk of suicidality in ADHD youth utilizing stimulant medication.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.094

### The impact of drug adherence on oppositional defiant disorder and conduct disorder among patients with attention-deficit hyperactivity disorder

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#### Objectives

Attention-deficit/hyperactivity disorder (ADHD) may be a predecessor of oppositional defiant disorder (ODD) and conduct disorder (CD), and medication is an effective treatment option for ADHD. This study aims to examine whether the adherence to medication treatment is associated with developing ODD and CD among youths with ADHD.

#### Methods



A total of 34,635 youths with ADHD undergoing medication treatment for at least 90 days were selected from Taiwan's National Health Insurance database during the period of January 2000 to December 2009. Patients' medical records were monitored through December 31, 2011 or until they had a diagnosis of ODD/CD. We categorized participants into compliant patients and non-compliant patients based on a medication possession ratio (MPR) of 50%. Results

The patients with better drug adherence ( $MPR \geq 50\%$ ) exhibited a significantly decreased probability of developing an ODD (51% reduction) or CD (58% reduction) when compared to the patients with poor drug adherence ( $MPR < 50\%$ ). The results in our sensitivity analyses showed that good drug adherence consistently exerted protective effects on ODD or CD, irrespective of patients' characteristics. Moreover, the patients with the best drug adherence ( $MPR \geq 75\%$ ) had the lowest risks of developing ODD and CD.

### Conclusions

Improving drug adherence may be beneficial for reducing the risk of ODD/CD in patients with ADHD. However, the causal relationships between ADHD diagnoses in childhood, persistence of medication treatment, and the onset of ODD/CD would benefit from a longitudinal study containing comprehensive assessments of potential confounding factors.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.095

### Impact of Shudihuang on behaviors in spontaneously hypertensive rat model of ADHD

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### Objectives

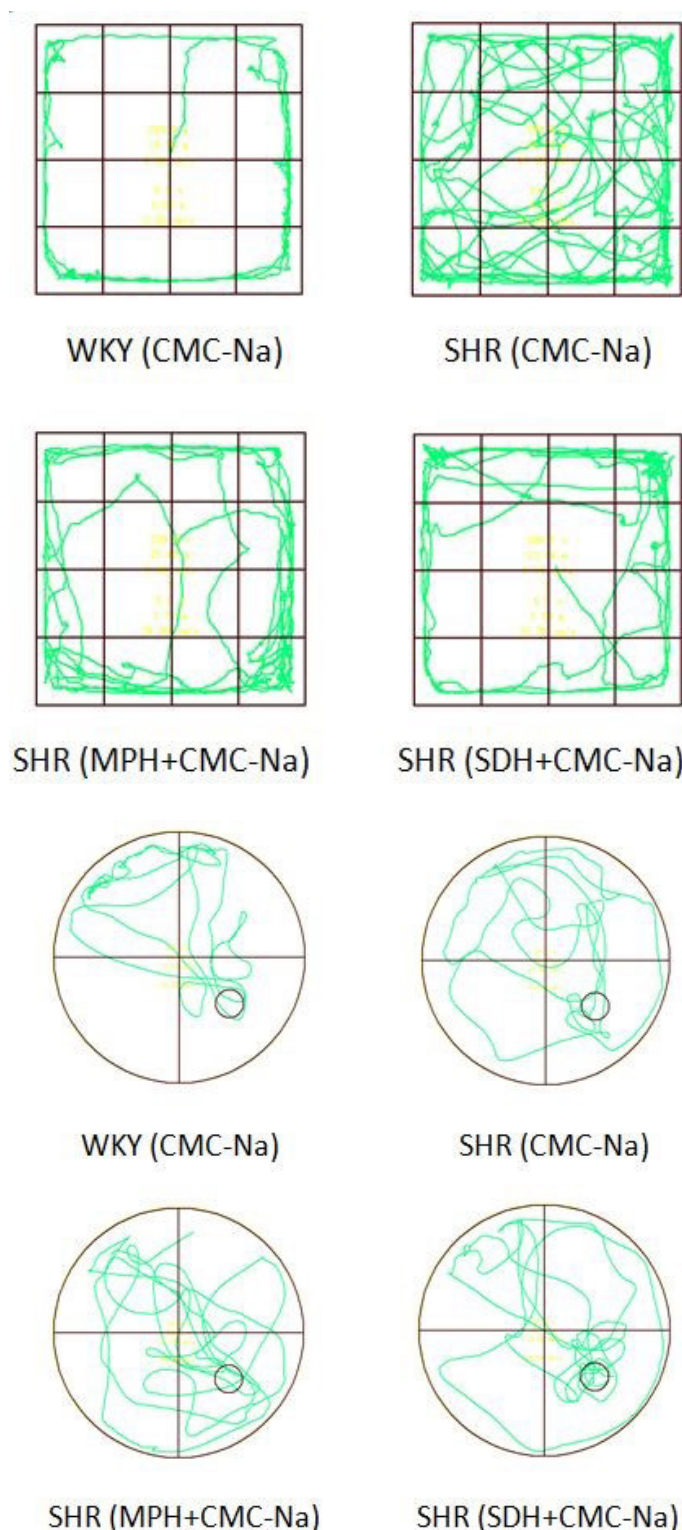
Shudihuang (SDH), the wine-steamed roots of Rehmannia, can benefit kidney essence and fill brain marrow, as stated in Commentaries on the Illustrations. SDH has been used for clinical treatments based on traditional Chinese medicine (TCM) theory for thousands of years. Recent studies have revealed that SDH reduces spontaneous activity in mice. This study evaluates the impact of SDH on behaviors in spontaneously hypertensive rats (SHR) model of ADHD.

### Methods

SHR were orally administered with 0.5% carboxymethylcellulose sodium (CMC-Na), methylphenidate hydrochloride (MPH) and SDH diluted with 0.5% CMC-Na (MPH+ CMC-Na, 2mg·kg<sup>-1</sup>·day<sup>-1</sup> and SDH+ CMC-Na, 2.4g·kg<sup>-1</sup>·day<sup>-1</sup>, respectively). Wistar-Kyoto (WKY) rats were selected as control strains, administered with 0.5% CMC-Na (2mL·kg<sup>-1</sup>·day<sup>-1</sup> i.g.). All rats were treated beginning at 3-4 weeks of age through 7-8 weeks of age. Spontaneous and impulsive behaviors and learning-memory were measured using the open field test and Morris water maze (MWM).

### Results

SHR exhibited higher levels of spontaneous and impulsive activities but better spatial memory compared to control strains. Compared to vehicle, MPH and SDH treatment reduced the total distance, times of rearing and entering central region in the open field test (P 0.05) and SDH was more effective in reducing times of rearing and grooming than MPH. MPH and SDH significantly increased platform zone visits and residence time in target quadrant (P 0.05) in spatial probe trial test of MWM.



### Conclusions

Both MPH and SDH treatments alleviate hyperactivity and impulsiveness and ameliorate spatial memory in juvenile SHR. Additionally, WKY rats are not appropriate control strains due to excessively frequent immobility in MWM.



## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.096

### Prenatal tobacco exposure and the risk of learning and coordination disorders

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#### Objectives

Smoking during pregnancy modulates brain development, which might impair specific cognitive skills required for learning. We aimed to study maternal smoking during pregnancy on learning and coordination disorders in a nationwide cohort.

#### Methods

We conducted a register-based study using nested case-control design. The following diagnoses were identified from the Finnish Hospital Discharge Register (FHDR) according to the ICD-10: speech disorders (F80), scholastic disorders (F81), motor and coordination disorders (F82) and mixed developmental disorder (F83). We identified a total of 28,192 cases diagnosed with some learning or coordination disorder among all Finnish children born singleton 1996-2007 (n=690,654). 27,297 cases provided data on maternal smoking and were matched with four controls lacking LD diagnosis (n=99,876). Conditional logistic regression models were used for statistical analyses.

#### Results

21.8% of mothers to cases and 14.5% of mothers to controls smoked during pregnancy. Maternal smoking throughout pregnancy was associated with any learning or coordination disorder in offspring (unadjusted OR 1.72, 95% CI 1.66-1.79, p < 0.0001). Smoking limited to the first trimester also showed an association, but the effect was attenuated (1.17, 1.08-1.28, p 0.0003). The largest effect sizes of smoking throughout pregnancy were observed for pure scholastic disorder (1.81, 1.65-1.99) and for mixed or multiple LDs (1.89, 1.78-2.0).

#### Conclusions

Prenatal tobacco exposure showed associations with a broad spectrum of learning and coordination disorders, especially scholastic disorder and mixed or multiple learning disorders. Further examinations are required for addressing possible confounding effects and effects driven by comorbid psychiatric disorders.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.097

### Teachers' attitudes towards children with learning disabilities; a study from Thailand

W. Arunothong<sup>1</sup>

<sup>1</sup>Lampang Regional Hospital, Psychiatry, Lampang, Thailand

#### Objectives

To study the attitudes of the teachers who teach children with learning disabilities (LDs) and to find solutions from teachers in order to improve the collaboration between a hospital and a school.

#### Methods

A questionnaire developed by the researcher was used to evaluate teachers' attitudes. All questions were reviewed by experts and were revised accordingly. The questionnaire asked about teachers' attitudes, difficulties with teaching, and suggestions to involve stakeholders. Questions were created and distributed online. Only teachers who have experience with LD students were invited.

#### Results

270 teachers completed the online questionnaire. 52% had a bachelor's degree and 48% had a master's degree or higher. 49% have been teaching more than 10 years and 27% have been teaching between 5-10 years. 72% said they knew LDs and 82% said they screened LDs students at their schools. 71% said they conducted classes according to children's capacities and 62% said they created individualized education plans (IEP) for them. 65% worked with the parents and 66% said they created a special evaluation program for the children and had invited parents to join in the evaluation. The difficulties that the majority of participants mentioned were lack of budget, teaching techniques, educational media, knowledge of LDs, and how to handle LDs students with comorbidities. Teachers suggested that parents, hospital and teachers should work together.

#### Conclusions

Teachers have a good attitude towards LD students and a willingness to help more if there is better collaboration from parents and hospital.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.098

### The extent and determinants of parenting stress in parents of children with intellectual disability, specific learning disability and slow learners

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<sup>2</sup>Sri Ramachandra Medical University and Research Institute, Clinical Psychology, Chennai, India

#### Objectives

The objective of the study was to understand the extent and determinants of parenting stress in parents of children with Intellectual Disability (ID), Specific Learning Disability (SLD) and Slow Learners (SL).

#### Methods

The study involved parents of 24 children with mild Intellectual Disability, 23 children with SLD, and 10 with SL. Tool used to evaluate was PSI-4 SF. Variables used in the study were total parenting stress, parental distress, parent-child dysfunctional interaction and difficult child in relationship with child's adaptive behavior and other child and parent variables. The data was analyzed using One Way Anova, Duncan's Multiple Range Test, Product Moment Correlation, and t-Test.

#### Results

Results indicate that total parenting stress, parental distress and parent-child dysfunctional interaction was significantly higher in parents of ID group as compared to SLD & SL groups. The negative correlation between total parenting stress and adaptive behavior was present when all the three conditions were taken as a single group. But, when analyzed separately the relationship between total parenting stress and adaptive behavior was not seen. The total parenting stress was also not correlated with gender of the child, parents' gender, working status, education, place of residence, and family structure.



## Conclusions

The current study established the relationship between parenting stress and disabilities like ID, SLD and SL. Parents of ID group had significantly higher total parenting stress than those of SLD and SL group. It could be because parents of children with SLD or SL are able to take help from the available resources to manage the disability.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.099

### Stopping over medication in people with learning disabilities in Lancashire Children

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<sup>2</sup>University of Manchester, Medicine, Manchester, United Kingdom

#### Objectives

Public Health England revealed that medicines associated with mental illness are often given inappropriately to individuals with Learning Disability (LD). The Stopping over Medication in People with Learning Disabilities (STOMP) campaign began, urging health care professionals to stop over medicating and to use other methods to improve behaviors.

Although STOMP applies to prescribing in adults, monitoring of psychotropic medication in LD children is essential. We conducted an audit of the prescribing of antipsychotic medication to LD patients in the Lancashire Care Foundation Trust. Antipsychotics can be prescribed to LD children for challenging behavior such as aggression and irritability. Psychiatrists use the National Institute for Health and Care Excellence, the Frith Prescribing Guidelines for People with Intellectual Disability, the British National formulary for Children and the trust guidelines. Our audit aimed to ensure prescribing was carried out safely and in accordance with STOMP.

#### Methods

This was a retrospective audit. 43 cases were used. Data was collected via the trust records. All records available were used. Standards were made based on the guidelines.

#### Results

Standards with full compliance were prescribing medication alongside psychosocial interventions (100%) and conducting multidisciplinary reviews of medication (80%). Physical health checks at regular intervals was partially compliant (57%) and having a plan for discontinuation of antipsychotics non-compliant (38%). No patients were prescribed combination antipsychotics.

#### Conclusions

A strategy for reduction in medication should be documented. Use of antipsychotics above the national average needs to be re-audited. Strategies for physical health check compliance need to be increased.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.100

### Specific learning disorder: a current update from a developing country

R. Sagar<sup>1</sup>, R. Bhargava<sup>2</sup>, B.N. Patra<sup>1</sup>, A. Sahu<sup>1</sup>

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<sup>2</sup>All India Institute of Medical Sciences AIIMS, Department of Psychiatry & National Drug Dependence Treatment Centre, New Delhi, India

Specific Learning Disorder is found worldwide and occurs in students irrespective of their mother tongue and medium of instruction in the school that may be English or any vernacular language e.g. Japanese, Chinese, Hindi etc. Academic problems of the children with SLD begin in early childhood and continue across the lifespan with variable clinical expressions. In India, awareness about SLD has increased manifolds in the last few decades. In 2016, after the series of meetings and drafting process, the Rights of Persons with Disabilities Act was passed by both the houses of the Parliament of India that included SLD as one of 21 disabilities and specified some special provisions for this disorder (RPWD Act, 2016). However, there is still a lack of awareness in a majority of general population including teachers and parents. Published literature also remains sparse as the cultural issues like multilingualism, teacher-student ratio, poverty, limited resources and manpower, and furthermore, the expensive resources make the accurate assessment and management difficult. The learning objective of the symposium is to provide a synthesis of current research and clinical practice in studying epidemiological perspective, etiology, co-morbid conditions, parental burden and parent implementation intervention/home-based intervention in the Indian context.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.101

### Epidemiological studies & challenges

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#### Objectives

1. To present the review of epidemiological studies: worldwide and Indian findings
2. To highlight the challenges emerged during epidemiological studies in India

#### Methods

Several studies have been conducted in India and outside of India to determine the prevalence of specific learning disabilities in school children which has been reported to be 5 to 15 percent among students population from different languages and cultures. The issue of identification of specific learning disability cases in the Indian context is perhaps more complex as classroom conditions that are far from ideal, socio-economic factors, bilingualism and multilingualism, limited proficiency in the medium of instructions may play a significant role in Indian educational system. The primary issue appears as the construction and validation of identification tools that need to be addressed for timely treatment and remediation of the children with SLD.

## Conclusions

The prevalence of various types of deficits of scholastic skills was reported to be nearly 10 percent among students population. Non-availability of standardized psychological tests in vernacular language and small sample size perhaps limited the prevalence rate.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.102

### Etiological perspective & co-morbidities with SLD

B.N. Patra<sup>1</sup>, A. Sahu<sup>1</sup>, R. Bhargava<sup>1</sup>, R. Sagar<sup>1</sup>

<sup>1</sup>All India Institute of Medical Sciences AIIMS, Department of Psychiatry, New Delhi, India

#### Objectives

1. To highlight the neurobiological perspective and genetic and familial nature of SLD
2. To review the co-morbidity and adverse psychosocial outcomes associated with SLD

#### Methods

The etiology of SLD remains unclear. However, neuropsychological, neurophysiological and genetic studies have provided some insight into this illness. Recent evidence from functional neuroimaging studies (mostly fMRI) reported that SLD is associated with anatomical and functional abnormality of left-hemisphere and from genetic studies susceptibility regions have been mapped and allocated names DYS1 to DYS9. Regarding the co-morbidities with other disorders, children with SLD frequently exhibit Attention Deficit Hyperactivity Disorder (ADHD), conduct disorder (CD), anxiety, depression etc. Researchers have concluded ADHD to be the most common co-morbid condition with SLD. Many children with SLD may also experience low self-esteem, lack of confidence, low expectations for themselves and poor peer relationship because of their poor learning skills.

#### Conclusions

This presentation will summarize and integrate the recent evidence from functional neuroimaging (mostly fMRI) and genetic studies along with co-morbidity in SLD.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.104

### Influence of handedness on the handwriting movement of school children: kinetics analysis to identify gesture maturation

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<sup>3</sup>LutIn-UMS CNRS 2809, Cité des Sciences et de l'Industrie, Paris, France

<sup>4</sup>SARL Seldage, SARL Seldage, Gif-sur-Yvette, France

## Objectives

The analysis of the kinetics of handwriting gives an account of the developmental organization of graphomotricity to better identify learning disabilities. The aim of this study is to analyze the handwriting movement through a kinetic analysis and to highlight similarities and differences between right- and left-handed children.

## Methods

257 first-grade to fifth-grade children (227 right-handed and 30 left-handed), without learning disorder, were recruited into this study. They passed a graphomotor examination consisting of a copy of cycloid and epicycloid loops with the dominant hand. Kinetics data were found with a digital pen.

## Results

Our results highlight developmental similarities on the handwriting movement between right- and left-handed children concerning the spatial organization of the outline on the page or inside the drawing (e.g. inclination, strokes length, loops number, spacing between loops). On the other hand, significant differences ( $p < 0.05$ ) were found between right- and left-handed children over three spatial and temporal variables: left-handed children increased pause time (in-air and on-paper), number of strokes and mean height of loops. The difference between right- and left-handed concerning pause time decreases with school level to become insignificant in fifth-grade.

## Conclusions

The analysis of the kinetics of handwriting allows to reflect some developmental specificities of the handwriting movement according to handedness. In our sample, left-handed children increased number and pause time which could reflect a difference of the gesture maturation in automaticity of loops organization. The higher height of the loops in left-handed children could be related to a poorer control of handwriting gesture compared to right-handed.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.105

### Comparison of media exposure and sleep habits among Japanese toddlers attending nursery schools, kindergartens or neither

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<sup>2</sup>Ehime University Graduate School of Medicine, Department of Neuropsychiatry, Toon, Japan

<sup>3</sup>Ehime University hospital, Center for Sleep Medicine, Toon, Japan

#### Objectives

Nowadays, electric media have evolved tremendously to encompass smaller portable devices so that not only children but also toddlers are more likely to be exposed. The objectives of this study were to describe sleep habits and media exposures at child's health check-up and to elucidate the differences of media exposure among toddlers attending nursery schools, kindergartens or neither.

#### Methods

Subjects were recruited at child's health check-up. We enrolled 183 toddlers (M: F=93: 90) at 18 months of age and 215 toddlers (M: F=104: 111) at 42 months of age. Sleep related questionnaire, media usage questionnaire were used to describe the toddlers' sleep habits and media exposure. This study was approved by the Institutional Review Board of Ehime University Graduate School of Medicine.

#### Results

The durations of using electric media usage at 42 months old were significantly



longer than those at 18 months old. At the age of 18 months, the percentage of portable game console usage was significantly higher in toddlers not attending schools than those attending nursery schools. At the age of 42 months, the percentage of portable and non-portable game console were significantly higher in toddlers attending kindergartens than toddlers attending nursery schools and attending neither.

#### Conclusions

The time toddlers spend with electric media has significantly increased as they have grown up. Especially, longer use of electric games among kindergarteners should be taken into consideration.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.106

#### Children sleep symptomatology helps differentiate between frequent childhood pathologies

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<sup>2</sup>University of Liege, Child Psychiatry Department, Liege, Belgium

#### Objectives

Our previous research indicated a significant difference in sleep patterns between typical children and those consulting a psychological center (poster P 74, Lille 2012, Congrès du Sommeil). We present here clinical sleep features linked with psychopathologies.

#### Methods

Questions about sleep patterns are asked to parents and/or children during clinical interviews.

#### Results

##### PSYCHOPATHOLOGY

Most frequent CLINICAL SLEEP SYMPTOMS

##### Hyper-energetic temperament ("maniac")

- late bedtime
- increased time to fall asleep, sometimes requiring parental presence
- great flow of positive ideas when falling asleep
- talking aloud during sleep
- night awakenings, sometimes playing quietly alone, sometimes requiring parental presence
- early bird
- stop napping very early
- reduced total sleep time

##### Hypo-energetic temperament ("depressive")

- going to bed early
- increased time to fall asleep
- great flow of negative ideas when falling asleep
- need for a long sleep period

##### ADHD (without comorbidities)

- high muscle activity during sleep

##### Positive symptoms of psychosis

- severe anxiety before sleep or during night awakenings
- bad dreams
- delusions

- paranoid thinking
- distorted perceptions of actual sensory stimuli
- "stuck" thoughts
- feeling of losing control

##### Anticipatory anxiety

- increased time to fall asleep
- night awakenings

##### Sensory hypersensitivity (visual, auditory, olfactory...)

- increased time to fall asleep
- bothered by noise, light, odors... before sleep: anxiety, distorted perceptions

#### Conclusions

Sleep investigation through clinical questions is an easy tool to differentiate between the frequent childhood pathologies encountered during a consultation.

### Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.107

#### Sleep disorders in infants - an analytical study from a follow-up perspective

L. Sá Machado<sup>1</sup>, C. Garcia Ribeiro<sup>2</sup>, C. Cano<sup>2</sup>, S. Pires<sup>2</sup>, M. Farinha<sup>2</sup>, J. Macieira<sup>1</sup>, A. Moreira<sup>2</sup>, P. Caldeira da Silva<sup>2</sup>

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<sup>2</sup>Hospital Dona Estefânia, Unidade da Primeira Infância, Lisbon, Portugal

#### Objectives

The Infancy Mental Health Unit (UPI) of Hospital Dona Estefânia is dedicated to the clinical study of baby psychopathology and caregiver-baby relations, focusing on a preventive as well as therapeutic approach. It provides differentiated care to children from 0 to 3 years of age and their families.

Based on the study HOW ARE YOU NOW? - Follow-up study of the cases from 2006 to 2013 of an Infant Mental Health Unit, this work intends to deepen the characterization of the sample of cases followed in our Unit with the diagnosis of Sleep Behavior Disorder, in order to understand their evolution and identify trends of change in psychopathology over the years

#### Methods

Retrospective and follow-up study using the Clinical Processes consultation of the first consultations performed between the years 2006 and 2013 at the UPI. Evaluation of the current state was made by telephone through a structured interview to the main caregivers and the application of the SDQ. The information will be submitted to statistical processing (in SPSS®), with descriptive analysis and correlation of variables. The sample is of convenience.

#### Results

In statistical analysis

#### Conclusions

With the obtained data it will be described the evolution of the clinical picture, which interventions were applied and the current sleep, behaviour and school difficulties.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.108

### Slow cortical potential neurofeedback training for sleep onset insomnia in children and adolescence

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#### Objectives

Aim of this research is to investigate slow cortical potentials (SCP) neurofeedback training as possible treatment alternative for sleep onset insomnia (SOI) in children and adolescence. 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 a number of mental health problems, although new studies show a causal role in the etiology of psychiatric and psychological disorders. This study will be considered a pilot to provide foundational framework for future research.

#### Methods

Children and adolescence (N= 35, age 7-17) with chronic SOI will take part in 20 sessions of SCP neurofeedback training at the Department of Child and Adolescent Psychiatry and Psychotherapy of Ulm University, 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.

#### Conclusions

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.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.109

### An indication of corneal transplantation due to obsessive compulsive disorder and tic disorder: a case report

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#### Objectives

To report a rare case of self-inflicted eye injury due to obsessive-compulsive disorder (OCD) and tic disorder

#### Methods

Case report

## Results

An adolescent patient who had main complaints of touching on his ocular cavities, biting his tongue, grinding his teeth, fingering his throat, stretching tight his arms during looking up and repeating of his pleasant words. The patient had significant bilateral visual loss and underwent a corneal transplantation (CT) to improve vision. Initially, a CT had recommended for most affected eye, and a few year later for the next eye. The diagnosis of the patient was OCD and tic disorder. In this report, also the patient's psychiatric treatment approach is described.

## Conclusions

Although rare, severe clinical complications can occur in OCD. According to our knowledge, this is the first adolescent aged case report for indication of a corneal transplantation due to a psychiatric disorder.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.110

### Behavioral treatment and empowerment of patients and their carers with Tourette syndrome

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<sup>2</sup>University of Hong Kong, Department of Psychiatry, Hong Kong, Hong Kong

#### Objectives

Tourette Syndrome (TS) is a hereditary neurodevelopmental disorder which affected 0.6% school-age children. Motor and vocal tics may last for more than 1 year. Besides medication, behavioral training and psychoeducation should be provided to parents, children and teachers in order to enhance their understanding and management of TS, to reduce impairment in daily function and psychological distress.

We aim to enhance patient's competence level in symptoms management and reduce stigmatization in the community and school level in a pilot program.

#### Methods

Habit Reversal Training (HRT) intervention consisted of parent-child training based on habit reversal behavioral approach. This intervention aimed to reduce the severity of tics by enhancing self-awareness of premonitory urge with training on competing response. Severity of tics was measured by Yale Global Tics Severity Scale (YGTSS) and level of awareness of premonitory urge was measured by Premonitory Urge for Tics Scale (PUTS). Educational talks were conducted and pamphlet with TS identity card was designed to improve awareness, diminish stigmatization and enhance integration of patients with TS in the community.

#### Results

10 patients and caregivers had completed the HRT intervention. There was a decrease in the severity of symptoms by 22.4% in YGTSS and an improvement in the awareness of premonitory urge by 7.7% in PUTS.

100% of the 56 teachers attended school talks reported knowledge enhancement and 73.2% improvement on the competency in handling symptoms of TS in classroom

#### Conclusions

This project demonstrated HRT is effective in reducing symptom severity and psychoeducation improved understanding of TS in the community and school.



## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.111

### The role of family psychoeducation in the management of tics and tic-related impairment in grade school children

A. Chistol<sup>1</sup>

<sup>1</sup>Mental Health Center, Mental Health Center, Chisinau, Moldova Republic of

#### Objectives

The primary aim was to evaluate whether family psychoeducation followed by pharmacological therapy would prove superior for reducing tics.

#### Methods

The study included 80 children (from 6 to 12 years old) suffering from chronic tic disorder (CID-10). The control group included children who received only medication and the experimental group included patients who took part in a family psychoeducation program (2 sessions per week) and received pharmacological treatment. We used the Yale Global Tics Severity Scale to assess the severity of tics at the beginning of the treatment and after 1 and 3 months of therapy. The exclusion criteria were children with mental retardation and Autism Spectrum Disorder.

#### Results

Our results show that after the first month there was no significant difference between the control and experimental group. The average decrease on YGTSS from baseline was 5.5 and 5.7 in the control and experimental group, respectively. However, after 3 months of therapy we found a significantly greater decrease on the YGTSS in children who received additional family psychoeducation: from 28,7 [95% CI 27,5-29,9] to 23,5 [95% CI 22,61 - 24,38] ( $p < 0,0001$ , effect size 0,84) vs 29,8 [95% CI 28,9-30,7] to 26,5 [95% CI 25,58-27,46] ( $p < 0,0001$ , effect size 0,31). The average decrease from baseline in the control group was 8.8 point, in the experimental group 11 point

#### Conclusions

Pharmacological therapy supported by family psychoeducation resulted in a greater improvement in symptoms among children with chronic tic disorder. In long term therapy we see significant differences appear at 3 months in the study.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.112

### Tics and related symptoms in Japanese preschool children

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<sup>2</sup>The University of Tokyo, Faculty of Medicine, Tokyo, Japan

#### Objectives

One out of 5 to 10 children is suggested to experience tics in ICD-10. The mean onset age of tics is reported to be 4 to 6 years old in DSM-5. However, there is no data in Japanese preschool children, based on survey with sufficient number of children in community. Therefore, this study aimed to investigate tics and related symptoms in children 1 or 2 years before entering primary school by survey of all public nurseries in one area.

#### Methods

We asked all parents with a child attending public nursery in A-ku of Tokyo to answer a questionnaire about tics and related features. The questionnaire included questions about tics, compulsive-like behaviors, other mental and behavioral problems, and needs of support related to children.

#### Results

Out of 2952, we got answer from 776 (29.9%). Out of 751 with answers about tics, 267 (35.6%) had tics probably or definitely, and 141 (20.4%) had tics definitely at the survey. Eighty-three (11.1%) had typical motor tics such as repeated movements of parts of the face and head definitely. Fifty-eight (7.7%) had typical vocal tics such as repeated noises and sounds definitely. Out of 267 having tics probably and definitely, tics were seen every day in 83 (31%), and lasted over one year since onset in 192 (71.9%).

#### Conclusions

About 20% of children in late infancy had tics, being consistent with ICD-10. As it was frequently reported to have tics every day or over one year, importance of tics in this age was confirmed.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.113

### Case study of exposure with response prevention for tics

A. Mateu Mullor<sup>1</sup>, F. McFarlane<sup>2</sup>, I. Heyman<sup>2</sup>

<sup>1</sup>Imperial College London, Medicine, London, United Kingdom

<sup>2</sup>Great Ormond Street Hospital, Child and Adolescent Mental Health, London, United Kingdom

#### Objectives

Exposure with Response Prevention (ERP) is an effective treatment for reducing tics and has been recommended as first-line treatment for adults and children with Tourette's syndrome (TS) and other tic disorders. However, published case studies and RCTs have only included children over 7 years old. Thus, the efficacy of ERP in children under the age of 7 remains to be established. The aim of this case study is to evaluate ERP for tics in a 6-year-old child.

#### Methods

A girl with a recent diagnosis of Tourette's Syndrome was treated at a specialist outpatient clinic for 12 weekly 1-hour sessions of ERP. Sessions were attended by her and both parents. Daily 20-min practice at home was carried-out between sessions with parents' support. Treatment followed a standard-protocol specifically designed for children. The primary outcome was tic severity assessed with the Yale Global Tic Severity Scale (YGTSS). Secondary outcomes included CGAS, Peds-QL, parent SDQ and goal-based outcome measures (GBO).

#### Results

After 12 sessions, number and frequency of motor and vocal tics were reduced and quality of life improved. There was a 55% reduction in the YGTSS, an improvement in all parent and child-rated Peds-QL scores and GBOs. There was a 20% improvement in clinician-rated CGAS score and a reduction in parent-rated SDQ scores. The improvement was maintained at 2 months follow-up.

#### Conclusions

It is feasible and potentially effective to use ERP for tics in children as young as 6 years old. Parents support may play an important role in treatment success.

## Poster session 1

24 July 2018, 07:30 - 13:00, Poster Area

P 1.114

### The role of neurotrophic factors in pathophysiology of tic disorder

A. Karayağmurlu<sup>1</sup>, H. Ögütü<sup>2</sup>, İ.S. Esin<sup>2</sup>, O.B. Dursun<sup>2</sup>, A. Kızıltunç<sup>3</sup>

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<sup>2</sup>Ataturk University Medical Faculty, Child and Adolescent Psychiatry Department, Erzurum, Turkey

<sup>3</sup>Ataturk University Medical Faculty, Medical Biochemistry Department, Erzurum, Turkey

#### Objectives

Tics are sudden, rapid, non-rhythmic and repetitive movements or voices. Because tic disorders are associated with neurodevelopmental origin, changes in dopaminergic neurons, and the formation of immunoreactivity, it is thought that neurotrophic factors may be crucial in the emergence of tic disorders. In this study, we targeted to explore the role of neurotrophic factors in the etiopathogenesis of Tic disorder. The aim of this study is to investigate serum GDNF and NGF levels, demographic characteristics and clinical parameters between in patients with tic disorder and healthy controls.

#### Methods

Thirty-four children, constituted the case group, were diagnosed with tic disorders at the first time. The control group included thirty-four healthy children. DAWBA and YGTSRS was applied to the patients to determine the distribution and severity of tic disorder. NGF and GDNF levels were measured with ELISA kit.

#### Results

Serum NGF and GDNF levels were not significantly correlated with gender, age, groups, parental education level, type of tic and comorbidity. In case group, serum NGF and GDNF levels were found to be significantly higher in females than males ( $p = 0.042$ ,  $p = 0.031$ ). It was determined that serum NGF and GDNF levels were correlated with each other ( $r = 0.803$ ,  $p < 0.001$ ) and there were no correlations between other parameters.

#### Conclusions

There was no significant difference in NGF and GDNF in patients with tic disorder, compared to healthy controls. The absence of this relationship does not exclude the hypothesis that neurotrophic factors may play a role in the etiopathogenesis of tic disorders.

## Poster session 2

Posters in this session correspond to the following topics:

P 2.001 - P 2.007 Adoption, Extra-Familial Care  
P 2.008 - P 2.014 Attachment Disorders  
P 2.015 - P 2.022 Conduct and Oppositional Defiant Disorder  
P 2.023 - P 2.035 Education, Free Time Activities, Lifestyle of Children and Adolescents  
P 2.036 - P 2.043 Family Interventions  
P 2.044 - P 2.058 Child Abuse, CAN, Bullying, Child Protection  
P 2.059 - P 2.065 Infant Mental Health  
P 2.066 - P 2.080 Neurology and Child and Adolescent Mental Health  
P 2.081 - P 2.088 Parent-Child Relational Problems  
P 2.089 - P 2.105 Parenting, Attachment  
P 2.106 - P 2.114 Trauma Related Disorders  
P 2.115 Emotions, Emotion Regulation

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.001

### Consideration of a support program targeting caregivers of children with complication trauma

H. Hanada<sup>1</sup>, M. Nagae<sup>1</sup>

<sup>1</sup>Nagasaki university, health science, Nagasaki, Japan

#### Objectives

The purpose of this study is to examine the effectiveness of the training program as a pilot study for developing a program to support children caregivers with complex trauma.

#### Methods

#### Participant

41 patients in 5 place, foster Parent ate 14.

#### Procedure and Martials

1. We used a part pf program of trauma care in National Resource Center for Youth Services the University of Oklahoma.
2. Make special program for this study.
3. make small size grope each place, we choose deferent culture buck ground.
4. expain hoe this program going to, 2days program sport by skype /follow up 1 day (about 6months)

#### Program contents

1. Basic knowledge of complex trauma,
2. Impact of complex trauma on human relations,
3. Relationship between brain development and complex trauma
4. Making a bond with children who had complex trauma,
5. Promote the balance of growth and development of children
6. Problem of relationship and how solve them

Program is 2 days training with translation

We used GSES and SRS-18 before and after the training. a at that time.

#### Results

- 1 After participation in the training, GSES (Self Efficacy) improved, but no significant difference was seen.
- 2 After participation in the training, SRS - 18 (stress response) was declining



in all items, and there was a significant difference between the total score and "displeasure / anger" of the subordinate items.

3 The satisfaction level of participants' training program was very high.

#### Conclusions

Our pilot study will be completed in May 2018, so I would like to announce the addition of the data

#### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

#### P 2.002

### Consideration of a support program targeting caregivers of children with complication trauma

H. Hanada<sup>1</sup>, M. Nagae<sup>2</sup>

<sup>1</sup> *school of nursing, Health science, Nagasaki city, Japan*

<sup>2</sup> *Nagasaki University, Health science, Nagasaki, Japan*

#### Objectives

The purpose of this study is to examine the effectiveness of the training program as a pilot study for developing a program to support children caregivers with complex trauma.

#### Methods

Participant

41 patients in 5 places, foster Parent at 14.

Procedure and Materials

1. We used a part of program of trauma care in National Resource Center for Youth Services the University of Oklahoma.

2. Make special program for this study.

3. make small size group each place, we choose deferent culture background.

4. explain how this program going to, 2 days program start by skype / follow up 1 day (about 6 months)

#### Program contents

1. Basic knowledge of complex trauma,
2. Impact of complex trauma on human relations,
3. Relationship between brain development and complex trauma
4. Making a bond with children who had complex trauma,
5. Promote the balance of growth and development of children
6. Problem of relationship and how solve them

Program is 2 days training with translation

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1 After participation in the training, GSES (Self Efficacy) improved, but no significant difference was seen.

2 After participation in the training, SRS - 18 (stress response) was declining in all items, and there was a significant difference between the total score and "displeasure / anger" of the subordinate items.

3 The satisfaction level of participants' training program was very high.

#### Conclusions

Our pilot study will be completed in May 2018, so I would like to announce the addition of the data

This work was supported by JSPS KAKENHI Grant Number 17H04469.

#### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

#### P 2.004

### Attachment and emotional expressive suppression predict aggressive and rule-breaking behaviors in institutionalized male adolescents

S. Muzi<sup>1</sup>, F. Bizzi<sup>1</sup>, C.S. Pace<sup>1</sup>

<sup>1</sup> *University of Genoa, Department of Educational Sciences, Genoa, Italy*

#### Objectives

Male adolescents placed in residential-care are more likely to show externalizing problems, such as aggressive or rule-breaking behaviors. Several studies highlighted that security in attachment representations could have a protective role, while emotional regulation (ER) strategies, such as Expressive Suppression (ES; Gross & John, 2003), may increase the risk of behavioral problems. As few studies investigate simultaneously these two variables in institutionalized adolescents, we aimed to assess the attachment representations and the use of ES with respect to externalizing problems (i.e. aggressive and rule-breaking behaviors) showed by teenagers in residential-care.

#### Methods

Participants were 21 boys, aged 13-18 (M = 16.3, SD = 1.4), institutionalized due to adverse experiences in the birth-family (65%) or delinquent problems (35%). Measures were: 1) the Child Behavior Check List 6-18 (CBCL) to measure the levels of Externalizing problems, Aggressive and Rule-breaking behaviors; 2) the Friends and Family Interview (FFI) to assess attachment representations; 3) The Emotional Regulation Questionnaire for Children and Adolescents (ERQ-CA) to assess the use of ER strategies (Expressive Suppression and Cognitive Reappraisal).

#### Results

Through multiple regressions, main results showed that lower levels of security in attachment representations predicted both Externalizing (adjusted-R<sup>2</sup> = .25, p = .04) and Rule-breaking behaviors (adjusted-R<sup>2</sup> = .28, p = .03), while higher levels of ES predicted the Aggressive behaviors (adjusted-R<sup>2</sup> = .31 p = .03).

#### Conclusions

We discussed the preventive utility in extra-familial care either to promote in young males secure attachments and to reduce ER strategies with possible long-term negative outcomes, such as ES.

#### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

#### P 2.005

### Comparison of general self-efficacy and psychological stress between foster parents and staff members of residential children's care institutions.

M. Nagae<sup>1</sup>, H. Hanada<sup>1</sup>

<sup>1</sup> *Nagasaki University, Graduate School of Biomedical Sciences, Nagasaki, Japan*

#### Objectives

The purpose of this study is to compare levels of general self-efficacy and psychological stress between foster parents and staff members of residential children's care institutions.



## Methods

We implemented a training program for caregivers working with children with complex trauma in five locations in Japan. The participants included foster parents, staff of residential children's care institutions, staff of group care units, and administrative staff. The survey includes basic participant information, stress reactions in relation to children, a General Self-Efficacy Scale (GSES), and a Stress Response Scale-18 (SRS-18). These were compared between foster parents and staff of residential children's care institutions. This work was supported by JSPS KAKENHI Grant Number JP17H04469.

## Results

There were 43 participants (17 foster parents, 10 staff members from residential children's care institutions, and 16 others). GSES scores (mean  $\pm$  SD) were  $50.65 \pm 5.5$  for foster parents,  $44.4 \pm 4.4$  for facility staff,  $48.25 \pm 12.0$  for others. Comparison showed a significantly higher GSES for foster parents than for facility staff ( $p < .01$ ). SRS-18 (mean  $\pm$  SD) scores were  $46.76 \pm 8.46$  for foster parents,  $48.80 \pm 9.45$  for facility staff,  $45.13 \pm 8.35$  for others. While stress values for facility staff were slightly higher, there was no significant difference.

## Conclusions

Institution staff self-efficacy was lower than that of foster parents, while their psychological stress tended to be higher than that of foster parents, suggesting that living with children with complex trauma as an ordinary family helps improve caregivers' self-efficacy.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.006

### Therapeutic foster care: treat child's bonds with foster family and his parents in order to favorise his psychological development

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<sup>1</sup>EPS B. Durand Etampes, *Child Psychiatry 91-I-05, Etampes, France*

<sup>2</sup>EPS Maison Blanche- Paris- France, *Child Psychiatry, Paris, France*

<sup>3</sup>IMP Ecole de Chaillot- Paris, *Director, Paris, France*

<sup>4</sup>CH Reims, *Child Psychiatry, Reims, France*

#### Learning Objectives

Description of the Child psychiatry department Therapeutic foster care unit. The setting and the nature of the therapeutic work with parents et foster family, as well as the protective and stimulating processes at work will be presented in our communication.

#### Workshop Description

Severe and lasting disturbances of the parental aptitude (parenting) have negative consequences on the psychological development of the child, who may have to be protected from his parents by a legal separation and oriented in the substitutive foster family environment. To be therapeutic and preventive for child's attachment disturbances, this measure must include, beside a good enough foster family, a well-adjusted management of child's bond with his parents. This ensures the optimal conditions of his psychological development. If meetings with parents are possible, these need a "therapeutic accompaniment", a "mediation" with its know-how and setting, worked out by the team in charge of the therapeutic foster care. The accompaniment is completed with talks with the parents and he follow up of the child.

This work doesn't serve to parent's treatment but contribute to the child's optimal development. First of all, thanks to the interventions of the accompanying professionals, through the necessary neutralisation of the dysfunctional interactions and its pathogenic consequences. Then only the therapeutic accompaniment can mobilize the pathological defences already put up by the child (so reacti-

vate his hindered development), treat his anguish of abandonment and fears of object loss (caring of attachment-affiliation) and find an access to his parent's "sane part" (dissipating the fantasies about absolutely toxic parental imago forceful without any real contacts).

Therapeutic accompanying of the parents-child bond may help the parents to build a better representation of their "real child's" needs and to invest him in the objectal rather than narcissistic way.

#### References

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## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.007

### The concept of developmental lines of Anna Freud's theory in adopted child with depression.

F. Putri<sup>1</sup>, F. Kaligis<sup>1</sup>

<sup>1</sup>*University of Indonesia, Psychiatry Department, Jakarta, Indonesia*

#### Objectives

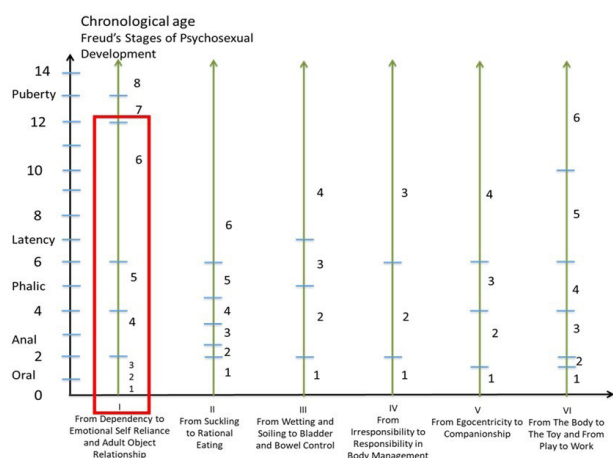
This case study is aimed to analyze the psychodynamic and determine adequate therapy.

#### Methods

The assessment of psychodynamic is made through the integrative concept of lines of development of Anna Freud's theory. Case illustration: KK, girl, 12 years old, student of elementary school. Clinical feature: refuse going to school, depressed mood and lack of interest since 3 months ago. Stressor: knowing as adopted child.

#### Results

Based on line 1, the patient can be fully integrated in group life (before libido has been transferred from the parents to the community in phase 6). Where the passing of Oedipus complex is delayed and phase 5 is protracted as the result of an infantile neurosis, disturbance in adaption to the group, lack of interest, school phobia will be the order of the day. Reactions to adoption are most severe in the later part of the latency period (phase 6). According to the normal disillusionment with the parents, patient feels as being adopted and the feeling about reality of adoption merge with the occurrence of the family romance.



**Conclusions**

The analyst's task is to point out to the parents about basis of the specific modes and levels of functioning which are characteristic of the infantile mind and provide suitable pharmacotherapy and psychotherapy for patient.

**Poster session 2**

24 July 2018, 13:00 - 18:30, Poster Area

P 2.008

**Adolescents mothers from Valparaíso: Relational risk, parental bonding, and depressive symptoms**

P. Carrasco<sup>1</sup>, E. Sepulveda<sup>2</sup>

<sup>1</sup>hospital de quilpue, mental health unit, quilpue, Chile

<sup>2</sup>hospital carlos van buren, child neuropsychiatry unit, valparaiso, Chile

**Objectives**

To analyze relational risk, type of parental bonding and presence of depressive symptoms in adolescent and adult primiparous mothers during pregnancy and postpartum period.

**Methods**

Prospective observational study of two cohorts of primiparous women (adolescents and adults) belong to primary care centers from Valparaíso during 2013. They evaluated in the third trimester of pregnancy and 3-4 months postpartum with the following instruments: Parental Bonding Instrument, Relational Risk Scale, Edinburgh Postnatal Depression Scale.

**Results**

An initial sample of 62 participants, only 50 women completed the study. Adolescents presented higher prevalence of insecure attachment than adult mothers (p = 0.012); higher maternal-fetal and mother-baby relational risk rates (p = 0.076 and 0.086), higher prevalence of depressive symptoms in the postpartum period (p = 0.076). (Table 1) In stratified analysis, the presence of high maternal-fetal relational risk would be a risk factor for presenting a high mother-infant relationship risk (RR 2.53, CI 1.66-3.87). The presence of depressive symptoms during pregnancy it increased 14 times the probability of presenting depressive symptoms in the postpartum period (RR 14.28, CI 1.99-102.12) and the presence of depressive symptoms during the postpartum period would also be a risk factor to present a high mother-baby relational risk (RR 3.11; CI 1.02-9.45). No differences observed between the two cohorts.

Variables	Adolescents N=23			Adults N=27			p-value (Fisher)
	Freq.	%	CI	Freq.	%	CI	
<b>PBI</b>							
Insecure Attachment	21	91,30	0,71 - 0,98	16	59,26	0,38-0,77	0,012
Secure Attachment	2	8,70	0,01 - 0,28	11	40,74	0,22-0,61	
<b>Mother-Fetal Relational Risk</b>							
Low Risk	12	52,17	0,30 - 0,73	21	77,78	0,57-0,91	0,076
High Risk	11	47,83	0,26 - 0,69	6	22,22	0,08-0,42	
<b>Mother-Baby Relational Risk</b>							
Low Risk	6	26,09	0,10 - 0,48	14	51,85	0,31-0,71	0,086
High Risk	17	73,91	0,51-0,89	13	48,15	0,28-0,68	
<b>Depressive Symptoms during Pregnancy (EPDS&gt;12)</b>							
No	13	56,52	0,34 - 0,76	20	74,07	0,53-0,88	0,239
Yes	10	43,48	0,23 - 0,65	7	25,93	0,11-0,46	
<b>Depressive Symptoms Postpartum (EPDS &gt;10)</b>							
No	12	52,17	0,30 - 0,73	21	77,78	0,57-0,91	0,076
Yes	11	47,83	0,26 - 0,69	6	22,22	0,08-0,42	

**Conclusions**

Early identification of risk factors, like mother-fetal relational risk and depressive symptoms during pregnancy, would make it possible to direct early interventions that cushion the impact in the dyadic bonding process

**Poster session 2**

24 July 2018, 13:00 - 18:30, Poster Area

P 2.009

**Postpartum depression and postpartum PostTraumatic Stress Disorder following a C-section: a prospective study**

M.A. Forti Buratti<sup>1</sup>, M.Á. Marín Gabriel<sup>2</sup>, B.O. María Fe<sup>3</sup>, I. Palanca Maresca<sup>1</sup>, I. Olza Fernández<sup>4</sup>

<sup>1</sup>Hospital Universitario Puerta de Hierro, Psychiatry, Majadahonda, Spain

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<sup>4</sup>Universidad Alcalá de Henares, Psychiatry, Alcalá de Henares, Spain

**Objectives**

To compare the prevalence of postpartum depression and postpartum PostTraumatic Stress Disorder (PTSD) following urgent C-section and elective C-section and to compare mother-to-infant bond with regard to these disorders.

**Methods**

This study is a prospective cohort study. Sociodemographic data and perinatal variables were collected 2-3 days after delivery (time 1). At time 2 (10-12 weeks after delivery) mothers were called to answer questions about lactation and postpartum depression (using the Edinburgh Postpartum Depression Scale) and postpartum PTSD (assessed with the Postpartum PTSD Scale). Mother-to-infant bond was assessed at time 1 and time 2 using the Mother to Infant Bonding Scale. Comparisons between the 2 types of C-section were made.

## Results

A total of 116 mothers were recruited, 58 in each group of C-section. The final sample was 98. The prevalence of any mental health disorder in the sample was 4.1 %; 2% postpartum depression and 4.1% postpartum PTSD. 4.3% (n=2) from the urgent C-section group ( $p=0.22$ ) scored for postpartum depression, whereas none from the elective C-section group. 6.5% (n=3) in the urgent C-section group and 1.9% (n=1) in the elective C-section group ( $p=0.81$ ) scored for postpartum PTSD. Women with mental health problems showed more mental health history and less intention to breastfeed. Women with abnormal bond showed higher levels of PTSD symptoms, although within the subclinical range.

## Conclusions

According to this study, type of C-section does not affect maternal postpartum depression or PTSD prevalence. Abnormal mother-to-infant bond was associated with more PTSD symptoms.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.010

### Tunisian version validation of the child-mother attachment perceptions security scale

H. Maatouk<sup>1</sup>, A. Guedria<sup>1</sup>, N. Gaddour<sup>1</sup>, L. Gaha<sup>1</sup>

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#### Objectives

The objective of this pioneer study was to translate into Arabic and validate the child-mother attachment perceptions security scale (SS) (Kerns et Cole, 1996) which is a widely used questionnaire measuring attachment in middle childhood.

#### Methods

Our sample included 195 children (sex-ratio= 0.83) aged between 8 and 14 years (mean age = 11.14) attending seven classes of three public primary and two secondary schools in Monastir-Tunisia. Our study was conducted from May 2017 to June 2017. Children completed a socio-demographic items, and an Arabian back-translated version of the SS. Validity of the scale was tested using correlation analyses with SPSS version 21.

#### Results

Results supported the factorial validity of the scale, and revealed its good psychometric properties. The test-retest was  $r(15) = 0.8$ , indicating stability in children's perceptions of security over a short time interval and internal consistency was Cronbach's  $\alpha = 0.8$  showing good reliability.

#### Conclusions

The Arabic, Tunisian version of the SS is a promising tool for both researchers and practitioners to assess attachment in school-aged children. Nevertheless, additional researches are required to explore father-child relationships and to consider attachment scores towards fathers.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.011

### Attachment and emotion regulation in Internet addiction

H. Maatouk<sup>1</sup>, A. Guedria<sup>1</sup>, T. Brahim<sup>1</sup>, A. Mhalla<sup>1</sup>, N. Gaddour<sup>1</sup>, L. Gaha<sup>1</sup>

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#### Objectives

The aim of our study was to examine the relationship of emotional regulation and attachment, with Internet addiction, in a medical student sample.

#### Methods

The sample was comprised of 150 medical students aged 18-27 years recruited in the Faculty of medicine of Monastir in Tunisia. The study took place between October 2016 and February 2017. Data were collected using the "Young Internet addiction test" and the "Strength and difficulties questionnaire (SDQ)". Attachment qualities were assessed using "Adult Attachment Scale".

#### Results

In all, 61.3% of the subjects exhibited Internet addiction, at a mild and severe levels. Internet addiction was strongly dependent on gender with highest prevalence among female ( $p=0.02$ ). Furthermore, there was positive correlation between Internet addiction and avoidant attachment ( $p= 0.015$ ) but not with anxious attachment ( $p= 0.079$ ). Moreover, Findings demonstrated that 12% of students with Internet addiction had emotion dysregulation. Also, results showed that conduct disorders ( $p=0.05$ ) and hyperactivity ( $p=0.01$ ) were significantly and positively correlated with Internet addiction.

#### Conclusions

This findings may be useful for preventive and clinical interventions conducted with medical students regarding Internet addiction, since that problematic Internet use clearly affects their lives.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.012

### What happens to children of parents addicted to drugs or alcohol?

M. Romanowicz<sup>1</sup>, J. Vande Voort<sup>1</sup>

<sup>1</sup>Mayo Clinic, Psychiatry and Psychology, Rochester- MN, USA

#### Objectives

National Survey on Drug Use and Health (NSDUH) reported that 8.3 million children lived with at least one substance using parent between 2002 and 2007. 10% of all infants born in 2009 were found to be exposed to drugs or alcohol in pregnancy. The goal of this systematic review is to evaluate the evidence of the effects of parental substance abuse on their children's development and parent-child relationship.

#### Methods

MEDLINE and EMBASE were used to identify English-language studies that reported on parent-child relationship issues/attachment issues in the context of substance use with the main focus on opioid use.

#### Results

Systematic review identified 54 studies, eight evaluated the effects of opioid use on the parent-child relationship, 14 focused only on parents with alcohol use disorders and 32 included multiple drugs of choice. A number of studies showed that children of parents addicted to either drugs or alcohol are at increased risk for emotional and behavioral issues. They are also more likely to struggle with poor academic performance and social skills. They are at higher risk of developing substance use disorders themselves. Unfortunately, younger



children, in particular, are at significantly higher risk of abuse and/or neglect that may lead to insecure or at-risk attachment styles. Some studies showed that even in cases where there is no significant abuse, children may be perceived as burdensome which may lead to difficulties in the parent-child relationship.

### Conclusions

There is a significant need for research and programs that specifically target families with parental substance abuse.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.013

### Importance of attachment: Two cases, attached to different parents and given to their biological parents at the age of four

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<sup>2</sup>Adiyaman University Education and Research Hospital, Health, Adiyaman, Turkey

<sup>3</sup>Hasan Kalyoncu University, Psychiatry, Istanbul, Turkey

### Objectives

Attachment between mother and the baby is important regarding the healthy development of the child. Importance of attachment was aimed to be investigated.

### Methods

Two male children, who were given to other families than their own after their birth and by court orders given back to their biological families at the age of four, were observed with their families and evaluated regarding their attachment, coherence in their new families, and other problems. The follow-up continued by clinical evaluations. Denver II, Maternal Attachment Inventory, Child Behavior Checklist (CBCL), Parental Attitude Research Instrument (PARI) were used.

### Results

As a result, children who were raised by other parents than their biological parents, were determined to attach to the parents who raised them. It was established that there were problems regarding separation from the families who were the children attached to and reattachment to the biological parents were risen in the process.

### Conclusions

The importance of attachment between mother and children, regarding the psychiatric development of children was discussed. The problems which were caused by the separation from parents who the children were attached to and the difficulty of reattachment after four years were reviewed.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.014

### The mediating role of negative automatic thoughts in the relationship between attachment to mother and internalizing problems in youths

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### Objectives

Internalizing disorders are the most prevalent mental health problems in children and adolescents. There is longstanding evidence regarding the relationship between attachment to mother and internalizing problems in children and adolescents, however, research examining potential mechanism linking quality of relationship with mother and internalizing problems. Therefore, the aim of the present study was to investigate the mediator role of negative automatic thoughts in the relationship between attachment to mother and child's internalizing problems.

### Methods

A cross-sectional study was conducted. The sample consisted of 100 children and adolescents recruited from the Pediatric Psychiatry hospital of Cluj-Napoca, Romania, aged between 10 and 18 years (Mage = 14.74, SD = 2.01). Attachment to mother was measured using The Inventory for Parent and Peer Attachment - Revised, negative automatic thoughts were measured using Children's Automatic Thoughts Scale - Negative/ Positive and Internalizing problems were assessed using the Youth Self-Report.

### Results

We found significant negative associations between child's attachment to mother and negative automatic thoughts, as well as between child's attachment to mother and internalizing problems, while negative automatic thoughts were positively associated with internalizing problems in children. Mediation analysis conducted using PROCESS macro indicated that negative automatic thoughts fully mediated the relationship between attachment to mother and internalizing problems in children (indirect effect = -.20, [-.35; -.06]).

### Conclusions

This study highlights the role of negative automatic thoughts as mechanisms involved in the relationship between attachment to mother and youth's internalizing symptoms.

Funding: This work was supported by a grant of Ministry of Research and Innovation, CNCS - UEFISCDI, project number PN-III-P4-ID-PCE-2016-0861, within PNCDI III, awarded to professor Anca Dobrean.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.015

### Sex differences in QEEG in adolescents with conduct disorder and psychopathic traits

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### Objectives

To find electrophysiological differences specifically related to the influence of sex on psychopathic traits.

### Methods

The resting EEG activity and LORETA for the EEG spectral bands were evalu-

ated in 38 teenagers with Conduct Disorder (CD), 25 male and 13 female with psychopathic traits according to the Antisocial Process Screening Device. All adolescents were assessed using the DSM IV-TR criteria. The EEG visual inspection characteristics and the use of frequency domain quantitative analysis techniques are described.

## Results

QEEG analysis showed a pattern of slow activity excess on the right frontal area and left central region and decreases of alpha band power on the left central and bi-temporal regions in male vs female psychopathic traits group. Current Source Density calculated at 2.73 Hz showed an increase within paralingual areas and at 9.37 Hz in fronto-parietal in male psychopathic relative to female psychopathic traits group.

## Conclusions

These findings indicate that QEEG analysis and techniques of source localization may reveal sex differences in brain electrical activity between teenagers with CD and psychopathic traits, which were not obvious to visual inspection. Significance: These results suggest that abnormalities in a fronto-temporo-limbic and parietal network play a relevant role in sex differences of neurobiological roots of psychopathic behavior

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.016

### Mimicry and emotion recognition in children with conduct problems and callous-unemotional traits

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#### Objectives

Mimicking the facial expressions of our opposite seems to be related to our ability to empathize with others. Previous research has shown that low empathizers exhibit less pronounced facial activation in response to others facial expressions. Physiological as well as behavioral dysfunctions related to empathy have been observed in children with conduct problems (CP) and callous-unemotional traits (CU). Several studies reported deficits in emotion recognition as well as a diminished corrugator activity in response to negative emotions for children with CP/CU. However, as of now the findings regarding the deficits in emotion recognition are inconsistent and there exists only a limited amount of studies investigating facial mimicry in CP/CU, which are mostly limited to male participants. Thus, the current study investigates deficits in emotion recognition as well as the association between facial mimicry and CU-traits in girls and boys with and without CP.

#### Methods

To investigate differences in the ability to recognize the negative emotions fear, sadness and anger children aged 8-14 years participate in a computer based emotion recognition task. The time needed to recognize the correct emotion serves as behavioral measure. To evaluate the facial mimicry, the children's facial expressions are video recorded during the task and the facial activation assessed with the help of Imotions' FACET software.

#### Results

As the study is not completed yet, we will discuss the results regarding the association between CP/CU and emotion recognition at the time of the presentation.

#### Conclusions

Investigating behavioral dysfunctions in combination with physiological dys-

functions can help us to identify children at risk of developing CP/CU and can provide further information necessary to develop early prevention methods.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.017

### Emotion regulation and empathy dysfunction in DBD subtypes

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#### Objectives

Children and adolescents with conduct problems (CP) are known to be poor empathizers. Research suggests that the mechanisms involved in empathy problems seen in these children may be different for CP subtypes. CP children with callous unemotional (CU) traits, for example, may show little empathy when witnessing another person in distress because of reduced amygdala responsiveness to distress or reduced attention to the eyes. In contrast to those who are nonresponsive, CP children with comorbid anxiety disorder may be overly responsive to another person's distress because of increased amygdala responsiveness to threat and distress cues. It is proposed that children who are overly responsive to distress but poor in emotion regulation are prone to personal distress and may show little empathic concern, accordingly. Research with healthy children indeed suggests that emotion regulation is a factor in empathy-related responses, especially for those who are easily aroused by other people's emotions. Studies with clinical samples are scarce.

#### Methods

We examined the relationship between emotion regulation and measures of affective empathy in boys (aged between 7-12 years) with conduct problems with or without comorbid anxiety and explored the role of CU traits in this relationship.

#### Results

Preliminary results will be presented.

#### Conclusions

Examining empathy problems in subtypes of children with conduct problems may help to improve diagnosis and treatment programs. Acknowledgement: This study was supported by the Netherlands Organization for Scientific Research (NWO), Research Grant # 056-21-010.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.018

### Neuro-physiological biomarkers associated with distinct conduct problem subtypes: taking gender differences into account

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#### Objectives

The present study aims to examine CP heterogeneity from childhood to adulthood by taking into account co-occurring anxiety symptoms and callous-unemotional (CU: lack of remorse/empathy; shallow emotions) traits. Further, the study aims to examine whether distinct CP subtypes are differentially associated with multiple neuro-physiological systems. Gender differences are also investigated.



## Methods

Using Latent Profile Analysis in samples of preschoolers (N=1250; Mage=5; 48% male) and adolescents (N=2306; Mage=14; 51% male), we identified three CP subtypes: Two subtypes presented co-occurring anxiety symptoms with low (Anxious) or high (Secondary) CU traits, while the third subtype scored high on CU traits with low anxiety (Primary). For the experimental phase, preschoolers were followed into childhood (N=200; 50% male) and adolescents into adulthood (N=220; 50% male). Neuro-physiological measures included skin conductance, heart rate, eye-blinking startle reflex, and medial-prefrontal cortex (mPFC) functioning (fNIRS). Experimental stimuli included neutral, pleasant and negative (e.g., distress, fear, sadness) video scenes (e.g., Lion King; American History X).

## Results

Findings indicated that the two anxious groups showed high heart-rate at rest and high skin-conductance and startle-reactivity to negative stimuli, while the Primary group scored on the opposite extreme on these stress-response systems. Individuals in the Secondary subtype showed higher mPFC oxygenated hemoglobin (HbO<sub>2</sub>) activity during negative stimuli compared to the Primary subtype. A significant group x gender interaction indicated that differences in skin conductance were only significant for males. No age differences were identified.

## Conclusions

The study's findings are in accord with the principle of equifinality in that different developmental mechanisms, i.e. extremes of high and low physiological reactivity, may have the same behavioral outcome manifested as phenotypic CP behaviors. The majority of these findings, with the exception of skin conductance, can be generalized to both males and females. Results were similar across the two age groups providing evidence for developmental continuity.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.019

#### What makes the difference? Gaze behavior towards affective facial stimuli in children with conduct problems and callous-unemotional traits and their mothers

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<sup>2</sup>University of Southampton, Southampton, United Kingdom

#### Objectives

Callous-unemotional (CU) traits are defined as a specifier for conduct disorder in the fifth edition of the DSM. Children scoring high on CU-traits show specific emotional and interpersonal characteristics, such as low emotionality or limited feelings of guilt. However, CU-traits are not restricted to children with conduct problems (CP) and can occur in children without any mental disorder as well. Different aspects of impaired emotion processing have been identified to display a risk factor for CP as well as CU. As such, gaze behavior towards facial stimuli was identified. So far, children with and without CP, respectively CU have not been compared systematically and thoroughly with respect to gaze direction as a potential differentiating factor for the occurrence of these subgroups. Furthermore, differences in gaze behavior of the parents of children with CP/CU has not been assessed so far. Thus, in order to identify specific risk factors children with CP only, CP+CU, and CU only will be compared with each other and with typically developing children (TD) with respect to gaze direction when confronted with affective faces. To assess a possible transgenerational overlap of deficits, the current study wants to assess this in mothers of the participating children, as well.

## Methods

Boys and girls aged 7 to 10 years with CP, CP-CU, CU, and TD as well as their mothers will be compared in a cross-generation study. To assess gaze behavior, we adopt two computer-based emotion detection tasks, including moving and still faces with emotional expressions. During both tasks, we collect eye-tracking and behavioral data.

## Results

We will present preliminary results of the ongoing project with a focus on eye-tracking and behavioral data.

## Conclusions

Conclusions will be drawn with respect to implications for further research and the clinical praxis.

Acknowledgement: This study was supported by the German Research Foundation (DFG), Research Grant # SCHW 1434/3-1

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.020

#### What to expect? Early onset conduct disorder and antisocial personality disorder – a literature review based on a case study

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#### Objectives

Literature shows that children with early onset antisocial behaviour (AB) are at risk of developing chronic life-course persistent antisocial problems, namely antisocial personality disorder (ASPD) in adulthood. The goal of this work is to provide a brief review of the literature on developmental trajectories of AB, based on the illustration of an early-onset case of conduct disorder (CD) with low prosocial emotions (LPE).

#### Methods

Literature search in PubMed, EMBASE and B-On, using keywords such as 'antisocial personality disorder', 'antisocial behaviour childhood and adolescence', 'conduct disorder', 'antisocial behaviour'. The work is complemented by a clinical vignette.

#### Results

A high proportion of children and young people with CD grow up to be antisocial adults with impoverished and destructive lifestyles; a significant minority will develop ASPD, among whom the more severe will meet criteria for psychopathy. Of those with early onset CD (before the age of 8 years), about half have serious problems that persist into adulthood. Moreover, the presence of callous-unemotional (CU) traits (lack of guilt and empathy, as well as shallow affect) places these children at heightened risk for developing adult psychopathy. The case described in the clinical vignette is that of a 12-year-old boy that fits in the category of early onset CD with LPE.

#### Conclusions

Children with AB are a heterogeneous group and literature reinforces the importance of detecting and analysing these traits at early developmental stages, as well as the benefits that can accrue from successful treatment, based on interventions that best match their vulnerabilities and strengths.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.021

### Is disorganized attachment a predictor of post-traumatic symptoms in children with Disruptive Behavior Disorders?

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#### Objectives

This comparative study aimed to test the interaction between disorganized attachment and post-traumatic symptoms in children with Disruptive Behavior Disorders (DBDs), compared with non-clinical ones. It is widely agreed that behavioral problems are related to different risk factors, as problematic interactions with parents, and seem to be linked to trauma exposure and subsequent post-trauma symptoms. However, there are few studies focused on the middle childhood due to "measuring gap".

#### Methods

84 children (M=11.15 years, SD=2.12), 42 with a diagnosis of DBD, and 42 as a comparison group without diagnosis, were assessed using: 1) the Child Attachment Interview (Shmueli-Goetz et al., 2008) to assess attachment; 2) Trauma Symptoms Checklist for Children and Adolescents (Briere et al., 1995) to investigate post traumatic symptoms; 3) Child Behavior Checklist 6-18 Version (Achenbach, 2001) to assess behavioral problems.

#### Results

Disorganized attachment was over-represented in DBD (around 50%) compared to the control group (11%;  $\chi^2 = 16.458$ ,  $p = .000$ ). No differences were found between groups with respect to the levels of post-traumatic symptoms ( $p > .070$ ), except for the greater tendency to deny in DBD children (Under-response subscale;  $t(80) = 2.248$ ,  $p = .015$ ). Regression analysis on DBD group did not show significant interaction between disorganized attachment and Under-response ( $b = .356$ ,  $p > .05$ ,  $\beta = .019$ ).

#### Conclusions

Despite the lack of an identifiable linkage among variables, the emotional functioning of DBD seems characterized from breakdown, disintegration or absence of an attachment strategy and from the tendency to deny post-traumatic symptoms, which should be taken into account in DBD treatment during the middle childhood.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.022

### The affect of homeroom teacher's leadership style and maturity gap on adolescents' rebellious behaviors

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<sup>1</sup>Chang Gung University, occupation therapy, Tao-Yaun, Taiwan

#### Objectives

Based on Moffitt's viewpoint, "maturity gap" will increase adolescents' rebellious behavior. Maturity gap comes from high need of adult role because puberty, and this need can't be satisfied by society or important others. Adolescents will involve in rebellious or antisocial behaviors, so the "gap" could be lowered. However, very few studies explore: which condition could mitigate the detrimental effects of maturity gap? Our study want to explore which homeroom

teacher's leadership style (transformational and transactional leadership) can lower the adjustment problems based on maturity gap.

#### Methods

567 participants (about 14 years old, male=297) were recruited. Measurement was self-reported scales.

#### Results

We found that when the scores of maturity gap increase, the scores of rebellious behaviors are higher. However, transformational leadership (but not transactional leadership) have significant lowered participants' rebellious behaviors.

#### Conclusions

The study imply that if we can respect and authorize for adolescents, we can prevent the externalizing problem behaviors.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.023

### Comparative study of intelligence quotients of Almajiris attending Quranic schools and pupils of public primary schools in Zaria, Northwest Nigeria

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<sup>2</sup>Federal Neuropsychiatry Hospital- Kaduna, Clinical Services, Kaduna, Nigeria

#### Objectives

Almajiris are children, often boys, who have been sent far from their homes to study the Quran under the care of a Muslim scholar, known as a Mallam. The Almajiri education system is a common route onto the streets in Northern Nigeria and other parts of West Africa. With a presence of close to 7 million in Nigeria, they face numerous adverse situations such as having to beg on the streets or take up tedious jobs in exchange for food, coupled with a glaring absence from formal schools of learning. Despite this, their cognitive capacity has rarely been studied.

This study aims to compare the intelligence quotients of Almajiris and pupils of public primary school schools in Zaria, Northwest Nigeria.

#### Methods

A comparative cross-sectional survey of 401 systematically selected participants, comprising 200 Almajiris and 201 public primary school pupils in Zaria, Northwest Nigeria. All participants were administered a socio-demographic questionnaire and the Wechsler Intelligence Scale for Children Fourth Version (WISC-IV).

#### Results

Almajiris were noted from other parts of West Africa. Parents of Almajiris had less formal education than those of comparison group. Public primary school pupils significantly outperformed Almajiris on all subtests of the WISC-IV except Arithmetic. The mean Full scale IQ Score of Almajiris was significantly lower than that of the comparison group ( $60.30 \pm 11.49$  vs.  $70.12 \pm 11.91$ ,  $p < 0.001$ , 95% CI = -12.12 - -7.52) though both were below average.

#### Conclusions

This study highlights the need for the reform of the Almajiri education system as currently practiced in Northern Nigeria.



## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.024

### On the Zeitgeist of Taiwanese children's picture books in the 1970's and 80's

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#### Objectives

Through analyzing Chinese Children's Literature Series during the 1970's and 80's, we might be able to catch a glimpse of "zeitgeist" symbolically representing the early period of Taiwan history.

#### Methods

30 examples of picture books were chosen by consider its popularity and representational meaning. The level of readings include junior, medium and senior. The zeitgeist of Taiwanese Children's Literature in the early period were probed from the following four dimensions including the topic of the story, the idea of life, the style of narration and the characteristics of pictures drawings.

#### Results

In terms of the topics, the issue of realistic everyday lives has been considered mainstreaming in Chinese Children's Literature Series. In terms of wording, their wonderful rhetoric made the Children's Literature somehow poetic and full of tempo and rhythm. In terms of picturing, every drawer did hold independent perspective to see the world, the abundant media for expressing their imagination for realistic as well as imaginative world, whether black and white or even colorful.

#### Conclusions

We could still feel the sense of zeitgeist in that how they expressed the affection with new locality and new urban modernization with the idea of "We, the people" in the time of 70's, while searching for new locality and self-identity and the 80's while electronic economy booming with informational revolution.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.025

### Is it all about peer pressure? An examination of the influences on adolescent health decision-making.

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#### Objectives

Adolescent risk-taking behaviours contribute significantly to morbidity and

mortality. A number of health interventions have therefore been developed to target those preventable risk-taking behaviours. However, there has been little focus on the decision-making process that might make an adolescent progress from 'pre-contemplating' positive behaviours towards action and maintenance of health-promoting behaviours. The current study aimed to examine how adolescents make health-related decisions about a range of themes – alcohol and illicit substance use, physical activity, nutrition, sexual debut and condom use, intimate partner violence, mental health, and self-harm.

#### Methods

Sixteen adolescents were identified using purposive sampling among secondary schools in the Western Cape Province of South Africa. Data were collected using scenario-based, individual, semi-structured interviews conducted in English or isiXhosa, translated and transcribed. Thematic analysis was performed using NVivo 11.

#### Results

Adolescents often engaged in a process of evaluating all possible alternatives when making health-related decisions, and a range of cognitive evaluations were identified. These include involvement of family members, knowledge about consequences (including legal consequences) of behaviour, future goals and aspirations, as well as stability in life. Peer-pressure was not listed as a key contributor.

#### Conclusions

The study identified cognitive evaluations and factors that inform adolescent health-related decision-making. Interestingly, peer-pressure was not a key contributor challenging the common belief that peer pressure is the main predictor of adolescent health choices and around which many peer-led health interventions are designed. We propose that findings from this study could inform future health interventions aimed at promoting adolescent health and well-being.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.026

### Chronotype distribution among adolescent psychiatric patients and its dependence on character traits.

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<sup>2</sup>Josip Juraj Strossmayer University of Osijek, Medical School Osijek, Osijek, Croatia

#### Objectives

The main aim of this research was to examine adolescent psychiatric patients' chronotype and character traits and to establish the correlation between the mentioned variables.

#### Methods

Respondents were adolescents of both sexes aged 11 to 19 who were referred to ambulatory care or hospitalization at the Department of Child and Adolescent Psychiatry at Clinical Hospital Center Osijek in April and May 2017. The study included 35 respondents. The data were collected by means of a questionnaire that consisted of demographic variables scales, morningness-eveningness scales and IPIP 50 juniors. The psychiatric diagnosis data were taken from medical records. Cross-sectional study.

#### Results

There was no significant correlation found between age and sex of the respondents with their chronotype. Respondents with emotional disorders with onset specific in childhood (F93), eating disorder (F50), depressive episodes



(F32) and mixed behavioral emotional disorder (F92) had a morning chronotype. The highest score was marked in the domain of agreeableness, and the lowest in the domain of emotional stability, with significantly lower scores in female adolescents. Age did not have a significant impact on character lines.

## Conclusions

Among the adolescent psychiatric patients who completed our survey, there was no dominant morning or evening chronotype. The chronotype did not have a significant impact on character lines. However, this research was based on a low sample size. It would be interesting to repeat this research, but with a much higher sample size.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.027

### The influence of educational violence on the well-being of adolescents : some insights from a teacher & therapist experience

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<sup>1</sup>University of Lyon II, Clinical psychology, Lyon / Paris, France

#### Objectives

This paper aims at pointing out the impact of educational violence in the emergence of depressive disorders among adolescents.

The 'poisonous pedagogy' is a deep-rooted phenomenon which has representatives among teachers, parents, politicians...

Illustrations of its violence have been provided by the work of Alice Miller, a Swiss psychologist, through referring to family histories in the German society. But educational violence is not only perpetrated within the family circle and is thus a collective issue. It requires additional focuses taking into account its collective aspects and its variations according to the cultures and historical situations.

My ambition is to propose an up-to-date elaboration of Alice Miller's views on 'black pedagogy' within a French context.

#### Methods

My focus will be on the school environment of high-school pupils in France. This topic seems likely to clarify the link between educational violence and depression.

Two clinical vignettes (one from my therapist experience, the other from my experience as a teacher) will show to what extent elements like teachers' attitudes/comments or family's behaviors can play a key role in the well-being of adolescents, let it be in the containment or the explosion of depressive mood.

#### Results

Some well-spread views from adults on how knowledge and authority should be embodied have a traumatogenic potential. They also can be a source of current/ future conflicts and result in school refusals.

#### Conclusions

The relationship between educational violence and the development of depressive mood seem underestimated today by the professionals in the field of adolescents' mental health.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.028

### Identity development and well-being in Hungarian adolescents

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#### Objectives

Several tasks of adolescence are connected to identity development. Thus, identity development might play an important role in adolescents' well-being. Using Seligman's PERMA model, the aim of this study was to investigate the relationship between identity statuses and well-being in a sample of Hungarian adolescents.

#### Methods

Three hundred thirty-three adolescents (199 girls) participated in our study. Participants were 14 to 19 years old ( $M= 16.35$ ;  $SD= 1.03$ ). To measure identity development, we used Dimensions of Identity Development (DIDS). To measure well-being, we used the EPOCH scale.

#### Results

Based on the five dimensions of DIDS, four clusters emerged that represented the four identity statuses described by Marcia. Adolescents with achieved identity had the highest level of well-being in general and with regard to each measured aspect. Adolescents with diffuse identity had the lowest levels of well-being. The distance between the two groups was the largest in the case of optimism. Adolescent with foreclosed identity or in moratorium showed lower level of well-being compared to peers with achieved identity but higher level of well-being compared to peers with diffuse identity.

#### Conclusions

Our results reflected the theoretical difference between diffuse and achieved identity. The relative lack of optimism was the most characteristic aspect for adolescents with diffuse identity. This might be a key point for intervention, since the lack of optimism interferes with the future-oriented nature of normative development in adolescence and might be a risk factor for suicide.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.029

### Dextromethorphan abuse in child & adolescents in Czech Republic

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#### Objectives

Dextromethorphan (DXM) is a substance used in antitussive drugs and it is also recommended in pediatric population. The psychotropic effect of DXM is also very well known apart from the antitussive one. DXM acts as a dissociative and hallucinogenic drug in very high doses (400 – 600 mg).

#### Methods

We will present a series of cases of teens who were hospitalized at Children's Ward of Department of Psychiatry in 2016/17. We disclosed an issue of massive abuse of DXM in them.



## Results

We informed State Institute for Drug Control (SUKL), which is a state regulatory authority on medicines in Czech Republic about the potential abuse of DXM. In cooperation with SUKL we started to solve the risc of abuse spread of DXM in Czech Republic.

## Conclusions

In total, SUKL registered 113 severe cases of DXM abuse in Czech Republic until summer 2017. Consequently, SUKL decided to prohibit products containing DXM in solid form from "over the counter" availability (without prescription) from 15.8.2017.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.030

### Social class and the structuration of family routines and rituals

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#### Objectives

Structured family routines and rituals are beneficial to the development of children social and mental skills. This paper deals with family routine and rituals from the aspects of the social class, aiming to identify differences between middle and working-class families regarding the degree of structuration of family routines and rituals. Results of numerous studies showing that middle-class parents, unlike working-class parents, tend to greatly structure a children's' daily life, enrolling them in plenty planned and organized free-time activities, with the aim to provide them adequate development, social skills, and cultural and social capital, gave us an incentive to conduct this study. We were interested in whether these practices of structuration are being transferred to the field of family routines and rituals.

#### Methods

We applied Family Ritual Questionnaire (Fiese & Kline, 1992) on 61 working-class and 80 middle-class parents of preschool children in Serbia. The Questionnaire includes routines and rituals relating to dinner time, weekends, vacations, annual celebration, special celebrations and religious holidays.

#### Results

Results (t-test) show that only the differences in structuration routines and rituals relating to weekends and vacations between this two groups are statistically significant but identified effect size is medium (weekends:  $d=0.64$ ; vacations:  $d=0.51$ ).

#### Conclusions

Basically, the finding that the field of family routines and rituals is not affected by class differentiation indicate a more importance of structured family routines and rituals then social class as anamnestic data in psychiatric practice.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.031

### Family functioning and identity development in adolescence

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#### Objectives

Identity problems are risk factors for personality disorders. As identity formation is a dynamic process between individuals and their social context, current studies examined the impact of family functioning on identity development.

#### Methods

Two studies were conducted using self-report measures. Identity development was measured with Dimensions of Identity Development (DIDS) in both studies. In Study 1 ( $n = 158$ ), overall family functioning was measured by FACES-IV. In Study 2 ( $n = 270$ ), family rituals were measured by the Family Rituals Questionnaire.

#### Results

With regard to identity development, adolescents from intact families didn't differ from their peers from non-intact families in either studies. Based on the five dimensions of DIDS, four clusters emerged in both studies corresponding to the four identity statuses proposed by Marcia. The four clusters significantly differed in general family functioning and in family ritualization. Adolescents with diffuse identity reported significantly less cohesive, less flexible, and more chaotic family functioning than adolescents with achieved identity. With regard to family rituals, adolescents with diffuse identity reported less ritualized family occasions especially related to highly ritualized events than their peers with achieved identity. With regard to the components of rituals the above mentioned difference was due to elevated levels of meaningfulness of family rituals in general for adolescent with achieved identity.

#### Conclusions

Not family structure in itself, but aspects of family functioning in general and connected to family rituals was associated with identity development in adolescents.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.032

### Quality of life, emotional intelligence, self-concept and psychological well-being in female students

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<sup>2</sup>Islamic Azad University- Neyshabour Branch, Clinical Psychology, Neyshabour, Iran

#### Objectives

The present study aimed to investigate the relationship between emotional intelligence, quality of life and self-concept with psychological well-being in female students in the last year of high school in Mashhad, Iran.

#### Methods

Of high school students, a sample of 278 subjects was selected through cluster random sampling method. For data collection, 26-item World Health Organization Quality of Life Questionnaire (WHOQOL), Salovey and Mayer Trait Meta Mood Scale (TMMS), Ryff Scale of Psychological Well-Being (RSPWB) and Beck Self-Concept Questionnaire (BSCT) were employed. For data analysis, Pearson correlation analysis and hierarchical regression analysis were used.

#### Results

The results revealed that there is a relationship between quality of life with psychological well-being and all of its components except autonomy in students.

Further, a relationship exists between emotional intelligence and psychological well-being. In assessing the components of emotional intelligence, it was found that there is a significant relationship between emotional differentiation and self-acceptance and between emotional reconstruction with the components of individual development, self-acceptance, environmental dominance and psychological well-being. Additionally, a significant relationship was observed between self-concept and psychological well-being in students. Regression analysis indicated that mental health, environmental dominance and self-concept can predict psychological well-being.

## Conclusions

It seems that the greater the students' emotional intelligence and the better their self-concept, the higher their quality of life and psychological well-being will be.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.033

### Sleep awake circadian rhythm delayed with growth in Japanese healthy children and adolescents

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<sup>3</sup>Hyogo Rehabilitation Center Hospital, Children's Sleep and Development Medical Research Center, Kobe, Japan

## Objectives

Behavioral induced insufficient sleep syndrome (BISS) and withdrawal related BISS during school-age and adolescence have been one of major issues in Japan. It's imperative to establish sleep hygiene education program. The aim of this study is to determine the actual sleep-awake rhythm and mood in the morning in Japanese children and adolescents for the basis of sleep hygiene education.

## Methods

Participants were 48 healthy elementary school, junior high school, high school and university students (20 males and 28 females, age 11-24). Activity has been monitored with wrist-worn device compatible with Micro Mini (AMI Inc., USA), for consecutive five days including weekend. Non-parametric measures of actigraphy, e.g. interdaily stability (IS), the lowest average actigraphy amplitude during 5 hours (L5), its start time (L5 time), the highest average amplitude during 10 hours (M10) and its start time (M10 time), were evaluated using R (<http://cran.r-project.org/>) with nparACT package. Correlation analysis was performed among the non-parametric measures of actigraphy, age and mood (fatigued and refreshed) in the morning.

## Results

Male (n=20)				Female (n=28)			
Variable 1	Variable 2	t-value	R	Variable 1	Variable 2	t-value	R
age	IS	-4.50	-0.728 ***	-	-	-	-
fatigue	IS	-2.38	-0.489 *	-	-	-	-
age	M10	-4.98	-0.761 ***	-	-	-	-
age	L5 time	4.28	0.710 ***	age	L5 time	4.66	0.675 ***
fatigue	L5 time	3.34	0.619 **	-	-	-	-
age	M10 time	6.59	0.841 ***	age	M10 time	2.84	0.487 **

\* p<0.05, \*\* p<0.01, \*\*\* p<0.001

## Conclusions

From the results of significant correlation between age and L5 time, age and M10 time, sleep phase delay with growth has been revealed in Japanese

children and adolescents. It may due to the degree of freedom differences in school life among elementary school, junior high school, high school and university. Age related decrease of circadian stability and diurnal activity, and sleep-awake circadian disturbance related fatigue in Japanese young male showed the sex difference of sleep-awake circadian stability.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.035

### The mediating role of early maladaptive schemas in the relationship of attachment styles and parenting styles with psychological well-being

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<sup>1</sup>Azad University, Psychology, Tehran, Iran

## Objectives

The aim of this research was determining the mediating role of early maladaptive schemas in the relationship between attachment and parenting styles with psychological well-being and. To fulfill this, among all students in faculty of psychology and educational sciences in Islamic Azad University, South Tehran Branch, 324 students (273 female and 51 male) were selected based on simple random sampling method.

## Methods

The tools used in this research for extracting the required data has been the following standard scales: psychological well-being by Ryff (1989), early maladaptive styles by Young (1988), attachment styles by Hazen and Shaver (1987) and parenting styles by Baumrind (1972) which were all used after verification and stability assessment. Data were analyzed using path analysis method.

## Results

The results suggested that the direct effect of avoidant attachment style was significant on four schemas. The direct effect of secure attachment style on three schemas was significant and negative and the direct effect of ambivalent attachment on all five schemas is significant. Moreover, the results suggest that there is a direct significant relationship between permissive parenting styles and other directedness, authoritarian parenting style and all five schemas and authoritative parenting style and three schemas. In addition, the direct effect of all five schemas on psychological well-being were negative and significant (p<0.01). Secure attachment style had an indirect effect on psychological well-being through schemas in a positive and significant way.

## Conclusions

The indirect effect of avoidant and insecure attachment styles on psychological well-being was negative and significant.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.036

### Implementation of a family constellation group at child and adolescent CAPS Sapopemba – São Paulo – Brazil

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### Objectives

The work of Family Constellation was developed by Bert Hellinger and has been spread around the world. In Constellations three fundamental orders that act in the systems are observed: Belonging, Hierarchy and Exchange Balance. Imbalance in these laws may generate conflicts and illnesses (physical and psychological ones).

The knowledge of these orders and the possibility of experiencing them through a Family Constellation broaden our knowledge regarding mental illnesses and transgenerationality, apart from bringing new possibilities of understanding and intervention with patients and their families. During the Constellation, it is possible to observe an image of the customer and their family through a brief phenomenological experience and, if possible, to replace key elements restoring balance to the customer/family system.

In November, 2016, the Family Bonds Group was initiated at Child and Adolescent CAPS Sapopemba to provide room for experiences of Family Constellation on a monthly basis.

Objective: To describe the process of construction and implementation of a Family Constellation group at Child and Adolescent CAPS Sapopemba in the period of twelve months.

### Methods

Experience report

### Results

The implementation process of a Family Constellation group at CAPS occurred gradually, with irregular frequency of participants initially, but after the completion of plenty of individual experiences and in group with patients and staff members, in the last two months the group has presented a larger number of participants and it has happened fortnightly.

### Conclusions

The users' perception has been positive in relation to the group experiences and the transformations stemming from them.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.037

### Family group formation: a task mediated by psychopedagogy in mental health

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### Objectives

The Sapopemba Child-juvenile Psychosocial Care Center (CAPS) team treats patients from 0-17y11m who have mild to serious Mental Disorders (T). Adequate adherence to treatment, with regular attendance to the therapeutic project and regular use of the prescribed medications is fundamental for the favorable evolution of the patients. The lack of information from family members about the functioning of the CAPS service, as well as about psychiatry and mental health leads to non-adherence to treatment, worsening of patient evolution and even abandonment of treatment. Thus, the need arose to implement a group for the relatives, with the presence of the psychopedagogue as mediator. Objectives: to present the work of the psychopedagogy in a family group directed towards parents and caregivers, playing the role of mediator in educational issues, improving the relationship between the family and the service and, consequently, their children's adherence to treatment.

### Methods

Experience report

### Results

The family members who attend the group are more connected to the service, with an improved understanding of its functioning, and of correctly following the proposed therapeutic project. It results in an improvement in adherence, reduction in abstention and abandonment of treatment, and improvement in the evolution of children whose parents attend family groups.

### Conclusions

The mediation provided by psychopedagogy allows a specialized listening of the demands, examining the family system, strengthening it and stimulating its autonomy. The bonds change, and positive changes occur, improving the engagement of parents and family members in the treatment and the chance of success of the child.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.038

### How childrens live death in family ?

P. Ben Soussan<sup>1</sup>

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### Objectives

First cause of death in France, cancer affects more and more young subjects, in parental situation. Since 2003, Institut Paoli-Calmettes (IPC), French Comprehensive Cancer Centre, Provence-Alpes-Côte d'Azur, has set up a welcome and meeting time dedicated to families and more specifically to children whose parents are undergoing or have undergone cancer treatment. The project of "Les Gouters de l'IPC" (IPC snacks) is to allow children and parents to think and talk about cancer - the daily life it involves - and death, expected or lived. The framework of this research-action consists of an evaluation of this approach developing three specific but contributing fields : How to support children through this event, define and evaluate proposals for support and care, refine and disseminate them ?

### Methods

1 500 children - from few months to teenagers - were met in 15 years. Families welcomed in "Les Gouters de l'IPC" were contacted by post and phone and asked for a home or IPC research interview, conducted individually. More than 1200 answered and 870 interviews were realized. Data collection was recorded using participant observation and free interview technique. Data analysis performed content analysis techniques, semantic network analysis and life story analysis. This analysis has been carried out by a team of clinician-researchers practicing in the hospital institution in which the recruitment of subjects took place (IPC). Elaboration focused on the very content of the speeches of the child and his surviving parent. The psychodynamic determinants of this "work of mourning" were characterized, the narrative by the children and his family of this event and its inscription in his real (schooling, social bond, affective relationships, sexuality, ...).

### Results

The results of this research are communicated here for the first time. Children hesitate between hypermaturity and regressive tendencies, resigned and impulsive conducts, voluntarism and abatement, need of power and guilt. Misunderstanding and communication breakdown are real risks, sometimes isolation and withdrawal. Take in account these difficulties, to apprehend the diversity of situations is a need in any encounter with families crossed by death of one of his.

### Conclusions

Children can't cross these dramas smoothly and painless. But those concerned will not suffer for the rest of their lives. The event never says the history and the children will have even for a long time to think of these moments. Thinking is not a healing process. The test was and nothing can erase it. The death of a parent is a wound. In this unimaginable ordeal, children must be able to count upon our unqualified solidarity. We have to invent new procedures of care and supports.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.040

### Group cognitive behavioural therapy with family involvement for adolescents with obsessive-compulsive disorder in Singapore

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<sup>1</sup>Institute of Mental Health, Psychology, Singapore, Singapore

#### Objectives

Recent theory and evidence have shown that the inclusion of family members in CBT is an important component of an effective pediatric OCD treatment (Freeman et al., 2014). The inclusion of family in the treatment for pediatric OCD allows clinician to assess and manage any hindrances to treatment related to family such as accommodation and dynamics (Lewin et al., 2014). Family also plays a supportive role in helping the youths complete their homework tasks (Piacentini et al., 2011). Despite these benefits, family focused group treatment for children and adolescents with OCD has been understudied (Freeman et al., 2014).

#### Methods

This study aims to evaluate the effectiveness of a 9 week family based group CBT program for youths, aged 12 to 16 with OCD and their parents at the psychiatric hospital outpatient setting in Singapore. A broad range of assessment measures were utilized and data from youths and caregivers were obtained at the beginning and end of the treatment.

#### Results

The family based group CBT program resulted in improvements in OCD severity, family accommodation, parent and youth reported functional impairment as well as youths' and parents' depression, anxiety and stress symptoms.

#### Conclusions

Results from this study provide new evidence to support the use of family based group CBT in the treatment of pediatric OCD for an Asian population.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.041

### Effectiveness of observing Family Therapy sessions as a teaching tool for resident training in family therapy.

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<sup>1</sup>Queen's University, Psychiatry, Kingston, Canada

#### Objectives

The goal of this study is to investigate whether observation of family therapy sessions by resident trainees can be a vital teaching method to enhance the understanding and delivery of family therapy.

#### Methods

Resident trainees directly observed or viewed digital recordings of various family therapy sessions conducted by an expert clinician (social worker and/or child psychiatrist). Residents were asked to complete a questionnaire at the end of their child psychiatry rotation. The questionnaire investigated their level of satisfaction with observing family therapy sessions as a means to effectively teach them the key principles and skills of family therapy. Residents enrolled in the Department of Psychiatry, Queen's University were participants in this study and all family therapy sessions were conducted in the Child and Youth Psychiatry Division at Hotel Dieu Hospital in Kingston, Ontario, Canada.

#### Results

Overall, residents reported high satisfaction in the usefulness of observing family therapy sessions as a teaching method.

#### Conclusions

Resident physicians at our institution viewed family therapy observation as a very useful method of teaching trainees the components of family therapy. Family therapy observation should be an integral component of residency training program curriculums to help introduce and actively demonstrate the key principles of family therapy.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.042

### Evaluating practitioner training to improve competencies and organizational practices for engaging fathers in parenting interventions

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<sup>2</sup>University of New South Wales, Psychology, Randwick, Australia

#### Objectives

Fathers are consistently underrepresented in parenting interventions despite research demonstrating that their involvement improves intervention effectiveness. Studies have reported low levels of practitioner competencies in engaging fathers, so practitioners are an important target for change in interventions to enhance rates of father engagement. This research examined the effectiveness of two formats of a practitioner training program, in changing practitioner competencies and organizational father-inclusive practices. The programs were free for practitioners, designed to improve skills for engaging, working with, and retaining fathers in parenting programs.

#### Methods

Two studies were conducted, each with a single group, repeated measures (pre, post and two-month follow-up) design. Study 1 (N = 233) examined the effectiveness of brief face-to-face training in improving practitioner ratings of competence in engaging fathers, and perceived effectiveness and use of father engagement strategies. It also examined change in organizational use of father engagement strategies and rates of father engagement, as reported by practitioners. Study 2 (N = 356) examined the effectiveness of online training using the same outcome measures.

#### Results

Both face-to-face and online training improved practitioner competencies, organizational practices and rates of father engagement over time. The online format did not show maintenance of improvements for three out of five practitioner competence measures from posttraining to follow-up, yet follow-up scores were significantly higher than pre-training scores.



## Conclusions

Both training formats were effective in improving practitioner competencies and father engagement, although face-to-face training conferred stronger long-term effects. The implications for delivering training programs with practitioners to enhance competencies and rates of father engagement are discussed.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.043

### The role of family participation in children's psychological assessment at a Brazilian university clinical practice: a case with underserved populations

C. Varanda<sup>1</sup>, A.R. Poppe<sup>1</sup>, M. Campos<sup>1</sup>

<sup>1</sup>Universidade Paulista, Psychology, Santos, Brazil

#### Objectives

This study aimed to present a case of interventive psychodiagnosis with underserved populations which manages psychological assessment and intervention of children all in the same service and in a brief period of time.

#### Methods

Interventive psychodiagnosis is a modality of psychological assessment in which both children and their parents are required to participate in the process providing continuous feedback to the psychologist who may adequate or change his/her investigative hypothesis along the way. It makes use of semi-structured interviews, diagnostic play sessions, questionnaires and projective, developmental and cognitive screening tests. Family participation and orientation play an important role in interventive psychodiagnosis once it gives the possibility of rearranging the children's socially toxic environment due to the lack of financial resources, adult adequate supervision and management of child behavior problems. It also provides the family knowledge on how to prevent future psychological difficulties. Universidade Paulista, a private university in Santos, which is a southeastern Brazilian city with almost half of its population (47,07%) living on up to two minimum wage income, requires Psychological students in their 6<sup>th</sup> and 7<sup>th</sup> terms to attend to a clinical practice internship, assessing and intervening in childhood psychological problems and psychiatric disorders making use of interventive psychodiagnosis.

#### Results

Three examples of families that were discharged at the end of the process reported how their active participation contributed to symptoms improvement.

#### Conclusions

This psychological assessment modality has been proved a useful tool for managing psychological assessment and intervention at a university clinical practice in Santos, Brazil, especially for underserved populations.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.044

### Association between bullying victimisation and suicide risk among junior public secondary school students in Abeokuta, Ogun State

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<sup>3</sup>Federal University of agriculture Abeokuta, Child Development and Family Studies, Abeokuta, Nigeria

#### Objectives

This study aims to determine the relationship between bullying victimization and the risk for suicide among students attending public Junior Secondary Schools in Abeokuta. The Prevalence of Bullying victimization and suicidal attempts/ideations as well as possible psychosocial correlates will also be determined.

#### Methods

It is a cross-sectional observational study to be conducted among junior students of randomly selected public secondary schools in the Abeokuta. Permission to participate in the study will be sought from respective school authorities as well as the Ogun state ministry of education. Subsequently, assenting students who return appropriately signed parental/guardian consent form will be administered a socio-demographic questionnaire as well as the suicide and bullying victimization modules of the Global School-based Student Health Survey (GSHS) - Nigeria. Criteria for inclusion will be ability to communicate fluently in English and having no prior history of mental or neurological illness.

#### Results

Results will be presented as frequencies (categorical variables) and means (continuous variables). Descriptive and inferential statistics will be employed as appropriate. Tests will be two-tailed and level of significance set at 5%. Statistical analysis will be done using SPSS version 20.

#### Conclusions

Bullying victimization is strongly associated with suicide risk. Development of school policies for effectively dealing with peer bullying across schools in Nigeria will therefore be necessary to reduce suicide risk in Nigeria.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.045

### Socio-demographic aspects of sexually abused adolescents: a cross-sectional Tunisian study

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<sup>1</sup>Hedi Chaker university hospital, Child and adolescent psychiatry, sfax, Tunisia

#### Objectives

The current study aimed to specify socio-demographic aspects of sexually abused adolescents in Tunisia.

#### Methods

It was a cross-sectional study, over one year, from January until December 2017. It included 35 sexually abused adolescents aged 11-17 years, interviewed in the outpatient child psychiatry department of the Hedi Chaker university hospital of Sfax. These patients were referred either by the child protection officer, or through psychiatric expertises.

#### Results

The average age of patients was 14.17 (11 to 17 years). The sample was female-dominated (82.85%). Almost all patients were schooled with 66.66% attending secondary level. More than half were with a low socioeconomic level (54.28%) and nearly half (45.71%) lived in lone-parent-families. In our study, 14.12% and 8.57% of patients had respectively medical and surgical history, while 20% of patients had psychiatric history. Our patients experienced physical abuse in 43.3% of cases and mental abuse in 36.7% of cases. Family conflicts were evidenced in 48.3% of cases.

Sexual abuse was by touching in 45.71% of cases and by vaginal penetration in 37.14% of cases. Incest rate was 31.42%.

## Conclusions

Overall, our results pointed that adolescents' sexual abuse occurs most commonly in schooled girls, living under conditions of poverty and in vulnerable families. It also suggested that adolescents' sexual abuse often occurs alongside other forms of abuse, in adolescents with psychiatric history. These findings may contribute to sexual abuse early identification in adolescents.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.046

### Prevalence of bullying behavior in children presenting to an outpatient tertiary healthcare setting in Pakistan: a cross-sectional prospective study

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#### Objectives

Bullying has serious psychosomatic consequences. However, for the youth of Pakistan, the situation remains largely unexplored. Though studies have been done in the educational sector, our study is the first of its kind in the region to explore the prevalence of bullying in an outpatient clinical setting (psychiatry and pediatrics).

#### Methods

In this cross-sectional study, assenting participants (7-18 years), who presented at psychiatry and pediatrics clinics at the Aga Khan University Hospital, were recruited. Our sample comprised 91 patients (n=40 psychiatry; n=51 pediatrics). Using purposive sampling, both cohorts were administered the Illinois Bully Scale (IBS). The outcome was defined by the mean score ( $\pm$  SD) within each of the three bullying (B), victimization (V) and fight (F) subscales of the IBS.

#### Results

The prevalence of bullying behavior was 87.90%(85.00%, psychiatry; 90.20%, pediatrics). Children presenting to psychiatry clinics had similar scores across all IBS subscales (mean: B=12.90; V=6.46; F=9.05), when compared to pediatrics (mean: B=13.35; V=6.76; F=8.37). Within the psychiatry cohort, bullying behavior was significantly associated with having >30 students in class (P<0.004) and a known physical disability (P<0.058). No such association was found in pediatrics.

#### Conclusions

Given the staggeringly high prevalence in Pakistan, our study emphasizes the need to accelerate work pertaining to bullying, in both epidemiological and interventional research. Since the severity of bullying behavior is similar across the two cohorts, it is important to train not just psychiatrists, but also pediatricians and school teachers, to manage bullying in the context of both mental and physical distress.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.048

### Development of a multi-dimensional scale to measure impact of trauma on children with sexual abuse (MSCSA): a pilot study

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#### Objectives

Objective of the present study is to develop and pilot test a multidimensional scale for CSA (MSCSA) to measure the impact of trauma on children from either gender in the age range from 7-13 years.

#### Methods

Qualitative research method of FGD/Key Interviews with 4 group participants (Parents, counsellors, mental health and medical professionals) and in-depth interview with children having history of CSA was conducted along with item pooling from existing scales. Scale domain and sub-constructs were identified through thematic analysis of the qualitative data and statements extracted through item pooling. Face and content validity was obtained followed by the administration of the scale on pilot sample of 30 children meeting selection criteria of the study.

#### Results

6 domains of the multi-dimensional impact of trauma was identified (i.e. Behavioral, Emotional, Cognition, Biological, Psychopathology and Social Functioning) which was constructed in the form of 85 scale statements across 6 domains and 48 sub-constructs on a 3-point Likert scale of response in both Hindi as well as English language. The scale was found to be having high reliability and average inter-item and inter-domain correlation. Modification of scale items based on pilot study findings and expert feedback analysis done to obtain a final scale containing 78 items

#### Conclusions

MSCSA, being multi-dimensional and developed in both "Hindi" as well as "English" language with age and gender appropriateness in items included, has wider clinical applicability by providing ready reference for assessment of trauma symptoms in children. It has excellent reliability and high internal consistency when tested on pilot sample.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.049

### Psychological trauma indicators in the human figure drawings of sexually abused and non-abused children in India: a comparative study

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### Objectives

Objective of the the present study is to identify comparative difference in psychological trauma indicators between sexually abused and non-abused children from either gender in the age range of 7-13 years from India

### Methods

We collected drawings from 50 medico-legally confirmed sexual abuse victims and matched control group including 50 non-sexually abused subjects, all aged between 7 years to 13 years. The drawings were qualitatively analysed for identifying psychological trauma indicators and compared across 2 groups along with obtaining interrater reliability on the scored categories.

### Results

Significant difference was obtained between two groups on various score categories, such as, size of the drawing, age and gender inappropriateness, omission of various body parts, missing eyes, disorganized body schema, presence of excessive shading, presence of external punitive objects and body disorganization. However, on some of the categories, both groups scored almost same as the other with moderate inter-rater reliability.

### Conclusions

The human figure drawings of sexually abused children shows a greater psychological distress compared to the drawings of the non-abused children of the matched control group. However, due to moderate inter-rater reliability scores, generalisability of the study findings is limited.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.050

### The prevalence of emotional and physical abuse among adolescent between 11 to 18 years old in Al Ain

M. S. Al Dahmani<sup>1</sup>

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### Objectives

Child abuse is a huge public health problem worldwide with a significant impact on the child's physical and mental health. The WHO has estimated that millions of children around the world are victims of physical, emotional, and sexual abuse every year. Some studies reported a prevalence of 25 to 50%. In some community verbal and physical abuse was reported as a social norm.

Adolescents maltreatment is a highly sensitive issue that is not easily discussed in private, let alone in public debate, particularly in the UAE community. Statistics are very limited in this region.

### Methods

This is a descriptive cross sectional study. An anonymous self-administrated questionnaire was completed by 1180 students from Al Ain public and private school. The survey is a modified version of the international society of prevention child abuse and neglect ISPCAN-C. It was adjusted to UAE culture with the addition of 2 questions for depression screening, PHQ2.

### Results

The prevalence of emotional abuse was reported by 71% of the subjects. The most frequently reported perpetrators were 31% by siblings, 25% by peers and the lowest is 7% were by teacher. The most common type of physical abuse is hitting by stick, broom, cane, or belt, 42.1%. The lowest percentage was for hit by a sharp object like knife is 11.3%.

Adolescents who got cursed are more likely to score high on PHQ2. Also they were more likely to be embarrassed and insulted by other people

### Conclusions

The emotional and physical abuse is common in Al Ain society and affect adolescents' mental health. Prevention and early intervention efforts to reduce its prevalence and impact should be a priority.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.051

### Impact of the child-mother attachment in resilience following child maltreatment

N. Brigui<sup>1</sup>, A. Guedria<sup>1</sup>, R. Ben Moussa<sup>1</sup>, N. Gaddour<sup>1</sup>

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### Objectives

Our objective was to study the impact of the child-mother attachment in symptoms presented by children exposed to maltreatment and their evolution.

### Methods

We conducted a cross-sectional study among 20 patients followed after exposure to maltreatment, in the outpatient unit of child and adolescent psychiatry of Monastir (Tunisia). The kerns attachment scale was used to evaluate the attachment style of the child to his mother.

We referred to the files of patients to determine symptoms presented by the child immediately after the exposure to maltreatment and their evolution after one and six months.

### Results

The mean age of the children was 9.5 years. Secure attachment was found in 60 % of cases.

About 83% (10/12) of the patients with secure attachment didn't develop a psychiatric disorder immediately after the abuse (only one child had an acute stress disorder (ASD)), 91% (11/12) of them didn't present a psychiatric disorder one month after and all these children didn't have a psychiatric disorder after 6 months.

A psychiatric disorder was diagnosed in 50% (4/8) of the children with insecure attachment immediately following the exposure (two with ASD), 37.5% (3/8) of them still have a psychiatric disorder after one month and 6 months (two with post traumatic stress disorder).

We didn't find a statistically significant correlation between the attachment style and the evolution of the symptoms.

### Conclusions

Attachment style to the mother seems to have impact in resilience after child abuse. But more studies with valid measures and tools and larger populations of study are required to confirm this relationship in our context.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.052

### Consequences of female perpetrated child sexual abuse

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## Objectives

Child sexual abuse has been an important research topic, especially since the "abuse scandal" in 2010 in, inter alia, Germany. However, most research focuses on male perpetrated child sexual abuse (MCSA), while female perpetrated child sexual abuse (FCSA) has not been investigated sufficiently. 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.

## Methods

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 in Ulm.

## Results

Currently, 11.5% of the 1450 cases described by help line callers include female perpetrators. About half of them were lone perpetrators, while the others had a co-offender. Differences between MCSA and FCSA will be discussed with a focus on the consequences for the victims. Tangible results of the on-going survey will be available in spring 2018.

## Conclusions

FCSA has been rarely investigated. The present analysis is expected to show differences between MCSA and FCSA, which will give implications for future research on the special case of FCSA. This provides important implications for the treatment of the victims.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.053

#### The cognitive effect of childhood trauma in bipolar II disorders in euthymic state

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<sup>2</sup>College of Medicine- National Cheng Kung University, School of Pharmacy, Tainan, Taiwan\

<sup>3</sup>National Cheng Kung University, Institute of Clinical Pharmacy and Pharmaceutical Sciences, Tainan, Taiwan\

## Objectives

Childhood trauma in all its subcomponents appears to be highly associated with bipolar spectrum disorder (BD), although the specific role of each trauma subtype (emotional, physical or sexual abuse) remains a subject of debate.

## Methods

Participants aged 18-65 years who meet the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV diagnostic criteria for bipolar II disorder were enrolled by trained psychiatrists. Severity of symptoms was assessed using the Hamilton Depression Rating Scale (HAM-D) and the Young Mania Rating Scale (YMRS), and the information of childhood trauma was obtained through the Childhood Trauma Questionnaire (CTQ). Participants were required to complete cognitive tests including the Continuous Performance Test (CPT) and finger-tapping test (FTT). Volunteer participants underwent T1-weighted magnetic resonance imaging.

## Results

28 BD-II patients were enrolled in this study in euthymic state. We used the low to moderate cutoff scores to differentiate between the presence and absence of childhood trauma in each subtype. All participants who completed the CTQ experienced at least 1 subtype of childhood trauma. BD-II patients with higher score of physical neglect correlated with poorer performance of CPT and FTT. In a subsample of 15 BD-II patients, CTQ scores is positively associated with gray-matter volume in middle frontal and temporal area.

## Conclusions

Childhood trauma is a potential risk factor of attention and motor speed impairment in BP-II patients. Brain volume change may play a role in the long-lasting consequences of childhood trauma on BD-II patients.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.054

#### Childhood abuse experiences are associated with emotional regulation and antisocial behavior of children in correctional facilities

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<sup>2</sup>Kangwon National University Hospital, psychiatry, Chuncheon-city, Republic of Korea

## Objectives

This study analyzed adverse outcomes and aspects of childhood abuse to provide the foundation of follow-up management.

## Methods

138 children aged 11 to 18 years from correctional facilities were asked to complete self-report questionnaires including demographic data, Korean Youth Self Report (K-YSR), Korean Childhood Trauma Questionnaire (K-CTQ), Korean Self-Reported Delinquency, Korean Emotional Regulation Checklist (ERC). Participants were classified into three groups according to childhood trauma: never exposed to abuse, exposed to abuse only one time, and exposed to abuse more than two times. SPSS was used for statistical analysis; t-test, ANOVA, post hoc Tukey test, stratified linear regression analysis.

Table 1 Three Groups Classification according to the Number of Abuse Experience

Number of abuse experience	Types of abuse	Sample size	Prevalence (%)
None		22	16.5
Single abuse experience	Emotional abuse	1	0.7
	Physical abuse	6	4.3
	Sexual abuse	0	0
	Emotional neglect	10	7.2
	Physical neglect	12	8.7
Dual abuse experience		82	59.4

## Results

Child offenders who had experienced abuse or neglect more than once is 80.4%. In child offenders, Scale of delinquent ( $t=2.943$ ,  $p=0.004$ ) and internalized problems ( $t=4.795$ ,  $p<0.001$ ) of K-YSR were lower than general group. Negativity/lability subscale of ERC was higher in abuse group than non-abuse group. Among subscales of K-YSR, anxious/depressed, delinquent, internalized problems showed significant difference between three groups. In post-hoc analysis, dual abuse group showed higher t-score than non-abuse group. In linear regression analysis, score of K-CTQ had significant correlation with negativity/lability in ERC and delinquent, internalized problems in K-YSR.



Table 2 Effects of Abuse Experience on Emotional regulation and Problem Behavior

Independent variable	Dependent variable	B	t
total score of K-CTQ	Emotional Regulation Checklist		
	Negativity/lability	.352	3.477*
	Withdrawn/depressed	.209	1.872
	K-YSR		
	Delinquent behavior	.286	2.573*
	Internalizing problems	.353	3.257*

\*p<0.05, \*\*p<0.005, \*\*\*p<0.001

### Conclusions

Abuse experience was related to committing minor misconduct. Therefore, it is necessary to consider child's environment, interpersonal problems and history of abuse in process of juvenile delinquencies' investigation. This could prevent a mild delinquency from becoming serious misconduct.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.055

### Self-medicating victimization? Polyvictimization and substance abuse in Finnish adolescents

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### Objectives

Relation of specific trauma-types and substance abuse is previously established. However, polyvictimization, the sum-effect of traumatization, is scarcely examined in relation to substance abuse. Polyvictimization has previously been shown to lead to an increased risk of re-victimization and to extensive health consequences in adulthood. In this study we aimed to establish understanding on the effect of lifetime and past year polyvictimization on adolescent substance use. We evaluated the use of alcohol, marijuana and other illegal drugs. Methods

A population-based, nationally representative survey of 4855 adolescents from 2012 was used. Adolescents self-reported exposure to lifetime and past-year adversities and frequency of alcohol and substance use. Multivariate statistical models were employed to analyze associations of polyvictimization and substance use, and to control for socio-economic standing, academic performance and parenting.

### Results

Past year high-polyvictimization (7 or more victimization experiences) and weekly alcohol consumption were highly associated (OR 12.6, CI 6.3-25.3, p<0.001). For lifetime high-polyvictimization and weekly alcohol consumption odds ratio was 3.2 (CI 2.0-5.2, p<0.001). Similar associations were observed between restrained alcohol consumption or low-polyvictimization and other substances.

### Conclusions

As alarmingly high association of substance use and polyvictimization was observed, it is recommended that substance abusing youth should be screened for victimization experiences more thoroughly. Preventing further victimization is of key importance in secondary prevention of substance abuse considering the high burden of substance abuse to society as well as the individual. We recommend further studies on victimization and substance abuse in clinical, longitudinal settings.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.056

### Help fight against child sexual abuse: prevalence and prevention

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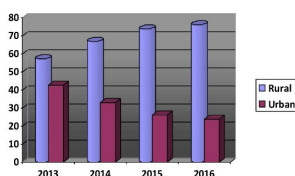
### Objectives

Child Sexual Abuse (CSA) is the world's greatest silent crime, that can affect children of all ages, sexes, races, ethnicities, and socioeconomic classes and it has the potential to adversely impact children across the span of their lifetime. The main purpose of this paper is to summarise information regarding prevalence rate of CSA in Pakistan, prevention strategies and program developed to meet the needs of the target population and to avoid CSA from happening in the first place.

### Methods

The current publication is the five year trend analysis of the reported CSA cases in Pakistan from 2013 to 2017. Data was gathered mainly from PubMed, Google Scholar, Newspapers, PSYCinfo, "Sahil NGO working in Pakistan against CSA, and further literature was reviewed from all English articles have published containing empirical data of CSA.

Chart A-I  
The Urban and Rural statistics of CSA during 2013-2016



• Table shows prominently that Children who live in rural areas are almost two times more likely to be identified as victims of CSA than those living in urban areas. Bottom of Form

### Results

Results indicate that prevalence rate is increasing every year and "2016" statistics of CSA cases underline awful findings in the country.

Year	Total numbers of cases	Boys	Girls	Percentage rate: risen or drop every year	Vulnerable age of children	Abused cases per day
2017	1764.6m	697	1,067	17% Decreases	Not published	Not published
2016	4,139	1,729	2,410	36% Increases	11-15	11 cases
2015	3,768	1,794	1,974	7% Increases	11-15	10 cases
2014	3,508	1,367	2,141	17% Increases	11-15	9 cases
2013	3,002	985	2,017	7.67% Increases	11-15	8 cases

Table I shows detailed information regarding prevalence rate of CSA in Pakistan from 2013 to 2017. Complete report of 2017 is not published yet, that's why some detailed regarding year 2017 is missing.

## Conclusions

Conclusively, there is an intense need of increasing awareness regarding CSA to prevent this problem not only in the community but also at country level.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.057

### The relationship between childhood sexual abuse with early maladaptive schemas and sexual self-esteem in female prostitutes

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<sup>2</sup>Tabriz University, Psychology, Tabriz, Iran

#### Objectives

The present paper aimed to investigate the relationship between childhood sexual abuse with early maladaptive schemas and sexual self-esteem in adolescent and youth female prostitutes.

#### Methods

In this causal-comparative study, 286 female prostitutes living in Women's Care Centers of Iranian Welfare Organization (15 to 25 years old with an average age of 19.32) were selected and completed Young Early Maladaptive Schema Questionnaire-Short Form (SQ-SF), Sexual Self-Esteem Index for Woman-Short Form (SSEI-W-SF) and Childhood sexual Abuse (CSA). Pearson correlation method, multivariate regression analysis, independent groups t test and multivariate analysis of variance (MANOVA) were applied to analyze the data.

#### Results

Data analysis demonstrated that there is an inverse relationship between the overall score of early maladaptive schemas and sexual self-esteem in female prostitutes ( $P < 0.05$ ). The schemas of emotional deprivation, abandonment/instability and unrelenting standards/excessive fault-finding were significant predictors of sexual self-esteem in female prostitutes ( $P < 0.05$ ). The schemas of failure, social isolation, dependence/incompetence, entitlement/grandiosity, defectiveness/shame, self-control and unrelenting standards in female prostitutes who lived with their parents were higher than the female prostitutes who lived with stepfather or stepmother ( $P < 0.05$ ). In childhood sexual abuse, the type and situation of its occurrence is examined and analyzed.

#### Conclusions

Most of the cases of sexual abuse in childhood of female prostitutes are carried out by relatives and friends. The experience of sexual abuse in childhood increases the likelihood of the formation of early maladaptive schemas, which

leads to low sexual self-esteem.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.058

### The psychiatric care of paediatric abuse victims: the challenges

I. Terranti<sup>1</sup>

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#### Objectives

The aim of this presentation is to outline the main difficulties faced on the ground that make dealing with abuse challenging and make recommendations on key measures that need to be in place for efficiently dealing with this problem.

#### Methods

We have undertaken a retrospective review of all cases of abuse referred to outpatient service during 2017 at the child psychiatric services at Constantine

#### Results

1. The number of cases referred for consultation is lower than predicted.
2. Almost all cases referred didn't benefit from any form of social, legal or psychologic support.
3. The number of cases that go through a formal legal process is very limited.

#### Conclusions

Only a strong associative movement for victims can influence the different parties to network and create the real conditions for support, care, protection, training and education needed to prevent abuse and their consequences.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.059

### And after the sensory processing disorders? - What answers does the DSM 5 have.

C. Cano<sup>1</sup>, L. Sá Machado<sup>2</sup>, C. Garcia Ribeiro<sup>1</sup>, S. Pires<sup>1</sup>, L. Queiroga<sup>1</sup>, M. Farinha<sup>1</sup>, A. Moreira<sup>1</sup>, J. Macieira<sup>2</sup>, P. Caldeira da Silva<sup>3</sup>

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#### Objectives

From the question of whether the diagnosis of Sensory Processing Disorder should have classification matching in the DSM 5 or whether it constitutes a pre-morbid condition for other pathologies, a retrospective study was conducted in 2016 titled Regulatory Disturbances: The Return to the Past - Conditioners of Evolution. The study did not show a significant association between the abnormal results obtained in the SDQ scale by children with PRPS and therapeutic intervention, which allowed us to conclude that it is imperative to rethink the intervention of these cases.

The present study intends to characterize the sample of children diagnosed with Sensory Processing Disorder who used the psychiatry consultation at the unit of infant mental health between 2006-2013; characterize the results obtained



at the follow-up; check current medical status, pharmacological therapy, other therapeutic interventions, and if they present another corresponding diagnosis in the DSM 5.

#### Methods

Retrospective and follow-up study using the Clinical Processes of the first consultations performed between the years 2006 and 2013 at the UPI. Evaluation of the current state was made by telephone through a structured interview to the main caregivers and the application of the SDQ. The information will be submitted to statistical processing (in SPSS®), with descriptive analysis and correlation of variables. The sample is of Convenience.

#### Results

In statistical analysis.

#### Conclusions

With the obtained data, it will be described how the clinical picture evolves, what possible diagnoses these children have in latency/ adolescence and adult age and what are the therapeutic interventions required.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.060

#### How does anxiety interfere in children's functioning and their parents' life? Differences based on anxiety level and gender

I. Fernández-Martínez<sup>1</sup>, A. Morales<sup>1</sup>, J.P. Espada<sup>1</sup>, M.T. González<sup>1</sup>, M. Orgilés<sup>1</sup>

<sup>1</sup>Miguel Hernández University, Department of Health Psychology, Elche, Spain

#### Objectives

International literature shows that childhood anxiety may lead to high interference in several domains of functioning. However, there are still few studies looking at interference differences by anxiety level and gender. The aim of this study was to analyse the relationship between the level of anxiety in boys and girls with emotional problems and the degree of interference of children anxiety in three areas: at home, outside home (school, social life, activities), and in parent's life.

#### Methods

Fifty-eight parents of Spanish-Speaking children aged 6 to 8 years ( $M = 6.90$ ;  $SD = .80$ ; 46.8% girls) with emotional problems, completed the Spence children's Anxiety Scale (SCAS) and the Child Anxiety Life Interference Scale (CALIS). Three groups (high, medium, low) with equivalent sample sizes were established from the total SCAS score.

#### Results

The ANOVA analyses indicated that the high anxiety group had higher interference in all areas. Girls with a high level of anxiety were more likely to have anxiety interference in all areas. Similarly, boys with higher levels of anxiety also presented more interference at home and outside home; but not related to parent's life interference. In the high-anxiety group, a greater impact of children's anxiety on outside home and their parent's life was observed in girls than boys.

#### Conclusions

This study extends knowledge about how childhood anxiety impact in the Spanish population. Overall, the results suggest that clinicians should focus strongly on impairment of anxiety in children's life in several domains of functioning, but also on their parents' life, and especially when high levels of childhood anxiety are detected.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.061

#### Long-term effects of a transdiagnostic intervention in reducing comorbid internalizing problems in a non-clinical sample of Spanish-speaking children

M. Orgilés<sup>1</sup>, I. Fernández-Martínez<sup>1</sup>, J.P. Espada<sup>1</sup>, J.M. Ortigosa<sup>2</sup>, A. Morales<sup>1</sup>

<sup>1</sup>Miguel Hernández University, Department of Health Psychology, Elche, Spain

<sup>2</sup>University of Murcia, Department of Personality- Assessment and Psychological Treatments, Murcia, Spain

#### Objectives

Anxiety and depression are very common among Spanish children. However, there is a lack of effective interventions addressing these problems through a single protocol. Super Skills for Life (SSL; Essau & Ollendick, 2013) is an innovative transdiagnostic prevention program that focuses on comorbid internalizing problems, including anxiety and depression. SSL has proven its effectiveness after six-months follow-up in children from United Kingdom. The aim of the present study was to examine the long-term effects (12-month follow-up) of SSL in reducing children's anxiety and depressive symptoms in Spanish-speaking children with internalizing symptoms.

#### Methods

The sample was formed by 119 children aged 8 to 12 years (42.9% females). Children completed measures of anxiety, depression, child anxiety life interference, and emotional and behavioral difficulties in the baseline and 12-month post-intervention (92.4% retention). Generalized estimation equations and adjusted odds ratios were calculated.

#### Results

Analyses showed a significant reduction in anxiety and depressive symptoms, as well as in most of the other symptoms assessed (e.g., negative self-esteem, interference of anxiety, dysphoria, peer and conduct problems) at 12-month follow-up compared to baseline measures.

#### Conclusions

Overall, this study provides initial support for the long-term effects of SSL in reducing comorbid symptoms of anxiety and depression, and a wide range of other symptoms in Spanish-speaking children. Based on the results, SSL seems suitable as a transdiagnostic preventive intervention to reduce emotional symptoms in Spanish children.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.062

#### Factorial structure and reliability of the Spanish version of the Short Mood and Feelings Questionnaire Parent-report version (SMFQ-P)

I. Fernández-Martínez<sup>1</sup>, A. Morales<sup>1</sup>, J.P. Espada<sup>1</sup>, M.T. González<sup>1</sup>, M. Orgilés<sup>1</sup>

<sup>1</sup>Miguel Hernández University, Department of Health Psychology, Elche, Spain

#### Objectives

The SMFQ-P is a brief 13-item measure developed by Angold et al. (1995). This tool was designed to detect depressive symptoms in children and adolescents aged 6-17 years from a parent's perspective. The scale has been widely used for epidemiological and clinical studies. However, the psychometric properties of the SMFQ-P have not been examined in the Spanish population

yet. Despite the importance of cost-effective tools to assess childhood depression and conduct multi-informant assessments, there is a lack of scales in Spain focused on this variable.

The objective of this study was to examine the factorial structure and reliability of the SMFQ-P in a community sample of Spanish-speaking children.

#### Methods

The sample included 181 children (45.9% girls), aged 6-8. Assessment instruments were completed by parents (N = 148; 81.8% females) using an online form.

#### Results

Confirmatory factor analysis supported the original unifactorial model. The Spanish version of SMFQ-P has an adequate internal consistency (Cronbach's alpha = .85), and acceptable test-retest reliability after a period of eight weeks.

#### Conclusions

The findings of the current study revealed that the Spanish version of SMFQ-P presents adequate psychometric properties. It seems a useful and easy-to-administer tool for assessing depression symptoms in Spanish children from parent's perspective.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.063

#### HOW ARE YOU NOW? Follow-up study of the cases from 2006 to 2013 of an Infant Mental Health Unit

C. Garcia Ribeiro<sup>1</sup>, C. Cano<sup>1</sup>, L. Sá Machado<sup>2</sup>, S. Pires<sup>1</sup>, J. Maciel<sup>2</sup>, M. Farinha<sup>1</sup>, A. Moreira<sup>1</sup>, P. Caldeira da Silva<sup>3</sup>

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#### Objectives

The Infancy Mental Health specialized Unit of Hospital Dona Estefânia is dedicated to the clinical study of baby psychopathology and caregiver-baby relations, focusing on a preventive as well as therapeutic approach. It provides differentiated care to children from 0 to 3 years of age and their families. The systematic and large scale research for this age group is still very limited, with the literature being scarce on the future repercussions of some of the pathologies diagnosed at such a young age.

The objectives are to longitudinally evaluate the children observed for the first time at this unit from 2006 to 2013, through a 5 year follow-up, in order to understand their evolution and identify changing trends in their psychopathology throughout the years.

#### Methods

The study sample has n=1316 children with 0-3 years of age, whose first appointments at the unit occurred between 2006 and 2013. The following parameters were consulted on the clinical records: age at the time of first appointment, sex, diagnosis attributed in accordance with the Diagnostic Classification DC 0-3, therapeutic intervention, and follow-up duration. The evaluation of the current state was done via telephone through a structured interview with the main caregivers and the application of the SDQ (Strengths and Difficulties Questionnaire) scale – caregiver version. The information was statistically processed (with SPSS®), with descriptive analysis and variable correlation.

#### Results

In statistical analysis.

#### Conclusions

With the obtained data, it will be described how the clinical picture evolves depending on the initial diagnosis and the performed intervention, as well as its school, family and social impacts.

### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.064

#### Infant memory may relate to stressful life events

G. Lipson<sup>1</sup>, N. Brito<sup>2</sup>, A. Leon Santos<sup>1</sup>, K. Noble<sup>1</sup>

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<sup>2</sup>Steinhardt New York University, Applied Psychology, New York, USA

#### Learning Objectives

Socioeconomic status (SES) is associated with memory development in early childhood. Socioeconomic variation in family stress represents one possible mechanism accounting for this link. In adulthood, stressful life events have been associated with poor retrieval and reconsolidation of memories. In children, maternal postnatal stress negatively affects learning and memory development. Past work has suggested that socioeconomic disadvantage is associated with higher numbers of self-reported stressful life events. Here, we hypothesized that socioeconomically disadvantaged mothers of infants would report higher stress, and that their infants would perform more poorly on tests of memory.

#### Session Description

Infants were tested using a Deferred imitation (DI) task and a Visual Paired Comparison (VPC) task. Additionally, mothers completed a survey of stressful life events to assess the number of life events in the past year as well as the positive or negative impact of each event.

Overall, the VPC and DI scores were moderately correlated ( $r = 0.32$ ,  $p = 0.06$ ). Higher maternal education was borderline associated with fewer reported stressful life events ( $r = -0.34$ ,  $p = 0.05$ ), potentially supporting our hypothesis. Contrary to our hypothesis, there was a trend suggesting that lower maternal education may be associated with higher infant novelty preference on the VPC task ( $r = -0.28$ ,  $p = 0.105$ ). Age was unrelated to VPC performance. Additionally, contrary to our hypothesis, a higher number of maternally-reported stressful life events was borderline correlated with higher infant novelty preference on the VPC task ( $r = 2.9$ ,  $p = 0.08$ ). DI was unrelated to either SES factor or to stressful life events. Data collection is ongoing. Examining the role of stressful life events on memory development may offer insight into the specific ways in which socioeconomic status impacts cognitive development in infancy.

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## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.065

### Household income and parenting practices influence the presence of internalising and externalising behaviours in young Colombian children

D. Obando<sup>1</sup>, J. Hill<sup>1</sup>

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#### Objectives

The objective of the present study is to examine whether there are differences in children's behaviour problems across regions with markedly different demographics within Colombia and whether they are explained by differences in income or parenting practices.

#### Methods

A cross-sectional study of 235 children (M= 3.3 years, SD= .48) from Andean (n=96), Pacific (69) and Caribbean (70) regions was conducted. Income was characterised as 'low' (29%), 'middle' (57%), 'high' (14%). The Alabama Parenting Questionnaire for preschoolers (APQ-Pr) was used to assess parenting practices and the Child Behavior Checklist (CBCL 1.5-5) for children's behaviour problems.

#### Results

In ANOVA there were significant overall effects of region for externalising ( $F(2,232)= 3.795$ ;  $p = .024$ ) and internalising scores ( $F(2,232)= 5.096$ ;  $p = .007$ ) arising from higher levels in the Pacific region. There were also regional differences in income and corporal punishment with corporal punishment appearing to have the stronger association with symptoms. In multiple linear regression there were higher levels of corporal punishment in the Pacific than other regions ( $b = .26$ ,  $p < .001$ ) and higher corporal punishment predicted externalising ( $b = .35$ ,  $p < .001$ ) and internalising ( $b = .27$ ,  $p < .001$ ) symptoms. In models that included corporal punishment the effect of region was markedly reduced suggesting mediation of the regional effect by differences in corporal punishment.

#### Conclusions

The study provided evidence that differences in parenting practices between regions in the same country may account for differences children's behavioural and emotional problems. Follow up of the same sample will reveal whether there are similar prospective effects.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.068

### The experience of a trial psychotherapeutic group programme with adolescents diagnosed with Multiple Sclerosis

D. Cardoso<sup>1</sup>, M. Marques<sup>1</sup>, F. Palavra<sup>2</sup>

<sup>1</sup>Hospital Pediátrico de Coimbra- Centro Hospitalar Universitário de Coimbra, Child and Adolescent Psychiatry, Coimbra, Portugal

<sup>2</sup>Hospital Pediátrico de Coimbra- Centro Hospitalar Universitário de Coimbra, Centre for Child Development- Neuropediatrics Unit, Coimbra, Portugal

#### Objectives

Multiple Sclerosis (MS) is a primary demyelinating disorder of the central nervous system that is being increasingly diagnosed during adolescence and may cause significant distress, coping difficulties and treatment adherence issues at this age group. Psychotherapeutic-group-based interventions have been developed for children and adolescents with other chronic diseases with good results.

#### Methods

A support psychotherapeutic group was planned with 5 adolescents aged 16-17 years and diagnosed with MS at the Neuropediatrics Unit without previous referral to any Child Psychiatry service. A trial group of eight sessions was planned and adapted, based on Cognitive Behavioural Therapy programmes designed for adults. Self-efficacy, Quality of Life and Anxiety/Depressive symptoms rating scales were applied before the beginning of sessions.

#### Results

A preliminary analysis revealed that the group did not show major emotional distress or coping difficulties. Lack of adherence to sessions and a small number of participants limited the number of completed sessions and the programme was postponed. The main difficulties pointed for non-adherence was distance from home to hospital where the sessions took place and interference with school schedules.

#### Conclusions

Psychotherapeutic groups for adolescents with chronic diseases may have an important role in alleviating emotional distress and alienation thoughts, as well as preventing mental illness. Specific programmes for patients with MS at this age group are lacking. Results enhance the challenges of maintaining a psychotherapeutic group. The fact that all these adolescents had a well-controlled disease and no major emotional worries may partly explain adherence difficulties.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.069

### Paediatric Delirium

S. Ticló<sup>1</sup>, M. Costa de Sousa<sup>1</sup>, C. Vieira da Costa<sup>1</sup>, R. Carvalho<sup>1</sup>, C. Rebordão<sup>1</sup>, T. Goldschmidt<sup>1</sup>, C. Cordovil<sup>1</sup>, S. Henriques<sup>1</sup>

<sup>1</sup>Centro Hospitalar Lisboa Norte, Serviço de Psiquiatria e Saude Mental da Infância e da Adolescência, Lisbon, Portugal

#### Objectives

1. Describe the challenges of an accurate diagnosis of delirium in critically ill children and to identify risk factors in order to equip clinicians with the tools to prevent and treat delirium;
2. Present a research project regarding the prevalence of delirium in a paediatric ICU of a major hospital.

#### Methods

Literature review in the database PubMed over the last 10 years, using the key words "delirium", "children" and "paediatric intensive care unit" and a prevalence study of the delirium in patients admitted to a paediatric intensive care unit, using a validated paediatric delirium screening tool, the Cornell Assessment of Paediatric Delirium, starting in January 2018.

#### Results

Results of the first 6 months of the study (between January and June 2018) will

be presented.

## Conclusions

Despite the extensive research and growing screening in adult settings, paediatric delirium remains vastly underdiagnosed. With the presentation of the preliminary data of our study, we aim to raise awareness of this still unexplored condition, highlighting the important implications on its approach and prognostic.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.070

### Alexithymia in children with migraine and tension-type headache

E.G. Ersoy Simsek<sup>1</sup>, T. Fidan<sup>1</sup>, C. Yazar<sup>2</sup>, K.B. Carman<sup>2</sup>

<sup>1</sup>Eskisehir Osmangazi University, Child and Adolescent Psychiatry, Eskisehir, Turkey

<sup>2</sup>Eskisehir Osmangazi University, Child Neurology, Eskisehir, Turkey

#### Objectives

There has been accumulating evidence of alexithymic characteristics in adult patients with primer headache while little research has been done in childhood. The objective of this study was to compare alexithymic characteristics in two different subgroups of children suffering from migraine and tension-type headache.

#### Methods

This study comprised of 90 participants: 30 (9 males, 21 females, aged 9 to 15 years) suffering from tension-type headache, and 30 (12 males, 18 females, aged 9 to 15 years) suffering from migraine, based on the International Classification of Headache Disorders (ICHD-3 beta) and 30 (11 males, 19 females, aged 9 to 15 years) healthy controls without headache. Child Alexithymia Scale was administered to measure alexithymia. Standardized psychiatric interviews (Kiddie Schedule for Affective Disorders and Schizophrenia, KSADS) were conducted with subjects.

#### Results

Higher alexithymia scores emerged in the tension-type headache group compared to migraine group. The rates of comorbid psychiatric disorder, predominantly depression and anxiety disorders, in tension-type headache group are higher than migraine group.

#### Conclusions

Our results suggest that children with tension-type headache are more alexithymic than children with migraine and tension-type headache is accompanied by more psychiatric disorder. This reveals the importance of multidisciplinary and comprehensive approach, in clinical evaluation of children with tension-type headache.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.071

### Juvenile Huntington's disease: a clinical case report

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<sup>2</sup>Vilnius University, Faculty of Medicine, Vilnius, Lithuania

<sup>3</sup>Vilnius University, Faculty of Medicine- Institute of Clinical Medicine- Clinic of

*Children's Diseases- Children's Hospital- Affiliate of Vilnius University Hospital Santaros Klinikos- Department of Children's Neurology, Vilnius, Lithuania*

*<sup>4</sup>Vilnius University, Faculty of Medicine- Institute of Clinical Medicine- Clinic of Psychiatry, Vilnius, Lithuania*

#### Objectives

Juvenile Huntington's disease (JHD) is a rare autosomal-dominant neurodegenerative condition with onset before the age of 20-21. JHD represents less than 10% of all Huntington's disease cases (HD). It's estimated that in north western Europe, North America and Australia about 6 to 14 people per 100,000 are affected by HD. The clinical symptoms of HD occurs in three domains: motor, cognitive, and psychiatric. Diagnosis of JHD is not self evident. The younger the age the longer it takes to make an accurate diagnosis.

#### Methods

To present a clinical case of a 16 year old adolescent boy with Juvenile Huntington's disease. A clinical case is described with some literature review.

#### Results

Clinical case illustrates development and clinical presentation of JHD, with the focus on the early diagnostics and individual follow up.

#### Conclusions

We conclude that it is important to take into account the unspecific signs of rather common conditions, like chronic tics and behavior problems, and consider JHD in differential diagnosis.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.074

### Understanding the experience of adolescent brain injury

T. Mulligan<sup>1</sup>, S. Barker-Collo<sup>1</sup>

<sup>1</sup>The University of Auckland, Clinical Psychology, Auckland, New Zealand

#### Objectives

Understanding of the long term impact of sustaining a TBI during adolescence is limited. Quantitative literature suggests that, although physical and cognitive recovery may seem relatively quick, quality of life following adolescent TBI is often reported as poor, and mood and anxiety disorder prevalence rates are higher than for adolescents who sustained other injuries. This study used a qualitative stance to explore how sustaining TBI during adolescence might impact upon a young person's long-term psychological wellbeing, and what might help or hinder recovery.

#### Methods

Participants, 13 young adults who had experienced one or multiple TBIs (mild-moderate) when aged between 13 and 17 years, engaged in semi-structured interviews regarding their experiences since their injuries.

#### Results

Thematic analysis highlighted the following themes:

- Impact on adolescents: Cognitive and physical symptoms can be enduring, potentially impacting multiple life domains (e.g., academic, leisure, social) and emotional wellbeing (e.g., mood and anxiety problems)
- Impact during adulthood: Some cognitive (e.g., memory and executive difficulties), physical (e.g., fatigue, headaches), and emotional (e.g., grief, low mood, anxiety) symptoms may persist into adulthood
- Supports: Participants identified various sources of support that they had, or wished they'd had (e.g., family, friends, psychoeducation), that might have helped.

#### Conclusions



Recovery from a TBI sustained during this crucial stage of development may be more complex than previously indicated. Cognitive and physical problems may persist to contribute to psychological distress for the adolescent and, later, during adulthood. Understanding what to expect following an injury, as well as support from family and peers, may alleviate distress and support recovery.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.075

### Understanding the experience of adolescent brain injury

T. Mulligan<sup>1</sup>, S. Barker-Collo<sup>1</sup>

<sup>1</sup>The University of Auckland, Clinical Psychology, Auckland, New Zealand

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## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.076

### Changes in depression, anxiety and stress levels among adolescents after a suicide prevention program in Kyzylorda Oblast

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<sup>1</sup>Republican Scientific and Practical Center of Mental Health, Female Clinical Department, Almaty, Kazakhstan

<sup>2</sup>Republican Scientific and Practical Center of Mental Health, General Director, Almaty, Kazakhstan

<sup>3</sup>Third Party Monitoring and Evaluation under SEHAT project, KIT Afghanistan Team Leader, Almaty, Kazakhstan

<sup>4</sup>University of Eastern Piedmont, Department of Translational Medicine, Novara, Italy

<sup>5</sup>Università degli Studi del Molise- Università del Molise, Department of Medicine and Health Sciences, Campobasso, Italy

<sup>6</sup>Republican Scientific and Practical Center of Mental Health, Male Clinical Department, Almaty, Kazakhstan

<sup>7</sup>Republican Scientific and Practical Center of Mental Health, Project Coordinator of Suicide Prevention Program among Adolescents, Almaty, Kazakhstan

#### Objectives

To assess the impact of the program on depression, anxiety and stress levels among adolescents.

#### Methods

5 590 pupils participated at the baseline phase of the study. 3 748 adolescents (around age 16) completed the follow-up. One of the main methods of diagnosis was - the Depression Anxiety Stress Scale (DASS-21).

#### Results

As a result of the study, there was a significant improvement of the anxiety and stress symptoms, while the decrease on the depressive scores was not significant. These positive results are similar for males and females. considering that one of the main risk factors for suicide are psychiatric diseases, this is a good result.

#### Conclusions

Despite the general increase in suicides, the level of suicides among children and adolescents, during the program, has decreased approximately 2-fold. Effective preventive interventions aim not only at reducing individual risk factors, but are also components of an integrated and long-term national project that leads to increased demand for treatment and support services in the field of health and mental health services.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.077

### Acute pediatric – neuropsychiatric syndrome (PANS): gene mutation behind the clinical symptoms?

K. Plėšnytė<sup>1</sup>, L. Timukienė<sup>1</sup>, S. Lesinskienė<sup>2</sup>, R. Praninskienė<sup>3,4</sup>

<sup>1</sup>Vilnius University, faculty of Medicine, Vilnius, Lithuania

<sup>2</sup>Vilnius University, Center of Child Psychiatry and Social Pediatrics, Vilnius, Lithuania

<sup>3</sup>Children's Hospital- Affiliate of Vilnius University Hospital Santaros Klinikos, Children's Neurology Department, Vilnius, Lithuania

<sup>4</sup>Vilnius University, Clinic of Children's Diseases- Institute of Clinical Medicine- Faculty of Medicine, Vilnius, Lithuania

#### Objectives

To investigate a patient with atypical progression of PANS and genetic mutations.

#### Methods

Case analysis of 10yrs old patient, treated at Children's Hospital, Affiliate of



Vilnius University Hospital Santaros Klinikos, Children's Neurology Department. Brief review and analysis of newest literature.

## Results

A 10yrs old boy case history is discussed: at 5 days old the child is fostered into a family (perinatal anamnesis is unavailable, no living blood close relatives). At 3yrs old develops sleeping disorder. 4yrs old develops stereotypical movements, hyperkinesia, amplified by infections. Over time condition deteriorated: movement frequency increased, developed irritability and attention disorders. Coordination disorder is observed. The patient is tested for autoimmune encephalitis – negative. 7yrs old – increased CAM kinase II activity (190) (Cunningham panel), other antibody activity not found, ASO, RF, ANA – negative. Methylprednisolone pulse therapy tried – ineffective. 8yrs old – treated with IV immunoglobulin – ineffective. 9yrs old - diagnosed with chronic toxoplasmosis. Treated with perimetamine, sulfadiazine, folic acid, prednisone. Treatment for toxoplasmosis had no effect on stereotypical movements and hyperkinesia, however emotional state has improved. At 8 yrs old gene mutations on AD CAMTA1 were discovered - non progressive cerebellar ataxia was considered. Wechsler IQ tests done at 7 yrs and 9 yrs old shown deterioration. Full genome sequencing shown 3 gene (BRC, HTT, SLC9A9) variants, which can be linked to presented symptoms, influencing pathogenesis.

## Conclusions

Gene sequencing results shed new light on the existing patient symptoms. Considering atypical clinical dynamic, hereditary factors might have been involved.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.078

### Clinical referrals to paediatric liaison psychiatry services- how appropriate are they?

G. Sheridan<sup>1</sup>

<sup>1</sup>University College Dublin, Medicine, Dublin, Ireland

#### Objectives

Mental health (MH) co-morbidity among children with medical illness is high as 30% [1]. Paediatric Consultation Liaison (CL) psychiatry services, based within Dublin's paediatric hospitals, provide services to address MH co-morbidities that negatively impact chronic illness outcomes and hospitalizations. CL provisions for cases with medical and psychiatric co-morbidities (true CL) are being re-directed towards emergency department (ED) presentations of self-harm (SH) and suicidal ideation (SI) in absence of medical co-morbidities.

The aim of this project is to analyse MH presentations and compare and contrast true ward CL presentations across Dublin's three paediatric hospitals.

#### Methods

Clinical data from referrals (N=97) to three CL psychiatry services during November 2016 was collected using study specific questionnaire - Patient Case Complexity Data Collection (PACS).

#### Results

13 (13.4 %) of 97 presented to Wards and 58 (59.8%) to ED. 100% of ward cases were true CL while 72.4% ED presentations were not true CL. Of the 13, 53.8% were referred for psychiatric assessment of an axis-I diagnosis. All 13 had no current or past SH, with 1 past SI. All 13 had medical co-morbidities with 53.8% psychosomatic. 69.2% cases had no axis-I diagnosis, 1 axis-II and 84.6% had axis-III diagnosis. Cases were frequently long-term, with 62.5% longer than 6-months. All received psycho-educational treatment. Mean length of stay was 13.09 days (SD 21.267), mean age of 12.23 (SD 3.655), 69.2% white ethnicity and 61.5% male.

Initial presentation location	Temple Street Children's Hospital	OLCHC	Tallaght Hospital	Total Location
ED	32 (55.2%)	11 (57.9%)	15 (75%)	58 (59.8%)
OPD	21 (36.2%)	2 (10.5%)	3 (15%)	26 (26.8%)
Ward	5 (8.6%)	6 (31.6%)	2 (10%)	13 (13.4%)
Total Hospital:	58	19	20	97

Table 1: Rates of presentation locations across the 3 paediatric hospitals in Dublin.

## Conclusions

Results show CL services being shifted from wards, where cases are long-term and require long hospital admittance, to ED DSH and SI cases.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.079

### Why child psychiatrists should catch up with the secondary psychiatric disabilities among children with fetal alcohol syndrome disorders?

M. Spodenkiewicz<sup>1,2,3</sup>, S. Henkous<sup>4</sup>, M. Tellot<sup>4</sup>, A. Rousselle<sup>4</sup>, M.L. Jacquemont<sup>4</sup>, N. Pénard<sup>4</sup>, M. Gayet<sup>4</sup>, L. Rebourg<sup>4</sup>, B. Doray<sup>5,6</sup>

<sup>1</sup>Centre Hospitalier Universitaire Sud Réunion, Pôle de Santé Mentale, Saint-Pierre, France

<sup>2</sup>Université de la Réunion, Centre d'Etudes Périnatales de l'Océan Indien EA 7388, Saint-Pierre, France

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<sup>4</sup>Centre Hospitalier Universitaire Sud Réunion, Pôle Femme Mère Enfant, Saint-Pierre, France

<sup>5</sup>Fondation Père Favron, Centre Ressources ETCAF, Saint-Pierre, France

<sup>6</sup>Centre Hospitalier Universitaire Sud Réunion, Centre d'Investigation Clinique 1410, Saint-Pierre, France

#### Objectives

Dr Paul Lemoine's was the first clinician who described in 1968 the adverse effects of alcohol on the developing fetus. 50 years later a lot has changed in the comprehension of Fetal Alcohol Spectrum Disorders (FASD) worldwide. Attention deficit, emotional dysregulation and addictive disorders impact severely the quality of life. These secondary disabilities lead child psychiatrists to be frequently at the forefront of medical care without being fully informed about developmental specificities of these children. Time to catch up !

#### Methods

This poster aims to describe the main actions of the first French FASD Diagnostic Center in its advocacy and collaborative missions. We focus on improving knowledge, recognition and access to adapted psychiatric care for children with FASD within child psychiatric services.

#### Results

Basic knowledge about issues met by children with FASD needs to be shared within psychiatric services: (1) Issues in accessing to care. (2) Systematic assessment of the most frequent comorbidities. (3) Targeted multidisciplinary developmental assessment to improve psychiatric therapeutic interventions (4). Interest in siblings and parents' mental health. (5) Individual preventive strategies of FASD. We address the need for a personalized and flexible articulation to each psychiatric service according to its own functioning mode and previous perspectives on FASD.

#### Conclusions



A shared fundamental knowledge on issues met by children with FASD is the key to a collaborative work with families, partners from pediatric and child protection services. It helps to improve psychiatric care through targeted intensive early interventions.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.080

### Features of psychic ontogeny and mental health in preschool children with mild perinatal damage of the nervous system

A. Sultanova<sup>1</sup>

<sup>1</sup>Russian academy of education, Institute for the study of childhood- family and education, Moscow, Russian Federation

#### Objectives

Identify the features of the mental functions, the state of mental and neurological health in children with mild hypoxic-ischemic lesion of the nervous system in the anamnesis.

#### Methods

We used neuropsychological tests by Luria (adapted for children), analysis of medical reports, observation, questionnaires of teachers and parents. Two groups of children aged 5-7 years, attending regular kindergartens, were examined: 1) the main group – 60 children with mild perinatal encephalopathy in the anamnesis; 2) 60 children without perinatal CNS damages.

#### Results

The statistically significant differences between children of groups 1 and 2 were found. In children of the main group, attention deficit hyperactivity disorder was registered 6 times more often; sleep disorders were registered almost 10 times more often; asthenoneurotic conditions, psychosomatic disorders, headaches, enuresis, and various emotional and neurotic disorders were also often recorded. Also, the difficulties of adaptation, low stress resistance were among the main features of children with perinatal CNS injury. Neuropsychological research revealed that the children of the main group have neurodynamic disorders (fatigue, inertia, etc.) and a delay in the development of executive functions. Also significant differences between groups were obtained in the indicators of voluntary attention, verbal memory, spatial gnosis, phonemic hearing, kinetic praxis, expressive speech, and logic thinking. These children more often have learning difficulties in reading, drawing, and arithmetic.

#### Conclusions

We can talk about the long-term consequences of mild perinatal hypoxic CNS damage. The complex medical-psychology-social approach is necessary for optimization of a course of mental development of children with this pathology in the anamnesis.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.081

### Adolescent girls under child protection framework- a study on parent child relationships in romantic relationship context

M. Basavaraju<sup>1</sup>, J. Navaneetham<sup>1</sup>, N. Berigai Parthasarathy<sup>1</sup>

<sup>1</sup>National Institute of Mental Health and Neurosciences, Psychiatric Social Work, Hosur Road- Bangalore, India

#### Objectives

Existing literature shows developmental significance of romantic relationships during adolescence and its influence on mental health and emotional well-being of adolescents, and in recent years, this phenomenon has begun to receive more research attention in the Indian context. Family factors and relationships play an important role. The present study would focus on understanding family functioning, parental response and its impact on parent child relationship among adolescent girls in child protection units in one of the states in India

#### Methods

Both quantitative and qualitative methods adopted for the study. Family Functioning Scale and semi structured interview guides were used to collect the data. 81 adolescent girls from child protection unit formed the study. It was approved by Institute Ethics committee.

#### Results

The participants were in the age group of 16 to 18 years, hails from nuclear and single parent families. They reported to have features of both adaptive and maladaptive family functioning. Parental response, risk behaviours among adolescent girls, worsened relationship between parents and children resulted in involvement of child protection system.

#### Conclusions

Individual, familial, socio-cultural and legal factors play a major role in these issues. Indigenous and context specific family interventions to enhance parent-children relationships are required to deal effectively with issues in the context of adolescent romantic relationships. Implications for future research, and for designing interventions for adolescents and their families, based on a mental health and development perspective, are highlighted. While there are many models of such interventions in literature, their feasibility and effectiveness in this context need to be examined

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.082

### Family environment and substance use in adolescence

H. Ben Mustapha<sup>1</sup>, M. Hamza<sup>1</sup>, I. Ben Turkia<sup>1</sup>, S. Bourgu<sup>1</sup>, F. Charfi<sup>1</sup>, A. Belhadj<sup>1</sup>

<sup>1</sup>Mongi Slim hospital, Child Psychiatry, Sidi Daoud, Tunisia

#### Objectives

Identify family risk factors associated with substance-related disorder among adolescents.

#### Methods

A retrospective descriptive study conducted at the child and adolescent psychiatry department of Mongi Slim hospital (Tunisia) from January 2016 to October 2017 including all patients aged over 12. Socio-demographic, family construct and clinical data were collected from patients' records.

#### Results

Among the eighty-six adolescent recruited during that period, 24.4% had a comorbidity with substance-related disorder. Their average age was 15 years ranging from 12 to 18 years with a sex ratio of 1.87. Substances consumed were as follow: tobacco (78.3%), alcohol (52.2%), cannabis (43.5%), Ecstasy (13%), Subutex (8.7%), inhalants (8.7%) and ketamine (4.3%). Adolescents were diagnosed with adjustment disorder with depressed mood in 66% of cases and were raised in a family with a disorganized dynamics. Conflict marital relationships were found in 66% of cases with physical violence against the spouse in 71.4% of cases. Physical and verbal abuses towards adolescents were identified in 52.3% of cases while harsh discipline

and inconsistent child rearing practices were found respectively in 42.8% and 23.8% of cases. A psychiatric history among parents was found in 71.4% of cases with an addictive disorder in 33.3% of cases.

## Conclusions

In addition to physiological and genetic risk factors, environmental factors including family and community features have been found to be part of the risk and prognosis of substance-related disorder. The mechanisms of interaction of these various factors remain to be explored.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.083

### Responsive attention sessions as a therapeutic intervention for a child

K. Ferenc<sup>1</sup>

<sup>1</sup>SWPS University of Social Sciences and Humanities, Wrocław Faculty of Psychology, Wrocław, Poland

#### Objectives

Early interactions between a child and a responsive and attentive parent, are the basis of healthy development. Can short period contact between the adult and a child characterized by emotional adjustment can be a therapeutic intervention for parent and child with relational problems? The study examined the influence of "responsive attention" on the child's activity and mood during play, measured by the time of play and by self-reported pictorial mood scale.

#### Methods

Pre-school aged children (N=44) participated in the study. Each child took part in a 30-minute experimental procedure. During the first experimental condition, experimenter behaved according to the guidelines of the responsive attention: he did not initiate the play himself, he responded to every child's initiative, he imitated the child's movements, observed his actions closely and remained responsive and positive. In the second condition, experimenter did not pay any attention to the child. The procedure was prepared considering many interfering variables which occur in this type of studies and also tested during two pilot studies.

#### Results

Statistical analysis of the results showed no statistically significant differences between experimental conditions. However, correlations between variables indicate a proper control of interfering variables.

#### Conclusions

The developed procedure can be used in the studies on social facilitation and mimicry in pre-school children. We hypothesize that the influence of the responsive attention is closely related to attachment. The next study with participation of parent-child dyads will be conducted.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.084

### Early relational traumatization, epistemic mistrust and the role of mentalisation in the parent-child psychotherapy

K. Lénárd<sup>1</sup>

<sup>1</sup>University of Pécs, Institute of Psychology- Department of Developmental and Clinical Psychology- Faculty of Humanities, Pécs, Hungary

#### Objectives

To find connection between the current theories of early relational traumatization and the concept of epistemic mistrust by Fonagy and Allison. In addition to offer a possible means of prevention: the mentalization based parent-child psychotherapy.

#### Methods

Presentation of conceptual themes. Overarching the dynamics of maltreatment and a possible means of prevention.

#### Results

According the theory of Fonagy and Allison, one of the consequences of maltreatment, trauma or abuse will be the epistemic mistrust, or epistemic freezing. An abused or maltreated child will lose the other as a cornerstone and constructive element in an intersubjective relationship for his personality development. As a result, maltreated children will have no experience of being realized, recognized, "kept in mind", and validated by others. In those cases there is a high risk for alienation, constant misinterpretation, meaningless, and in turn the development of a rigid, confused inner world.

In the absence of mentalizing interventions, and in those cases when the parent is not able to "hold the child's mind in her/his mind" there is a high risk for the different mentalizing deficits.

The mentalisation based parent-child psychotherapy focuses on recognizing the infant's inner states, and to react to them contingently, so that the parent should be able to recognize and regulate his/her own inner states as well. The "Minding the baby- reflective parenting program" worked out by Arietta Slade helps high risk parents and children dyads. Specially in those cases when the parent was traumatised as well, and lived in an abusive parent-infant relationship, there is a high risk for transmission the trauma. The mentalisation based prevention helps the mothers to study to keep themselves and their children "in mind" in a constructive way, so there is a hope for establishing the epistemic trust again.

#### Conclusions

During the lecture I will present some case-vignette to enlighten this theory.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.085

### The impact of the neuropsychological characteristics in children with ASD (autism spectrum disorder) on parent-child relationships.

Y. Perepravina<sup>1</sup>

<sup>1</sup>The Serbsky State Scientific Center for Social and Forensic Psychiatry, Laboratory of Psychology, Moscow, Russian Federation

#### Objectives

To study the impact of the neuropsychological characteristics in children with ASD (autism spectrum disorder) on parent-child relationships with noncustodial parent at assessment of parent-child joint activity.

#### Methods

Luria's neuropsychological methods and the adaptation of these methods for children by Gluzman, Akhutina, Pylaeva (tests for study of speech formation in a child; tests for study of motor skills, gnosia, intelligence, memory and attention); psychological assessment of parent-child relationships.

The paper is based on the conception of Luria's neuropsychological theory,



methodological basis of psychological and psychiatric assessment in judicial disputes between parents about the upbringing and the place of the child's residence (in case the parents live apart) of The Serbsky State Scientific Center for Social and Forensic Psychiatry (Safuanov, Kharitonova, Rusakovskaya).

#### Results

- Predominantly the third brain's area (the frontal lobe) and the first brain's area (limbic system and etc.) are not fully formed in children with ASD.
- During the joint activity of children with ASD and noncustodial parents was found that parents try to demonstrate the cognitive abilities of the child (basically it's second brain's area) and make the basis of the game stereotyped behavior of the child.

#### Conclusions

We suppose that neuropsychological factor can be included in psychological criterion of assessment of parent-child joint activity in the forensic psychological and psychiatric examinations (litigation after divorce). Our research considers neuropsychological factor like possible recommendation for improving parent-child relationships (noncustodial parent).

#### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.086

#### Psychological status and risky behaviors in adolescents of divorced families: the role of gender and sexual partner after divorce

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<sup>2</sup>Tabriz University, Psychology, Tabriz, Iran

<sup>3</sup>Islamic Azad University- Neyshabour Branch, Clinical Psychology, Neyshabour, Iran

#### Objectives

Few studies have addressed the impact of current relationships of separated parents on children. This research aims to investigate the psychological status of divorce adolescents (anxiety, depression, psychological well-being, self-confidence) and health risk behaviors in adolescents who live with their father or mother.

#### Methods

671 individuals were selected from among those who were living with their mother and 428 individuals were chosen from among the adolescents who were living with their father. The participants were evaluated by validated instruments.

#### Results

The results demonstrated that generally, improper psychological status and health risk behaviors (inappropriate sleep, spending too much time in cyberspace, pornography, improper nutrition) were greater in males compared to females. These conditions were greater in adolescents living with their mothers who had no partner or had multiple partners with unstable relationships compared to the adolescents living with their mothers who had one partner with a stable relationship. Also, improper psychological status was greater in adolescents living with their father who had one partner with a stable relationship compared to the adolescents living with their father who had no partner or had multiple partners with unstable relationships. Risky sexual behaviors were greater in girls whose mothers had no partner or had multiple partners with unstable relationships. Besides, drug and alcohol consumption was higher in boys whose fathers had one partner with a stable relationship.

#### Conclusions

Having or not having relationships after divorce, depending on the parent's

and adolescent's gender, affects the adolescent's psychological and behavioral health.

#### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.087

#### Dyadic adjustment and its relationship to child's behavior in externalizing and internalizing disorders

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<sup>1</sup>National Institute of Mental Health and Neurosciences, Psychiatric Social Work, Bengaluru, India

#### Objectives

To investigate a dyadic relationship between two (parents of children with externalizing and internalizing disorders) groups.

#### Methods

Children and Parents at Department of Child and Adolescent Psychiatry at National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India were studied to explore the aspects of cross sectional research design. This has been done by using tools like Dyadic Adjustment Scale for assessing the adjustment between parents of children with externalizing and internalizing disorders and Strengths and Difficulties Questionnaire to study the behavior of children.

#### Results

Result outcomes shows that there is no significant difference between dyadic adjustment and its relationship to child's behavior in externalizing and internalizing disorders. However, mean score showed that the parents of children with externalizing disorders are distressed couples as compared to internalizing disorders.

#### Conclusions

As a clinician one need to work in collaboration with couple, parents and children. As a social worker, one needs to look at social component-smallest unit of society-family, parenting and within the family predominantly, dyadic relationship which has effect on behavior of children-externalizing and internalizing.

#### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.089

#### Cruelty to animals in children with attachment disorder : two cases report

A. Ben Hamouda<sup>1</sup>, Z.S. Abbas<sup>1</sup>, R. Bourourou<sup>1</sup>, R. Khemekhem<sup>1</sup>, M. Hajri<sup>1</sup>, S. Helayem<sup>1</sup>, A. Bouden<sup>1</sup>

<sup>1</sup>Razi Hospital, Child and adolescent Psychiatry Department, Manouba, Tunisia

#### Objectives

Study the clinical, psychological and environmental features in children with attachment disorder practicing acts of cruelty to animals and support by a psychopathological approach through two cases report and a literature review.

#### Methods

We will present two cases report of children followed up in the Child and

Adolescent Psychiatry Department of Razi Hospital (Manouba, Tunisia) for disinhibited social engagement disorder (DSM V) with severe behavioral disorders including cruelty to animals. These cases will be supported by a literature review.

## Results

1/ YN. 7 years old, early experiences of deprivation and psychotrauma, family history of suicide and bipolar disorder, instability, behavioral disorders, cruelty to animals: cuts and grinds ants, tears off butterfly wings.

2/ YS. 7 years old, early experiences of deprivation and physical abuse, family history of personality disorder, behavioral and conduct disturbances, unsafe games, cruelty to animals: cuts chicken and chick paws, cuts cat's tail, burns live turtles, slaughters cats.

## Conclusions

The violence phenomenon is as complicated as the physiology and psychology of human beings. Recent researches have offered compelling evidence supporting the relationship between childhood cruelty to animals and later violence against humans.

Animals may improve identification abilities or symbolise aggressive and destructive impulses via cruelty in early childhood development. Such behavioral disorder could be due to psychoaffective development dysregulation and parental neglect or limitless parental education in attachment disorder. Understanding this controversial link with animals may lead to new intervention pathways.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.090

#### **Carer empowerment: Parent Management Training Program for parents of adolescent with attention-deficit/hyperactivity disorder (ADHD)**

K.H. Ho<sup>1</sup>, M. Wu<sup>1</sup>, K. Hui<sup>1</sup>, S. Fung<sup>1</sup>, C.V. Chow<sup>1</sup>, K.L.P. Chan<sup>1</sup>

<sup>1</sup>Queen Mary Hospital, Department of Psychiatry, Hong Kong, Hong Kong

#### Objectives

The prevalence of ADHD in Hong Kong is estimated to be 6.1% in childhood and 3.9% in early adolescence. However, parenting management training (PMT) for adolescents with ADHD in Hong Kong was limited.

To enhance parent's understanding on the psychosocial development of ADHD adolescent, empower parents using positive parenting strategies to handle the difficulties of ADHD adolescents.

#### Methods

A six-session close group design was adapted in this programme and 2-hour sessions held in weekly basis. Each group recruits 8-10 parents of ADHD adolescent. The group included group discussion, scenario demonstration, role play and educational talk. Buddy calls and feedback session were given to participants before each session in order to support the application of the skills at home and to consolidate the skills. Pre and post group questionnaires were completed by parents to measure the changes of adolescent's behavior, parent's stress level and effectiveness of the group. The group process is evaluated with colleagues after each session.

#### Results

16 parents had completed the adolescent PMT group. Comparing CBCL T-score with the baseline, 70% parents noted their adolescent had improvement in external behaviors after training and 94% improvement in Total T-Score. Parents reported less aggressive behavior and delinquent behavior of their

adolescents after effective communication and emotional regulation.

## Conclusions

PMT group is a cost effective intervention in empowering parents to handle the difficulties of ADHD adolescents. This project enhanced the knowledge of parent's roles in the parenting of adolescents with ADHD and became empathetic towards their adolescent. Parents subjectively felt improvement on parent-adolescent relationship after PMT.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.091

#### **Parenting styles and social skills of school-aged children with attention-deficit hyperactivity disorder (ADHD)**

W. Charoenwongsak<sup>1</sup>, K. Wangtrakul<sup>1</sup>, K. Luangbumroong<sup>1</sup>, C. Kwunrod<sup>1</sup>, P. Promchuay<sup>1</sup>

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#### Objectives

To examine the association between parenting styles of primary caregivers and social skills of children with ADHD.

#### Methods

We investigated the association in a sample of children (6-12 years of age), who were diagnosed with ADHD and have received treatment at Southern Institute of Child and Adolescent Mental Health in Surat Thani, Thailand, through questionnaires. Cross-sectional statistical analyses, including Pearson correlation, were used to examine the association between parenting styles and social skills of children with ADHD.

#### Results

Total of 221 participants were analyzed; There are a negative correlation between neglectful parenting style and participant's self-control, problem-solving skill, and conflict resolution skill ( $p < 0.05$ ) and a positive correlation between authoritative parenting style and participant's self-confidence ( $p < 0.05$ ) while controlling for primary caregiver sociodemographic factors (marital status, education level, and income), participant's length of received treatment, and medication adherence.

#### Conclusions

Neglectful parenting style has been found to be negatively associated with participant's self-control, problem-solving skill, and conflict resolution skill, while authoritative parenting style has been found to be positively associated with participant's self-confidence.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.092

#### **The relationship between expectant mothers' parental and spousal attachment styles and prenatal attachment: The mediator role of early maladaptive schemas**

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<sup>2</sup>TED University, Department of Psychology, Ankara, Turkey

<sup>3</sup>Baskent University, Department of Psychology, Ankara, Turkey

### Objectives

The present study aimed to assess the mediating role of early maladaptive schemas in the relationship between expectant mothers' parental and spousal attachment styles and prenatal attachment.

### Methods

The sample consisted of 230 pregnant women who are in the 2nd and 3rd trimester of their pregnancy. The data was collected via a Sociodemographic Information Form; the Relationship Structures Questionnaire of the Experiences in Close Relationships-Revised Form measuring the structure of the relationships with mother, father and spouse; the Young Schema Questionnaire- Short Form 3 assessing the early maladaptive schemas of expectant mothers and a single-item measure of prenatal attachment.

### Results

It was found that women with intended pregnancy had higher levels of prenatal attachment than those with unintended pregnancy. Women with an anxious maternal attachment style and those with an avoidant spousal attachment style reported that they had unintended pregnancies. Attachment anxiety with their own mother predicted lower levels of prenatal attachment in expectant mothers. The results of the mediation analysis revealed that defectiveness and failure schemas were significant mediators on the relationship between maternal and spousal attachment anxiety and prenatal attachment.

### Conclusions

The findings of the current study contributes to the arising literature on prenatal attachment by highlighting and providing support for the role of early maladaptive schemas in the relationship between adult attachment style and prenatal attachment in expectant mothers.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.093

### Attachment styles in Iranian adolescent: An intergenerational comparison

S. Golshani<sup>1</sup>, A. Firoozabadi<sup>2</sup>, V. Farnia<sup>1</sup>, M. Alikhani<sup>1</sup>, M. Moeni<sup>3</sup>, J. Shakeri<sup>1</sup>

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<sup>3</sup>Kermanshah University of Medical Sciences- Kermanshah- Iran, Kermanshah University of Medical Sciences- Kermanshah- Iran, Kermanshah- Iran, Iran

### Objectives

Several studies have discussed about intergenerational transmission of attachment style and concluded that both environmental and biological factors are involved in transmission of attachment. This study aimed to comparison of intergenerational attachment in Biseeton, Iran 2016.

### Methods

A correlational prospective study, were done on 165 families. 165 students as the first generation and 165 of one of their parents as the second generation

randomly selected. To determine the attachment, participants responded to the Collins and Read attachment style questionnaire. To assesment the inter-generational relation of attachments, chi-square test was used.

### Results

The mean age of the students was  $16.56 \pm 0.92$  and of parent was  $43.22 \pm 5.13$ . In the students, the highest and lowest prevalence of attachment style were anxious (40.6%) and avoidant (25.5%); Whereas in the parent, were secure (35.8%) and anxious (30.3%) respectively. There was no significant statistical difference between two generations attachment styles with probability  $P$  value= 0.103,  $X^2 = 4.55$  and at the error level of 5%.

### Conclusions

Parent generation has experienced major social changes and stress like revolution and Iran-Iraq war. It can be concluded that insecure parents train insecure children. Parent attachment style correction is necessary to prevent the transmission of insecurity to the future generations. Also, considering the high prevalence of insecure attachment among Iranian adolescent, some interventions to improve their attachment should be done. Developing programs for promoting the intact family structure and closer relationships between individuals may be one way of preventing shaping insecure attachment styles.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.094

### The impact of the family upbringing in the self-regulation development: a longitudinal study

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### Objectives

The self-regulation development can be influenced by multiple factors. Following Nikolaeva (1991) we understand the self-regulation as a system process, supporting relevant to the conditions changeability and flexibility of a person's life activity.

The aim of the current research is finding out the impact of the family upbringing to the self-regulation development.

### Methods

The research sample consists of 28 schoolchildren of 7-8 years old at the first stage and of the 11-12 years old in the follow-up and their mothers.

The level of the self-regulation is estimated by application of the Luria's battery of neuropsychological tests in Semenovich's (2008) adaptation. The parents fill in the Analysis of the Family Interaction Questionnaire of Yustizky&Eidemiller (1999).

### Results

The children with a high self-regulation level are from the families with an adequate balance of rights and responsibilities. This tendency can be seen at the first stage as well as the in the follow-up.

### Conclusions

The research shows that the dramatic changes of the self-regulation level can be seen in those children in whose families the style of upbringing has been changed from the hyper protection to the adequate one. The unstable style and lack of self-confidence as a parent delay maturing of the conscious self-regulation.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.095

### Caring mothering: a recipe for at-risk adolescents' cognitive success

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#### Objectives

Executive functions are crucial in the management and processing of cognitive information. Previous research has highlighted the predominance of post-natal development of executive functions and in turn the importance of environmental factors in their development. The purpose of this study was to ascertain whether maternal attachment style was predictive of later executive function development in at-risk adolescents.

#### Methods

This relationship was analyzed to see whether it mediated the development of antisocial behaviors and whether a predictive model could be designed. Sixty-nine adolescent boys (mean age 15.8, sd. 1.04) were recruited from two schools for at-risk kids in Israel. They were administered a battery of executive function tests using the CANTAB software and mother-child attachment patterns and antisocial behaviors were assessed using retrospective and current questionnaires.

#### Results

Executive functions of inhibition, working memory and processing speed were found to be related to the level of maternal caring experienced by the child ( $r = .37$ ,  $r = .35$ ,  $r = .34$ ;  $p < 0.01$ ). Executive function (inhibition, selective attention, processing speed and planning) was found to be significantly predicted by mothering (caring and overprotection) (standardized coefficient =  $0.61$ ,  $p < 0.05$ ) as was delinquency (standardized coefficient =  $0.51$ ,  $p < 0.05$ ). There was no mediating relationship found between executive function and anti-social behavior.

#### Conclusions

Speed of processing, inhibition, selective attention and planning, representing an adolescent's executive functioning, were found to be predicted by their early experiences of mothering. These experiences also predicted the development of delinquent and aggressive behaviors.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.096

### Developing components of positive parenting programme for the communities of middle and lower income country

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#### Learning Objectives

Positive parenting programme (PPP) have been found to be effective in

preventing and treating behavioural and emotional problems in children. The programme is delivered to parents and families through set of structured strategies. India is still in infant stage of testing PPP for its population. In a recent consultation meeting, organized for developing PPP for parents belonging to lower to middle socio economic status, the experts discussed about various concerns in adopting PPP for this population and felt that there is need for making context specific and tailor made PPP for the targeted community. Hence the contributors are aiming at generating discussion and obtaining suggestions from this special interest group discussion on developing components of PPP for the targeted community.

#### Session Description

The session will begin with introduction to Positive parenting programme and its efficacy in working with parents and families. The current status of PPP in India will also be presented in the introductory session. Some of the recent literature and research studies pertaining to PPP in India will be presented.

The contributors would like to present the psychosocial profile of parents from targeted community for PPP. The parents basically belong from lower to middle socio economic status. The contributors will be presenting the need and scope of the positive parenting programme for the targeted community. It has been observed that children hailing from these communities have significant emotional and behavioural concerns and need for parenting programs as one of the strategies has been felt to address these concerns.

The session will then proceed in discussing the findings of need assessment which was carried out with the parents from the targeted communities. The need assessment highlighted some of the significant psychosocial problems of parents and children from lower to middle socio economic communities and their difficulties in adopting positive parenting strategies for their children. Followed by that, the session will focus on presenting findings of consultation meeting with experts that was held for development of PPP. Further the contributors would direct the session towards gathering the suggestions from the group of experts on possible & suitable components/ strategies of PPP for communities of middle and lower income country.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.097

### Parental behavior determines emotional intelligence which is a predictor of peer relations and behavioral difficulties in children and adolescents

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<sup>3</sup>Psychiatric Hospital for Children and Adolescents, polyclinic, Zagreb, Croatia

#### Objectives

Emotional intelligence is a relatively new construct that is considered to be routed in the earliest childhood through the attachment theory. The secure attachment style is positively related to emotional intelligence. Similarly, the authoritative parental style proved to be the most influential for the development of emotional intelligence in children. On the other hand, maladaptive parental styles (authoritarian, permissive, indifferent) have adverse effect of the development of emotional intelligence. Besides family, friends and school can play an important role in the development of emotional intelligence. Adolescents spend 29% of their time per week with their peers, which shows the role of peer relationships in the socio-emotional development of an individual. Low level of emotional intelligence predicts interpersonal conflicts, aggressive behavior and substance abuse.



**Methods**

This poster presents a case of an adolescent boy who was referred to outpatient mental health service for assessment and treatment. Multidisciplinary team assessment (child and adolescent psychiatrist, clinical psychologist, educational specialist, EEG and neuropsychiatrist) showed that the boy had Conduct disorder that developed within a dysfunctional family with indifferent parental style.

**Results**

The boy had very low level of emotional intelligence and difficulties in peer relations and school. Psychosocial interventions were provided for the adolescent and his family in the outpatient setting.

**Conclusions**

This case highlights the importance of assessing parental behavior and emotional intelligence in children and adolescents referred for mental health problems and provide appropriate interventions for the child and the family to diminish behavior difficulties.

**Poster session 2**

24 July 2018, 13:00 - 18:30, Poster Area

**P 2.098**

**The relationship between parent's attachment type and parent's parenting stress, parenting style and mental health**

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<sup>1</sup>Jeju National University Hospital, Psychiatry, Jeju, Republic of Korea

**Objectives**

The aim of this study was to examine the relationship between parent's attachment type and parent's parenting stress, parenting type and mental health .

**Methods**

Subjects were forty-four parents aged twenties to forties who participated in a parent education program. They completed the Korean version of the Experience of Close Relationship Revised (ECR-R), Korean-Parenting Stress Index-Short Form (K-PSI-SF), Maternal Behavior Research Instrument (MBRI) and Symptom Checklist-90-Revised (SCL-90-R).

**Results**

The avoidance score of ECR-R was positively correlated with parent-child dysfunctional interaction, difficult child and total parenting stress of K-PSI. Parent distress, total parenting stress of K-PSI and hostile nurturing attitude of MBRI showed positive relationship with anxiety score of ECR-R. Total score of SCL-90-R and subscales of hostility, phobic anxiety, paranoid ideation also revealed positive associations with anxiety score of ECR-R. However, anxiety score of ECR-R showed negative correlation to affectionate parenting style. The secure attachment group had less parenting stress than insecure attachment group and showed more autonomous, affectionate nurturing attitude. Hostile parenting attitude was more prominent in the insecure attachment group.

**Conclusions**

Our results showed that there were differences in providing stable parenting and enduring nurturing stress depending on parent's attachment type. So, our results support that more specific forms of education and intervention for parenting are needed considering parent's attachment type.

**Poster session 2**

24 July 2018, 13:00 - 18:30, Poster Area

**P 2.099**

**Psycholinguistic structure of the word «affection» in reference to forensic custody evaluation**

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**Objectives**

Background: The word «affection» (привязанность) in Russian has two main contextual interpretations: 1) sensation of intimacy, based on loyalty and love; 2) attachment within the meaning of J. Bowlby. As according to the Russian Family Code Court must take into account child's «affection» towards his parents in custody disputes (Art. 65), there is a problem of correspondence between legal construct of affection (that is near the first contextual interpretation) and psychological definition of legally relevant components of the construct (that is based sometimes on the second one).

Objectives: to investigate the psycholinguistic construction of the word «affection» in two groups: 12-year-old children (N=27) and forensic psychologists (N=20).

**Methods**

We asked the subjects to finish the phrase: «A child has affection for his parents, if...» on five occasions.

**Results**

We received 115 children's and 98 psychologists' constructs that differentiated markedly. Some examples are in Table 1.

Constructs	Constructs of 27 children N=115	Constructs of 20 experts N=98
«love»	15 (13%)	4 (4%)
«don't feel good without»	13 (11%)	0 (0%)
«look for help»	8 (7%)	1 (1%)
«understand their feelings», «compassion», «feel their feelings»	6 (5%)	0 (0%)
«behavior during assessment»	0 (0%)	16 (16%)
«talk about his affection»	0 (0%)	13 (13%)
«show respect for the sensitivities of parents»	0 (0%)	9 (9%)

Children used inner semantic predicates (Новикова-Грунд М.В., 2017) in 73%, forensic psychologists - in 32%. Children's constructs were much more personalized, intimate and emotional, whereas, in contrast, psychologists' ones were formal and oriented to external markers of behaviour and results of psychological testing. Psychologists used such constructs as «to be upset over parent leaving», «rejoice in parent return», «don't want to stay without», while children didn't.

**Conclusions**

If psychological interpretations of the main concepts, in comparison with unskilled subjects, are so different, the forensic assessment can be irrelevant, invalid and false.

**Poster session 2**



24 July 2018, 13:00 - 18:30, Poster Area

P 2.100

## RCT of VIPP-SD (Videofeedback Intervention to promote Positive Parenting and Sensitive Discipline) to prevent behavioural problems in young children

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### Objectives

The Healthy Start, Happy Start study aims to test the effectiveness of VIPP-SD (Videofeedback Intervention to promote Positive Parenting and Sensitive Discipline) to prevent behavioural problems in young at-risk children.

### Methods

VIPP-SD is a manualised short attachment-based programme to improve parental sensitivity and appropriate discipline strategies in parents of young children. A Health Technology Assessment (NIHR), multi-site randomised controlled trial is used to test the effectiveness and cost-effectiveness of VIPP-SD in families with 12-36-month-old children at-risk for behavioural problems. Data are collected at baseline, five and 24-month follow-up visits. Recruitment of 300 families began in July 2015 and finished in July 2017. Approximately, half of the families were randomised to receive VIPP-SD consisting of 6 home-based sessions.

### Results

Currently, 250 5-month follow-up visits and 7 24-month follow-up visits have been completed. Intention-to-treat analysis will examine group differences on the severity of children's behavioural problems, as measured by a structured parent interview. Secondary outcomes include parent-reported child behaviour problems, couple functioning, and parental mood and anxiety. The cost-effectiveness of the intervention will be examined using a structured interview of resource use. The poster will provide an overview of the intervention under study.

### Conclusions

The results of the trial will be amongst the first to elucidate the effectiveness of VIPP-SD in young children at-risk of developing behavioural problems and whether this can be intensified by the inclusion of two caregivers. If shown to be effective and efficient, the intervention could be delivered as part of community-based NHS services.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.101

## A study on the influence of early life stress and perceived parenting attitude on the motive of alcohol use

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<sup>2</sup>Bugok National Mental Health Hospital, psychiatry, Bugok, Republic of Korea

### Objectives

The aim of this study is to investigate the relationship and pathway between motive of alcohol use(MA) with early life stress(ELS), parental bonding(PB) and decision making style(DMS) to construct a structural equation model(SEM).

### Methods

This study has analyzed a hierarchical regression analysis in the preliminary study to established a research hypothesis. This is followed by the confirmatory

factor analysis(CFA) to construct an appropriate SEM. This study was surveyed adult men with experience of consuming alcohol. 89 and 265 subjects participated in the preliminary and SEM study, respectively.

### Results

ELS and PB had direct effect on rationality and intuition of DMS for 35.1% and 28.3%, respectively, and direct effect on enhance and coping of MA for 36.7% and 23.1%, respectively. Moreover, ELS and PB also had indirectly effected on enhance and coping of MA with DMS as mediator of 12.2% and 9.8%, respectively. Model fit indices of this hypothetical model satisfied the recommended levels at  $\chi^2/df=2.498$ , GFI=0.931 and CFI=0.959

### Conclusions

ELS, PB and DMS had direct effect on enhance and coping MA. Moreover, ELS and PB also had indirect effect with DMS as mediator.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.102

## Romantic attachment styles in a transgenerational prospective study

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<sup>3</sup>University of Pittsburgh School of Medicine, Department of Psychiatry, Pittsburgh, USA

### Objectives

Parental adult attachment representations and mood disorders have an impact on the attachment development and consequently affect the mood of the children. We assumed that there could be a connection between the romantic attachment style of the mother and that of her adult offspring.

### Methods

A total of 183 mothers participated in our transgenerational prospective study who had clinically depressed child between 7-15 years of age. The Collins-Read's Adult Attachments Scale (AAS) was used to test the attachment style [dimensions (close, depend and anxiety) and Bartholomew-categories (secure, preoccupied, dismissive and fearful)]. At baseline, the mothers took the AAS and after a follow-up period of 13 years, their grown-up children (n=183) were tested by the same test.

### Results

The median age of the mothers was 36 (33-39) years, the median age of the offspring was 25 (23-27) years, and 52% of them were male. There was no statistically significant difference between the corresponding attachment dimensions [close mother=3.83 (3.33-4.33) vs. child=3.83 (3.17-4.33), p=0.60; depend mother=2.83 (2.33-3.33) vs. child=3.00 (2.33-3.50), p=0.08; anxiety mother=2.00 (1.50-3.00) vs. child=2.00 (1.33-3.00), p=0.55] and Bartholomew-categories [secure mother n=101 (55%) vs. child n=100 (55%), p=0.40; preoccupied mother n=20 (11%) vs. child n=17 (9%), p=0.22; dismissive mother n=31 (17%) vs. child n=23 (13%) p=1.00; fearful mother n=24 (13%) vs. child n=24 (13%) p=0.52].

### Conclusions

Our results suggest that the romantic attachment dimensions and Bartholomew-categories of the mother do not differ relevantly from that of their grown-up children, therefore the romantic attachment styles might be preserved in a transgenerational manner.



## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.103

#### Adult outcome of children after long-term therapeutic foster care: quantitative & qualitative analysis of subjects' discourse and social functioning

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#### Learning Objectives

This workshop presents the research about the adult outcome of children after long-term treatment in 4 Therapeutic Foster Care Units: Quantitative & qualitative analysis of subjects' discourse and social functioning.

#### Workshop Description

This research estimates the outcome of grown-up patients who had been admitted between 1971 and 1996 in 4 French Therapeutic Foster Care Units. These child-psychiatric units are hospital run facilities for infants presenting -or at very high risk of- mental disorders coupled with a severe impairment of infant/parent interaction due to parenting disorder; they admit fewer children (5 to 20) and for a longer stay than traditional foster care facilities run by child protection agencies.

During our research, the 33 former foster children we interviewed were 29 (3.25SD) years old, they were separate at 22 (13.25SD) months, admitted in units at 30 (17.25SD) months and stayed in units during 13 (2.10SD) years of continuous care, including treatment of infant/parent bonds.

The quantitative part uses questionnaires: Mini International Neuropsychiatric Interview, Functional Status Questionnaire and CaMir (which estimates representations of attachment). The qualitative part uses the Grounded Theory (GT) and the Edicode (which assesses narrativity).

Results: In our sample, narrativity (coherence, fluidity, appropriateness, reflexivity, authenticity), representations of attachment (58% with a Secure attachment), and social functioning (except for sexual functioning) are comparable to those of the general population, unlike what is found in researches on the outcome of children placed in traditional, social foster care.

The GT analysis revealed the importance for these young adults to be given the opportunity of a planned interview, after care has been ended. Such a planned interview, a few years after the care, could provide young adults, who have been cared for, with a means of taking stock of their life story, of how they may see themselves and are able to express their past or present difficulties.

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## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.105

#### Parental styles assessed by adolescents with inflammatory bowel disease and psychosocial aspects

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#### Objectives

Inflammatory bowel diseases (IBD) are chronic medical conditions influencing family functioning. The aim of our study was to discover the parental style, occurrence of depression and anxiety in both the children with IBD and their parents, and its impact on the quality of life (QoL). The main hypothesis of the study was that parents of adolescents with IBD would show less positive parental style, mothers would display less autonomous and more directive parenting style and fathers would have less directive and more hostile style of parenting than parents of healthy controls. The second hypothesis was that less positive parenting style would be linked with worse QoL for both the parents and their offspring affected by IBD.

#### Methods

A total of 27 adolescents suffering from IBD, 39 healthy adolescents, and their parents were included in the cross-sectional study. The adolescents completed the questionnaires ADOR (parenting styles), KidScreen-10 (QoL), SAD (The Scale of Anxiety in Children), and CDI (Children's Depression Inventory). The parents completed the BAI (Beck Anxiety Inventory), BDHI (Beck Depression Inventory, second version), and PedsQL (Pediatrics Quality of Life) Family Impact Module.

#### Results

The parental styles of the parents of the IBD adolescents and healthy controls were without significant differences. The only exception was that fathers' positive parental style was significantly higher in the fathers of the controls. There were no differences between the IBD adolescents and healthy controls in the QoL measured by KidScreen-10. Still, the parents' QoL rated by the mothers and fathers of the ill adolescents (PedsQL total scores) was significantly lower than in the control group. (PedsQL total scores in mothers 66.84±14.78 vs 76.17±14.65 and in fathers 68.86±16.35 vs 81.74±12.89, respectively.) The mothers of the IBD adolescents were significantly more anxious (BAI scores 9.50±10.38 vs 5.26±4.75) and the fathers more depressed (BDHI scores 7.23±6.50 vs 3.64±3.51) than the parents of the controls, but there was no difference in the levels of anxiety or depression between the IBD adolescents and the controls. The positive parental style of both the parents of the children suffering from IBD positively correlated with the QoL of the adolescents evaluated by KidScreen-10. The positive parental style of the fathers negatively correlated with the children's state and trait anxiety and negatively correlated with the severity of childhood depression.

## Conclusions

The adolescents with IBD compared with healthy children show similar symptoms of depression, anxiety, and QoL. The fathers of the adolescents with IBD tend to show low levels of positive parenting and are mildly depressed. The mothers deal with higher levels of anxiety. The results suggest that the parents of the adolescents with IBD represent an important target group for psychosocial support to improve their QoL and overall mental state, as well as family functioning.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.106

### The impact of the art therapy programme direction to reduce cognitive traumas in advanced adolescence

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#### Objectives

The role of cognition related to trauma is becoming increasingly important in trauma research and clinical practices each day. Researches demonstrate that cognition has a huge role in the progress and chronicity of posttraumatic stress disorder (\*PTSD). The aim of this study is to investigate effects of art therapy program on post traumatic cognition of individuals.

#### Methods

In the research, one group pretest- posttest experimental design without control group was used \*as experimental models. During the analysis of collected data with measurement tools; data for the general purpose of the study were entered into the SPSS program and SPSS 16.0 package programme was used for required analysis on data. The Wilcoxon Signed Sequential Test, one of the nonparametric statistical techniques that test the significance of the difference between the scores, was used for the pretest - posttest score comparisons. It is an eight-session Art Therapy Program which aimed to improve the post-traumatic cognition of individuals engaged in research between during pre-test and post-test applications. This programme has been developed by researcher utilizing numerous resources \*(Capacchione, 2012; Demir ve Yildirim, 2017; Malchiodi, 2011; Liebmann, 2004). In this research study cohort is consisted of 13 students (11 females and 2 males whose ages are between 18-20).

#### Results

Post Traumatic Cognition Scale was given to participants two times during the study: at the beginning of the study and after 8 weeks from first one.

#### Conclusions

This study shows that the art therapy has a positive effect on individuals in reducing post-traumatic cognition of individuals ( $z=-2,027$   $p<.05$ ).

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.107

### Wild fires and post traumatic stress disorder related symptoms: data from a Child and Adolescent Psychiatry Unit in Portugal

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#### Objectives

A series of wildfires erupted across the central region of Portugal during June and October 2017, resulting in a combined number of more than 100 deaths and injured. Exposure to traumatic events during childhood or adolescence may lead to the development of various reactions ranging from relatively mild psychological distress to persisting and impairing symptoms. The aim of this study was to analyze the presenting symptoms and demographic data of the children and adolescents with history of exposure to actual or threatened injury or death due to these wildfires and that were referred to our child and adolescent psychiatry unit.

#### Methods

A retrospective analysis of the clinical records between June and October 2017 and a research in PubMed was also carried out with the key-words: "Acute Stress Disorder" (ASD), "PTSD", "children", "adolescents", "trauma" and "wildfires" with its variations.

#### Results

Overall, the preliminary results estimate that a small amount of children and adolescents living at the affected regions were referred or evaluated regarding ASD or PTDS symptoms at our unit. The majority of patients observed didn't met criteria for ASD or PTSD.

#### Conclusions

There is lacking evidence for specific and effective trauma interventions for children and adolescents exposed to traumatic events, particularly after natural disasters as wildfires. Trauma-focused Cognitive Behavioural Therapy interventions may be useful as early psychotherapeutic intervention for ASD based on the efficacy in treating PTSD. Immediate support interventions at community services may have an important role during events like these.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.108

### Time of grief - reviewing the impact of sibling loss on the surviving child

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<sup>2</sup>Dona Estefânia Hospital, Resident on Child and Adolescence Psychiatry, CHLC, Lisbon, Portugal

#### Objectives

The death of a sibling during childhood changes the child's world irrevocably. In spite of sibling grief being linked to serious physical and mental health outcomes it is often neglected and remains the least researched of all family bereavement. In this review we aim to bring sibling grief out and illustrate the ubiquitous effects of sibling loss on the surviving sibling.

#### Methods

A research was made on Pubmed and B-on using key terms "sibling grief", "bereavement", "death concept".

#### Results



For children the understanding of death differs according to their developmental stage. A loss during childhood will be revisited and resignified throughout a lifetime. Emotional turmoil is profound, the survivor struggles to find meaning, navigates a new family structure and tries to integrate the lost sibling into daily life. Common reactions include psychological, psychosomatic, cognitive and behavioural disturbances and change of role within the family, with disruption of roles and relationships between parents and children: grieving parents may have limited capacity to look after the needs of the surviving siblings. According to some authors the loss of a sibling, particularly for a girl, may have greater impact than the death of a parent.

#### Conclusions

The future of the surviving sibling depends on a successful journey through the grief process. It's essential to know grief's different manifestations, so that we can strive towards emotionally balanced development. More research is needed on potential influences on the grief process and on how grief impacts the parental role and the child-parent relationship.

#### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.109

#### Use of Prazosin in a prospective naturalistic cohort of children and adolescents with post traumatic stress disorder (PTSD)

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#### Objectives

Only few studies have investigated pharmacologic treatment for juvenile post traumatic stress disorder (PTSD). Antiadrenergic agents are an interesting option, because of the autonomic nervous system hyperactivation in PTSD. Prazosin, an alpha-1 antagonist, has proven its efficacy in an adult population. In the pediatric population, few data support its use for intrusive symptoms. We sought to assess the efficacy and safety of prazosin in a pediatric cohort.

#### Methods

Since 2015, 18 patients consecutively admitted in a child and adolescent psychiatric unit fulfilling criteria for PTSD were challenged with prazosin. Efficacy and adverse effects were weekly assessed during one month with validated clinical scales.

#### Results

18 patients (10 girls, 8 boys) were treated: 13 (72%) suffering from sexual abuse and 5 (28%) from familial violence. At one month, the mean GAF score was significantly improved from 42.7 (with a standard deviation of +/-3.6) to 69.9 (+/-5.3) (improvement of 63%). CGI decreased from 5.3 (+/-0.9) to 2.9 (+/-0.7) (improvement of 43%). The mean total UCLA score decreased from 11.4 points (+/-5.4) during the first week and from 37.9 (+/-16) during the first month leading to an improvement of 20% and 67% respectively. The improvement was significant for both type of trauma (sexual or violence) and both sex. No side effects were reported except for one patient (hypotension).

#### Conclusions

As a previous retrospective review (Keeshin et al. 2017), our results suggest that prazosin is well-tolerated and efficient on PTSD symptoms in youth. However,

randomized controlled trials are needed to confirm this promising treatment.

#### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.110

#### Transgenerational dismission of the closenes with death

N. Kravić<sup>1</sup>, Z. Selimbašić<sup>1</sup>, M. Brkić<sup>1</sup>, I. Pajević<sup>1</sup>

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#### Objectives

In Bosnia and Herzegovina since April 1992 until December 1995, there was a terrible war going on where more than 100 000 people were killed. In July 11th 1995, UN "safe haven" town Srebrenica was captured after three years of siege. Serbian forces committed genocide by killing about 9000 men and boys there. Some of them managed to "cross through the forest" and reach free territory. After the war, they tried to continue a normal life, but wearing their war traumas deep in their souls. Their unspeakable stories have overcome their children like an invisible death burden.

#### Case description

A 16 years old boy came with his parents for psychiatric treatment, his school teacher advised that, because in his school work essay he mentioned death wishes. A typical teenager from a small town near Tuzla, attending the second grade of high school, have some issues with friends, girlfriends and wishes, but also some death attraction very much declared. His father survived the Srebrenica genocide five years before he was born, walking through the forests for 9 days, expecting to die in every moment, hunted like a beast by enemy soldiers. The boy's mother was displaced and had losses of close family members. With their marriage, home and family they tried to overcome the death sentence they survived, but still carried wounds in their souls, and silently transmitting it on to their children.

#### Results

War consequences are complex and long lasting for all population.

#### Conclusions

The unspoken words from their parents and buried negative feelings suddenly wake up in souls and thoughts of their children, asking for the story to be told.

#### Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.111

#### One-year follow up of clinical features in child and adolescent victims with sexual abuse based on cohorts in Korea

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#### Objectives

The aim of this study was to evaluate changes of diagnoses, PTSD related scales, and social support scale in child and adolescent victims with sexual

abuse based on the cohorts of Nation-funded Childhood Sexual Abuse (CSA) protection center in Korea.

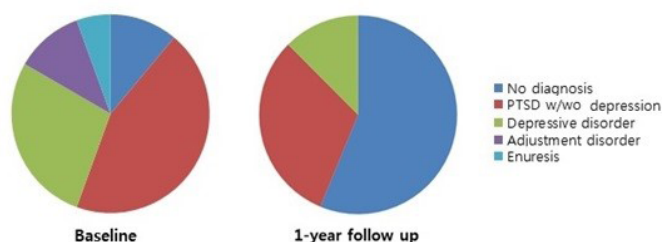
## Methods

Eighteen subjects of 43 participants were analyzed in the cohort study. Data from the subjects were sociodemographic and trauma-specific characteristics, TSCYC, TSCC, SSAS, and K-SADs-PL. Assessments were performed at baseline, 6-month follow up and 1-year follow up.

### Results

Mean age of the subject at baseline was 11.72 years old (SD = 4.82, range = 3-17), and mean age of the time at the first CSA incident was 8.94 years old (SD = 4.11, range = 3-15). Female victims were 15. Sixteen of 18 subjects had psychiatric diagnoses such as PTSD with/without depressive disorder, depressive disorder, adjustment disorder, and enuresis. Nine of the 16 subjects who had any psychiatric illnesses, changed no more psychiatric diagnoses at 1 year follow up by K-SADs-PL interview (Figure). There were significant improvements in most PTSD domains of TSCYC and TSCC, and in SSAS by periods through repeated measures ANOVA.

**Figure** Diagnostic changes by the Korean version of Kiddie-Schedule for Affective Disorder and Schizophrenia Present and Lifetime Version (N=18).



N : number; PTSD : Posttraumatic stress disorder; w/wo : with/without

**Table** Changes in scores of TSCYC, TSCC and SSAS by period.

Scale / domain	Baseline	6-mo follow up	1-year follow up
<i>Trauma Symptom Checklist for Young Children (TSCYC, parent-report)</i>			
Response level <sup>a, b</sup>	51.57±11.46	53.57±7.04	62.86±13.02
Angry <sup>a, b</sup>	51.71±9.09	49.57±5.06	43.57±2.70
PTSD-intrusion <sup>a</sup>	66.86±21.49	53.57±8.92	48.14±5.01
PTSD-Avoidance <sup>a, b</sup>	83.29±22.57	65.14±19.55	50.43±4.76
PTSD-Arousal	53.86±6.91	56.14±8.90	47.14±7.71
PTSD-Total <sup>a, b</sup>	68.14±16.07	60.14±10.95	46.43±3.65
<i>Trauma Symptom Checklist for Children (TSCC, child-report)</i>			
Anxiety	49.40±18.93	51.20±19.65	44.40±12.46
Depression	46.40±18.93	43.80±13.50	44.00±13.06
Anger	49.80±16.50	44.80±11.12	41.60±10.97
PTSD <sup>a, b</sup>	48.40±14.98	50.80±13.54	41.00±7.07
Dissociation	46.80±12.01	45.20±10.21	42.40±9.24
<i>Social Support Appraisal Scale (SSAS, child-report) <sup>a, b</sup></i>			
	92.33±24.46	100.17±19.73	113.00±19.53

\* : significant among three periods by repeated measures ANOVA.

a : significant between baseline and 1-year follow up by post-hoc analysis.

b : significant between 6-Mo and 1-year follow up by post-hoc analysis.

## Conclusions

Our data suggest that the prevalences of psychiatric illness would be decreased, and the scores of PTSD-related and social support scales for CSA victims would be improved in one-year follow up period. The study was supported by the Korea Mental Health Technology R&D project, the Ministry of Health & Welfare in 2015.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.112

### Risk factors of complicated grief among parentally bereaved children: design and first results from a longitudinal and prospective study

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### Objectives

The death of a parent is among the most stressful events that a child can experience. Although complicated grief (CG) have recently received increasing recognition in children, little is known about its risk factors in this population. The aim of this study is to identify risk factors of CG among children and adolescents who lost a parent from cancer or from another cause.



## Methods

50 children aged 6 to 17 years and their parents are being recruited. At 3 (T0), 6 (T1) and 12 months (T2), they complete different questionnaires: Peritraumatic Dissociative Experiences Questionnaire (PDEQ), Peritraumatic Distress Inventory (PDI), Inventory of Complicated Grief (ICG-R), Security Scale (SS) - evaluating children's perceptions of security in parent-child relationships, Grief-Related Avoidance Questionnaire (GRAQ), Child Post-Traumatic Stress Reaction Index (CPTS-R) and Children Depression Inventory (CDI).

## Results

To date, 15 children (mean (SD) age = 12.3 (3.0), 11 girls and 4 boys) and their parent (N = 12) have been enrolled (2 suicides, 2 accidental death, and 8 deaths from disease). Preliminary results showed a non-significant increase in PTSD symptoms in children between T0 (mean (SD) = 28.3 (15.2)) and T2 (mean (SD) = 35.3 (20.1)) and no significant difference in CG symptoms between T0 (mean (SD) = 51.7 (14.8)) and T2 (mean (SD) = 49.9 (18.3)).

## Conclusions

This is the first study to evaluate a range of risk factors for CG among children. Finding from this study will help to identify mechanisms involved in CG and to improve preventive and treatment strategies.

conditional logistic regression analyses were conducted to analyze paternal migration status and region of birth as exposure factors.

## Results

The likelihood of being diagnosed with PTSD was significantly higher among children of an immigrant father (OR 1.77, CI 1.22-2.56). Both female and male children had increased risk for PTSD whose father was immigrant (OR 1.77, CI 1.22-2.56) and (OR 1.74, CI 1.03-2.94) respectively. Children with immigrant father from North Africa and Middle East had increased risk for PTSD (OR 2.14, CI 1.39-3.27).

## Conclusions

The increased risk of PTSD among children to an immigrant father indicates for intergenerational transmission, challenges in diagnosing immigrants' children and underutilization of health services. This highlights the need of attention to the children of traumatized parents.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.113

#### Association between parental immigration and post-traumatic stress disorder (PTSD): nationwide population-based case-control study

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#### Objectives

Posttraumatic stress disorder (PTSD) is a trauma-and stressor-related disorder that occurs when exposed to a stressful events or situation exceptionally threatening or catastrophic in nature. Familial trauma history, parental migration, psychopathology and substance abuse are prenatal risk factors associated with PTSD and/or increased vulnerability to violent trauma in offspring. The aim of the study is to investigate the association between parental immigration and diagnosis of PTSD in offspring.

#### Methods

This nested matched case-control study is based on national birth cohort. The sample included all singleton born in in Finland between 1.1.1987-31.12.2010 diagnosed with PTSD (n=3639) in Finnish Hospital Discharge Register (FHDR) by the year 2012. Each case was matched with four controls on date of birth ( $\pm 30$  days), gender, and place of birth (n=14435). A

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

### P 2.114

#### Training program for children's mental health in disaster-affected area of the Philippines

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#### Objectives

The aim of this project was that The National Center for Global Health and Medicine (NCGM) in Japan hold child mental health training program to the development of community mental health after disasters in the Philippines. This project had three training programs in 2017.

#### Methods

The NCGM in collaboration with the National Center for Neurology and Psychiatry, University of the Ryukyus, and College of Public Health, University of the Philippines, Manila conducted a training for children's mental health in disaster-affected areas in Japan on June, Philippines on October, and Japan on December.

#### Results

There has a natural disaster like earthquakes, Typhoons, floods and Volcano eruptions in every several years in the republic of Philippines and the care about mental health for the children who were affected by them is a big issue there.

There were workshops about mental health for the children in the Japanese and Philippine affected area. There were site visits to the affected area both Japan and the Philippines. Round table discussion was that local supporters will learn how to support children's mental health in affected areas and build a support network based on the local needs.

## Conclusions

In the training program for children's mental health in disaster-affected area of the Philippines, Japanese professions were able to share Japanese clinical experience after devastating disaster. In order to treat child mental health after tremendous disasters, it is important to understand regional family system and culture.

## Poster session 2

24 July 2018, 13:00 - 18:30, Poster Area

P 2.115

### Effectiveness of emotional competence skills programme for adolescents in India

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#### Objectives

Background: Emotional difficulties pose a greater threat to the overall well-being and quality of life of adolescents. A gap exists between research and implementation of school based promotive interventions.

Objective: To examine the effectiveness of an emotional competence skills programme on self-awareness, management, efficacy, empathy and perspective taking, distress tolerance, psychological problems and stress, for adolescents in the Indian context.

#### Methods

Method: An emotional competence skills programme was formulated and prospective design was adopted to study the effectiveness of the programme, in a sample of 188 students; 109 students from the study group and 79 from the control group. Both groups were assessed on the above mentioned variables at baseline, post intervention and a 3 month no contact follow-up. The study group received an 8 session emotional competence skills programme, while the control group received one orientation session about emotional competence.

#### Results

Results: At follow-up, students from the study group in comparison with the control group evidenced an improvement in their level of emotional awareness, stress management, ability to accept emotions, reduction in usage of negative emotion regulation strategies and levels of stress. However academic self-efficacy and general mood also reduced post intervention. Gender differences were observed with a reduction in usage of negative emotion regulation strategies among females and improvement in stress management abilities among males.

#### Conclusions

Conclusion: The findings call for future development and implementation of school based universal intervention programmes catering to emotions, especially among the adolescent population who face difficulties in help-seeking.

## Poster session 3

### Posters in this session correspond to the following topics:

P 3.001 Advocacy, Ethics, Human Rights, Rights of the Child, Policy  
P 3.002 - P 3.007 Bridging the Gap between Adolescent and Adult Mental Health Care  
P 3.008 - P 3.014 Culture and Transcultural Psychiatry  
P 3.015 - P 3.022 e-Health Interventions  
P 3.023 - P 3.029 Economics, Resources, Funding in Child and Adolescent Mental Care  
P 3.030 - P 3.070 Epidemiology and Public Health in Child and Adolescent Psychiatry  
P 3.071 - P 3.076 Inpatient Care  
P 3.077 Integrative Medicine in Mental Health  
P 3.078 - P 3.090 Media and the Internet  
P 3.091 - P 3.098 New Technologies in Diagnostics and Therapy  
P 3.099 - P 3.101 Psychiatric Classifications and Diagnostic Issues  
P 3.102 - P 3.106 Systems of Care  
P 3.107 Self-Harm Behaviour, Suicidality and its Prevention  
P 3.108 Psychotic disorders  
P 3.109 Child Abuse, CAN, Bullying, Child Protection  
P 3.110 ADHD

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.002

### How common are mental health disorders among adolescent mothers? A scoping review in sub-Saharan Africa

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<sup>2</sup>Medical Research Council, Health Systems Research Unit, Cape Town, South Africa

#### Objectives

Teenage pregnancy remains a global public health concern and is associated with a range of adverse outcomes, including mental health problems in young mothers. The majority of adolescent mothers live in sub-Saharan Africa (SSA), typically in socially and economically disadvantaged communities, which exacerbates maternal and child mental health outcomes. This scoping review set out to provide an overview of mental health disorders affecting adolescent mothers in SSA in order to identify clinical and research priorities to improve their mental health and wellbeing.

#### Methods

Five databases were searched to identify studies focusing on mental health disorders affecting adolescent mothers in SSA, using a search strategy adapted based on the technical requirements of each database. Articles were independently screened for eligibility by two researchers and studies that met the predefined inclusion criteria were included.

#### Results

We identified very limited research on mental health disorders of adolescent mothers in SSA. Postpartum depression, anxiety disorders, and substance abuse were common mental health disorders identified among adolescent mothers. Adolescent mothers were reported to experience more depressive symptoms during pregnancy and postpartum period compared to adult women. Adolescent mothers were also reported to be at high risk for posttraumatic stress disorder as a result of exposure to traumatic events including neglect and intimate partner violence.

#### Conclusions

More research is needed in SSA to quantify the impact of teenage pregnancy on the mental health and wellbeing of adolescent mothers to develop appropri-



ate identification and intervention for those problems in this vulnerable group of adolescents.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.003

#### The telling romantic story of home

C.J. Lee<sup>1</sup>

<sup>1</sup>Buddhist Dalin Tzu Chi general hospital, psychiatric, chiayi county, Taiwan

#### Objectives

Occupational therapists would like to suggest that when people work, play, and perform activities of daily living, they shape their capacities, patterns of acting. According to this assumption, if we would like to change someone's belief, we should change his behavior of this belief. We would like to lead teenagers to look at the good side about their home, because we want to change the view and cognition of teenagers about their home.

#### Methods

The research was designed for teenagers who are raised by their grandparents, and it focused on rebuilding their relationships with grandparents. Ten participants were recruited in this research from the children's growth camp. Of all ten participants had behavioral issues towards authority figures at home or in school.

The volunteers of this camp designed the program, the romantic story of your home, for these participants. In the romantic stories, they showed the interactions between them and their grandparents, but they were only allowed to show the good things that were worth to remember.

#### Results

There were seven participants to complete their stories and five of them expressed that they found something different from that they thought before the program. But there were three participants refused to complete the stories and they stick to their own opinions that there were nothing good in their home.

#### Conclusions

According the research, we would like to suggest using story-telling to help teenagers rebuild their relationships with their family. However, it is required to dissolve the conflicts in their relationships prior to this intervention.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.004

#### Addressing the psychiatric needs of youth in transition: a youth community assessment and treatment team (YCATT) pilot service

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<sup>5</sup>Mayo Clinic, Psychiatry and Psychology, Rochester, USA

<sup>6</sup>Orygen- The National Center of Excellence in Youth Mental Health, Orygen-

*The National Center of Excellence in Youth Mental Health, Melbourne, Australia*

#### Objectives

There is an increasing need for targeted, highly accessible early intervention in youth (16-24 years) with emerging and complex psychiatric presentations. The Youth Community and Assessment Treatment Team (YCATT) service was established with the aims of reducing psychiatric inpatient admissions and to provide outpatient care for patients at risk of being lost to follow up in the transition between child and adult psychiatric services across the metropolitan and rural areas of Perth, Western Australia.

#### Methods

A retrospective design and review of demographic, clinical and service utilization data from referrals (n=308) between April 2016 and June 2017. Changes in clinical severity were assessed by comparing the Health of the Nations Outcome Scale (HoNOS) scores at admission and discharge from the service.

#### Results

All youth (n=308) had a trauma or abuse history and presented with acute and/or complex presentations as assessed by clinical interview, multiple co-morbidities and symptom severity. The majority of patients (53%) were under 18 years of age. During an episode of care with YCATT, the admission rate to a psychiatric inpatient unit was less than 7% (n= 21). Of the 61 patients who were specifically referred to YCATT as a possible alternative to psychiatric admission, successful diversion occurred in over 90% (n= 55) of cases. 287 referred youth were able to complete treatment in the outpatient setting. There was a significant decrease in HoNOS scores between the point of activation and discharge (p<0.001) from the service.

#### Conclusions

These findings suggest that YCATT was a valuable and effective pilot service with early access for this vulnerable population. It appears that YCATT contributed to diverting psychiatric inpatient admissions, facilitated outpatient treatment and enabled continuity of care for vulnerable young people in collaboration with other community services. YCATT fulfills a need not provided by other psychiatric services for this particular age group and may be replicable in similar settings outside of Western Australia.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.007

#### Foster care youth diagnosed with mental illness and their challenges transitioning to adulthood

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#### Objectives

There are approximately 427,000 children and adolescents in the US foster care system, and each year about 21,000 (9%) leave care through emancipation, aging out at the age of 18 in most states. Research has shown that those who leave foster care without being adopted have a higher likelihood than youth in the general population to experience homelessness, unemployment and incarceration as adults. Studies have shown that the more placements a child experiences, increases the risk of attachment issues leading to a higher risk of psychiatric morbidity in adulthood. This poster presentation will illustrate multiple challenges facing transitioning youth from foster care to adulthood and provide



models of care that participants can incorporate into their clinical work.

## Methods

This presentation is in three parts. The first part will discuss factors increasing risk for negative transition outcomes, including complex trauma, multiple placements, and fragmented schooling. The second part will describe factors which are associated with positive transition outcomes, including transition-readiness assessments, housing and education, and financial literacy. Finally, the third part will provide mental health professionals and policy makers with developmentally informed recommendations to promote a successful transition.

## Results

Participants will gain a greater understanding of the difficulties that transitional age youth with psychiatric disorders face when leaving foster care, and will learn how to minimize the risks of negative transitions while promoting positive transitions.

## Conclusions

Child and Adolescent Psychiatrists can offer their expertise in adolescence to inform policy, initiate research, provide support and treatment, and develop social plans and clinical programs for these youths.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.008

### Belief in reincarnation and its impact on parental adjustment to autism

A. Abhyankar<sup>1</sup>

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#### Objectives

To study parental beliefs (cultural and other non-medical) about Autism in India

**Methods**  
16 parents of children attending special school for children with intellectual impairment (who were also diagnosed with Autism) were interviewed in detail. Interview was conducted along the line of MINI (McGill Illness Narrative Interview). Parental responses were noted and based on their responses further questions were asked to understand their attributions in depth.

#### Results

A variety of non-medical attributions were reported. Of particular interest was the fact that all 16 parents expressed their belief in reincarnation. A set of parental attributions focussed on the reasons for the child's Autism. Another set of attributions focussed on the parent's role as carers of children of Autism i.e. One set of attributions was that child was reincarnated because of his actions in a past life and the other was that they had to care for the child as a result of their actions in past life

#### Conclusions

Parents found adjusting to difficulties faced by them lot easier by believing in reincarnation. But at the same time acceptance some time resulted in accepting

the child with all his behaviours (including problem behaviours) and therefore there was little attempt to improve the child's skills or at rehabilitation.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.009

### Specificities of the adaptation of the MacArthur-Bates Communicative Development Inventory Words and Sentences to Tunisian dialect

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<sup>5</sup>Razi Hospital, Child and adolescent Psychiatry Department, Manouba, Tunisia

#### Objectives

Describe the specificities of the MacArthur-Bates Communicative Development Inventory Words and Sentences (CDI) adaptation into Tunisian Arabic.

#### Methods

A Tunisian version of the CDI developed by the Child and adolescent psychiatry department team of Mongi Slim Hospital (Tunisia). Child psychiatrists, speech therapists and a linguist participated to the project. Forward and backward translations of the CDI long form were undertaken to develop this Arabic version. Linguistic, grammatical and cultural differences have been taken into account.

#### Results

In Part I of the CDI, the same word sections were kept (22 sections). Total number of vocabulary checklist words was reduced from 680 to 647. A total of 32 words were added and 65 low-frequency words were dropped. In Part II, examples were adapted to the Tunisian context. Sections referring to past tense irregular verbs and sentence complexity were removed. One additional change involved the irregular plural nouns section: more examples were proposed (13 examples instead of 5). Finally, two new sections were added to evaluate the correct use of pronouns and imperative form of verbs.

#### Conclusions

Languages and cultures differ substantially in both the form and content of their communication systems. That's why the adaptation of the MacArthur-Bates Communicative Development Inventory Words and Sentences is necessary to be able to evaluate early language and communicative development in Tunisian children.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.010

### A review of diagnostic measures for ASD in low- and middle-income regions: autism spectrum disorder international consortium (ASDIC)

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### Objectives

International data showed that in many countries with various income levels there are regions where limited resources hamper autism services for diagnosis and treatment. The Autism Spectrum Disorder International Consortium (ASDIC) brings together academic partners from different parts of the world and aims for improving care and research in underserved regions. The current study aimed to review diagnostic measures for ASD used in research from low- and middle-income countries (LMIC).

### Methods

A Systematic search was performed using the PubMed database. The aim was to locate measures employed or developed in LMIC for evaluating or diagnosing children with ASD. No age, language, or other filters were placed and review articles were included.

### Results

A total of 34 studies from different countries were included. It was found that eight diagnostic measures were developed in LMIC. Nine measures - developed in the US or Europe - were found to be used in LMIC, but mostly without cultural validation. In 8 countries, between 10-70 studies were identified describing the use of diagnostic measures (mostly ADI-R, ADOS, CARS), while in the majority less than 10 studies were detected. A minority of the measures is freely available. Most measures are expensive due to materials, training or lengthy administration by high skilled professionals.

### Conclusions

The results highlight the urgent need for affordable diagnostic measures of which the psychometric properties are investigated in low resource regions and from a diverse cultural perspective. The ASDIC Consortium, led by a multidisciplinary team, is committed to help on contributing to this goal.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.011

### Internationally adopted children - a reflection on the impact in child development

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### Objectives

Internationally adopted children are often delayed in their general development and demonstrate more behavior problems than non-adopted children due to adverse pre-adoption circumstances. In this review, we aim to reflect on the impact of international adoption in child development and understand why, despite the significant progress in development they made, they still lag behind in communication and motor skills compared to non-adopted children.

### Methods

We made a research on PubMed and B-On using as key terms "internationally adopted children", "foster care", "post-institutionalized children", "mental health", "development problems".

### Results

One factor that may partially explain variability in developmental recovery is the child's birth country and associated differences in pre-adoptive experiences. Those who experience low-quality orphanage or other institutional caregiving prior to adoption show greater developmental deficits than those cared for in foster or other home-care settings. For children who are adopted internationally from institutional settings, early deprivation is followed by an abrupt, dramatic shift to an adoptive family setting. Adoption represents a profound multilevel intervention, in which children are placed into family environments that provide rich cognitive and social stimulation and one-on-one attention from a stable caregiver, in addition to meeting nutritional and medical needs.

### Conclusions

All internationally adopted children experience a disruption in caregiving. Despite remarkable recovery in many developmental domains, post-institutionalized children continue to be at higher risk of internalizing and externalizing problems throughout their childhoods compared to non-adopted children reared with their biological families.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.012

### Assessment of individual and familial factors relate to school readiness and language development of children

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### Objectives

The present study aims to compare school readiness and receptive-expressive language skills of bilingual and monolingual pre-school age children whose families have different sociocultural and socioeconomic levels, to determine the relationship between school readiness and language skills, and examine the pre-school factors which may influence these issues.

### Methods

Study group consisted of 97 bilingual (Kurdish and Turkish), 93 monolingual (Turkish) of 190 children who registered in 6 different schools in Izmir. Metropolitan Readiness Test and Turkish Expressive and Receptive Language Test were performed to children. In order to determine the sociodemographical features of children, Sociodemographic Questionnaire was performed to parents. Logistic regression analysis was conducted with variables related to school readiness, while linear regression analysis was conducted with variables related to language skills.

## Results

Age, pre-school education, bilingualism, the number of siblings, monthly income of family, education level of parents, acquaintance type of family, and condition of consanguineous marriage were found as factors related to school readiness and language skills of children. Logistic regression analysis conducted with school readiness revealed that higher age, presence of pre-school education, and monolingualism are predictors of Metropolitan Readiness scores. Linear regressions conducted with language skills revealed that presence of pre-school education, education level of mother are associated with high scores in Receptive Language Test; higher age, gender, presence of pre-school education, higher monthly income of family, acquaintance type of family, monolingualism are associated with high scores in Expressive Language Test.

## Conclusions

Pre-school education and bilingualism are the most important factors related to school readiness and language skills.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.013

#### Factors affecting suicidal ideation among North Korean adolescent refugees residing in South Korea

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#### Objectives

North Korean refugees experience adaptation difficulties, along with a wide range of psychological problems. Therefore, they are assumed to be at risk for suicidal behavior. This study aimed to investigate factors that affect suicidal ideation among North Korean adolescent refugees residing in South Korea.

#### Methods

A total of 135 participants were recruited from two alternative schools for North Korean adolescent refugees who were preparing for the qualification examinations for middle and high school graduation in 2017. We compared socio-demographic, trauma-related, familial, social and psychological characteristics between participants with and without suicidal ideation.

#### Results

Twenty-two refugees (16.3%) had a suicidal ideation in the past 12 months. The refugees with suicidal ideation had lower levels of familial cohesion ( $t = 2.96$ ;  $p = 0.004$ ), self-esteem ( $t = 4.24$ ;  $p < 0.001$ ) and resilience ( $t = 4.24$ ;  $p < 0.001$ ) and higher levels of expressional suppression ( $t = -3.15$ ;  $p = 0.003$ ) and post-traumatic stress disorder symptoms ( $t = -2.08$ ;  $p = 0.043$ ). In a multiple regression model, only the level of emotional suppression was significantly associated suicidal ideation after controlling other variables.

#### Conclusions

Interventions promoting emotional processing and expression should be implemented in North Korean population at risk of suicide. Interventions to increase resilience, to decrease the impact of traumatic events and to provide familial support may be also helpful for North Korean adolescent refugees at risk.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.014

#### Cross-cultural adaptation, validation and reliability of the arabic version of diagnostic infant preschool assessment scale (DIPA).

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#### Objectives

Translation and cultural adaptation of Diagnostic Infant Preschool Assessment (DIPA) from English to Arabic; testing its validity and test-retest reliability.

#### Methods

The study was done over 2 years from 2016 to 2018. After the author's permission, the WHO (2016) recommended steps for the process of translation and adaptation of instruments was followed including forward translation, expert panel evaluation, back-translation by another health professional translator blinded in relation to the original instrument; pre-testing and cognitive interviewing. The final version of the instrument was subjected to validation and test-retest reliability on a clinical sample of 30 children aged from 2.9-4.8 years (mean=4 ± 0.6 years). Children with learning disability and autism spectrum disorder were excluded. Validation was done through agreement between the translated DIPA and Arabic version of DSM-based Child Behavior Check (CBCL). Test-retest reliability was assessed by performing the translated DIPA in two setting, the mean duration between the two settings was 9.8 days (7-21 days).

#### Results

Validity of categorical variables of translated DIPA showed: substantial kappa (0.61-0.80) for Conduct Disorder, moderate kappa (0.41-0.60) for Post-traumatic Stress Disorder, Generalized Anxiety Disorder, Major Depressive Disorder, Oppositional Defiant Disorder and Sleep Disorders; poor kappa (0-0.40) for Separation Anxiety Disorder, Attention Deficit Hyperactivity Disorder and Reactive Attachment Disorder. No cases of Bipolar, Obsessive Compulsive Disorder or Phobias were diagnosed. Test-Retest Reliability showed had almost perfect agreement for all disorders (kappa > 0.81).

#### Conclusions

The Arabic DIPA showed adequate test-retest reliability for all of the nine disorders examined and acceptable validity when compared to the CBCL.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.015

#### Expanding horizons: a look into mobile application use among mental health professionals (an Irish perspective)

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<sup>5</sup>University of Limerick, Department of Psychiatry, Kilmallock, Ireland

### Objectives

Smart phone adoption in the mental health setting is growing at a rapid pace not only within the public sector but also among healthcare professionals. Our study is unique in its goal to shift the focus towards assessing mental health provider experience and explore options to meet their needs.

The aim of this study is to (1) assess current use of smartphone and mobile applications among mental health practitioners, (2) assess level of awareness and acceptance of mobile technology in a mental health setting, and (3) explore the anticipated benefits of introducing a specialised mobile application in a mental health setting.

### Methods

The survey was conducted over a two-hour educational workshop held in the University Hospital Limerick, Ireland. The inclusion criteria were set to mental health practitioners (Consultants and Non-Consultant Hospital Doctors). Initial stage of the study included, a two-page, 36-item paper-based before and after survey carried out on a group of psychiatrists (n=48) participating in the workshop. Second stage of the study seeks to introduce a specialized smart phone application that provides mental health providers (MHPs) with a single platform to access relevant and reliable mental health resources and tools.

### Results

Initial data revealed a minority of MHPs have recommended mobile applications to their patients. Whereas, over half of MHPs used mobile applications to facilitate their medical decisions. Majority of MHPs see a role and anticipated benefit for using mobile applications at work.

### Conclusions

The study highlights the growing trend in the integration and acceptance of mobile technology in a mental health setting.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.016

### Simulating a green environment for alleviating the pressure and anxiety of junior high school students in taiwan

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### Objectives

Junior high school students in Taiwan, aged from 13 to 15 years old, are suffering from pressure and anxiety mainly caused by the senior high school entrance examination. However, owing to their limited available time, few treatments can be taken to alleviate such pressure and anxiety. To address this issue, an innovate method is proposed in this study by simulating a green environment with multimedia.

### Methods

In our experiment, some junior high school students were placed in the simulated green environment and listened to various types of green music. After listening, a questionnaire survey was conducted to know whether their pressure and anxiety have been successfully reduced. The collected responses were analyzed using descriptive statistics, t test, single factor ANOVA, regression, and other statistical techniques.

### Results

The experimental results showed that

1. Listening to most types of green music could help junior high school students imagine a green environment.
2. The reductions in their pressure and anxiety by listening to specific types of

green music were statistically significant.

### Conclusions

A green environment can beautify the life and improve the health of residents and help them relax. However, the existing practice of creating a green environment, while performing well, costs high and takes much time. There should be a more convenient and cost-effective way to create a green environment. To this end, this study uses green music to simulate a green environment. The experimental results confirmed the effectiveness of the proposed methodology in reducing the pressure and anxiety of junior high school students in Taiwan.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.017

### Evaluation of internet-based cognitive-behavioral psychotherapy in children with obsessive-compulsive disorder (OCD)

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<sup>6</sup>Clinics of Cologne- Germany, Department of Child and Adolescent Psychiatry and Psychotherapy, Cologne, Germany

### Objectives

Internet-based cognitive behavioral psychotherapy might be very successful to treat children with OCD. It could increase psychotherapy access and enable the treatment of symptoms in the naturalistic environment. Therefore, we developed an internet-based psychotherapy approach for children with OCD and evaluated it with this pilot study.

### Methods

We treated eight children with OCD with teleconferences supported with an app that assessed questions to symptoms and that guided exercises. We assessed diagnostical data before and after treatment. Additionally, we obtained psychophysiological data such as heart rate and electrodermal activity as markers for anxiety with a wristband to evaluate treatment success.

### Results

First results revealed that patients' compliance was high and that their symptoms declined.

### Conclusions

Internet-based psychotherapy was effective in reducing OCD symptoms in children. This psychotherapeutic approach might be very useful to treat also patients with other psychiatric disorders.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.018

## Smile and Vitamin D

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### Objectives

There are evidences that sunlight elevates mood up. It is reason for living beauty & confidence, that's Smile, gift of brain to facial muscle. The unrest among youth has reached alarming level resulting various psychosocial problems with lack of healthy smile, mood elevating serotonin in deficiency of vitamin D. a neuroactive compound, in regulating cell differentiation, proliferation, and peroxidation in brain. Deficiency in vitamin D is associated with increased susceptibility to infection. As immune cells in autoimmune diseases are responsive to the ameliorative effects of vitamin D. The beneficial effects of supplementing vitamin D deficient individuals with autoimmune disease may extend beyond the effects on bone and calcium homeostasis. The implications of vitamin D deficiency on the immune system have understood but host to autoimmunity. resulting in mood related disorder are not studied which prompted us to The present study prevalence of smiles and its relation to vitamin D.

### Methods

Total 50 young healthy students, 15 to 18 years 30 girls and 20 male were included. A flow chart was provided with smile documentation at various times of routines, instructed to document the spontaneous smile reflected for 12 weeks, were interviewed. They were provided 1000-2000 iu perday vitamin D for three months

### Results

It was observed that initial smile score was 20-25 times It was noted that after 3 months the smile index rose to 80-90 times, where they were using smiles to express their expression of mood.

### Conclusions

The present study though is small showed that vitamin D, supplementation act as a mood elevator serotonin effect with in dopaminergic neurons to induce smiles. More elaborative studies are needed if smiles are replacing with mental illnesses. because vitamin D deficiency and its regular use benefits improving smile and mental wellbeing.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.019

### Providing patients access to personalized health care through accessible youth-and-provider-friendly technology: a qualitative feasibility study

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<sup>1</sup>Queen's University, Department of Psychiatry, Kingston, Canada

### Objectives

Communication between patients and specialized care providers outside of scheduled appointments can often be arduous. Increased use and access to the internet on mobile and web-based devices have great clinical potential to facilitate exchange between patients, and providers. However, the vast majority of these technological platforms have not been rigorously tested. The purpose of this study is to assess the feasibility, utility and accessibility of a novel mobile-application and web-based portal suitable for use in clinical care provision that seeks to increase patient engagement, enhance communication, and reduce barriers affiliated with face-to-face care.

### Methods

Eligible participants included of youth, (14 to 25) with a diagnosis of ADHD, anxiety or depressive disorder, and providers (physicians and inter-professional staff) at Pathways for Children and Youth (Community), Kingston Family Health Team (Primary), and Hotel Dieu Hospital (Tertiary) in Kingston, Ontario.

### Results

Youth (n=61) and providers (n=12) engaged with the mobile-app or web-portal regularly. Focus groups and individual interviews were conducted with youth (n=20) and providers (n=10) to discuss interface navigation, convenience, promptness of response to user service queries, and assistance in management of mental health. Key themes emerged highlighting the importance of innovative technology as a potential facilitator to improve quality, access, safety, and efficiency of healthcare delivery.

### Conclusions

This project meets the needs of today's population by introducing the opportunity for virtual health while reducing stigma, eliminating barriers to treatment such as limited access due to travel demands, social anxiety, and parking costs, all the while accessing specialists in the field.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.021

### Telepsychiatry enabled group parent training intervention for children with attention-deficit/hyperactivity disorder (ADHD): A proof-of-concept study from India

R. Shah<sup>1</sup>, A. Avasthi<sup>1</sup>, S. Chakrabarti<sup>1</sup>, A. Sharma<sup>1</sup>, D. Sachdeva<sup>1</sup>

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### Objectives

Behavioural parent training groups for ADHD improve parental confidence and competence, and reduce behaviour problems and parental stress. Though group training, albeit culturally sensitive, may be more suitable for resource-constrained setting like ours, there are logistic difficulties in terms of travel time/ distance and cost, in assembling all the participants together regularly for multiple sessions. So, the objectives were to develop and deliver a culturally informed group parent training program using live multi-point video-conferencing and test its feasibility and preliminary effectiveness.

### Methods

Bilingual group parent training intervention was developed after reviewing existing literature and parental/ socio-cultural perceptions. Seven parents/ families consented to participate in 8 weekly 90-minute sessions using multi-point video-conferencing. Parents connected to the node through their smart hand-held devices or laptops with internet connectivity from their homes or any preferred location without extra cost. Each session had didactic (using multi-media by sharing screen of the node) and interactive components. The study had a non-randomised pre-post intervention design.

### Results

Interim analysis after 5 sessions revealed high levels of satisfaction and acceptability both with content and mode of intervention. All participants rated video-conferencing as comparable to face-to-face sessions, except one who favoured the latter. Improvements were noted in parent-child relations and parental confidence. Perceived benefits of VC included saving of time and expenses. A major difficulty faced by some was poor internet connection.

### Conclusions

Group parent training is feasible and may be effective when delivered using



multi-point video-conferencing. Randomised, controlled design shall be needed to further confirm results of this proof-of-concept study.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.022

#### Leveraging corporate social responsibility to enable cross jurisdictional programming

D. Willis<sup>1</sup>

<sup>1</sup>The Hospital for Sick Children, The Brain and Mental Health Program, Toronto, Canada

##### Objectives

To illustrate the effectiveness of public/private partnerships in the initiation and establishment of Child and Adolescent Psychiatry services to regions and jurisdictions that would otherwise no have access to these specialized services. Within publicly funded Canadian healthcare there are defined pockets of clinical expertise aligned with affiliated academic health care centres across the country. Provincial and territorial jurisdictional and licensure boundaries create barriers in accessing services when the required clinical expertise does not exist within your area. This presentation will illustrate how corporate involvement releases the financial obligations/barriers inherent with regional funding bodies.

##### Methods

The examination and assessment of current Tele-Link programming was conducted to understand the effectiveness of delivering services outside of the "home" organizations province/region. Perspectives were obtained from corporate sponsors, publicly funded healthcare organizations and recipients of the services, to understand their perceptions of the partnerships.

##### Results

Funding provided to cover the clinical services and technology required for programming and clinical care to populations was overwhelmingly received by front-line clinicians, management and system administrators. Project management and relationship development were crucial in moving this project forward - ongoing sustainability were key concerns throughout the pilot phase.

##### Conclusions

There was overwhelming acceptance of this new model of care introduced into a publicly funded health care system. By funding direct clinical care from a national perspective Tele-Link has eliminated inter-provincial billing requirements while demonstrating to public funders the potential successes and cost effectiveness of this service delivery model. The territorial governments accepted and signed contracts with Tele-Link after the pilots were concluded.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.023

#### School-based intervention: worth every penny? A cost-effectiveness analysis of the Incredible Years® Teacher Classroom Management programme in primary school children

P. Ganguli<sup>1</sup>

<sup>1</sup>Institute of Psychiatry- Psychology and Neuroscience at King's College London, Health Services & Population Research, London, United Kingdom

##### Objectives

Childhood antisocial behaviour is common and incurs substantial costs to affected families and to society. The Incredible Years® Teacher Classroom Management (TCM) programme promotes social and emotional regulation skills in both teachers and children, and has the potential to improve poor socio-emotional adjustment. This project evaluates the cost and cost-effectiveness of TCM compared to teaching as usual (TAU) in primary school children aged 4-9 years over a 30-months period.

##### Methods

A pragmatic cluster randomised controlled trial conducted across 80 schools in the southwest of the UK, with one teacher and their pupils per primary school allocated to either TCM training or TAU. Cost-effectiveness, using the Strengths and Difficulties Questionnaire (SDQ) and Quality Adjusted Life Years (QALYs) as the measures of effect, was assessed through the calculation of the incremental cost-effectiveness ratio (ICER), and using the net monetary benefit approach.

##### Results

Observed mean total costs were very slightly lower for TCM (£524.16) compared to TAU (£528.14) while SDQ scores were slightly better for TCM (5.2) compared to TAU (5.4) at 30-months follow-up. The lower costs and better outcomes for TCM generate an ICER of -£19.90 per unit improvement in SDQ, which suggests that TCM dominates TAU and is cost-effective. Secondary analysis using mapped QALYs showed little difference between trial arms and indicates that TCM may be cost-effective at 9- and 18-months but not at 30-months.

##### Conclusions

TCM may be cost-effective in the short to medium-term and could be explored as a whole school approach.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.024

#### An overview of child and adolescent mental health services in the Western Cape of South Africa

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<sup>3</sup>Alan J Flisher Centre for Public Mental Health- University of Cape Town, Psychiatry and Mental Health, Cape Town, South Africa

##### Objectives

The Western Cape has more CAMH (Child & Adolescent Mental Health) resources than most other provinces in South Africa, yet significant gaps and challenges exist. Here we set out to perform a multi-stakeholder SWOT analysis in partnership with CAMH service providers and policy-makers in the Western Cape, to identify multi-stakeholder perspectives of strengths, weaknesses, opportunities and threats in CAMH services.

##### Methods

A multi-stakeholder workshop was conducted with a wide range of purposively sampled CAMH service providers and policy-makers across levels of care. Twelve multi-stakeholders participated in the process. Participants included the Chief Executive Officer of Health, 5 MH nurses, 3 Child psychiatrists, a Medical officer and a clinical psychologist.

##### Results

Passion and commitment of CAMH providers was reported as the main strength

of the service. Weaknesses included lack of capacity, inadequate training, lack of financing and lack of advocacy. The first 1000 days project and the support from the Department of Health and academic institutions were recognised as opportunities for service development. Lack of resources was identified as the main threat.

## Conclusions

In spite of the Western Cape being "the luckiest province compared to other provinces" in terms of CAMH resources, the SWOT analysis reinforced the neglect of CAMH services in South Africa. There is a clear need for further exploration of the daily challenges in CAMH with service users and providers at the 'grassroots' in order to generate a comprehensive multi-stakeholder evidence-base data to improve and expand CAMH service delivery, training and research.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.025

### Surviving the research progress in low and middle income countries

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<sup>1</sup>University of Monastir, Psychiatry, Monastir, Tunisia

#### Introduction:

In the past thirty years, the number of scientific papers addressing child and adolescent psychiatry did rise importantly. The number of journal, scientific associations and organizations, and researchers, also increased from the 60s until now. Despite the undeniable progress in communication technologies, the access to research results and the participation of professional in the field working in low and middle income countries still far behind their real potential.

#### Aim

This symposium address the issues facing young child psychiatrists, both in their clinical activities and especially research activities; and try to find solution. Learning objectives: the symposium contain four parts, of thirty twenty minutes each, including the discussion. At the end of the symposium, the participant will be more able to:

1. Get access to scientific information.
2. Make research with limited financial resources, and search for grant
3. Access to fellowship and international training program and collaboration.
4. Be motivated to take things done by her/him self

#### Conclusion

Child psychiatrist in low and middle-income countries should advance in research to address properly child and adolescent mental health issues. It is a fact that these countries had many particularities, culturally and genetically. We should make advances by ourselves and stop waiting for help.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.030

### Every behaviour problem is not intellectual impairment. Co morbid psychiatric disorders in intellectually disabled children in central India

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<sup>2</sup>Queensland health., Psychology, Townsville, Australia

#### Objectives

To study presence of other psychiatric disorders in sample of intellectually disabled children attending special education facility in central India.

#### Methods

75 children attending special education school were administered Developmental behavioural questionnaire (DBC) DBC is an instrument which can identify broad groups of psychiatric disorders as well as Autism.

#### Results

Significant number of children was identified as having Autism. Other disorders identified were anxiety disorders and mood disorders. Overall more than half the children had a identifiable co morbid psychiatric disorder.

#### Conclusions

presence of psychiatric disorder affects children's learning and motivation. Children with autism require special education which is different from special education given to other children with intellectual impairment. Anxiety and mood disorders can be successfully treated. However it is a common experience that these disorders do not receive attention and often not recognised and hence not treated. This is recognised all over the world. It is highly relevant in a place like India where mental health resources are very minimal for overall population.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.031

### Clinical profile and comorbidity of obsessive compulsive disorder among children and adolescents: a cross-sectional observation in Bangladesh

M.H.R. Chowdhury<sup>1</sup>, M.S.I. Mullick<sup>1</sup>, S.M.Y. Arafat<sup>1</sup>

<sup>1</sup>Bangabandhu Sheikh Mujib Medical University, Psychiatry, Dhaka, Bangladesh

#### Objectives

This study was aimed at looking into the type, frequency, and severity of symptoms of OCD and comorbidity among children and adolescents.

#### Methods

A consecutive 60 OCD cases from a child mental health service with age range of 5–18 years were recruited and divided into below and above 12 years of age group. The assessment was carried out using standardized Bangla version of Development and Wellbeing Assessment and Children's Yale-Brown Obsessive Compulsive Scale was administered.

#### Results

Of the obsession, contamination was the highest followed by doubt, and of the compulsion, washing/cleaning was the highest followed by checking, repeating, and ordering rituals. More than half of the subjects had severe OCD and comorbidity was present in 58% subjects. Specific phobia, social phobia, major depressive disorder, and tic disorder were more prevalent.

#### Conclusions



These symptoms and comorbidity profile can serve the baseline data for a country like Bangladesh and further large scale study would better generalize the study results.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.032

#### Phenomenology of obsessive compulsive disorder in children and adolescents: a cross-sectional observation in Bangladesh

M.S.I. Mullick<sup>1</sup>, M.H.R. Chowdhury<sup>1</sup>, S.M.Y. Arafat<sup>1</sup>

<sup>1</sup>Bangabandhu Sheikh Mujib Medical University, Psychiatry, Dhaka, Bangladesh

##### Objectives

It was aimed to look into the phenomenology of OCD in children and adolescents in Bangladesh.

##### Methods

The descriptive cross sectional study was conducted in a child mental health consultation center from January 2014 to December 2014. 106 OCD cases were included purposively. The assessment was carried out by using standardized Bangla version of Development and Well-Being Assessment and Children's Yale-Brown Obsessive Compulsive Scale.

##### Results

Of the obsessions, miscellaneous was found to be the highest followed by contamination; and of the compulsions, washing/cleaning was the highest followed by checking, miscellaneous, repeating, ordering rituals. About half of the subjects had severe OCD and comorbidity was present in 45.3% subjects. Hyperkinetic disorder, major depressive disorder, anxiety disorder, social phobia, specific phobia and tic disorder were more prevalent.

##### Conclusions

Miscellaneous and contamination obsessions are prominent as obsessions whereas checking and miscellaneous are prominent as compulsions in Bangladesh. Further larger scale, multi centered or community based studies would be better to generalize the results.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.033

#### Diagnostic distribution of psychiatric disorders under 7-year-old from National Health Insurance Data

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<sup>2</sup>Kyunghee University School of Medicine, Psychiatry, Seoul, Republic of Korea

##### Objectives

The authors examined the diagnostic incidence of psychiatric disorders under the age of seven in general population.

##### Methods

In a sample data, 1,375,842 general populations from National Health Insurance Review and Assessment Service in Korea on 2011, subjects under age seven were 77,634. Authors selected subjects with at least one claim for

either of the diagnostic codes of psychiatry disorders by ICD-10.

##### Results

Among 77,634, 2,408 cases were diagnosed with psychiatric disorders: 1,608 (66.7%) boys and 800 (33.2%) girls. The most frequent diagnosis was language development disorders (F80), followed by disorders usually occurring in childhood (F98), and ADHD (F90) in both genders; F80, followed by F98, F90 in boys; and F98, followed by F80 and anxiety disorders (F41) in girls. In both genders, the incidence of F80 increased in subjects less than 3-years-old and then decreased, and the incidence of F98 increased with age. The incidence of F90 increased with age, more significantly in boys than in girls. In girls, the incidence of F41 increased with age.

##### Conclusions

While language development disorders are the most common psychiatric problems in infancy, gender differences exist in terms of the types of psychiatric problems observed, boys showing externalizing behaviors and girls showing internalized emotional symptoms.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.034

#### The prevalence and comorbidity of prolonged school refusal with severe social withdrawal in Taipei

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<sup>2</sup>Taipei City Hospital Songde Branch Taipei City Psychiatric Center, Department of Child and Adolescent Psychiatry, Taipei, Taiwan

<sup>3</sup>Seed of Hope Clinic, Department of Child and Adolescent Psychiatry, Taipei, Taiwan

##### Objectives

The purpose of this research was to investigate the prevalence of school refusal (SR) with severe social withdrawal behaviors (SW) among children and adolescents in three educational stages after 2 months of first semester school entry in Taipei.

##### Methods

Designed questionnaires were mailed to all elementary, junior high, senior high and vocational schools of Taipei. We defined who with prolonged SR (both 3 consecutive days and over 8 days in one month) and stayed mainly at home with following conditions as cases with SW: (1) no activity outside school with friends; (2) not engaging internet interaction with friends (3) not having any jobs, and (4) not attending any cram school.

##### Results

Among 353450 students registered in Taipei in 2011, 334 students were identified as School Non-Attendance (SNA) and 277 (82.93%) of them having problems of SR. Prevalence rate of SR was 0.095%. Severe SW group cases showed earlier onset of difficulty in attending school regularly, and they were referred to psychiatric service at a significantly younger age. The prevalence of SR increased along with age with higher manifestation especially since grade 7 without gender difference. The problem did not fade with time, and only 29.24% of the SR students had psychiatric referral. Anxiety and depressive disorder were the most frequent diagnoses.

##### Conclusions

SW problems can be easily identified by applying questionnaire among SNA cases. The results indicated a substantial number of SW students hidden among the SR students, and these students need more active mental health intervention.



## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.035

### Importance of cross-cultural adjustment of M-CHAT R/F in the process of validation as an autism test

M.E. Coelho Medeiros<sup>1</sup>, J. Bronstein<sup>1</sup>, K. Aedo<sup>1</sup>, J. Pereira<sup>1</sup>, V. Araño<sup>1</sup>, C. Perez<sup>1</sup>, P. Valenzuela<sup>1</sup>, M. Rosario<sup>1</sup>, P. Bedregal<sup>1</sup>

<sup>1</sup>Pontificia Universidad Católica de Chile, Psychiatry, Santiago, Chile

#### Objectives

Validation and cross-cultural adaptation of the Chilean version of the M-CHAT R/F as an Autism Test.

#### Methods

Two-phase study. First phase consisted in transcultural adaptation from Spanish version. Second phase has a cross-sectional design in which concurrent validation of M-CHAT R/F is carried out in relation to ADOS-2 diagnostic test. Population: M-CHAT R/F was applied to 120 child between 16-30 months: 20 selected from a high risk ASD sample, 100 from a random sample of healthy child control in a Pediatric Consultation Services. ADOS-2 was administered to 20 patients from high-risk sample, and to 20 randomly selected from healthy sample.

#### Results

Mean age from sample: 22,47 months old. 58% of Healthy sample was male. 5% High-risk sample was female. In Healthy sample M-CHAT was positive in two children, one positive and one negative in ADOS-2 for ASD diagnostic. In High-risk sample every child was positive in M-CHAT R/F, only 3 of them were negative in ADOS-2. Alfa reliability was 0,889 in the whole test, with a concurrent sensitivity of 100% and a concurrent specificity of 86%.

#### Conclusions

M-CHAT R/F Chilean version was a reliable, sensitive and specific test in similar values as the original test. M-CHAT R/F Chilean version has been incorporated into the Chilean National ASD Guide. In addition, this tool will be used in every 18 months well child visit with developmental issues, which means that we will have a significant amount of information on how M-CHAT R/F works in this population. Validation process must continue to be improved.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.036

### Characteristics of children and adolescents' psychiatric hospitalization in Spain from 1997 to 2015

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<sup>1</sup>University of Navarra Clinic, Child & Adolescent Psychiatry Unit, Pamplona, Spain

#### Objectives

To describe the characteristics of the episodes of psychiatric hospitalization in Spain, of all children and adolescents hospitalized from 1997-2015

#### Methods

Observational longitudinal study with all the children and adolescents (0-18 years old) hospitalized data. We collected these data from the Registration of Discharges-Minimum Basic Set of Hospitalization Data of the Spanish Ministry of Health

#### Results

There was a total of 76,389 psychiatric hospitalizations of children and adolescents (13.2 [4.5] years old). 42% were boys and 58% girls, with a mean length of the stay of 13 (17.4) days. 74.7% of hospitalizations were in the adolescent age group (12-18 years), followed by a 14.8% in children (6-12 years) and a 10.5% in preschoolers (0-6 years). 71.3% of the admissions were Urgent and 28.6% were Planned. The most frequent diagnosis, according to ICD-9-CM was "Anorexia Nervosa" (16.5%), followed by "Anxiety, dissociative and somatiform disorders" (sic) (10.7%), "Behavioral disorders not classified under other concepts" (sic) (9.6%), "General adaptation syndrome" (6.4%), "Personality disorders" (5.4%) and "Episodic mood disorders" (5.1%).

#### Conclusions

Compared to international studies, where the most frequent diagnoses were "depressive disorders" and "behavioral disorders", in Spain the most frequent diagnosis was "anorexia nervosa" and "anxiety, dissociative and somatiform disorder". The highest number of hospitalizations occurred in adolescents both in Spain and in the USA. The mean length of stay in Spain was 13 days, whereas in USA length of stay fell from 12 days in 1990 to 4.5 days in 2000. The difference with international studies may be due to the fact that Child and Adolescent Psychiatry is not recognized as a speciality in Spain.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.037

### Special topics in epidemiology and public health in child and adolescent psychiatry

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This poster summarizes three special issues in child and adolescent psychiatry in two developing countries; Egypt and Indonesia. The first that the poster will highlight is the development of special service for adolescent substance use disorder. Egypt is one of developing countries in the Middle East with 33% of the population under the age of 18. Studies show increased rate of substance use in young people, however, adolescents who are in need for medical assistance still go to adult services for addiction. On the other hand, another hot topic in the past few years is problematic online gaming. Despite that it is increasing in our societies, it is still not receiving enough attention. Number of internet users in Egypt increased from 21.6% in 2010 to 37.82% in 2015 and more than 80% of internet cafe clients were young individuals. In a recent study on university students in Egypt, around quarter of the sample experienced problematic gaming, with disordered gamers constituting 9.3% of the sample and risky gamers 15.9% of the sample. Moving to Indonesia, the poster will shed the light on mental health aspect of children living with HIV. Increasing number of



IV drug users in Indonesia leads to increasing number of women and children infected perinatally. With Antiretroviral scale-up perinatal infected children have reached age adolescence and young adults. Prevalence of mental disorders among perinatally-infected children/adolescents with HIV is higher compare to general population. The most prevalent mental health problems are depression (25%), anxiety disorder (24%) and ADHD (28.6%). Understanding about this issue will support the children to grow optimum.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.038

#### Body concerns are a relevant aspect in a child and adolescent psychiatric outpatient sample.

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#### Objectives

There is a gap in the literature about prevalence rates of body dysmorphic disorder (BDD) among children and adolescents undergoing child and adolescent psychiatric (CAP) treatment in Germany, particularly in regard to introduction of the DSM-5, in which a new diagnostic criterion for BDD was added (repetitive behavior or mental acts). Two previous international studies showed point prevalence rates from 6,7% to 14,0% in CAP samples (n=21, n=100) based on DSM-IV criteria. Aim of our study was the assessment of the prevalence of BDD symptoms according to DSM-5 and body concerns in our outpatient clinical sample, comorbidities and potential associations to narcissistic dimensions.

#### Methods

Patients (12-21 years, IQ>70, without psychotic disorders), who underwent outpatient treatment in the Dept. of CAP, University Clinic of Ulm, were included in this study. The occurrence of body concerns and BDD was assessed by Body Dysmorphic Disorder Questionnaire (BDDQ) with an additional item according to DSM-5. In addition, Narcissism dimensions were measured using Narcissistic Admiration and Rivalry Questionnaire (NARQ), dimensional diagnostic aspects were assessed with Youth Self-Report (YSR). Additional information (e.g. IQ, clinical diagnosis) were taken out of the patients' files. All patients and their legal representatives gave their informed written consent.

#### Results

To date, 51 patients have completed the questionnaires. Here we present interim data (e.g. reported BDD-Symptoms, comorbidity, demographical data etc.) from our study.

#### Conclusions

The implications of these preliminary results will be discussed with regard to prevalence, assessment and treatment of BDD.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.039

#### Changes in hormones, melatonin and cortisol, related to the psychological and sleep states of high school students

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<sup>2</sup>Gwangju Seoseok High school, not special, Gwangju, Republic of Korea

#### Objectives

We investigated the actual condition of the depressive mood and sleep disturbances of high school students. In addition, we made a study on the correlation of cortisol and melatonin hormone concentration to their depression and sleep disturbances.

#### Methods

We used a questionnaire on depressive moods and a questionnaire on sleep quality respectively to conduct a survey on psychological and sleep states. Melatonin and cortisol concentration in saliva sampled at 7 am and 11 pm were measured by ELISA (Enzyme-Linked Immunoassay), and statistical analysis was performed with SPSS-version 21.

#### Results

According to the survey of 39 first-year and second-year high school students, there were 38.5% of the students with a depressive mood and 69.2% of students with sleep disturbance. Sleep-disturbances students suffered from depressive moods more than normal-sleep student and depressive-mood students showed a significant increase in cortisol at 7 am (wake-up time). In addition, students with depressive moods and students with sleep disturbances have showed a significant increase in melatonin at 11 pm. There was no grade-specific difference.

#### Conclusions

In conclusion, Korean high school students frequently suffer from depressive moods and sleep disturbances, and these students also showed changes in the concentration of related hormones, cortisol and melatonin. In particular, students with depressive moods experience a "phase delayed" phenomenon in which their normal circadian rhythms are delayed. This suggests that high school students' psychological and sleep disturbances may also affect hormones in their bodies. Therefore, it is necessary to take measures to reduce psychological and sleep disturbances.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.040

#### Conduct behavior among adolescents with cyber-bullying experienced: an Indonesian samples

T. Wiguna<sup>1</sup>, R.I. Ismail<sup>1</sup>, R. Sekartini<sup>1</sup>, F. Kaligis<sup>1</sup>, N.S. Winarsih<sup>1</sup>, A.L. Prabowo<sup>1</sup>

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#### Objectives

Cyber-bullying and conduct behavior is said to be the most prevalent risk factors for mental health problem among adolescents nowadays. Several researches have been done to find out the association between conduct behavior and cyber-bullying but the findings were still unsure especially in developing countries. Therefore, the aim of this study was trying to elaborate further the association of those factors.

#### Methods

This was a cross sectional study that included 1393 adolescents. An Indonesian version of cyber-bullying questionnaire (developed by Patchin and Hinduja) and SDQ were used to elaborate the cyber-bullying experienced and conduct behavior. Chi-Square and Spearman Rank Correlation analysis from SPSS Mac version 20 was used to analyse the data.

## Results

Victim of cyber-bullying had more conduct behavior compared to perpetrator and non-victim/perpetrator of cyber-bullying (16.7% vs. 12.7% vs. 7.3%,  $p < 0.05$ ). In victim of cyber-bullying group, more female showing conduct behavior compared to male (17.2% vs. 15.7%). Meanwhile, there were more male than female had conduct behavior in cyber-bullying perpetrator group (13.6% vs. 11.1%). This study revealed a moderate correlation ( $r = 0.5$ ,  $p < 0.05$ ) between severity of conduct behavior and the frequency of cyber-bullying experienced among male in perpetrator of cyber-bullying group but it was only a mild correlation for both female and male in the victim of cyber-bullying group.

## Conclusions

Cyber-bullying experienced might slightly trigger externalized behavior such as conduct behavior among victims of cyber-bullying especially for female. It is assumed that male perpetrator of cyber-bullying originally has already demonstrated conduct problems that initiated their cyber-bullying acts.

Acknowledgements: This study was funded by the Directorate of Research and Community Development Universitas Indonesia, Jakarta – Indonesia on 2016.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.042

#### Alcohol consumption among junior high school students with traditional bullying in Indonesia

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## Objectives

Traditional bullying is a real threat and may factor related with this condition especially among adolescents. Alcohol consumption is not allowed for the students under 18 year-old in Indonesia, however the number of adolescent that consumed alcohol is getting high due to the globalization and it is categorized as high-risk behavior respectively. Therefore, this study aimed to elaborate the association between alcohol consumption and bullying behavior among junior high school students.

## Methods

A cross sectional study. The study took place in five junior high schools at Jakarta. The study used the traditional bullying questionnaire that was developed by Nansel et al. (2001). This questionnaire was self rated and has already been validated into Indonesian language (Cronbach's  $\alpha = 0.895$ ). Students did not completed the questionnaire will be excluded from the study. The demographic data would be identified as well. Data analysis is done using SPSS for windows version 21.

## Results

There were 466 students completing the bullying questionnaire. The findings showed that male students significantly more risky to do bullying acts compared to the female. Having alcohol consumption increased the risk four times to do bullies than those who did not. Based on logistic regression analyses, this study revealed that being a male with alcohol consumption increased the risk for 46% to do bullies.

## Conclusions

Alcohol prevention program need to be developed in Indonesia and male students with alcohol consumption need to be treated cautiously as they might bullies other students.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.043

#### Bullying behavior among school children in South India

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## Objectives

Bullying is common in school-aged youth which affects well-being. The frequency of any form of bullying ranged from 15% to 70% across countries. Indian data from schools found rates from 31% to 60%. The objective was to study the bullying pattern in a large cohort of school going children.

## Methods

Sample consisted of 2016 sixth to ninth graders from 11 schools of Udipi district of South India. Bullying was assessed as part of larger cross-cultural survey, using an instrument developed by Nansel et al. (2001). It has questions concerning being exposed to or participating in bullying, specific type of victimization and perpetrator identity.

## Results

362/1939 (18.7%, 95% CI 17.0-20.5%) children reported being bullied in school, whereas, 180/1927 (9.3%, 95% CI 8.1-10.7) reported being bullied outside school. 259/1925 (13.4%, 95% CI 12.0-15.1%) children reported bullying others outside school, and 140/1911 (7.3%, 95% CI 6.2-8.6%) reported bullying others outside school. Boys have higher odds of being bullied in school (OR 1.7, 95% CI 1.3-2.1,  $p < .0001$ ) or outside school (OR 2.3, 95% CI 1.6-3.2,  $p < .0001$ ). The most common form of bullying was calling names (23.5%), spreading rumors (17.2%), not talking (16.7%) and making fun because of looks (15.4%). Physical aggression was seen in 14.9% and sexual comments in 9.7%. 14.4% of girls reported being bullied by girls as compared to 7.3% of boys ( $p < .001$ ), whereas, 27.9% of boys reported being bullied by boys as compared to 9.7% of girls ( $p < .001$ ).

## Conclusions

Bullying is widely prevalent among school children in South India. Boys are more likely to be victims as well as perpetrators as compared to girls. Psychological forms were more common than physical aggression. Same gender bullying was more common than opposite gender bullying.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.044

#### Digital screen exposure in children aged 2-5 years in Punjab, India: a pilot study

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### Objectives

To estimate digital screen exposure (DSE) in children aged 2-5 years in an urban area in Punjab, India in a pilot study.

### Methods

A pilot study was conducted among 40 children in a randomly selected cluster (a catching area under one auxiliary nurse midwife) in Mohali city, Punjab, India, during Jun' 2017. A DSE questionnaire was designed to collect the data from the primary caregiver of the child. It had four sections: demography, DSE of the child, home environment and parents' perceptions on digital screen habits of their children. Six experts from pediatrics, public health, psychology and psychiatry background assessed the face validity and content validity of the questionnaire. It was pre-tested among ten parents who had visited the pediatric out-patient-department of tertiary-care-hospital in Chandigarh. Ethical approval obtained from Institutes Ethical Committee (NK/3442/Ph.D/186). Data analyzed using R version 3.3.3.

### Results

Mean age of children was 3.4±1.5 years, and majority (62%) were boys. 72.5% children on weekdays, and 12.5% children on weekends had DSE of more than 60 minutes. Average weekday DSE was higher (120 minutes) as compared to weekend DSE (60 minutes). Girls had higher DSE (120 minutes) than boys (90 minutes) on weekends. The frequency of watching TV (100%) was higher than mobile (62%), and computer/laptops/tablets (32%).

### Conclusions

High prevalence of DSE among children of age 2 to 5 years in urban area in Punjab, India was observed in a pilot study. There is a need to conduct studies on larger and varied populations for accurate measurement of DSE in India.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.045

### Dual burden of malnutrition & mental health disorders: co-morbidity among adolescents studying in public schools of Delhi

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### Objectives

The present study was designed to explore the association of mental health disorders with nutritional status of adolescent boys & girls (aged 13-15 years) and to gather data on their food consumption patterns & anthropometric profiles.

### Methods

300 adolescents (selected randomly from public schools of Delhi) participated in this cross-sectional study. For the assessment of mental health disorders Child Behavior Checklist (CBCL DSM-5 scales; administered to the parents) was used. Data was also collected on socio demographic profile, family history, physical activity, dietary habits, food intake (24hr recall, Food Frequency Questionnaire), body image perception, locus of control, eating behavior (Three Factor Eating Questionnaire; self-report), & anthropometric (Weight, Height, BMI, Body fat %) profiles.

### Results

Anthropometric data revealed that 10%, 5% & 13.5% of the subjects were underweight, overweight & obese respectively. More than 20% of the subjects

were suffering from mental health disorders (ADHD, depression & anxiety).

### Conclusions

The ongoing study will highlight the association of mental health disorders with nutritional status & diet quality of adolescents. It will also serve as a strategic approach for mental health prevention & management policies designed for adolescents.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.046

### Encounter child and adolescent mental health in Tuvalu

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### Objectives

Tuvalu, one of Polynesia island nations located in the South Pacific Ocean, consisted of three reef-islands and six atolls with population of 11,097. Limited medical services were only provided by the Princess Margaret Hospital (PMH) without any psychiatric service in Tuvalu. Based on the cooperation between PMH and Chung Shan Medical University Hospital (CSMUH) of Taiwan, we provided two waves of psychiatric services for Tuvalu. The aims of this report is to reveal the current child and adolescent mental health issues in Tuvalu.

### Methods

The mobile medical team of CSMUH has annual service visit to Tuvalu. During two waves in 2016-2017, one child and adolescent psychiatrist, also a board certified adult psychiatrist, started to conduct assessments and interventions in Tuvalu.

### Results

31 cases/63 visits in 2016 and 40 cases/83 visits in 2017 were in psychiatric out-patient service. The percentage of the child and adolescent cases was 22.6% in 2016 and 20% in 2017. The diagnosis/problems among those youths in 2016 and 2017 were developmental disorders/intellectual disabilities (33.3%, 30.8%), ADHD (25.0%, 15.4%), autism (25.0%, 7.7%), and others (including adjustment disorder, internet using disorder, organic mental disorder, emotional/behavioral problems, child abuse, and domestic violence).

### Conclusions

Tuvalu is an underdeveloped country and the population component is quiet young. The country has its own unique sociocultural tradition, had gone through British colonial era, and now is facing the impact from the challenges of alcohol use, internet/electronic gaming, and green house effect. To meet the needs of child and adolescent mental health is quite a challenge for Tuvalu.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.047

### Influence of age at exposure and sex on the relationship between phthalate exposure and intelligence: a prospective birth cohort study

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## Objectives

To identify vulnerable ages at exposure and sex differences in susceptibility to phthalate, we investigated the associations between prenatal and postnatal urinary phthalate metabolite levels and intelligence in a prospective population-based birth cohort study.

## Methods

The study included 93 children (41 girls) from an on-going cohort named "Environment and Development of Children". Phthalate metabolites were examined repeatedly in urine samples collected from mothers at pregnancy and children at ages 2, 4 and 6 years. We analyzed urine concentrations of mono-(2-ethyl-5-hydroxyhexyl) phthalate and mono-(2-ethyl-5-oxohexyl) phthalate as markers of di-(2-ethylhexyl)-phthalate (DEHP) exposure, and Mono-n-butyl phthalate (MBP) as a marker of di-n-butyl-phthalate (DBP) exposure. The children underwent KEDI-WISC at age 6. Multivariable linear regression models were used to investigate the relationship between phthalate metabolites at each age and intelligence at age 6. All multivariable models were controlled for demographic covariates including sex, birth weight, prematurity, paternal education, maternal education and maternal IQ.

## Results

IQ scores were negatively associated with DEHP exposure at age 2 ( $\beta = -16.6$ , 95% CI: -29.3, -3.9) but not with the prenatal exposure and exposures at age 4 and 6. DEHP exposure at age 2 showed significant association with IQ score in boys ( $\beta = -24.9$ ; 95% CI: -42.2, -7.5) but not in girls. pre- and postnatal DBP exposure had no effects on IQ scores.

## Conclusions

These results suggest that DEHP exposure at age 2 plays a more significant role in children's intelligence than exposure after age 4 and that boys are more vulnerable to phthalate exposure than girls.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.048

### Trajectories of comorbidity of depressive symptoms and deviant behaviors in adolescents: the influences of perceived social support and personal characteristics

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<sup>2</sup>*National Taiwan Normal University, Department of Health Promotion and Health Education, Taipei, Taiwan*

## Objectives

This study aims to clarify the causal mechanism between depressive symptoms and delinquent behaviors across adolescence and to examine the influence of social support in different contexts and personal characteristics on the causal comorbidity of depressive symptoms and delinquent behaviors in Taiwanese adolescents.

## Methods

The data using in this study is selected from the Taiwan Educational Panel Survey (TEPS). A total of four waves of students' data (N = 4163) are analyzed using auto-regressive latent trajectory models (ALT models).

## Results

The levels of depressive symptoms and delinquent behaviors mutually influence each other across early adolescence. The perceived social support in school context rather than family context is associated with delinquent behaviors, while only a negative association is found between teacher informational support and delinquent behaviors in the 7th grade. Furthermore, increased extroversion personality predicts decreased depressive symptoms in the 7th grade, as well as the decreased and increased initial level of depressive symptoms and delinquent behaviors, respectively, from the 9th grade to the 12th grade. Females demonstrate higher levels of depressive symptoms, whereas males present greater levels of delinquent behaviors and faster rates of change of delinquent behaviors developmental trends than females.

## Conclusions

This study provides support for the mutual influence hypothesis of depression-delinquency covariation in Taiwanese adolescents. The causal comorbidity between depressive symptoms and delinquent behaviors is independent of perceived social support and personal characteristics. The influence of social support in school context, extroversion personality, and gender on adolescents' depressive symptoms or delinquent behaviors varies over time.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.049

### Assessment of caregiver needs and its psychosocial correlates in parents of children suffering from neurodevelopmental disorder: an Indian perspective

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## Objectives

This study aims to assess the caregiver needs of parents of children suffering from neurodevelopmental disorders in an Indian setting and to explore its psychosocial correlates.

## Methods

This is a cross-sectional study conducted in a tertiary clinic in India. 115 parents of children aged 3-18 years suffering from neurodevelopmental disorders were included. After obtaining informed consent, Caregiver Needs Scale (CNS) was applied. A semi-structured performa was used to gather patient and caregiver details. Statistical analysis was done using SPSS v17.

## Results

The respondents were chiefly fathers (66.5%). Mean age of the parents was 34.83 + 4.56 years. The total score on CNS showed a significant negative correlation with age of child ( $p < 0.05$ ). Age of parent showed a significant negative correlation with scores for community and support needs. Hence,



parents with children of a younger age demonstrated more care-giving needs. Older parents demonstrated lower community and support needs as compared to younger parents. Total years of education, employment status, rural/urban status of residence did not show any significant correlation with total score on CNS.

### Conclusions

There is a need to look at caregiver needs from a developmental perspective. The nature of the needs varies for younger children as compared to their older counterparts. An understanding of the exact nature of needs is essential in order to plan health and community services in order to cater them.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.050

### Screening for depressive symptoms in a population of Tunisian children

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### Objectives

To evaluate the prevalence of depression in a sample of school-based children and to study age and gender differences.

### Methods

The present study was cross-sectional and descriptive, conducted from January to December 2015 in a school-based population. Three schools were randomly drawn from a list of all the primary schools in Sfax city. The sample was composed of 481 Tunisian children aged between 7 and 14 years (245 boys and 236 girls; mean age 9.04 years  $\pm$  1.52). We have administered the Children's Depression Inventory (27 items) to evaluate depressive symptoms. The cutoff score of 19 was applied.

### Results

The mean total score of the CDI for the whole sample was 15.33 ( $\pm$  6.196). Thus, depression frequency was estimated to 27.4%. In the present study, boys scored higher than girls at 8 years (14.83  $\pm$  5.64 against 12.69  $\pm$  5.37). Girls showed more depressive symptoms at the ages of 11-12 years (16.32  $\pm$  7.97 against 15.64  $\pm$  5.79).

### Conclusions

Although our findings with regard to differences related to age and gender were in congruence with results of literature, the prevalence of depression in children in our country belongs to the highest rates in the world. Social changes could partly explain our findings and should be explored combining scales administration and standardized psychiatric interviews.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.051

### Behavioral/Emotional problems and violence exposure in children,

### adolescents and young adults living with addicted family members

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<sup>2</sup>Mackenzie Presbyterian University, Developmental Disorders Post-Graduate Program, São Paulo, Brazil

### Objectives

To evaluate the prevalence and association between emotional and behavioral problems and violence exposure in children, adolescents and young adults living with addicted family members in an underprivileged community of Brazil.

### Methods

A cross-sectional study was conducted with 293 participants aged 6 to 31 years old (M = 14.71 years, SD = 5.41). Child Behavior Checklist (CBCL), Youth Self-Report (YSR), Adult Self-Report (ASR), and Childhood Trauma Questionnaire (CTQ) were applied.

### Results

High rates of clinical scores for Internalizing, Externalizing and Total Problems were found in the sample: 27.0%, 32.8%, and 34.1%, respectively. Boys presented higher rates of scores on the clinical range than girls on Total Problems (39.9% vs. 28.7%) (p=0.029). CTQ scale indicated that 43.3% have experienced some level of emotional abuse, 31.1% physical abuse, 11.1% sexual abuse, 80.0% emotional neglect, and 83.3% physical neglect. Moderate and severe exposure to abuse and neglect was associated with increased prevalence of emotional and behavioral problems, as can be seen in table 1. Table 1. Prevalence ratio for the association between behavioral/emotional problems and moderate/severe violence exposure.

	Internalizing Problems	Externalizing Problems	Total Problems
	Prevalence Ratio (95% CI)		
Emotional Abuse	1.93* (1.05 - 3.56)	1.64* (0.96 - 2.8)	1.49 (0.85 - 2.63)
Physical Abuse	1.68 (0.88 - 3.21)	1.5 (0.85 - 2.64)	1.57 (0.88 - 2.77)
Sexual Abuse	2.29* (1.22 - 4.27)	1.1 (0.49 - 2.49)	1.85* (1.02 - 3.35)
Emotional Neglect	2.06* (1.1 - 3.86)	2.88* (1.64 - 5.08)	2.41* (1.37 - 4.22)
Physical Neglect	1.6 (0.81 - 3.17)	1.6 (0.88 - 2.89)	1.53 (0.84 - 2.78)

\* = p<0.05

### Conclusions

The prevalence of mental health problems was higher than expected, even in outskirts Brazilian areas. Moreover, these children are highly exposed to domestic violence, abuse, and maltreatment. Living with addicted family members in an underprivileged community seems to be a risk factor for violence exposure and behavioral/emotional problems, thus, these children should be a target of selective intervention as part of the treatment plan of their parents.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.052

### Psychosocial stress factors in adolescent patients with psychiatric disorders

S. Naab<sup>1</sup>, J. Kunkel<sup>2</sup>, M. Fumi<sup>1</sup>, S. Pfeuffer<sup>1</sup>, U. Voderholzer<sup>3</sup>

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### Objectives

Psychosocial factors can contribute to development and maintenance of psychi-

atric disorders. Therefore, they have high priority for diagnosis and treatment design. Specific knowledge of risk and protective factors is relevant for effective and personalized treatment planning. Based on literature and own data, factors associated with psychiatric disorders in childhood and adolescence are described. Protection factors and resources contributing to resilience are discussed.

## Methods

A total of 412 adolescent patients was examined: 261 patients with eating disorders (anorexia nervosa 76.7 %, bulimia nervosa 17.9%, atypical eating disorder 5.3%), average age 15,8 years (SD1,3 years) and 151 patients with other psychiatric disorders (depression 56.5%, social phobia 10.5%, OCD 14.5%, other psychiatric disorders 18,4 %); average age 16.0 years (SD 1, 1). Sociodemographic data, questionnaires on family stress situations, influence of media use, stress in school, experiences with bullying situations are analyzed.

## Results

Analysis of the total patient group showed following results: use of mobile and / or Internet approximately 2 hours per day; one-fifth had bullying experience, 10% cyber mobbing experience; over 2/3 are burdened by school, no increased rate of sexual abuse; data on resilience and comparison between the diagnostic groups will be presented.

## Conclusions

Results of the study show the importance to considerate risk factors and further elements in treatment: including relatives in therapy, enhancing media competences, improving body acceptance, self-assurance and self-esteem, including relapse prevention with adolescents and parents, increasing resilience.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.053

### Study of the effectiveness of the model of community based multi-disciplinary mental health services in Kyrgyzstan

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## Objectives

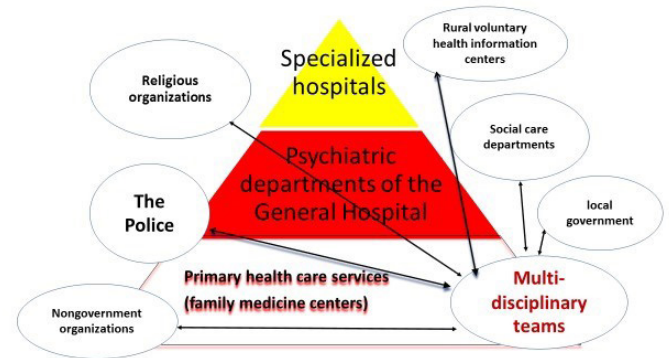
Study of the effectiveness of the model of community based multidisciplinary mental health services in Kyrgyzstan.

## Methods

- Compare the costs of providing psychiatric care at different levels of the health system among different age groups.
- Statistical comparison of the duration and frequency of hospitalizations before and after the introduction of MDT.
- Evaluation of the benefits of the introduction of online supervisions.

## Results

The following model of providing mental health care at a primary level among different age groups, including adolescents, was studied



By January 2018, more than 87,000 of the six million people suffered from mental disorders in Kyrgyzstan.

More than 11,000 patients receive treatment every year in psychiatric hospitals

Over 5,555 children and adolescents with mental disorders were registered in Kyrgyzstan. 43.4% of them never attended school at all.

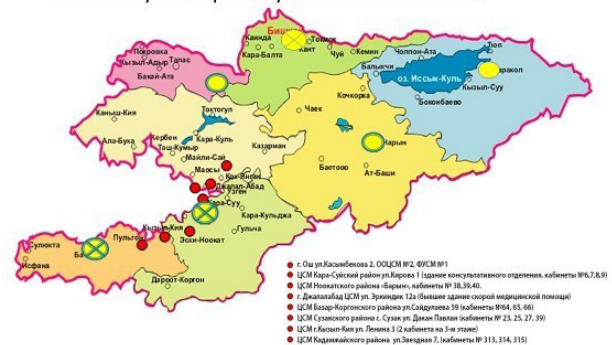
Mental health problems are one of the main causes of morbidity, both among younger and among older teenage groups

Table 1. Distribution of patients with mental disorders by age group in the total sample.

Region	13-17	18-34	35-44	45-54	55 and over
Kara-Suu	13%	12%	12%	25%	37%
Osh	5%	27%	36%	9%	22%
Nookat	0%	23%	23%	35%	17%
Suzak	14%	23%	28%	19%	14%
Jalal-Abad	14%	42%	42%	0%	0%
Bazar-Korgon	7%	21%	28%	35%	7%
Kyzyl-Kiya	10%	36%	26%	21%	5%
Kadamzhai	11%	41%	23%	5%	17%
Karakol	8%	33%	33%	16%	8%
Naryn	0%	27%	0%	45%	27%
Talas	5%	15%	36%	21%	21%
Bishkek	11%	37%	20%	9%	20%
<b>Total</b>	<b>8%</b>	<b>28%</b>	<b>25%</b>	<b>19%</b>	<b>18%</b>

Pic. 2 Representation of interdisciplinary teams in Kyrgyzstan

### Pilot multidisciplinary mental health teams





**Table 2** Number and duration of hospitalizations before and after joining MDT

		number of hospitalizations	average number of hospitalizations	duration of hospitalization	average duration of hospitalization
Total	Before the introduction of MDT	285	1.8	6695	43
	After the introduction of MDT	137	0.9	3256	21
	P-value	<0.0001		<0.0001	

- in 69.9% of patients there was an improvement in social activity;
- In 79.2% of patients, there was an improvement in health, relationships with relatives and surroundings, and working capacity
- The number of hospitalizations decreased by 51% and the length of hospitalizations decreased by 52% (P <0.0001);
- 54.7% of interviewed patients and 41% of interviewed relatives or caregivers confirmed the decrease in treatment costs
- 57.1% of the respondents noted an improvement in access to psychological, medical and social services
- up to 98% of the interviewed patients and the relatives or caregiver noted the satisfaction with the MDT services.
- 41% of relatives or caregivers confirmed a decrease in financial spending and that their reduction occurred in the range of 1.5 to 10 times

### Conclusions

1. The multidisciplinary teams at the primary level can effectively reduce the frequency and duration of hospitalizations compared to the traditional method of providing psychiatric care.
2. The state's expenses in 2017 could be reduced by almost 1.3 million USD due to the reduction of treated cases.
3. One online supervision gives 120 USD savings for each family.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.054

#### Prevalence and risk factors of psychiatric disorders in children and adolescents in South Korea: School-based research

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#### Objectives

The aim of this study was to identify the prevalence of psychiatric disorders and mental health problems of children and adolescents in Korea and to evaluate the related psychiatric problems and risk factors.

#### Methods

This study was conducted on the children and adolescents aged 6 to 18, who have been attending school for more than 6 months. To identify psychiatric disorders, we conducted Diagnostic Interview Schedule for Children-IV (DISC-IV) for 1102 of subjects and DISC Predictive Scales (DPS) for 2955 of subjects. To assess psychiatric problems, the measures including Center for Epidemiology Studies-Depression Child (CES-DC), Screen for Child

Anxiety Related Emotional Disorders (SCARED), K-test, Child Behavior Check List (CBCL), Youth Self Report (YSR) and suicide-related questionnaire were used. The developmental risk factors were assessed for early trauma, postpartum depression symptoms, and maternal stress during pregnancy.

### Results

In the prevalence rate surveyed by DISC-IV, oppositional defiant disorder (ODD) was 5.7%, specific phobia was 5.3%, and attention deficit hyperactivity disorder (ADHD) was 3.1%. In DPS survey for the high-risk group of the psychiatric illnesses, 10.8% for ADHD, 10.4% for ODD and 5.2% for generalized anxiety disorder.

The subjects with high-risk, as well as those with psychiatric illnesses, have significant association with the developmental risk factors and index of depression, anxiety and behavioral scale which were highly related to the suicide-related problems.

### Conclusions

Considering that various factors were associated with high-risk groups of psychiatric disorders, early intervention for them may be necessary and it can prevent the poor psychiatric consequences in children and adolescents.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.056

#### Current status of child and adolescent mental health burden and resources in India

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Nations should find ways to support emotional health of children and adolescents and their families through a continuum of comprehensive yet individualized services. Community studies on emotional/behavioural and developmental disorders in children and adolescents conducted in India have yielded disparate point prevalence estimates (2.6% to 35.6%). However, a recent nationally representative study has established the prevalence of mental disorders in adolescents at 7.3%. Estimates suggest that at least 5% of children meet the impairment criterion and are in need of mental health services, but a very small proportion of them are able to access mental health services that results in a huge treatment gap. There could be several possible reasons for this gap ranging from stigma associated with mental illnesses, lack of resources for mental health, and inadequate policy directives to counter this problem. Although several steps have been taken like formulation of national mental health policy and programme to increase coverage for mental health in India, a lot remains to be done.

In the symposium, we emphasize that access to mental health care is a human right and describe the current mental health resource situation for children and adolescents in India and highlight certain alternate modes of service delivery like school mental health services, provision of services at primary care and use of technology to reach remote areas. We also emphasize the need multidisciplinary training of child and adolescent mental health professionals, introduction of topics related to child and adolescent mental health in psychiatry, pediatrics and undergraduate curriculum as well as task sharing/task shifting approaches.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.057

#### Epidemiology of emotional and behavioural disorders in children



## and adolescents

B.N. Patra<sup>1</sup>

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### Objectives

To review epidemiological studies in emotional & behavioural disorders.  
To review challenges in the Indian context in dealing with emotional & behavioural disorders

### Methods

The importance of epidemiological studies lies in recognition of the fact that many children do not come to treatment settings. The increasing focus on child adolescent mental health in India points to the necessity of epidemiological studies on children. Although there are a few such studies done in different parts of India in different socio-cultural settings, data from those cannot be generalized to the entire country. This need can be served by meta-analysis. There has been only one meta-analysis reported from India for the child and adolescent psychiatric epidemiology. Sixteen community based studies on 14594 children and adolescents; and seven school based studies on 5687 children and adolescents, reporting prevalence of child and adolescent psychiatric disorder were reviewed. The prevalence rate of child and adolescent psychiatric disorders in the community has been found to be 6.46% (95% confidence interval 6.08% - 6.88%) and in the school it has been found to be 23.33% (95% confidence interval 22.25% - 24.45%). There have been only one nation wide survey to understand the pattern of drug use among children.

### Conclusions

It has been found that the reporting systems of psychiatric disorders in children are inadequate and is complicated by the lack of awareness, stigma and limited resources.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.058

### Epidemiology of developmental disorders in India

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### Objectives

To examine epidemiological studies in developmental disorders  
To highlight the challenges faced in dealing with SLD & Autism

**Methods**  
Autism and Specific Learning Disorders (SLD) are important mental impairment as timely recognition facilitates children for availing various disability benefits. However, the recognition and timely intervention is usually delayed. Because of the presence of co-morbidities, the identification poses further challenges. The literature was reviewed to examine the time trends in developmental disorders specifically in Autism and SLD. Several studies have been conducted in India and abroad to determine the prevalence of specific learning disabilities in school children which has been reported to be 5 to 15 percent among children from different languages and cultures. There are no national surveys. The increase in rates are confounded by the change in diagnostic criteria in Autism.

**Conclusions**  
The primary issue appears to be construction and validation of identification tools. Non-availability of standardized psychological tests in vernacular language and small sample size perhaps limited the prevalence rate. Autism which was reported to be rare childhood disorder have shown dramatic increase in the western literature. The disorder in Indian context need to be

focussed specifically in view of the limited trained manpower.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.059

### Comparison of stress in parents of children with mental health disorders against that in parents of children with cancer

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### Objectives

To assess and compare stress levels in parents of children with mental health disorders (like ADHD, ASD, ODD, anxiety and depression) with those in parents of children with cancers, in a tertiary care hospital in Karachi, Pakistan.

### Methods

In this cross-sectional study, 58 parents of children with mental health disorders and 33 parents of children with cancer have been recruited till date, from the outpatient psychiatric and oncology clinics respectively. Mothers (n= 45 psychiatry cohort, n=17 oncology cohort) and fathers (n= 13 psychiatry cohort, n=16 oncology cohort) of children from both cohorts filled the Parental Stress Scale and a socio-demographic questionnaire.

### Results

Preliminary data has shown that parents of children with mental health disorders have significantly higher stress (mean; 44.6 vs. 38.3, p= 0.004) than parents of children with cancer. Within the mental illness cohort significantly greater stress was associated with increased age of the parents and if the parents themselves have suffered from depression. Both cohorts showed relatively greater stress levels if they were living in a joint family set up.

### Conclusions

Our study clearly suggests that parents of children with mental health disorders have higher stress levels than parents of children with cancer. To manage this stress and promote overall well-being we suggest targeted interventions which address literacy as well as religio-cultural beliefs of the parents. Only preliminary findings have been reported as of now because the study aims to have a larger cohort to further stratify the data, which is being collected for a further three months.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.060

### Child mental & psycho-social problems in Afghanistan

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### Objectives

To present the result of available literature review/research on child mental Problems of Afghan children and services gap for them

### Methods



Review of available papers, research/articles on child Mental Health and Psychosocial problems in Afghanistan.

### Results

Mental Disorder/Problems are highly prevalent among children in Afghanistan, according to the few systematic studies on prevalence of mental disorder and Psychosocial problem among children carried out in Afghanistan, indicating overall prevalence of mental impairment among Afghan school-going children is 16%, the prevalence of common mental health problems such as Depression 8.4%, anxiety 6%, ADHD 7% and conduct disorder 4.6% (prevalence of common Mental health problems among Afghan school students grade 5-10, the Governance institute of Afghanistan, CONSEL SANTE, SOFERECO in collaboration with MoPH, 2015). According to national mental health survey in Afghanistan, 2018, total prevalence of emotional distress 39.01%, conduct disorder 40.69%, ADHD 15.47%, Peer relation problems 51.81%, total Difficulties 40.47%, any impact 11.56%, any disorder 41.44% and any Diagnosis with impact 8.76%. In Afghanistan the ratio of affected children by mental disorder especially PTSD, Conduct disorder and psycho social problem is higher than in other countries 2:5 while WHO estimate 1:5 for other LAMIC countries. Catherine Panter Brick et.al 2006, only self-immolation common among female age 14-19 (90%) dying to be heard 2006 MM, the main reasons are family violence, violence against women (child abuse, under age marriage and forced marriage etc). The challenge is for Health Sector in Afghanistan is to ensure an adequate workforce and capacity to provide mental Health service to children, development of primary mental health services, and ensuring that children and youth are able to gain mental health service through a number of Health facilities especially through General District, Provincial and Regional Hospitals in the country.

### Conclusions

Measure for early identification and intervention will improve children development and their life, while there is challenge for health sector in Afghanistan regarding lack of mental health service and Professional access for children in community, PHC and General Hospital level, so there is a strong need to build capacity/workforce to provide such services (Prevention and promotion) for Afghan Children. Our review is an attempt to draw attention to workforce development and to create support to Afghan Health sector to become more responsive in battle against child mental health problems in Afghanistan.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.061

### Demographic & clinical characteristics of children seeking psychiatric medical advice in Nile Delta

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<sup>3</sup>Khanka Mental Health Hospital, Psychiatry, Cairo, Egypt

### Objectives

The child and adolescent psychiatry unit in Tanta University was established in 2012 serving a wide catchment area in Nile delta with a population of about 10 million people, the majority of which lives in rural areas. This work aims to explore the demographic and clinical characteristics of children seeking psychiatric medical advice in this area

### Methods

The medical records of the first one thousand patients presenting to the unit were reviewed. Ninety six files were excluded due to missing data while another 18 files were found to be for adult cases (age > 18 years old). Those

files were excluded and so we reviewed the files of 886 cases.

### Results

Reviewed files showed an average age of 7.5 ( $\pm$  3.8) years old. Only 31.5% of cases were females. The most common diagnoses were attention deficit hyperactivity disorder (ADHD) (22.6%), Intellectual disability (ID) (13.7%), depressive disorders (13.3%), and disruptive behavior disorders (DBD) (12.3%). Depressive disorders and ADHD were more common in girls and boys respectively. Different rates of seeking medical advice in three age groups: preschoolers, school age, and adolescence, will be described together with odds ratio of having a certain diagnosis related to demographic variables.

### Conclusions

Underdeveloped rural areas in the middle east, such as Nile Delta, are witnessing an increasing awareness regarding child psychiatric problems. With the exception of male predominance regarding children seeking advice, demographic patterns and prevalence of diagnostic categories are more or less similar to other clinical samples in other parts of the world.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.062

### Emergence of suicide among youth and associated risk factors in Himalayan mountain villages of Pakistan

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### Objectives

Suicide remains one of leading causes of death for adolescents and young adults. We aimed to identify the prevalence, and associated risk factors for suicide among adolescents and young adults aged 12 to 34 years in Himalayan mountain villages of Pakistan

### Methods

We conducted a population-based mixed methods study, using key informant interview and cases control study in Ghizar district of Himalayan mountain villages of North Pakistan. We used the census population to calculate suicide prevalence

### Results

The overall prevalence of suicide was 12 per 100,000. Of the 240 suicide cases, majority (82.9%) were adolescents and young adults under 35 years of age. Compared to male, a high proportion of females (57.1% versus 42.9%) committed suicide in the study villages of the district. The suicide was committed by jumping in the river (35.9%), hanging (28.1%), gunshot (27.5%), eating poison (7.9%) and other methods (0.6%). Risk factors diagnosed mental health problem, poor relation between daughter-in-law and mother-in-law, love-related issues, poor-school performance and failure in annual exams, financial issues, and non-psychiatric chronic health conditions.

### Conclusions

The study population reports one of the highest prevalence of suicide which used to be unknown 1995 in the study villages. There is urgent need to initiate population-based prevention strategies, particularly addressing social causes of suicide as well as providing mental health care in this remote population

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.066

### The prevalence of stuttering, transient tics, nail biting and other behavioral problems in preschoolers in Turkey

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#### Objectives

There are no studies that give the prevalence of some behavior problems like stuttering, transient tics, nail-biting in preschoolers in Turkey. The aims of this study are to investigate the prevalence of behavioral problems, the prevalence of tic disorders and stuttering in preschool children.

#### Methods

The number of preschool students in the Mus province, Turkey is taken from the Provincial Directorate of National Education as 2926. Based on previous studies, the prevalence of problematic behaviors was accepted as 19.1%, it was planned to reach 265 preschool students in the 97% confidence interval to determine the prevalence of problematic behaviors. The schools were selected by random sampling method and invitation letter for participation to our study was sent to 300 families, 277 families turned back and the data obtained from them. Face to face interview was conducted with parents and they fulfilled aberrant behavior checklist and family assessment device.

#### Results

The mean age of the cases were 58.9±7.36 (range=36-68), 126 were boys (45.5%). The prevalence of stuttering was 3.2% (n=9), transient tic disorder was 1.4% (n=4), finger sucking was 2.5% (n=7), nail-biting was 4.7% (n=13), hitting own head to hard ground was 2.5% (n=7), swearing was 4.0% (n=11), spitting out was 1.8% (n=5), biting others was 0.7% (n=2), biting own self was 0.7% (n=2), daytime enuresis was 1.1% (n=3). Their association with family functioning and other socio-demographic characteristics were assessed.

#### Conclusions

Identifying behavioral problems in preschoolers may be a starting point both for early intervention and planning for those who need support in a longer perspective.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.067

### What happens to subthreshold cases?

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#### Objectives

The aim of this study is to determine the progression of subthreshold diagnoses and the sociodemographic attributes that may affect progression by re-evaluating 78 children who received a subthreshold diagnosis as a result of a field study conducted in 2015 three years later.

#### Methods

1080 cases were administered the DAWBA (Development and Well-Being Assessment) as part of an epidemiological study conducted by the Department of Child and Adolescent Psychiatry at Ataturk University Faculty of Medicine in the city center, suburbs, town, and villages of Erzurum. The 78 cases and their parents were invited to the clinic three years later for the purpose of evaluation of the current state of the symptoms.

#### Results

The mean age of the cases who received a subthreshold diagnosis was 8,19 with 41,1% (n=32) being female and 58,9% (n=46) male. 35.8% (n=28) of the cases were identified in the city centre, 12.8% (n=10) in suburban neighbourhoods, 24.3% (n=19) in towns, and 26,9% (n=21) at village schools. It was determined in the initial assessment that 33,3% (n=26) had a subthreshold diagnosis of Specific Phobia, 24,3% (n=19) Attention Deficit Hyperactivity Disorder, 8,9% (n=7) Tic Disorder, 7,6% (n=6) Enuresis/Encopresis, 6,4% (n=5) Separation Anxiety, 6,4% (n=5) Social Phobia, 3,8% (n=3) Post-traumatic Stress Disorder, 3,8% (n=3), Conduct Disorder/ Oppositional Defiant Disorder, 3,8% (n=3) Stereotypic Movement Disorder, 2,5% (n=2) Intellectual Disability, 2,5% (n=2) Childhood-Onset Fluency Disorder (Stuttering), 1,2% (n=1) Eating Disorder, 1,2% (n=1) Obsessive Compulsive Disorder, 1,2% (n=1) Major Depressive Disorder and 1,2% (n=1) Other Anxiety Disorder. 14,1% (n=11) cases received multiple subthreshold diagnoses.

#### Conclusions

The importance given to the toll of subthreshold psychiatric morbidities on both the individual and the society is constantly increasing in the scientific literature. However, it has been stated that subthreshold diagnoses not only partially impair the functioning of the individual and the society but also may be a significant indicator of psychopathologies that may emerge over time. Revealing the progression of subthreshold diagnoses, which may be an important risk factor for psychopathologies, over a time course and determining the other factors that may affect their progression will be an important step for preventative mental health. While numerous studies on subthreshold depression and anxiety exist in the literature, studies on the progression of the subthreshold symptoms of all other psychiatric disorders are needed.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.068

### Screening of emotional and behavioral problems among urban children and adolescents attending in Bangla medium, English medium and religious school

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#### Objectives

This study intended to predict the proportion of emotional behavioral disorders among three urban contrast schools students. It further objected to detect any associations between socio-demographic other variables with suspected disorders and to compare among institution findings and possible correlates relevant to disorders.

#### Methods

It's a descriptive and cross sectional study, conducted among students of 4 to 17yrs of age. Schools were included purposively and students were sampled randomly. The three different versions (Teacher, Parent and Student ) of Strength and Difficulty Questionnaire (SDQ) used for data collection and total 520 samples responded completely and then paper pencil algorithm used, which



converts multi informant response into diagnostic prediction.

**Results**

Among the high risk or probable cases, 6.5% (n=34) found having suspected psychiatric disorders. (The overall prevalence of disorders among risk groups is 16.5%). Among the 6.5% of suspected disorder sample, 3.8% having emotional disorders, 1.9% having Conduct Disorders and 1.7% having Hyperactivity Disorders. Poor physical health (CI 95%, p 0.002), irregular religious practices (CI 95%, p 0.030) and beyond mental age (CI 95%, p 0.000) was associated to suspected psychiatric disorders. Conduct Disorder found significantly high (CI 95%, p 0.001) in male students. Bangla medium school found significantly (95%, p 0.036) higher suspected psychiatric disorders than English medium and religious schools.

**Conclusions**

This was the first study that conducted in contrast schools to predict emotional and behavioral disorders with the use of SDQ and pen paper algorithm technique. Inclusion of multiple institutions from various area would produce representative findings.

**Poster session 3**

25 July 2018, 07:30 - 13:00, Poster Area

P 3.069

**The complex role of parental separation in the association between family functioning and child problem behavior**

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**Objectives**

Parental separation is a major adverse childhood experience. Parental separation is generally preceded by conflict, which is itself a risk factor for child problem behavior. Whether parental separation independent of conflict has negative effects on child problem behavior is unclear.

**Methods**

The current study was embedded in Generation R, a large population-based cohort followed from fetal life onwards. Information on family functioning during pregnancy and childhood was repeatedly obtained from 5808 mothers. The four-way decomposition method was used to apportion the effects of prenatal family conflict and parental separation on child problem behavior into four non-overlapping components.

**Results**

Family conflict from pregnancy onwards and parental separation each strongly predicted child problem behavior up to pre-adolescence according to both maternal and paternal ratings. Using the four-way decomposition method, we found evidence for a strong direct effect (2.90, 95% CI: 1.69, 4.10, p = <.001) of prenatal family conflict on child problem behavior, for reference interaction (0.19, 95% CI: 0.03, 0.33, p = .013) and for mediated interaction

(0.18, 95% CI: 0.04, 0.31, p = .008). The evidence for interaction implies that prenatal family conflict increased the children's vulnerability to the harmful effect of parental separation. There was less clear evidence of pure indirect effect (-0.14, 95% CI: -0.37, 0.08, p = .206) suggesting, if any, modest beneficial effects of parental separation on child problem behavior.

Table 5. Estimates of Direct and Indirect Effects Mediated Through Parental Separation of the Association Between Prenatal Family Functioning and Child Problem Behavior

Mediator: Parental separation	Child problem behavior (CBCL-total score, per point), (n=3,747)									
	Controlled direct effect		Reference interaction		Mediated interaction		Natural indirect effect		Total effect	
	(95% CI)	p	(95% CI)	p	(95% CI)	p	(95% CI)	p	(95% CI)	p
Family functioning (FAD) prenatal, per score	2.90 (1.69, 4.10)	<.001	0.19 (0.03, 0.33)	.013	0.18 (0.04, 0.31)	.008	-0.14 (-0.37, 0.08)	.206	3.12 (1.94, 4.29)	<.001

Note: The models are adjusted for maternal age, ethnicity, education, religion, maternal psychopathology, gestational age at birth, child sex and prior child problem behavior when child was 1.5 years reported by mother. CI obtained from delta method standard errors. Parental separation mediated through prenatal family conflict were estimated as follows: TE= (CDE + INIndef + INMed + PIE), where INIndef and INMed refer to the corresponding betas for controlled direct effect and pure indirect effect mediated through parental separation respectively. Overall proportions are not presented because the natural direct effect and indirect effects are in the opposite directions.

Table 3. The Association of Parental Separation and Child Problem Behavior

	Child problem behavior (CBCL - total score, per point)					
	age 3		age 5		age 9	
	β (95% CI)	p	β (95% CI)	p	β (95% CI)	p
	Mother reported					
	(n = 4,223)		(n = 5,063)		(n = 4,062)	
Separation by age 3, (yes)						
Model 1	1.90 (0.28, 3.52)	.021	1.98 (0.68, 3.89)	.042	3.01 (1.03, 4.99)	.003
Model 2	1.08 (-1.14, 3.30)	.341	1.65 (-0.97, 4.28)	.218	0.94 (-1.79, 3.68)	.499
Separation between age 3 - 5, (yes)						
Model 1	-		2.58 (0.98, 4.18)	.002	2.24 (0.38, 4.10)	.018
Model 2	-		1.50 (-0.65, 3.66)	.172	0.84 (-1.55, 3.23)	.490
Separation between age 5 - 9, (yes)						
Model 1	-		-		3.93 (2.07, 5.80)	<.001
Model 2	-		-		1.21 (-1.06, 3.48)	.296
Separation by age 9, (yes)						
Model 1	-		-		3.28 (2.08, 4.48)	<.001
Model 2	-		-		1.67 (0.12, 3.22)	.034
	Father reported					
	(n = 3,556)		(n = 3,091)		(n = 3,091)	
Separation by age 3, (yes)						
Model 1	3.29 (0.46, 6.13)	.023	-		4.88 (1.64, 8.12)	.003
Model 2	1.09 (-2.31, 4.49)	.530	-		2.78 (-1.08, 6.64)	.159
Separation between age 5-9, (yes)						
Model 1	-		-		3.40 (0.93, 5.87)	.007
Model 2	-		-		1.27 (-1.63, 4.18)	.391
Separation by age 9, (yes)						
Model 1	-		-		3.05 (1.34, 4.76)	<.001
Model 2	-		-		1.13 (-0.92, 3.18)	.280

Note: Linear regression analysis of parental separation and CBCL outcome. Betas are averaged from 10 imputed datasets. Model 1 is adjusted for age, ethnicity, education and religion, parental psychopathology, gestational age at birth and child's sex reported by mother and father. Model 2: model 1 + prenatal parental conflict reported by mother and father.

**Conclusions**

These results indicated that only if parental separation occurs in families with high levels of conflict does parental separation predict more child problem behavior.

**Poster session 3**

25 July 2018, 07:30 - 13:00, Poster Area

P 3.070

**The association between "hikikomori" and mental health problems (suicide, relationship, and obsessive-compulsive behavior): a national cross-sectional study**

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**Objectives**

This study aims to explore the association between "hikikomori" (prolonged

social withdrawal and isolation) and their mental health-related factors.

## Methods

The data was obtained from the multistage sampling National Young Adults Attitude Survey (N-YAAS) held among 5000 household residents (aged 15 years - 39 years) randomly selected from the resident registry of 200 urban and suburban municipalities in Japan conducted in February 2010.

## Results

The data contained 3,262 effective participants (effective response rate: 65.4%), 47.7% were men (n=1,555) and 52.3% were women (n=1,707). The prevalence of "hikikomori" was 1.8% (n=58). Among them, 41% had been in "hikikomori" state for more than 3 years. Significantly more men in the "hikikomori" group (65.5%) compared to the non-"hikikomori" group (47.3%). Chi-square test showed significantly more "hikikomori" dropped out from the education system ( $p < .001$ ), and had an experience of using mental health service (37.9% vs 5%,  $p < .001$ ). Multiple logistic regression analysis revealed that "hikikomori" group was more likely to have more suicide risk factors (OR=1.610, 95%CI=1.340-1.935), more difficulties in interpersonal relationship (OR=2.058, 95%CI=1.690-2.505), and more obsessive-compulsive disorder (OCD) behaviors (OR=1.365, 95%CI=1.020-1.827) after adjustment for sex, age, education, family members and history of psychiatric treatment. The influence difficulties in interpersonal relationship remained (OR=1.971, 95%CI=1.532-2.534) after adjusted for all tested variables.

## Conclusions

The difficulties in the interpersonal relationship are nevertheless the strongest indicator for "hikikomori" in this study. However, the effect of suicide risk and OCD behaviors may have been underestimated by over-adjustment for confounding factors.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.072

#### Key performance indicators for child and adolescent inpatient psychiatry

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#### Learning Objectives

- Learn about common clinical presentations in child and adolescent inpatient psychiatry units and the value of defining/choosing key performance indicators,
- Explore the potential challenges of implementing care pathways and solutions unique to inpatient care;
- Present and discuss the development/evaluation of KPIs for child and adolescent inpatient psychiatry units.

#### Session Description

Title : Key performance indicators for child and adolescent inpatient psychiatry There is a growing need for specialized child and adolescent inpatient psychiatry settings that provide safety and care for youth with the most severe and complex mental health problems. Hence, such specialized units are being established in different countries in order to meet the needs. However, there is considerable variation among systems of care and, consequently, inpatient units. Developing and/or choosing key performance indicators (KPI) for inpa-

tient units is likely to enhance inpatient care by defining efficient and effective multidisciplinary evidence-based practices, clearly establishing treatment goals and benchmarks for improvement and for documentation of patient outcomes. The objective of the proposed special interest study group is to identify a working group and a process to inform a systematic approach to developing KPIs for child and adolescent inpatient mental health units. This presentation will be informed by literature overview, and case examples from Canada and the United Arab Emirates (UAE). Examples of KPIs that have been developed for certain patient populations, and for these specific contexts will be shared, and other potential care pathways will be identified.

Tentative agenda:-Overview of inpatient child psychiatry units -Developing standards for inpatient units: the Montreal Children's Experience -From Scratch ! Setting-up the first inpatient child psychiatry unit in the UAE -Discussion and case presentation : developing KPI's for inpatient child psychiatry units

Expected specialty/profession of target audience:Child and adolescent psychiatrists, psychologists, social workers, nurses and allied professionals working on inpatient child psychiatry units

#### References

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## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.073

#### Factors related to readmission among foster children and adolescents in an inpatient psychiatric unit, Japan.

Y. Fukuya<sup>1</sup>, S. Satoshi<sup>1</sup>, O. Takeshi<sup>1</sup>

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#### Objectives

There are approximately 46,000 children and adolescents need foster care in Japan. Compared with other developed countries, more than 80% foster children live in residential care facilities in Japan. The aim of this study is to assess factors related to readmission within one year after hospital discharge among foster children in an inpatient psychiatric unit.

#### Methods

A retrospective medical chart review was conducted on all foster children and adolescents who discharged to a psychiatric unit from August 2011 to July 2016. We used 2 test and logistic regression analysis to identify independent factors for readmission.



## Results

Participants were 135 children and adolescents aged 7-18 years (mean= 14.0, SD= 2.50). Of these patients, 40 (29.6%) patients were readmitted within one year. A higher proportion of the inpatients were male (n= 82, 60.7%). Female patients (n=21) were more likely to be readmitted. Pervasive developmental disorders, hyperkinetic disorder, conduct disorders and reactive attachment disorders were not associated with readmission. In the multivariate logistic regression analysis, female (OR= 2.57; 95%CI 1.22-5.86) and experience of parental divorce (OR=3.07; 95%CI 1.24-7.59) were associated with readmission.

## Conclusions

We present clinical characteristics and factors related to readmission among foster children and adolescents in an inpatient psychiatric unit, Japan. These results may be useful in clinical management of these patients and predicting the risks of readmission after discharge.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.074

#### The separation protocol during hospitalisation for suicidal behaviours in children and adolescents: a survey of French psychiatric practice.

M. Mourouvaye Payet<sup>1</sup>, L. Woestelandt<sup>1</sup>, B. Golse<sup>1</sup>

<sup>1</sup>Necker-Enfants malades Hospital, Child and Adolescent Psychiatry, Paris, France

#### Objectives

The study aimed to assess practices of French psychiatrists regarding the management of children and adolescents with suicidal behaviours, focusing on the use of the separation protocol. This framework, in which youth are separated from their relatives, appears to be a French practice, and is not formalized.

#### Methods

We conducted an online survey. French psychiatrists caring for children and adolescents were asked to describe their practice of the separation protocol, via a questionnaire.

#### Results

144 participants were enrolled in the study. Most of them worked in a university hospital. Children and adolescents who made a suicide attempt were systematically hospitalized in more than 50% of cases, compared to a rate of barely 20% in those presenting with suicidal ideations. A separation protocol was set up systematically in less than 40% of cases, and on a case-by-case basis in approximately 50%. The most common criteria cited were family relationship difficulties (78%). The mean age from which a separation protocol was indicated was 11.25. As for duration, 29% of participants reported a 24-48hours period, and 21% a 48 hours period. Reasons given to justify use of the separation protocol were to allow a better clinical assessment, and separate the child from a potentially harmful environment. There were no significant differences between academic and non-academic practitioners regarding the characteristics of the separation protocol.

#### Conclusions

This study confirms that the separation protocol is a widespread practice in France, despite the deprivation of liberty it implies. Studies need to be conducted to assess implications of this practice.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.075

#### Improving in-patient care by including the patient voice using web-based solutions and focus groups

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#### Learning Objectives

The need to use the voice of the child inpatient improvement using web-based solutions using focus groups using qualitative analysis technique tool "rivers of experience"

#### Workshop Description

##### SPEAKER-1

Background- we are an inpatient unit accredited by the 'Quality Care Commission' as outstanding and by 'Quality Network for Inpatient CAMHS' as accredited with excellence. Central to our improvement has been incorporation of comments, compliments and complaints into our journey. Informally we have included are inpatients in appointment interviews for staff. Reviews of ward policy. Weekly comments about the running of the ward. Apart from this informal means we also use formally the website 'iWantGreatCare' for feedback about the medical staff. As well as comments about the ward and the quality of care they receive. We also use our yearly focus group which uses a creative qualitative tool called rivers of experience.

##### SPEAKER-2

will give an introduction to the website iWantGreatCare. How we use this to collect feedback on the running of the ward. The quantitative analysis of the various questions on the questionnaire. The friends and family test. Feedback and the problems with this test in a mental health setup. Qualitative assessments of comments. Direct changes to the ward that are made due to receiving the comments. The you said we did board. The strengths and weaknesses of using web-based feedback techniques. How to increase the number of feedback comments.

##### Speaker3-

introduction to Rivers of Experience. The inpatient journey is depicted as a river with a beginning and an end problems are depicted either as rocks in the river or the narrowing of the river. Pleasant experiences are depicted by broadening of the riverboats in the river flowers in the river et cetera. Patients are then asked to give a verbal story about their journey (the inpatient story) staff take notes. The notes are qualitatively analysed themes are picked up. These are fed back to the patient's. Their opinions are asked as to how this could be improved. Their opinions are then taken to various committees and discussed by the inpatient team and changes implemented. Feedback is then given to participants as to what changes have been made.

#### Discussant-

advantages and disadvantages of both the methods. What particular gains one method has over the other. The difficulties of meeting patient expectations in financially pinched medical services

#### References

The voice of the child: learning lessons from serious case reviews  
A thematic report of Ofsted's evaluation of serious case reviews from 1 April to 30 September 2010

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.076

## What happens to children admitted to inpatient psychiatric units after discharge? A scoping review of outcomes

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<sup>2</sup>University of Cape Town, Adolescent Health Research Unit- Division of Child and Adolescent Psychiatry, Cape Town, South Africa

### Objectives

Few pre-adolescent children are admitted to psychiatric inpatient units. A review in 2000 cast doubt on the value of admissions, and highlighted difficulties with outcome studies. Here we set out to describe outcomes and follow-up since the previous review.

### Methods

Two reviewers independently searched Ebscohost and Scopus databases (January 2000 – February 2017) to identify studies examining child (0-12 years) psychiatric inpatient outcomes. All studies published in English, where children admitted to psychiatric inpatient units were followed up post-discharge, were included.

### Results

Sixteen studies were identified - 10 European, 5 USA and 1 Australian. Studies had varied study designs (62,5% prospective), eight used interviews and five hospital records. Assessment scales differed (4 studies using the Child Behaviour Checklist, 3 the Children's Global Assessment Scale). Four scales were used twice, 38 once. Short term follow-up (1-4 months) showed improved psychological functioning, medium-term (5-11 months) suggested improvements were not maintained, and at long-term (1 year) 2 studies showed ambiguous results. A 3-year follow-up study showed patient improvement but with high symptom level, and a 5-years disruptive disorder study showed inconclusive findings. Studies with 8-, 12-, 16-, and 23-year follow-up showed poor outcomes.

### Conclusions

Outcome data of child psychiatric inpatient treatment remains limited and conflicting, and were all from high-income countries. Variable lengths of inpatient stay and follow-up period, lack of comparable and standardised measures, absence of community comparison and with other treatment modes, may explain some of the contrasting findings. Further research, particularly from Low- and Middle-Income Countries, is warranted.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.077

## Physical co-morbidities and birth complications in children and adolescents with psychiatric disorder

B.N. Patra<sup>1</sup>, P. Rajhans<sup>1</sup>, R. Bhargava<sup>1</sup>, R. Sagar<sup>1</sup>

<sup>1</sup>AllIMS- New Delhi, Psychiatry, New Delhi, India

### Objectives

Medical illness is often associated with psychiatric disorders, which is more frequent in case of children and adolescent. It is important to recognize the

medical illness for its timely intervention. The objective of this study was to study the physical and psychiatric co-morbidities in children and adolescents attending a tertiary care child and adolescent psychiatry clinic in India.

### Methods

One hundred detailed work-up records of children and adolescents attending the outpatient department of the child and adolescent psychiatry clinic of a tertiary care hospital have been reviewed. Diagnoses were made as per ICD-10 criteria. The detailed sociodemographic and clinical profile, family history, perinatal histories have been noted. Permission from institute ethics committee has been taken for this study.

### Results

The total number of sample collected was 100. The mean age of the patients was 11.45 years. Around three fourth of the sample were male (71%). The most common diagnosis was mental retardation (46%) followed by ADHD (13%). Nine percent children had history of birth complications and 23% had physical co-morbidities and 14% had another psychiatric co-morbidity. The birth complications present were birth asphyxia, premature rupture of membrane, ante partum hemorrhage in mother, hypoxic ischemic encephalopathy, low birth weight and neonatal jaundice. The important physical co-morbidities found were seizure disorder, atrial septal defect, bronchial asthma, squint, cerebral palsy and cortical dysplasia.

### Conclusions

Presence of physical co-morbidities is quite frequent in children and adolescent with psychiatric disorders which require careful attention by the psychiatrist.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.078

## Preliminary results of a cognitive-behavioral support program for relatives of internet addicted children, adolescents and young adults

G.M. Barth<sup>1</sup>, I. Brandhorst<sup>1</sup>, S. Hanke<sup>2</sup>, K. Petersen<sup>2</sup>, A. Batra<sup>2</sup>, T. Renner<sup>1</sup>

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<sup>2</sup>University Hospital of Tübingen, Psychiatry und Psychotherapy, Tübingen, Germany

### Objectives

Internet Addiction is an important problem in Europe for nearly 5% of adolescents and young adults. Most of them are not motivated to change their behaviour. But the risk of negative impact of their internet addiction on their performance at school, university or work is very high and family life is frequently severely disturbed.

### Methods

Relatives of internet addicted children, adolescents and young adults have high motivation to prevent negatives consequences even if therapy is not possible. Therefore we first provided a self-awareness group for these relatives. To improve support we developed a cognitive-behavioural support program with 6-8 sessions.

### Results

During the first cycles we improved continuously the program. The resulting cognitive-behavioral program was well accepted by all participants. In several families the program piqued the addicted members interest and the program was followed by a common family session. The aims and elements of the program and first results will be demonstrated.

### Conclusions



Experience with several groups and first results show the effectiveness of a cognitive-behavioral support program for relatives of internet addicted children, adolescents and young adults. There is great requirement for such groups.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.079

#### Problematic internet use in adolescents: an overview

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#### Poster Series Overview

Problematic internet addiction in adolescents is becoming cause of great concern among mental health professionals as it affects not only their scholastic performance but also their overall mental health. Though problematic internet use is a global phenomenon and causes immense harm, several confusions are present regarding its diagnosis and treatment method. This presentation aims to reduce those confusions and also to increase the holistic understanding of problematic internet use based on existing literature. The epidemiological and diagnostic considerations will be discussed in detail. The predictors of internet addiction will be discussed which involves social, interpersonal, neuro-cognitive and behavioral aspects of problematic internet use. The presentation will also look into the recent therapeutic techniques available to treat problematic internet use and the recent challenges faced in this area.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.080

#### Role of therapeutic interventions in problematic internet use

N. Bhati<sup>1</sup>, R. Bhargava<sup>1</sup>

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#### Objectives

1. Brief overview on therapeutic advances in problematic internet use
2. To discuss about effective interventions and challenges

#### Methods

Internet addiction has emerged as a universal issue, with the global prevalence estimate of 6%. Internet addiction appears as a potential problem in adolescents. From the reported negative consequences, it appears that Internet addiction can have a variety of detrimental outcomes for young people that may require professional intervention. We systematically reviewed literature using 2 main search engines: Pubmed and Cochrane library. Review available in past 10 years is indicative of general consensus of total abstinence from the Internet as a goal of the interventions and that instead, balanced Internet usage should be the target in therapy. The research suggests promising use of cognitive behavior approach, third wave (Acceptance and commitment) therapies, re-start program and also, multi-modal treatments.

#### Conclusions

Clinical evidence for the efficacy of these strategies is not discussed enough. Further need for randomized controlled research is required to establish efficacy of these therapeutic interventions.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.081

#### Decreased functional connectivity in affective and sensorimotor networks in Internet gaming disorder.

S.C. Chen<sup>1</sup>, J. Xu<sup>2</sup>, M. Potenza<sup>2</sup>

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<sup>2</sup>Yale University, Psychiatry, New Haven, USA

#### Objectives

Internet gaming disorder (IGD) is included in section III of DSM-5, warranting additional clinical and research attention. However, some individuals have been reported to play games for recreation but do not develop an addiction. Such individuals have been defined as practicing recreational Internet game use (RGU). However, few published studies have assessed differences between RUG and IGD in this regard. In this study, it is hypothesized that IGD participants will have reduced brain functional connectivity compared to RGU within the executive, affective network and salience networks. Furthermore, it is hypothesized that there may be interactions among different networks, and that functional connectivity measures may correlate with addiction severity.

#### Methods

This study utilized independent component analysis in resting-state functional magnetic resonance imaging to compare brain functional connectivity between university students with IGD (n= 43) and RGU (n= 46). The addiction severity was scored by Young's Internet Addiction Test.

#### Results

Compared to the RGU group, the IGD group showed reduced functional connectivity in the right orbital frontal cortex and right subgenual anterior cingulate cortex within an affective network, and in the right supplementary motor area within a sensorimotor network. Furthermore, functional connectivity in the right subgenual anterior cingulate cortex was found to be negatively correlated with addiction severity.

#### Conclusions

The association between IGD and these two networks may suggest emotional dysregulation and a disrupted sense of self to be fundamental in the development and maintenance of IGD.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.082

#### Emotion regulation, affiliation motives, and social interaction anxiety of those with internet addiction among Japanese adolescents

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<sup>3</sup>Naruto University of Education, Graduate School of Education, Naruto, Japan

## Objectives

This study aims to examine the emotion regulation, interpersonal anxiety of those who use internet heavily.

## Methods

The participants were 701 Japanese adolescents (339 females and 354 males) with mean age of 16.9 (S.D. 0.83). Primary care givers were informed of this study via letters and asked to hand the sheet if they refuse their children's participation of the study. The consent of the participants were obtained in the questionnaire.

The participants were asked to complete a questionnaire packet which included following scales; The time spend on SNS and internet besides SNS in a day, Internet Addiction Test (Young, 1998), Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004), Scales on Affiliation Motives (Sugiura, 2000), and Social Interaction Anxiety scale (Mattick & Clarke, 1998). The study protocol was approved by the ethical review board of the Nagoya University Graduate School of Education and Human Development.

## Results

The participants were classified as addicted (4.9%), possibly addicted (63.5%), and non-addicted (31.5%) based on the IAT score. The time spend on SNS and internet, score of DERS, Affiliation Motives and Social Interaction Anxiety were compared with ANOVA. The results found that those who are possibly addicted spend more time on SNS than non-addicted. Moreover, those who are addicted scored higher on DERS, sensitivity to rejection, and social interaction anxiety.

## Conclusions

Those who are addicted to internet have more difficulties in emotion regulation and more interpersonal difficulties than those who are not addicted. This work was supported by JSPS KAKENHI Grant Number JP16K04355.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.083

### Development of digital screen exposure questionnaire (DSE-Q) for children aged 2-5 years in India

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<sup>2</sup>Post-Graduate Institute of Medical Education and Research, Department of Psychiatry, Chandigarh U.T., India

<sup>3</sup>Post-Graduate Institute of Medical Education and Research, Department of Pediatrics, Chandigarh U.T., India

<sup>4</sup>Post-Graduate Institute of Medical Education and Research, Department of Biostatistics, Chandigarh U.T., India

## Objectives

To develop a questionnaire on digital screen exposure (DSE) in children aged 2-5 years in India.

## Methods

Review of literature was done on existing DSE questionnaires used globally, irrespective of age group. Then a questionnaire with 46-items pertaining to DSE of children aged 2-5 years was developed. Six experts from paediatrics, public health, psychology and psychiatry background assessed the face validity and content validity of the questionnaire. This questionnaire was interviewed with the parents (n=20) to include parental perspectives, and alternatives to DSE

(at home) in the paediatric out patient department of a tertiary care hospital in Chandigarh, India. Further, the revised questionnaire was pretested among parents (n=10). Then it was used in a pilot study conducted among 40 children in Mohali city, Punjab, India, in June 2017. Ethical approval obtained from Institutes Ethical Committee (NK/3442/Ph.D/186).

## Results

The development process resulted in the DSE-Q, which had four sections including socio-demographic profile of the children (demography, socio-economic status, level of education of parents and occupation of the parents, and home environment), duration of DSE (on TV, Laptop/computer, smart phones/tablets), consequences of DSE as per parents' perceptions, and assessment of associated factors like physical activity, and behavioural changes. The interviews aided in modifying the questionnaire from community perspectives.

## Conclusions

A detailed, valid, and pretested DSE questionnaire was developed to be used in an Indian setting.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.084

### Children in danger

N. Ljubomirovic<sup>1</sup>

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## Objectives

Regional surveys shows that 79% of children under two years of age use a mobile phone, 6% of preschool children have a phone, 4,2% have a phone before the age of four. Over 70% of parents allow children under the age of 3 to use the computer (the results of a national survey). The WHO warns that children under the age of two should not use electronic devices with screens. The question is at what age should children use modern technology? Using clinical examples from mental health practice, the aim is to raise awareness about the dangers of the Internet, and point to the lack of rules regarding their use in the family.

## Methods

Three case studies from the clinical practice, showing the dangers of the Internet, and pointing to the lack of rules for their use in the family.

## Results

It is important to raise greater awareness about the dangers of the internet use in order to minimise the exposure of young children and adolescents to associal and inappropriate content which may be detrimental to their health and, in some instances, life threatening.

## Conclusions

The technology and its applications are undeniably important in the education and development of young people, but the risks associated with their use must be pointed out, putting the emphasis on family cohesion. The negative impact can be prevented by carefully introducing digital technology to children, controlling the use and setting good examples of appropriate use of these technologies by adults.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area



P 3.085

### Cyberbullying and its effect on the experience of physical health symptoms in Singapore adolescents.

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#### Objectives

To study the effects of reported cyberbullying victimisation on physical health symptoms as experienced by adolescents in Singapore.

#### Methods

Data was collected from anonymous self-report questionnaires completed by the students. A stratified sample of 3,319 students aged 12 to 17 years from 28 randomly selected local secondary and tertiary education institutions participated in the study. The questionnaires were prepared by the study team, which looked at the main areas of demographic data, physical health symptoms, the Strength and Difficulties Questionnaire (SDQ), and experiences with cyberbullying. Multiple logistic regressions were conducted to examine the associations between the victimisation experience and reports of physical health symptoms.

#### Results

Of the 3,319 students who participated in the study, 400 of them reported being victims of cyberbullying. Cyberbullying victims were more likely to report frequent headaches (Odds Ratio [OR]: 2.49), abdominal pain (OR: 2.43), sleep problems (OR: 2.5), and more frequently falling sick (OR: 2.32). On the SDQ, cyberbullying victims also more often reported "True" for experiencing distressing physical symptoms (OR: 1.82 - 2.37).

#### Conclusions

In our study population of secondary and tertiary students in Singapore, there appears to be significant association between being victims of cyberbullying and experiencing higher rates of physical symptoms. It is possible that these physical complaints may be a manifestation of underlying distress arising from experiences of cyberbullying, and further research may be useful in examining for possible causal connections. Frequency of physical complaints may hence also be a useful indicator of a student's experiences of cyberbullying.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.086

### How media multitasking while doing homework can affect executive function and academic performance in Spanish adolescents

M.M. Martín-Perpiñá<sup>1</sup>, F. Viñas<sup>1</sup>, S. Malo<sup>1</sup>

<sup>1</sup>Universitat de Girona, Psychology and Education, Girona, Spain

#### Objectives

The present study aimed to determine the prevalence of media multitasking among the adolescent population studied, exploring possible differences in gender, school year and/or age. As specific objectives we wanted to deter-

mine the effects of media multitasking on executive functions and academic performance. We have compared the academic performance and executive functions of students who categorize themselves as heavy media multitaskers while studying or doing homework and all others.

#### Methods

The sample comprised 1,102 students, aged 11 to 18 (M = 14.42, Sd = 1.78), at secondary education or training centres in the Alt Empordà region (Girona, Spain).

Media multitasking was assessed by means of an adapted version of the measure proposed by Baumgartner et al. (2014); executive function was assessed using the DEX-SP and three WISC-IV Subscales (Digit Span, Coding and Symbol Searching); and participants' current school marks for maths and Catalan language and the academic dimension of the AF5 (Multidimensional Scale of Self-Concept) were used to assess academic performance. We also used ad hoc questions regarding adolescents' attitudes and ICT usage.

#### Results

14% of adolescents matched the criteria of heavy media multitasking. Adolescents who media multitask more while doing homework report more problems with dysexecutive function and worse results on: Digit Span, which suggests lower development of working memory, and academic self-concept and academic performance in maths and Catalan language.

#### Conclusions

A relationship between heavy media multitasking and poorer executive function and academic performance was found. In sum, the findings suggest a negative impact of media multitasking while doing homework in adolescents.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.088

### An increasing problem: nomophobia, and its associations with alexithymia, mindfulness and meta-cognition styles in Turkish adolescents

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#### Objectives

Nomophobia is characterized by excessive emotional distress when the individuals lose their contact with their MPs. The aim of this study is to investigate the associations between alexithymia, mindfulness and meta-cognition characteristics and nomophobia in adolescents.

#### Methods

The study was performed on 1894 adolescents (52% female, 48% male) aged between 15 and 18. Nomophobia Questionnaire (NMP-Q), Toronto Alexithymia Scale (TAS-20), Mindful Attention Awareness Scale (MAAS) and Meta-cognition Questionnaire for Children and Adolescents (MCQ-C) were used. The correlations between the scales were analyzed by Pearson-product moment coefficient test. The predictability of the MAAS, TAS-20 and MCQ-C scores on nomophobia levels were tested by multivariate linear regression analysis. Path analysis was performed by using AMOS 22 to elaborate the mediating effects of meta-cognition errors and mindfulness on the relationships between the alexithymia and nomophobia.

## Results

NMP-Q scores were negatively correlated with MAAS scores ( $r = -.234$ ,  $p < 0.001$ ), and positively correlated with TAS-20 ( $r = .239$ ,  $p < 0.001$ ), and MCQ-C scores ( $r = .291$ ,  $p < 0.001$ ). Regression analysis revealed that TAS-20, MAAS, and MCQ-C scores predicted nomophobia levels, significantly ( $p < 0.05$ ). Path analysis indicated that MCQ-C and MAAS scores mediate the relationships between alexithymia and nomophobia.

## Conclusions

Higher alexithymia levels and meta-cognition problems, and lower mindfulness levels increase the risk of nomophobia. Therapeutic interventions which focus on meta-cognitive errors and low mindfulness levels may prevent nomophobia in adolescents with alexithymic personality traits. Overall, the results of this study suggest that, for improving the clinical success, it is important to address mindfulness levels, meta-cognition characteristics and alexithymic personality traits of the adolescents with nomophobia.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.089

#### The role of loneliness on internet addiction

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#### Objectives

No one can deny the fact that using online services has recently become a necessity for many people around the world. While time spent online can be hugely productive, compulsive Internet use and its effects on daily life, work, and relationships cannot be ignored. Hence, considering the extensive access of people on the Internet, a new kind of addiction called "internet addiction" has been observed. Problems arising from excessive Internet use have been documented worldwide. It is a particularly common problem among students, as recognized in several international studies. This study investigated the role of loneliness on internet addiction

#### Methods

Statistical population includes college student of payam noor university of fars (Iran). Hence, a total of 230 Shiraz University students (120 females and 110 males) answered the questionnaires of the study. Selected samples were used based on random cluster sampling style. In this research we used Young's Internet Addiction scale (1998) and short form of the Social and Emotional Loneliness Scale for Adults (SELSA-S) DiTommaso, Brannen, & Best (2004). We used regression analysis to predict Loneliness (familial, social, and romantic) on internet addiction, regarding gender as a moderator

#### Results

These findings indicate that among three types of Loneliness there are significant predictors for internet addiction: romantic Loneliness ( $B = 0.57$ ,  $p < .000$ ) familial Loneliness ( $B = 0.56$ ,  $p < .000$ ) social Loneliness ( $B = 0.32$ ,  $p = .01$ ).

#### Conclusions

Thus loneliness (familial, social, and romantic) is a significant predictor of student internet addiction. Particularly romantic loneliness is a much more likely predictor of student internet addiction.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.090

#### Social network activity relation to addictive Facebook use among university students

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#### Objectives

The aim of the study was to analyse the possible relationship between involvement in different Facebook activities and problematic Facebook use.

#### Methods

In total, 1302 university students using Facebook were included in the study. Respondents (897 females, 404 males) ranged in age from 17 to 31 years old ( $M = 20.71$ ,  $SD = 1.72$ ). The survey consisted of demographic questions, general Facebook use questions, Bergen Facebook Addiction Scale (BFAS) and questions regarding engagement in different Facebook activities (the latter used Likert-type scale responses).

#### Results

32,74 % of the respondents considered themselves addicted to Facebook. 44,13 % of the students claimed to have been using Facebook too often. According to answers on BFAS 3,76 % of the students were addicted to Facebook. The most common activities among respondents were texting on Messenger, browsing News Feed and reviewing others' status, photos and videos. Playing games was the least common activity, especially among girls. 70,4% of the respondents said not to be ever playing games on Facebook. The problematic Facebook users tended to score significantly more on content browsing activities (i.e., reviewing profiles of others, reading comments, browsing News Feed). There was no significant difference in engagement in Messenger and Facebook games between the ones considered addicted and not addicted to Facebook by BFAS ( $p > 0,05$ ).

#### Conclusions

There seems to be some relationship between engagement in specific Facebook activities and development of Facebook addiction. Better understanding the potential pathways to problematic Facebook use is much needed to design more appropriate interventions.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.091

#### Normative values and acceptance of the computer based card-sorting test among male adolescents in Southwest Nigeria

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#### Objectives

There are currently no normative values for the computer based card sorting test of executive function among adolescent populations in south-west Nigeria. This study aimed to describe normative values for a computer based test of set shifting among healthy male adolescents in southwest Nigeria. It also assessed the level of participants' acceptance of executive function tests based on the Psychology Experiment Building Language.



## Methods

243 Male adolescents between the ages of 16 and 18 years were randomly selected from senior secondary schools in Ibadan, southwest Nigeria, distributed across the urban and semi-urban regions. The respondents participated in a computerized test of executive function using the Berg's (Wisconsin) card sorting test on the Psychology Experiment Building Language platform (PEBL 2.0). Students with significant lifetime history of substance use, head injury, seizures or any psychiatric conditions were excluded from the study. Students were assessed with the Ishihara colour plates to exclude colour blindness. Respondents also completed an Instrument suitability questionnaire.

## Results

The mean age of the respondents was 16.3 years (SD 1.20). There were no significant differences between the mean scores between the urban and rural areas. Respondents between age 15 and 16 years had significantly lower number of completed categories and total errors compared with those aged 17 and 18 years. Mean perseverative responses was 30.08 (SD 10.7), perseverative errors was 18.33 (SD 9.20) and non-perseverative responses was 14.19 (SD 7.84). Majority of the respondents stated that the computerized tests were easy to understand (96.9%), interesting (93.8%) and they would be willing to participate in more tests administered in similar fashion (90.6%).

## Conclusions

The study has generated normative values on the Berg's Card Sorting Test for a healthy adolescent population in South-West Nigeria, and shown that the Psychology Experiment Building Language platform for computerized tests of this nature are acceptable to this population.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.092

### Development of ICEND (infant comprehensive evaluation for neurodevelopmental delay) under 7-year-old

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## Objectives

Authors have developed an assessment tool of integrative understanding of developmental delays in infants through a multidisciplinary approach.

## Methods

We established a multidisciplinary research consortium: pediatrician, pediatric psychiatrists, clinical psychologists, psychological rehabilitation therapist, speech pathologist, special education professionals, and statistician. Through Delphi method and focused-group-interview, we produced the questionnaires for two groups; 12-36 and 37-71 months old. After preliminary and standardization process, we examined construct and content validities with CBCL, ITSEA and SDQ (with e-PAPA in plan).

## Results

The end product was named as ICEND (infant comprehensive evaluation for

neurodevelopmental delay) for 12-36 months and 37-71 months. ICEND has three parts: risk factors such as prematurity & low birth weight, domestic violence, postpartum depression and alcohol abuse; positive factors such as self-confidence, and parent(s)-child relationship; psychopathologies composed with cognitive development, language development, autism spectrum disorder, ADHD, movement disorder, internalization and externalization symptoms, post-traumatic stress disorder, attachment abnormality, adjustment issues. Risk and protective factors are self-report by parents, and psychopathologies are examined by interviewer. The sum of risk and positive items are 45 questionnaires, respectively in both age groups. Psychopathologies include 139 questionnaires for 12-36 months, 153 questionnaires for 37-71 months.

## Conclusions

Authors developed ICEND and made cut-off score. ICEND can be the second screening tool to evaluate comorbidity and diagnose psychiatric disorders of high risk infants.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.093

### Cognitive impairment in adolescents with schizophrenia

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## Objectives

To explore the impairment of cognitive function in adolescents with first-episode schizophrenia.

## Methods

30 cases of adolescents with first episode schizophrenia (first episode schizophrenia group, FESg) and 30 randomly selected healthy volunteers (normal population group NP) from June 2016 to May 2017 in our hospital were enrolled. All participants were more than 6 years of schooling and completed MATRICS consensus cognitive battery (MCCB) test. The characteristics and impairment of cognitive function in adolescents with first-episode schizophrenia were analyzed. The patients' clinical symptoms were assessed by the positive and negative symptom scale (PANSS).

## Results

In addition to the scores of emotional management subtest were no difference between the two groups, the scores of the rest subtests and total score of MCCB test were significant difference ( $P < 0.05$ ). The total scores of MCCB test and the scores of Continuous Performance Test-Identical Pair in the first episode patients was correlated with the negative symptom factor scores in the PANSS scale ( $P < 0.05$ ) while there was a certain correlation between the scores of Trail Making Test and the positive symptom factor scores in the PANSS scale.

## Conclusions

The Cognitive function in adolescents with first-episode schizophrenia is significantly impaired. The cognitive impairment is associated with negative symptoms in first-episode schizophrenia.

## Poster session 3

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P 3.094

### Behavioral problems of pre-school children living in a low-income community: comparison of parents' and teacher's assessments

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## Objectives

In the assessment of infant behavioral problems, parents are usually the traditional informant. However, children spend a great deal of time on school, while parents are working. In Brazilian low-income communities, children are dropped at day care early in the morning and picked up in the evening. In this scenario, including pre-school teachers in the assessment process is very relevant. The goal of the present study was to compare parents and teachers' assessment of pre-school children problems.

## Methods

54 parents of children between 18 and 60 months old, and their respective teachers (N = 10), participated in the study. The parents filled out the Child Behavior Checklist (CBCL/1.5-5), while teachers answered the Caregiver-Teacher Report Form (C-TRF).

## Results

T scores comparison indicated that parents report more problems in 5 of the 9 analyzed scales, as shown on table 1.

	CBCL/1.5-5 Mean (SD)	C-TRF Mean (SD)	Paired Sample T test	P
Emotionally Reactive	55.77 (6.95)	53.92 (5.95)	1.407	0.166
Anxious/Depressed	57.40 (7.56)	53.29 (4.99)	3.388	0.001*
Somatic Complaints	56.51 (7.43)	51.64 (4.17)	4.231	0.000*
Withdrawn	57.41 (8.53)	53.83 (5.66)	2.504	0.015*
Attention Problems	55.06 (5.84)	54.09 (5.01)	0.989	0.327
Aggressive Behavior	55.75 (5.74)	55.05 (5.85)	0.880	0.383
Internalizing Problems	55.55 (9.68)	47.21 (11.08)	4.329	0.000*
Externalizing Problems	53.72 (7.89)	51.47 (9.94)	1.457	0.151
Total Problems	55.59 (9.36)	50.00 (10.56)	3.214	0.002*

\* = p<0.05.

Positive moderate correlation was found for the Aggressive Behavior scale, that includes easy to observe behaviors, that causes great impact on the environment and enhance the chances of agreement between informants.

## Conclusions

The importance of including informants that interact with the child in different context is confirmed by our data. Parents and teachers do not see the children in the same way. Actually, it is very common for parents to report more problems, what suggest that the dynamics of the family and the occurrence of problems at home should be of special focus of the mental health professional.

## Poster session 3

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P 3.095

## Diagnosis of types of personal helplessness in adolescents: psychometric indicators of the questionnaire

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## Objectives

The concept of personal helplessness (D. Tsiring) understands this phenomenon as "the quality of a subject that is a unity of certain personal characteristics, resulting from the interaction of external conditions with external factors that

determine a low level of subjectivity, that is, a person's low ability to transform reality, to manage events of their own lives, set and achieve goals, overcoming various kinds of difficulties. "Empirical evidence has been verified, indicating the differentiation of types of personal helplessness depending on the violations of family upbringing. Adaptive, protective and manipulative types of personal helplessness are described (I. Ponomareva). It is proved that under dominant hyperprotection, a personal helplessness of manipulative type is formed, with increased moral responsibility and cruelty of parents - an adaptive type, as well as a contradictory style of upbringing, actualizes the protective type of personal helplessness in a child.

Objectives: to investigate the psychometric indicators of the questionnaire of types of personal helplessness in adolescents.

## Methods

**Empirical material:** 184 teenagers

### Methods:

The Pluttik-Kellerman-Conte questionnaire "Index of the life style".

A technique for diagnosing personal helplessness in adolescents (M. Krylova, D. Tsiring).

The questionnaire of Machiavellianism.

"The Scale of Family Adaptation and Cohesion"

### Methods of mathematical statistics:

Pearson r

Kurtosis, Skewness

$\alpha$ -Cronbach

## Results

To study the internal consistency, the value of the one-dimensional reliability coefficient -Cronbach was calculated. We tested the technique of partial splitting reliability. We conducted half the digestion of the questionnaire in separate scales. Each of the scales has a high level of half-splitting reliability. Competitiveness is assessed by the ratio of the developed tes with others, the validity of which is established relative to the measured parameter.



Reliability analysis (splitting method)				Internal reliability	
	defensive type 1	manipulative type 1	adaptive type 1	Scale	Alpha Cronbach
defensive type 2	0,383**			defensive type	0,812
manipulative type 2		0,452**		manipulative type	0,787
adaptive type 2			0,183**	adaptive type	0,853

Competitive validity			
	defensive type	manipulative type	adaptive type
psychological defense mechanisms	0,676**		
manipulative behavior		0,685**	
family satisfaction			0,473**

### Conclusions

The analysis of external reliability, half-split reliability is carried out, competitive validity of the technique is analyzed. The next stage is the scale structure, retest reliability, standardization.

### Poster session 3

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P 3.096

### Diagnosing in social media - the new technologies

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### Objectives

The aim of this paper is to review the new technologies for early diagnosis of mental health conditions through social media data.

### Methods

We reviewed published articles about the new machine learning models used in early detection of mental health problems, using social media data.

### Results

Coppersmith et al. (2015) studied psychiatric conditions by building machine learning classifiers capable of separating Twitter users with each condition from control users, based on signals quantified from their language. Kumar et al. (2015) demonstrated the existence of the Werther effect by relating amplified posting activity following celebrity suicides with post content exhibiting language changes that indicated increased suicidal ideation, in Reddit users.

De Choudhury et al. (2016), through a logistic regression framework, used linguistic features on Reddit to predict the likelihood of individuals transitioning

from posting about depression to suicidal ideation with high accuracy. Abdul-Mageed et al. (2017) used gated recurrent neural networks to the accurate detection of emotions in Twitter data.

George Gkotsis et al. (2017), using distant supervision and gated recurrent neural networks, automatically recognized mental-illness related Reddit's posts with an accuracy of 91,08% and linked it to a "diagnosis" with a weighted average accuracy of 71.37%.

### Conclusions

These findings suggest that, with these new technologies, it is possible to identify and diagnose mental health conditions in social media data. In the future, this can be used in the early detection of mental illness and to target interventions in risk groups, for instance, in isolated populations with low access to mental health institutions.

### Poster session 3

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P 3.097

### Determining behavior patterns of children with autism spectrum disorders using specialized electronic device

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### Objectives

In this study we analyzed behavior of children with Autism Spectrum Disorders (ASD), using a specialized electronic device.

### Methods

For determining children's behavior patterns, we used an wearable electronic device (Capplo™) which is specially developed for tracking and positioning children with ASD. This device includes hundreds of sensors, which can measure body reactions, as well as indicate body movements, 3D body position and orientation, detect a free fall, recognise behavior patterns in situations of a frustration or pleasure. The whole system is designed regarding the special needs of children with autism such is hyperactivity and hypersensitivity. It collects data and creates a database that could be analyzed and used to predict future behavior patterns of each child.

### Results

By analyzing the database we have come up with data from which we can with great precision learn about the behavioral patterns of each individual child (which implies the knowledge about objects and situations that cause approach or aversion reaction of a child), repetitive behaviors that can be used in predicting future behaviors, along with precise positioning of the child at any time.

### Conclusions

By using this specialized device, it was possible to determine behavior patterns of children with autism, which enabled prediction of their future behaviors in both familiar and unfamiliar situations, which contributes to their safety in everyday life and reduce the risk of unwanted unpredictable events.

### Poster session 3

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P 3.098

## Validation of the MentalPlus® digital game as a neuropsychological test

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### Objectives

Cognitive dysfunction is a frequent adverse event in the postoperative period, especially in elderly patients. The neuropsychological tests usually used for the diagnosis of postoperative cognitive dysfunction are of delayed application and with variable sensitivity and specificity, making routine use difficult. The difficulty of applying the battery of preoperative cognitive tests decreases the feasibility of adopting measures to increase preoperative cognitive reserve and methods for prevention, diagnosis, and rehabilitation of Postoperative Cognitive Dysfunction (POCD). Digital games have a potential neuromodulatory effect and have been used as an alternative to psychotherapeutic treatment and rehabilitation of cognitive abilities. However, the use of these games to assess the integrity of perioperative neuropsychological functions is still non-existent. OBJECTIVE: The purpose of this study is the validation of a specific digital game (MentalPlus®) for cognitive evaluation and assessment of its use for the diagnosis of postoperative cognitive dysfunction.

### Methods

Subjects over 20 years of age, literate, of both genders and candidates for surgery under general or regional anesthesia, will be studied at Hospital das Clínicas, Faculty of Medicine University of São Paulo. The volunteers will be submitted to the application of tests for short and long-term memory (VLT), visual memory brief (BVMT), executive functions (SCVVT) and selective and alternating attention (TMT-A / B), SF8 for Quality of Life, HQ9 for the evaluation of depressive symptoms, in addition to the MentalPlus® digital game. As a screening test, the Telephone Interview Cognitive Status (TICS) tests will be used.

### Results

Reliability and validity analyzes of the digital game will be carried out with the purpose of filling the gap in the evaluation of cognitive functions in a playful and practical way and making the neuropsychological evaluation available to health professionals, anesthesiologists, and surgeons.

### Conclusions

MentalPlus® will be a valuable tool to abbreviate the neuropsychological evaluation in surgical patients.

## Poster session 3

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P 3.099

## Best practices in the culturally responsive and multidisciplinary assessment, diagnosis, and treatment of Specific Learning Disabilities, Intellectual Disabilities, and ADHD

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### Learning Objectives

Participants will understand the clinical and educational structure around diagnosing Specific Learning Disabilities, Intellectual Disability, and ADHD. Participants will understand cultural and other extraneous influences that may have an impact on accurate diagnoses.

Learn about differential diagnoses and treatment of Specific Learning Disabilities, Intellectual Disability, and ADHD. Understand the role and importance of multidisciplinary professionals' collaboration in the determination of assessment and services.

### Workshop Description

As psychiatric, psychological, and special education needs and services evolve worldwide, we must continue to improve the assessment, diagnosis, and treatment of disabilities clinically and academically. The focus of this workshop will be three disabilities that are prevalent in schools, namely specific learning disabilities (SLD), intellectual disability (ID), and attention deficit/hyperactivity disorder (ADHD). Two key points in the best practice of assessment, diagnosis, and treatment are as follows: (a) considering the cultural, linguistic, and socio-economic context of each child, and (b) serving the child and family through a collaborative multidisciplinary approach to improve the accuracy of diagnosis and treatment.

Through this workshop, participants will learn about the academic and clinical assessment, diagnosis and treatment of SLD, ID, and ADHD. Participants will also learn about the following related topics: (a) differential diagnoses, (b) comorbidities, (c) cultural and linguistic considerations for accurate assessments, and (d) best practices when working with interpreters. Through this interactive workshop, participants will engage in problem solving activities, case studies, and discussions as they learn more about established and developing structures for diagnosis and assessments in the United States and Qatar, respectively. Participants will also be invited to share their expertise in diagnostic and assessments systems from the countries in which they work, especially when serving culturally diverse groups. Discussions will also include the implementation of learned skills in participants' countries/work settings. By the conclusion of the workshop participants will be equipped with practical strategies they can take back and integrate in their practice.

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## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.100



## Psychiatric classification in child and adolescent psychiatry: past, present & way forward

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Whether a child with developmental and/or psychosocial issues be given a diagnostic tag or not, is in itself, a huge issue. Professionals need always to think twice whenever they feel tempted to give a diagnosis. Many are of the opinion that making a good formulation which speaks of child's problem and gives a good treatment plan is what you need most in case of children. However, for communication, research, insurance and for use by other agencies we need to classify diseases.

The term used in classification for diagnosis has to be medically useful and yet not socially stigmatising. While trying to classify conditions we cannot afford to forget that society has great concern in regard to inappropriate labelling of children.

### Part 1:

Classification has come a long way and still has room for improvement. Diagnosis is a key part of how we communicate with patients and professionals. Diagnosis also involves understanding of what is wrong and why; and to guide logical decisions about which intervention is better and what lies next! Psychiatric diagnosis has been primarily phenomenological as the underlying pathogenetic causes, mechanisms and processes are still not fully understood. Current nosology is inadequate to capture the breadth and heterogeneity of mental disorders. The major official classification systems in use (DSM-5 and ICD 10) are categorical in nature, even though there has been major debate on whether they should be dimensional. Dimensional approaches to diagnosis offer several potential advantages as it can provide a better descriptive profile of patients on several important dimensions useful for management. Categories on the other hand have both a direct clinical relevance and practical advantages. Of late, researchers have found that combining dimensions and categories is beneficial in understanding psychiatric disorders especially in young population. More recently, efforts are being made to have a neurobiologically informed classificatory system. National Institute of Mental Health (NIMH) has recently introduced its Research Domain Criteria (RDoC) project which provides a template for a comprehensive classification which incorporates several genetic and neurobiological parameters, in a developmental framework. Such an approach will completely change the way we understand and describe mental disorders.

However, it is still premature to attempt to move to a biologically-based classification system, because of the complexity of psychiatric disorders, and of the working of the brain.

### Part 2:

Changes brought in DSM 5  
Changes brought in DSM 5 are very well thought of and stimulating though not without criticism. DSM 5 started with an ambitious plan of linking diagnosis to pathophysiology, but because of insufficient neurobiological markers having adequate diagnostic specificity, it could not meet the expectation.

Many changes are witnessed in DSM 5 in the field of child and adolescent psychiatry, like, greater emphasis of dimensional perspective, regrouping of diagnostic rubrics on the basis of said aetiology, being more developmentally oriented, going back from multiaxial to uniaxial approach, redefining diagnostic criteria for several disorders and then creating new diagnosis like disruptive mood dysregulation disorder and hoarding disorder. The process of finalizing DSM 5 has been very rigorous which lasted for many years. Even then DSM 5 invited lot of criticism. Critics are sceptical about its over inclusiveness. They feel that many normal children and adolescents may be brought in inadvertently into the ambit of psychiatry and given a diagnosis. Normal childhood may get

pathologized as a result.

Over the years these issues would need constant research and reassessment. With new knowledge in the area psychiatric classification still has lot of scope of evolving and improving. Wisely enough DSM 5 has kept the scope open for regular revision.

### Part 3:

Changes expected in ICD 11  
70% of the mental health professionals around the world use ICD-10 for making psychiatric diagnoses in clinical settings. Efforts are being made on the development of the 11th edition of the ICD (ICD-11) with approval by the World Health Assembly (International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders). Largely successful efforts have been made during the DSM-5 revision process to harmonize the DSM-5 and ICD-11 classification systems, at least at the level of the organization and sequencing of the diagnostic groupings.

With major leap changes in DSM 5 like inclusion of Disruptive Mood Dysregulation Disorder and exclusion of attenuated psychosis syndrome, to date, an ICD-11 beta version, in several ways, has not been able to match with the progress made by DSM-5. For example, it can be seen as a step backwards that, Tourette Disorder has been removed from the "Mental and behavioural disorder" and put under the rubric of "Diseases of the Nervous System".

It has to be reiterated that ICD-11 diagnoses in the field of child and adolescent psychiatry must be a step forward, taking lessons from the difficulties in implementing DSM 5 rather than perpetuating the same. Keeping in mind that it is going to be the most widely used system for diagnosis and management worldwide, ICD-11 must aim for a higher standard of scientific quality before changes are determined. ICD-11 should address both cultural and developmental aspects of disorders and focus also upon a manual for primary care. This way it can be ensured that it implements a higher standard of decision making processes, to come to better theoretical decisions which should be followed by a wider group of professionals, ensuring a greater openness of process, and be more responsive to differing viewpoints which do crop up in the realms of behavioural sciences. At the end, it would be interesting to understand how the three systems' approaches (DSM-5, ICD-11 and RDoC) to key issues of diagnosis correspond or diverge as a result of their different histories, purposes, and areas of implementation. Although the systems have varying degrees of overlap and distinguishing features, they should share the common goal of reducing the burden of suffering due to mental disorder.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

### P 3.101

#### Internet gaming disorder - new findings

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#### Objectives

The aim of this paper is to review recent research on Internet Gaming Disorder (IGD).

#### Methods

We reviewed the literature on IGD published in 2017 and compiled some of the new findings.

#### Results



Männikkö et al. (2017) advocated that some psychiatric diagnostics were strongly associated with problematic gaming behavior and, according to Hällén M. Pontes (2017), Social Networking Sites addiction and IGD can potentiate each other in the deterioration of mental health. Additionally, Paiket al. (2017) established that gaming devices usage pattern influenced the occurrence, course, and prognosis of IGD.

Zhou et al. (2017) found a direct association between excessive online gaming and structural deficits in the orbitofrontal cortex, and Yao et al. (2017) in the fronto-striatal and fronto-cingulate regions.

The concept of tolerance in IGD needs to consider reward-seeking motivations, as stated by King et al. (2017), whom later also reinforced the relationship between Inadequacy and other IGD symptoms.

Sariyska et al. (2017) found that problematic internet use leads to impairments in implicit learning abilities, and according to Kim et al. (2017) both IGD and Obsessive-Compulsive Disorder patients demonstrated deficit in inhibitory control and cognitive shifting.

Contrarily, Deleuze et al. (2017) do not support the conceptualization of IGD as an addictive disorder.

For diagnostic purposes, Besser et al. (2017) developed the Short Compulsive Internet Use Scale.

## Conclusions

The association between problematic gaming behavior and mental health pathology seems strong, and therefore, clinicians need to use the new scales and other complementary exams to identify, treat and prevent children and adolescents at risk.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.102

### The work process of a child-juvenile psychosocial care center in the city of Sao Paulo - Brazil

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## Objectives

Introduction: The Sapopemba Child-juvenile Psychosocial Care Center team in São Paulo-Brazil treats patients from 0-17y 11m who live within that territory and have mild to serious Mental Disorders (T). After the first evaluation, a Singular Therapeutic Project (PTS) is proposed, and the patient starts a weekly-based group therapy, followed by either a medical or a case manager appointment. There are 48 therapeutic groups, respecting age differences, with the objective of improving the acceptance of social rules and limits, frustration tolerance, communication and attention skills, social interaction; mood, agitation and impulsiveness stabilization, and promoting the abilities of organization, planning, assertiveness and decision-making. An orientation group is also offered for families, improving the treatment attachment. Objectives: describe the work process of a child-juvenile psychosocial care center and the patient's profile.

## Methods

Methodology: Review of medical records and experience report.

## Results

Results: : 31% F84, 15,5% F91, 10,3% F32, 9,3% F90, 6,2% F70, 3,1%

F19, F41 and F83, 2,1% F23, F39 and F98 and 1% other disorders, such as F20, F12, F43 and Z63 (Codes from International Classification of Diseases – CID10).

## Conclusions

Conclusion: In 6 years and 4 months of operation, the CAPSij meets the expectation of attending the Sapopemba territory, east side of Sao Paulo, fulfilling its needs and setting up a favoring network to enlarge treatment, referrals and socialization possibilities for the child-juvenile public.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.103

### Complex model for the outpatient mental health care: experience of 20 years of the development

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<sup>2</sup>Vilnius University Medical Faculty, Clinic of Psychiatry, Vilnius, Lithuania

## Objectives

After restoration of independency of Lithuania the post-soviet system of inpatient psychiatric hospitals and centralized dispensers has been changed. Starting from 1997 the network of 103 Primary Mental Health Centers throughout the country has been developed. History and experience of the development could be of interest for other countries. Objective of the study is to collect data and describes structure and functions of one of the first Mental Health Center (MHC) in Lithuania serving as a model for the outpatient and day care services in child/adolescent and adult psychiatry.

## Methods

Descriptive analysis of Karoliniskiu Polyclinic (KP) MHC will be presented comprising history, current structure and complex services. Strong and weak parts of the activities will be discussed.

## Results

KP provides outpatient health care and has 59029 prescribed patients. MHC is incorporated into KP and has 63347 prescribers. During 2017 there were 10286 patients and this was 16,23% of people prescribed. Day care program (2017 year) has been provided 3501 days for 125 patients. Multidisciplinary team of 20 workers consists of child/adolescent and adult psychiatrists, clinical psychologists, psychotherapists, social workers, psychiatric nurses, occupational therapists. Whole range of 16 programs implemented into clinical practice will be described. Services are financed from Municipality of Vilnius, specialized projects and some private services.

## Conclusions

MHC serves as a good basis for the outpatient care and thus needs to be supported for the further developments organizing more specified services of the complex mental health care close to the living place of the inhabitants.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.104

### Survey on the response to developmental disorders at ages 12 and higher in general psychiatric outpatient care in Japan

K. Ono<sup>1</sup>



*<sup>1</sup>St Marianna University of Medicine, Psychiatry, Kawasaki City, Japan*

## Objectives

In recent years, Japan has also seen an increase in cases of developmental disorder experienced in general psychiatric outpatient care [A1], and this has brought with it a host of new issues. These include treating comorbid mental illness and dealing with behavioral problems, however, the actual circumstances are poorly understood. We therefore wish to report the results of a developmental survey sent to general outpatient clinical facilities with a psychiatry department throughout Japan, as a baseline survey for creating a future manual on addressing such disorders, with where patients' manner of cognitive behavior differs from conventional disorders. The term "developmental disorder" as used here refers to disorders at ages 12 and higher that are included in "Pervasive and specific developmental disorders" (F80-F89) and "Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)" in the ICD-10 (International Statistical Classification of Diseases and Related Health Issues), in accordance with the definition of developmental disorders in Japan's Developmental Disabilities Support Act.

## Methods

Clinic directors of facilities belonging to the Japanese Association of Neuro Psychiatric Clinics were surveyed in November 2014. With the consent and cooperation of the Association, a total of 1,605 facilities across Japan were surveyed.

## Results

Survey responses were collected from 378 facilities, representing a collection rate of 23.5%. In the breakdown of the facilities, the monthly mean number of patients was 657. The proportion of patients with developmental disorders was less than 5% in 62.7% of facilities, but accounted for 5% or more in 32.7% of facilities.

1) Breakdown of facilities: The monthly mean number of patients was 657, and responses were found to be concentrated in urban areas such as Tokyo, Osaka, and Fukuoka (graph I-1).

2) Proportion of patients with developmental disorders: The proportion of patients with developmental disorders among overall outpatients in one month was less than 5% in 62.7% of facilities, but accounted for 5% or more in 32.7% of facilities (graph I-2).

3) Types of developmental disorders, and comorbid disorders: The most frequently reported type was autism spectrum disorder (ASD), followed by comorbid ASD and attention deficit hyperactivity disorder (ADHD). The third most common was ADHD (graph I-3). The most common comorbid disorder was mood disorder, followed by neurotic disorder, stress-related disorder, and somatoform disorder, with the third being schizophrenia, schizotypal disorder, and delusional disorder. (Graph I-4)

4) Difficulties in treatment of Developmental Disorders: As shown in "Difficulties in treatment" (Graph I-5), 80% of facilities had some kind of difficulty, with 16% responding "very difficult", 24% responding "difficult", and 40% responding "somewhat difficult".

5) Types of especially challenging symptoms, and their behavioral features: These were stim, obsessive compulsion behavior and abusive language or violent behavior. Regarding behavioral problems, a survey of individual behaviors showed that violent behavior, theft, arson, and murder or etc occurred at 74.9%, 51.6%, 14.8%, and 4% of facilities, respectively. Social withdrawal and online gaming dependence were also observed in 84.7% and 68.3% of facilities, respectively (graph II-1.2.3.4.7.20).

6) Circumstances of drug therapy for behavioral problems with developmental disorders

In terms of drug therapy for behavioral problems related to developmental disorders, the most commonly-selected drug therapy was atypical antipsychotics,

with the second being mood stabilizers and the third being non-stimulant ADHD medication (table III-1). Examination of the hierarchy of combinations of these drugs shows that the most common was an atypical antipsychotic and a mood stabilizer, with the second being an atypical antipsychotic and an antidepressant, and third being an atypical antipsychotic and an anxiolytic or traditional Japanese medicine (Kampo) (table III-2). Among atypical antipsychotics, the most frequently used were risperdal, aripiprazole, and olanzapine, in this order (table III-3). Among ADHD medications, there were differences in the approval times for adult indications for the two. The first was non-stimulant ADHD medication, followed by stimulant ADHD medication (table III-4).

7) Desire for measures to address behavioral problems with developmental disorder

The most common response to behavioral problems with developmental disorders was a desire for a simple consultation desk, such as the installation of a consultation center for developmental disorders in different prefectures and regions of Japan, as shown in graph III. This was followed by the development of a simple response manual, with the third response being the desire for investment in emergency response facilities.

## Conclusions

### III. Discussion

The survey results show that for more than 30% of facilities, dealing with developmental disorders accounted for at least 5% of outpatient care, and 80% of facilities indicated that such disorders are difficult to address, indicating that there are considerable needs concerning the difficulties of treatment.

There were, in fact, a large number of cases with ASD or comorbid ASD and ADHD. The most frequent comorbid disorder was mood disorder, and this is believed to be related to the properties of the drugs of choice for drug therapy, (i.e. atypical antipsychotics and mood stabilizers), observed in the survey. The hierarchy of use of ADHD medications may involve the difference in the time of approval. Japan approved atomoxetine for adults in August of 2012, and approved sustained-release methylphenidate for adults in December 2013. Reflective of the fact that there were many ASD-related cases, behavioral problems that were often observed included obsessiveness and obsessive-compulsive behavior. The fact that no small number serious cases involving theft, arson, murder, or other criminal acts was experienced at the clinical level also speaks to the importance of prevention and treatment that includes cooperation from medical, educational, and governmental institutions. This survey considered ages 12 and order, but there are also many cases where behavioral problems involving criminal acts begin before the start of junior high school, and medical collaboration from early childhood on to adulthood is an important issue. Investigation of cases on the basis of this survey shows that in some cases, developmental disorders were diagnosed for the first time after individuals were involved in criminal cases while in others, developmental disorders below the diagnostic threshold values were comorbid, and there is a need for case management that bears not only indications of diagnostic criteria in mind, but also simple scales that allow for the extraction of a case's developmental disorder characteristics, or their cognitive characteristics. This indicated a need for further and development of strategies to raise awareness of such disorders, in order to allow for early detection and early intervention to such cases.

In terms of government measures, there was a desire for consultation centers for developmental disorders to be set up in the various prefectures and regions in Japan, but it was found that even where these were already set up, needs were still not being fully met, or the centers were not well published. There is also a need, in descending order, to establish and distribute an easy response manual, and to invest in emergency response facilities. In summary there is a desire for investment in a response system commensurate with the circumstances.

### IV. Conclusion

In general clinical practice in psychiatry departments in Japan, developmental disorders pose various behavioral problems, and various issues were also

found in the clinical setting. Investment in support systems and techniques for use in the field, would therefore make it possible to prevent serious behavioral problems from occurring, and there are plans to draft a manual premised on the results of this study in the future.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.105

### Factors associated with non-attendant appointment out-patients at the psychiatric clinic, Chiang Mai University Hospital

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#### Objectives

To examine the prevalence and risk factors associated with non-attendant appointment in psychiatric out-patients.

#### Methods

A cross-sectional, observational study in 402 psychiatric outpatients routinely followed-up was conducted. Demographic data was corrected in the 1st visit. The associated factors questionnaire developed from the framework of factors influencing adherence and the revised Helping Alliance Questionnaire (HAQ-II) were obtained in the next visit. The non-attendants were identified by not appearing at appointment date or making new appointment less than 1 day and then obtained information next visit. We contacted the non-attendants after the appointment twice within 5 and 10 workdays to revisit. Failed making new appointment or missing twice calls were identified as the loss-follow-ups and excluded from the factor associated analysis.

#### Results

Sixty-four patients (17.78%) had missed appointment and thirty-four (9.44%) were loss follow-up. Mann-Whitney correlation analyses were used to assess the associated factors. A binary logistic regression analysis, including previous significantly associated factors, found that recognizing the appointment was protective factor ( $B = -0.50$ ,  $p < 0.01$ ) while not perceiving therapeutic relationship enhancement was risk factors ( $B = 0.68$ ,  $p = 0.04$ ).

#### Conclusions

About one-quarter of psychiatric patients were not attended the appointment on time. Recognizing the appointment and not perceiving therapeutic relationship enhancement were the most common associated factors.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.106

### Developmentally informed systems of care for transitional age youth with serious mental illness

C. Wilson<sup>1</sup>, T. VanDeusen<sup>2</sup>, H.J. Kim<sup>3</sup>

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<sup>2</sup>Yale University School of Medicine, Psychiatry, West Haven- CT, USA

<sup>3</sup>McLean Hospital- Harvard Medical School, Psychiatry, Belmont- MA, USA

#### Objectives

To define the term system of care, evaluate its historical context in the USA, and help mental health professionals to evaluate their own system of care in a developmental informed manner.

#### Methods

We start by looking at the development and history of the term system of care in the United States and how this has changed over time. We define the concept and its components e.g. mental health service, social services, educational services. We additionally describe the system of care that we have in New Haven, Connecticut, USA and evaluate its strengths and weaknesses from a developmental perspective. The audience is encouraged to describe and evaluate the system of care in their own countries and communities and how their system can be more developmentally informed to enhance the lives of transitional age youth.

#### Results

The audience will be more aware of the concept and history of system of care for traditional age youth with severe mental illness, how to evaluate their system of care based upon the developmental context of the youth they treat, and how to promote positive change within their own system of care.

#### Conclusions

Systems of care vary widely in the USA and throughout the world. We as psychiatrists and mental health professionals need to look closely at our own systems of care from a developmental perspective to advocate for our patients. We can jointly learn from the successes of our colleagues in other countries and promote for continuation of well-functioning components as well as change where necessary.

## Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.107

### Self-harm websites: knowns and unknowns

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#### Objectives

The most recent national survey showed that teens in the United States spend nearly 9 hours a day consuming various media (Common Sense Media 2015). Transitional Aged Youths (TAYs, 15-25 years old) who suffer from self-harm often make use of the internet. The purpose of this presentation is to review the nature and scope of self-harm websites and to describe research informed clinical guidelines on how to approach TAY's online self-harm activities.

#### Methods

A Pubmed search was conducted for articles printed in English, using the following terms (in various combinations): "self-harm," "self-injury," "cutting," "social media," "social network", "internet," "online," "teens," "adolescents," "young adults," and "youth."

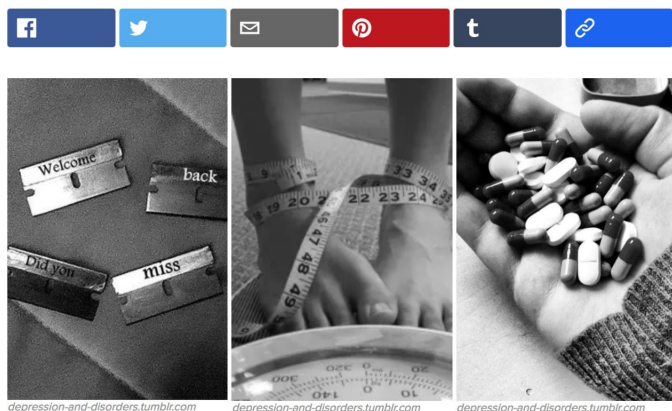
#### Results

Self-harm messages are no longer limited to websites that can be easily monitored, but instead have been transplanted to more volatile and constantly changing media such as Snapchat, Twitter, Facebook, Instagram, Pinterest,



Tumblr, and many others (picture 1). While these websites may offer interactive online communities in which young people who suffer from self-harm gain mutual emotional support without being socially stigmatized, they may exert negative influences: normalizing and reinforcing self-harm, discouraging disclosure, and preventing professional help-seeking and recovery (table 1). A number of recommendations are proposed for clinicians who work with this population.

(Picture 1)



Belmont, USA

<sup>2</sup>Yale School of Medicine, Department of Psychiatry, West Haven, USA

<sup>3</sup>Yale School of Medicine, Department of Psychiatry, New Haven, USA

**Objectives**

Autism Spectrum Disorders (ASD) and Schizophrenia Spectrum Disorders (SSD) are currently conceptualized as distinct illnesses. However, there has been considerable debate over the association between these two disorders. The purpose of this presentation is to review research on the overlap between ASD and SSD; to understand possible clinical challenges in differentiating these two disorders while working with Transitional Aged Youth (TAY, 15-25 years old); and to provide clinical guidelines on how to approach differentiation process.

**Methods**

A Pubmed search was conducted for articles printed in English, using the following terms (in various combinations): "schizophrenia," "psychosis," "prodromal," "autism," "PDD," "pervasive developmental disorder," "asperger," "ASD," "adolescents," "young adults," and "youth."

**Results**

The data over the last decade suggests a number of overlapping domains between ASD and SSD: shared environmental risk factors, genetics, neurobiological features, brain imaging, and clinical features. These commonalities lead to significant challenges in differentiating between the core symptoms of ASD and SSD. Misinterpretation of symptoms (figure 1) is common in clinical practice, particularly while working with TAY. Crucial aspects for the differentiation include age of onset, presence of actual positive symptoms (delusions and hallucinations), and changes in functioning from baseline (figure 2).

(Table 1)

Positive influences	Negative influences
Crisis support	Normalization and glorification
Reduction of social isolation	Reinforcement of self-harm
Outreach	Triggering self-harm urges
Curbing self-harm urges	Discouraging disclosure
Recovery encouragement	Discouraging professional help-seeking and recovery

**Conclusions**

Although there may be some benefits associated with online self-harm activities, there are a number of risks meriting the attention of mental health professionals who work with TAYs who suffer from self-harm. Mental health professionals need to know about these benefits and risks and how to effectively address TAY's online self-harm activities.

**Poster session 3**

25 July 2018, 07:30 - 13:00, Poster Area

P 3.108

**Autism spectrum disorder (ASD) vs. schizophrenia spectrum disorder (SSD) in transitional aged youth (TAY)**

H.J. Kim<sup>1</sup>, T. VanDeusen<sup>2</sup>, C. Wilson<sup>3</sup>

<sup>1</sup>McLean Hospital - Harvard Medical School, Department of Psychiatry,

Figure 1: Misinterpretation of symptoms

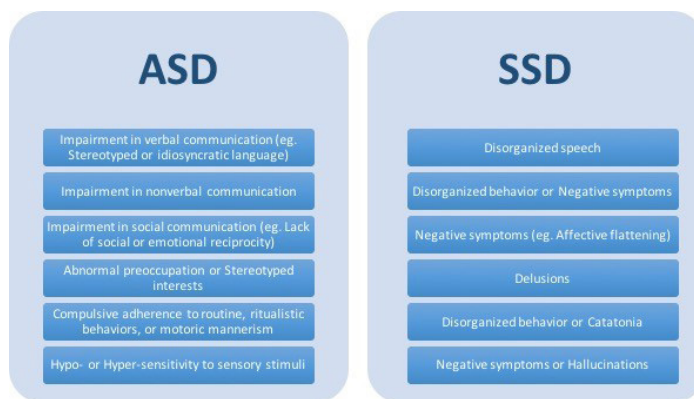


Figure 2: When "psychosis" is suspected in TAY with ASD

## Unlikely

Stable symptoms from early childhood

Disorganized thought process without clear history of delusions or hallucinations

Delusions consistent with stereotyped interests

No decline in overall function from baseline

## Likely

New onset of delusions and/or hallucinations lasting more than 1 month

Disorganization of thought or behavior that is a clear change from baseline

Degree of magical thinking or inability to distinguish fantasy from reality testing is a clear change from baseline

Significant decline in overall functioning

### Conclusions

Differentiating between the core symptoms of ASD and SSD in TAY can be very challenging. A careful developmental assessment with an elaboration of TAY's baseline presentation and longitudinal changes remains the essential standard for the evaluation of the presence of SSD in individuals with ASD.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.109

### Profile of a sexual child abuse in a child psychiatric sample

H. Ben Mustapha<sup>1</sup>, Z. Azouz<sup>1</sup>, S. Bourgou<sup>1</sup>, N. Ben Mabrouk<sup>1</sup>, A. Taamallah<sup>1</sup>, M. Hamza<sup>1</sup>, F. Charfi<sup>1</sup>, A. Belhadji<sup>1</sup>

<sup>1</sup>Mongi Slim Hospital, Child Psychiatry, Sidi Daoud, Tunisia

### Objectives

Determine the clinical profile of children sexual abuse in a Tunisian psychiatric sample.

### Methods

A retrospective descriptive study was conducted at the Child and Adolescent Psychiatry department of Mongi Slim hospital (Tunisia) from July 2013 to December 2017. We included all the patients who consulted either for psychiatric report or for psychiatric care of a sexual abuse. Clinical data were collected from patients' records.

### Results

Our sample was composed of 76 children with a mean age of 9 years and 6 months and a sex ratio of 0.68. Thirty three percent of sexual assaults took place in the familiar circle. In these cases, the abuser was more frequently the father (51.5%). In extra-familiar abuses, the victims knew their abuser in 62.7% of the cases. A sexual abuse occurred once in 41%. The abuser was major in 80% with a mean age of 37 years. Their antecedents were unknown in 59%. He had a past of child abuse in 16.5% and a drug consumption in one case. Sexual abuse had repercussions on education (6.5%) and social (14.5%). The psychological repercussions were anxious manifestations (61.8%), irritability (42%), sleeping disorders (59%), genito-urinary disorders (26.3%), suicidal leads (17%), headaches (8%), chronic abdominal pain (5%) and epigastralgia (2.6%).

The most frequent diagnosis were post traumatic stress disorder (26%), adjustment disorder (44.5%) and acute stress disorder (10.5%).

### Conclusions

The complexity of abuses and their psychological impacts make necessary to form all specialists in detecting and managing early these kinds of situations.

### Poster session 3

25 July 2018, 07:30 - 13:00, Poster Area

P 3.110

### PsychART: recruitment and retention in psychiatry through celebration of the links with the creative arts

R. Sedgwick<sup>1</sup>, M. Eskinazi<sup>2</sup>, C. Cliffe<sup>2</sup>, R. Proctor<sup>3</sup>, C. Bellessiotis<sup>4</sup>, L. Blake<sup>5</sup>, W. Marsh<sup>5</sup>

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<sup>2</sup>Camden and Islington NHS Foundation Trust, Mental Health, London, United Kingdom

<sup>3</sup>Barnet Enfield and Haringey Mental Health Trust, Mental Health, London, United Kingdom

<sup>4</sup>East London NHS Foundation Trust, Mental Health, London, United Kingdom

<sup>5</sup>South London and Maudsley NHS Foundation Trust, Mental Health, London, United Kingdom

### Objectives

Psychiatry has a longstanding relationship with the Creative Arts and no more so than in Child and Adolescent Mental Health. The Creative Health report from The All-Party Parliamentary Group on Arts, Health and Wellbeing has shown that evidence has never been more compelling for establishing the role of the Arts in a wide range of healthcare settings.

### Methods

PsychART is an annual UK conference with a recruitment slant, celebrating the link between creativity, the Art's and Psychiatry. The 2017 conference had a wide range of speakers, including a number of representatives from Child and Adolescent Psychiatry; which has an even more pronounced recruitment issue in the UK.

Data was collected using the Attitudes Towards Psychiatry (ATP) 30, pre and post conference, from medical students and Foundation Year doctors (n=47), along with quantitative and qualitative feedback on the conference content; attended by over 150 people.

### Results

Preliminary data analysis has demonstrated an increase in positive attitudes towards psychiatry following the event and the qualitative feedback spoke of the value of an event specifically highlighting the role of the arts within psychiatry.

### Conclusions

We hope that psychART can be a sustainable, growing and important part of the efforts to recruit and retain psychiatrists in all sub-specialties, as well as more broadly maintaining links with therapists who work in the arts, service users and charitable organisations. This could have a particular role in Child and Adolescent Psychiatry; where the established use of the Creative Arts could be built on to attract and shape keen creative-minded individuals.

### Poster session 4

#### Posters in this session correspond to the following topics:

P 4.001 - P 4.015 Anxiety Disorders

P 4.016 - P 4.020 Children of Parents with Mental Disorders

P 4.021 - P 4.028 Clinical High-Risk, Early Interventions

P 4.029 - P 4.046 Early Markers of Mental Disorders, Early Diagnostics and Interventions

P 4.047 - P 4.063 Emotions, Emotion Regulation



P 4.064 - P 4.085 Innovative Assessment and Intervention Programs  
P 4.086 - P 4.107 Mood Disorders  
P 4.108 - P 4.111 Resilience, Coping Mechanisms

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.001

### Prevalence and correlates of anxiety disorders in a sample of adolescents from Greater Beirut

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A.A.S. Shehab<sup>4</sup>, C. Najem<sup>1</sup>, F. Maalouf<sup>1</sup>

<sup>1</sup>American University of Beirut, Department of Psychiatry, Beirut, Lebanon

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<sup>3</sup>American University of Beirut, Department of Epidemiology and Population Health, Beirut, Lebanon

<sup>4</sup>City University of New York, City University of New York, New York, USA

#### Objectives

Anxiety disorders represent around half of psychiatric diagnoses in Lebanese adolescents; however, studies exploring their clinical and demographic correlates are scarce. This study describes the prevalence, comorbidities and correlates associated with anxiety disorders among a representative sample of adolescents in Greater Beirut.

#### Methods

Using a multi-stage cluster sampling design, a household sample of 510 participants aged 11-17 were recruited from the Greater Beirut Area. Structured Psychiatric interviewing was conducted with the adolescents and their parents using The Development and Well Being Assessment (DAWBA), the Peer-Relations Questionnaire (PRQ) and a demographic/clinical information questionnaire.

#### Results

The prevalence of anxiety disorders (AD) was 10.4%, of which 54.72% were females. Among the adolescents with AD, 26.4% had comorbid attention deficit hyperactivity disorder (ADHD), 17% had comorbid major depressive disorder (MDD) and 11.3% had comorbid post-traumatic stress disorder (PTSD). When performing a three-way comparison between AD subgroup, psychiatric controls and healthy controls, higher burden of illness (SDQ Impact score) was reported by adolescents with AD than by psychiatric controls ( $p < 0.001$ ) or healthy controls ( $p < 0.001$ ). Increased suicidality was observed in the AD subgroup compared to the healthy controls (15.9% vs 1.6%;  $p < 0.001$ ). Only 9.4% of those with an AD ever sought professional help. In the logistic regression model, the predictors for an AD were comorbid MDD (OR=6.074[2.026-18.211];  $P=0.001$ ), comorbid ADHD (OR=3.317[1.356-8.110];  $P=0.009$ ), being a victim of bullying (OR=2.798[1.279,6.12];  $p=0.01$ ) and having a youth reported stressful event (OR=4.078[1.538-10.813];  $P=0.005$ )

#### Conclusions

The burden of anxiety disorders on Lebanese youth calls for increased public and private efforts to bridge the treatment gap

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.002

### Prevalence of anxiety disorders in a Romanian clinical sample of

### children and adolescents with psychiatric conditions

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<sup>2</sup>Child and Adolescence Psychiatry Clinic- Clinical Emergency Hospital for Children-, Department of Neuroscience- Psychiatry and Pediatric Psychiatry- "Iuliu Hatieganu" University of Medicine and Pharmacy-, Cluj-Napoca, Romania

#### Objectives

The prevalence of anxiety disorders is known to be high and increasing among children and adolescents. The presence of comorbidities and limited access to efficient interventions leads to considerable functional impairment. The major goal of this study is to evaluate the prevalence of anxiety disorders among children and adolescents in a clinical setting. The second goal is to describe the characteristics (demographics, trans-diagnostic risk factors, comorbidities, treatment options) of an anxiety disorder in a clinical sample.

#### Methods

We conducted a retrospective study on the admitted patients (inpatients and day hospitalizations) in the Child and Adolescent Psychiatry Clinic from Cluj-Napoca, Romania, between January 2017 and December 2017. A clinical sample of 2471 patients aged between 3 and 18 years with psychiatric disorders, which were assessed and/or treated in the clinic, was included into the study. The data was collected from the patients medical records (socio-demographic, clinical evaluations and treatment recommendations).

#### Results

A number of 14,40% (N=356) of the clinical sample were diagnosed with an anxiety disorder. The majority also presented psychiatric comorbidities, of which 24.71% (N=88) were diagnosed with only one comorbidity and 62.35% (N=222) with additional ones. Preference in treatment laid in psychotherapy and according to the degree of severity, SSRI medication.

#### Conclusions

Our results underline the significant prevalence of anxiety disorders alongside the high rate of comorbidities, such as depression and externalizing disorders. For future management, the importance of trans-diagnostic treatment needs to be considered.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.003

### Addiction to video games and psychiatric comorbidity among a population of Tunisian high school students

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#### Objectives

Over the last decade, research into “addictive technological behaviors” has increased. Research has also found strong associations between addictive use of technology and comorbid psychiatric disorders. The aim of our study is to find out the relationship between video game addiction and anxiety, depressive disorders and bad self esteem in adolescents.

## Methods

We conducted a cross-sectional study from March 2017 at a high school in the city of Sousse. We adopted a cluster sampling and recruited 89 adolescents. We used the « Game Addiction Scale »(GAS) to find out the video game addiction, the « Screen for Child Anxiety Related Disorders » (SCARED) to bring out the anxiety disorders, « The abbreviated Beck Depression Inventory » (BECK) to highlight the depressive disorder among this population and the Rosenberg’s self-esteem scale to assess the self-esteem of his teens

## Results

The main age is 13,8 +/- 0,96 years old, the sex ratio is 1,11. The video game addiction prevalence is 24,7 % (23 adolescents). Anxiety disorders were more common among teenagers who had a game addiction (65.2% vs. 59.1%) without a statistically significant correlation ( $p = 0.6$ ). A significant association was found between addiction to video games and depression on the one hand ( $p = 0.041$ ) and between addiction to video games and low self-esteem ( $P = 0.035$ ) on the other hand.

## Conclusions

Game addiction is about to become more frequent in adolescents all over the world and represents a risk factor of depression. National studies are needed to implement a prevention program against that.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.004

### Audit of the implementation of a three session cognitive-behavioural parental intervention for anxiety in children

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## Objectives

Treatment guidelines recommend awareness of social context (i.e. family) in the maintenance and treatment of anxiety disorders in children and young people (e.g. NICE 2013). A ten-session intervention targeting parents of anxious children has had positive results; Cartwright-Hatton et al (2011) demonstrated 57% of participants (Mean age 6.6 years) improved to sub-clinical levels of anxiety. Setting this as a benchmark the present audit examined whether shorter intervention could have equally beneficial results.

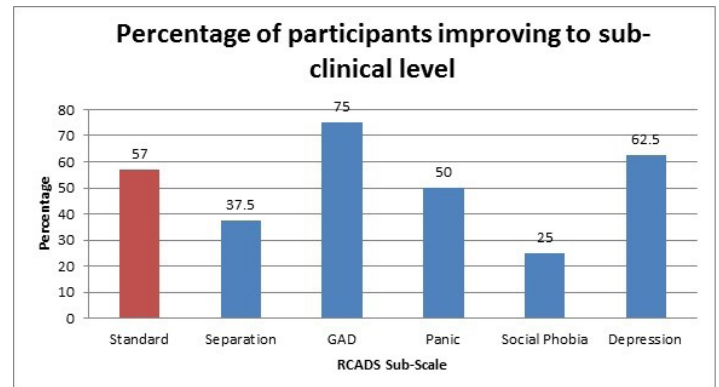
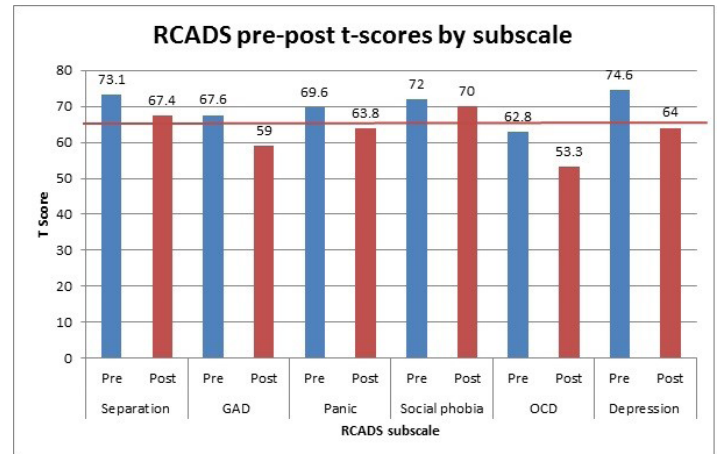
## Methods

Alongside treatment as usual a three-session cognitive-behavioural workshop for parents was delivered in a Child and Adolescent Mental Health Service. 13 parents attended (representing 9 children, Mean age =12.7 years). Revised Child Anxiety and Depression Scale (RCADS) was completed at baseline and post-intervention. Results were audited against above noted standard.

## Results

Paired data was available for 8 parents (representing 7 young people). The RCADS consists of 6 subscales; Social Phobia, Panic, Generalised Anxiety, Separation Anxiety, Obsessive-compulsive and Depression (clinical threshold= t-score >65). Mean t-scores for five subscales were above clinical threshold at baseline with three below threshold post-intervention (figure 1). Greatest improvements observed in generalised anxiety (75% fell below threshold),

depression (62.5% fell below threshold) and panic (50% fell below threshold) (figure 2). In comparison to the standard of 57% falling below clinical threshold, the present audit is largely consistent.



## Conclusions

Audit demonstrates the three-session Anxiety Workshop for Parents is as effective or better in reducing symptoms of anxiety in young people, compared to a ten-session intervention. Further development includes integrating the workshop with group intervention for young people.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.005

### Neurocognitive performance of pediatric OCD patients after being submitted to first-line treatments

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## Objectives

To investigate possible improvements on neuropsychological test performance after children and adolescents with OCD submitted to different first-line treatments.

## Methods

70 patients with OCD, aged 6 to 17 years, randomized to two treatment options (Cognitive Behavior Therapy - CBT - and Fluoxetine - FLX), were evaluated



through psychiatric symptom based scales and questionnaires and also through an extensive battery of neuropsychological tests, before and after 14 weeks of being submitted to the related interventions.

#### Results

On intragroup comparison (pre versus post treatment) there was an improvement of the whole group of patients performance in subitems of: Wisconsin Card Sorting Test (WCST), Rey-Ostrich Complex Figure Test (RCFT), Design Fluency Task (FD); Trail Making Test (TMT) and Color Word Interference Test (CWIT). However, these same values were not found when analyzing each group of treatment. In FLX group (N=31), it was possible to observe better performance only in subitems of FD, whereas in the TCC group (N=35) there were improvements in subitems of: Grooved Pegboard Test (GPT), Rey Auditory Verbal Learning Test (RAVLT) and RCFT. In the analysis of pre versus post-treatment data of "responder versus non-responders" patients, it was possible to observe that the patients who responded to the treatment (N=39), showed better results in subitems of RCFT, FD and TMT.

#### Conclusions

The patients presented improvement in the performance of neuropsychological tests after being submitted to first-line treatments for OCD. However, further studies with greater sampling are necessary to evaluate whether individuals responding to first-line treatments would benefit more from CBT or FLX for the improvement of cognitive functions.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.006

#### Narrative therapy for depression and anxiety among children with imprisoned parents, a randomized pilot efficacy trial

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#### Objectives

This study aimed to determine the efficacy of narrative group therapy in reducing depression and anxiety among children with imprisoned parents.

#### Methods

The study design was quasi-experimental with pre-test, post-test and control group. Eighty-five children with imprisoned parents were selected by convenience sampling method. They are randomly assigned to the experimental and control group. The experimental group received the narrative group therapy while the control group did not. The research measurement instrument comprised the Children's depression inventory (CDI) and Revised Children's Manifest Anxiety Scale (RCMAS). Analysis of univariate covariance (ANCOVA) and independent T-test was employed to test the study hypothesis.

#### Results

The findings showed that depression and anxiety reduced among children with imprisoned parents.

#### Conclusions

So, the principle and techniques of narrative therapy and benefits of group therapy have an effect on reducing depression and anxiety among children with imprisoned parents.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.007

#### A review on social anxiety disorder in child and adolescence

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#### Objectives

To revise the most recent literature about social anxiety disorder (SAD) and raise awareness for it.

#### Methods

A research in Pub/Med was carried out with the key-words: "social", "anxiety", "disorder" and "children" with its variations. Articles written in the latter 5 years were selected. We included the ones that were relevant for this work by its title and/or abstract content.

#### Results

SAD has an estimated lifetime prevalence of 4% worldwide. Age of onset is early across the globe and its etiology is considered to be multifactorial, although a familial trait may be present in many cases. Across countries SAD has been associated with specific socio-demographic features: younger age, female gender, unmarried status, lower education, and lower income. Its diagnostic criteria are explicit in DSM-V and did not suffer many alterations since DSM-VI. The most recommended treatments remain the cognitive behavioral techniques alone or in association with SSRI's. There have been new developments towards delivering these treatments in a digital form for children and teenagers.

#### Conclusions

SAD is a prevalent disorder with serious impact in a child/adolescent life. It tends to persist into adulthood and in many cases is never identified nor treated. It's important that families and clinicians acknowledge its symptoms so it can be soon identified and intervened, so we can prevent malfunction in adulthood.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.008

#### Young children who do not speak: developing a better understanding of selective mutism and social anxiety disorder

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<sup>2</sup>Hospital for Sick Children, Psychiatry, Toronto, Canada

#### Learning Objectives

1. Discuss classification and diagnostic criteria for selective mutism and social anxiety disorder in DSM-5, ICD-10, and DC:0-5TM.
2. Review evidence-based approaches for the assessment and treatment of selective mutism and/or social anxiety disorder in four- to seven-year-old children.
3. Discuss and begin to develop consensus for best assessment and treatment



approaches for children with selective mutism and/or social anxiety disorder.

## Session Description

The primary objective of this Special Interest Study Group is to bring together clinicians and researchers invested in the understanding of selective mutism and social anxiety disorder in four- to seven-year-old children to begin an important dialogue around best practices for assessment and treatment. We open the discussion by briefly reviewing the various diagnostic classification systems and phenomenology of selective mutism and social anxiety disorder, especially as these apply to four- to seven-year-old children. We then describe the handful of published clinical approaches that focus on the assessment and treatment of selective mutism and/or social anxiety disorder in four- to seven-year-old children and review the empirical evidence for each approach. We encourage a discussion and critical appraisal of various evidence-based tools that clinicians and researchers could use to assess and treat young children with selective mutism and/or social anxiety disorder, including innovative tools, resources, and approaches our group has developed as part of our work with young selectively mute and socially anxious children over nearly two decades. Discussion and active participation of attendees is encouraged, as the primary goal of the Special Interest Study Group is to develop an open dialogue on how clinicians and researchers currently approach and manage selective mutism and/or social anxiety disorder in four- to seven-year old children and what the best assessment and treatment approaches might be. Ultimately, we seek to create an international working group of clinicians and researchers from various disciplines (e.g., health, mental health, allied disciplines) who can build a solid foundation of evidence-based assessment approaches and management strategies to be utilized with young children diagnosed with selective mutism and/or social anxiety disorder.

## References

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2. Muris P, Ollendick TH. Children Who are Anxious in Silence: A Review on Selective Mutism, the New Anxiety Disorder in DSM-5. *Clin Child Fam Psychol Rev*. 2015; 18(2): 151-169.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.009

### A longitudinal event-related potential study of selective serotonin reuptake inhibitor therapy in treatment-naïve pediatric obsessive compulsive disorder patients

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## Objectives

Obsessive-compulsive disorder (OCD) is characterized by obsessive thoughts

and/or compulsive behaviors, involving specific cognition and/or information processing disorders. Recent advancements in the treatment of OCD have led to new insights into specific treatment-related outcomes. In particular, the efficacy of selective serotonin reuptake inhibitors (SSRIs) and behavioral therapy have been demonstrated by several placebo-controlled studies. Therefore, the first-line treatment for OCD includes SSRIs and behavioral therapy. However, little is known about the long-term outcomes of pediatric patients with OCD. Event-related potentials (ERPs) are commonly used as physiological measures of cognitive function. Previous ERP studies have revealed differences between OCD patients and control subjects. Whether ERPs reflect the pharmacological effects of OCD treatment, particularly in treatment-naïve pediatric patients, remains unknown.

## Methods

We used the Child's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) to evaluate the symptomatic severity of 12 treatment-naïve pediatric OCD patients. Comparisons were made with 12 age-, sex-, and intelligence-matched controls. The P300 and mismatch negativity (MMN) components were measured during an auditory odd-ball task at baseline in both groups and after the 3-year SSRIs treatment in OCD patients.

## Results

Compared with controls, P300 amplitudes were smaller in the OCD group at Fz, Cz, Pz, C3, and C4. After SSRI treatment, P300 amplitudes increased partly at Fz and C4 in association with symptomatic improvements. We found a significant positive correlation between P300 amplitude in C4 and CY-BOCS scores.

## Conclusions

Our findings confirm the utility of SSRIs in pediatric OCD, and suggest the utility of ERPs for evaluating pharmacological effects in treatment-naïve pediatric OCD patients.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.010

### OCD in the context of separation and individualization: a case presentation

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<sup>2</sup>Dr. Cevdet Aykan Mental Health Hospital, Child and Adolescent Psychiatry Unit, Tokat, Turkey

<sup>3</sup>Gaziosmanpaşa University Medical School Hospital, Child and Adolescent Psychiatry Unit, Tokat, Turkey

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## Objectives

Obsessive compulsive disorder (OCD) in children and adolescents is characterized by intrusive thoughts and compulsions that typically cause distress and functional impairment. Course of OCD is chronic but waxing and waning, often exacerbated by psychosocial stress. Some differences have also been identified in the content of obsessions and compulsions, related to developmental stages, with higher rates of sexual and religious obsessions as well as harm obsessions in adolescents, compared to those encountered in adults. Through our case report, we have aimed to present the phenomenology of the disorder in a 14-year old, his treatment process and the importance of effectively addressing developmental tasks and relevant psychosocial stressors at the time of formulation and intervention.



## Methods

Case Report

## Results

The case was a 14-year old boy who had just started high school at the time of his referral. He had sexual obsessions involving his father and mother, obsessive existential thoughts that bordered to nihilistic delusions, and compulsions such as counting, demanding approval from mainly the mother, visualizing himself being cut open (and later turned into imagery involving cutting the umbilical cord that connected him and the mother). He had severe decline in daily functioning, being unable to attend school, talk to his peers or participate in his favorite online game. The family history revealed a very close-knit family that would highly disrupt the process of separation and individualization. The case and his family have been followed up for 1,5 years, with a combination of psychodynamic oriented therapy, CBT, family work and medication. The case has no symptoms of OCD for the past 3 months even though on minimal doses of medication ; however family work and individual therapy has still been continued.

## Conclusions

Apart from biological and genetic underpinnings of psychiatric disorders in children and adolescents, it is also important to review and formulate developmental tasks and dynamic processes of this vulnerable population, for better management and intervention.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.011

### Selective Mutism - What's new? A review on account of a clinical case.

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#### Objectives

To revisit the concept of selective mutism, the new Anxiety Disorder of the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

#### Methods

Description of a clinical case, and non-systematic review of literature.

#### Results

This work will be illustrated by a case report illustrative of this disorder regarding a 4-year-old child of immigrant parents, with Selective Mutism diagnosis, under treatment at our unit, and with family history of the disorder, which corroborates the most recent research on SM.

#### Conclusions

The latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies, for the first time, SM as an Anxiety Disorder. This inclusion of SM under Anxiety Disorders is in line with the review of the most recent literature, which confirms that anxiety is a prominent symptom in children suffering from this disorder. The prevalence of SM varies according to age, and is more frequently seen in younger children (prevalence of 0.6% in preschool-aged children, and 0.5% in school-aged children). In several studies carried out, the prevalence of SM in children from immigrant families increases to 2.2%. The etiology of SM, according to the most up-to-date literature, includes a wide variety of factors, namely genetic, temperamental, environmental and neurodevelopmental factors. SM and related symptoms occur in much higher

rates in children with family history of the disorder, and it was shown that there is a significant association between the contactin-associated protein-like 2 (CNTNAP2) gene and SM.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.012

### Association of theory of mind (ToM) and attachment properties in adolescents diagnosed with social anxiety disorder

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<sup>2</sup>Bolu Abant İzzet Baysal University, Child and Adolescent Psychiatry, Bolu, Turkey

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#### Objectives

Studies have suggested that the perception of attachment styles is associated with social anxiety disorder (SAD). Recent studies found that individuals with a diagnosis of SAD were significantly impaired relative to healthy controls on tasks of theory of mind (ToM). We aimed to investigate the association of ToM and attachment properties in adolescents diagnosed with SAD in adolescents.

#### Methods

Drug-naïve 42 adolescents diagnosed with SAD and aged between 12 to 18, without a psychiatric comorbidity were enrolled in the patient group. Forty-two adolescents in the same age range without any psychiatric disorders were matched as the healthy control group. The diagnosis was made by experienced clinicians using the Kiddie and Young Adult Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version and diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. The severity of SAD symptoms was evaluated with Social Anxiety Scale for Adolescents. ToM was evaluated with Reading the Mind in the Eyes task and Faces test. Parent and Peer Attachment Inventory was used for assessing attachment properties.

#### Results

Significant differences were determined in ToM tasks, parent and peer attachment of SAD group compared to controls. Negative correlation between the severity of SAD and both ToM tasks and attachment has been found.

#### Conclusions

The results of this study indicates that ToM and attachment distortions may play an important role in the etiology and treatment of SAD in adolescents.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.013

### Theory of mind and empathetic properties in adolescents diagnosed with social anxiety disorder

Y. Öztürk<sup>1</sup>, G. Özyurt<sup>2</sup>, S. Turan<sup>3</sup>, A.E. Tufan<sup>4</sup>, A. Pekcanlar Akay<sup>3</sup>

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## Objectives

Studies have suggested that elevated empathic abilities are associated with social anxiety disorder (SAD). Recent studies found that individuals with a diagnosis of SAD were significantly impaired relative to healthy controls on tasks of theory of mind (ToM). We aimed to compare between adolescent with SAD and healthy controls in terms of ToM and empathic properties.

## Methods

Drug-naïve 42 adolescents diagnosed with SAD and aged between 12 to 18, without a psychiatric comorbidity were enrolled in the patient group. Forty adolescents in the same age range without any psychiatric disorders were matched as the healthy control group. The diagnosis was made by experienced clinicians using the Kiddie and Young Adult Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version and diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. The severity of SAD symptoms was evaluated with Social Anxiety Scale for Adolescents. ToM was evaluated with Reading the Mind in the Eyes task and Faces test. KA-SI Empathic Tendency Scale Adolescent Form was used for assessing empathic processes.

## Results

Significant differences were determined in ToM tasks, cognitive and affective empathic processes SAD group when comparing to controls. Negative correlation between the severity of SAD and both ToM tasks and attachment has been also found.

## Conclusions

The results of this study indicates that ToM and elevated cognitive empathy tendencies may play an important role in the etiology and treatment of SAD in adolescents.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.014

### Separation anxiety due to a parent with a complicated grief: a case report

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## Objectives

The parental grief or depression affect the development and psychopathology of the child in many ways. It is well established that depressed and mourning parents are not able to support their children's healthy separation from them. Healthy separation process for the children may be perceived as a dangerous

situation in terms of the morning parents. We aimed to discuss a case whose healthy separation process was not facilitated by her mourning parents.

## Methods

Case Report

## Results

13-year old female adolescent had been consulted by pediatric gastroenterology with recurrent nausea, vomiting, and abdominal pain every night before the bedtime. These complaints were continuing for the past one year. Endoscopy, X-ray, ultrasound, parasitological examinations were performed. These examinations revealed no organic cause, and it was suspected that it might have been in psychosomatic nature. The case could not sleep in her own room and felt that she had to sleep with her parents every night. It was learned that her mother had recurrent miscarriages in the past five years. Due to these miscarriages, the mother had complicated mourning periods. These mourning periods caused severe depressive episodes accompanied by suicidal thinking.

## Conclusions

In our case, anxiety syndrome emerged as excessive preoccupation and worry about the loss of mother due to her mother's depression. The maternal mourning period re-triggered by each miscarriage and led to increase the severity of our case's complaints. Separation anxiety has manifested itself in particular physiological indications. For this reason, the patient's first admission was to pediatric gastroenterology outpatient unit instead of psychiatry.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.017

### Development and preliminary evaluation of a CBT-based manual for the inpatient treatment of youth depression

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## Objectives

Despite a growing number of adolescents being treated for depression, evidence-based psychotherapeutic treatments for the inpatient setting are lacking. The aims of this study were to (I) adapt an outpatient CBT manual from the "Treatment for Adolescence with Depression Study" (TADS) for the inpatient setting (TADS-in), (II) evaluate whether it is associated with improvements in symptom severity and diagnostic status and (III) test feasibility of intervention research in an inpatient-setting.

## Methods

In a mixed-methods design we combined an observational (pre-post) study with a qualitative study of therapists' experiences in using TADS-in. The TADS manual was shortened to ten sessions delivered over eight weeks. 24 patients aged 13-17 years diagnosed major depressive disorder or dysthymia were included. Outcome measures included symptom severity (self- and other-report), diagnostic status and clinician-reported improvement.

## Results

TADS-in was associated with reduction in depressive symptoms. Qualitative analysis identified strengths and weaknesses of the manual (e. g. severe cases and patients with high comorbidity seemed to benefit less).

## Conclusions

Based on the need for evidence-based inpatient psychotherapy treatments for youth depression, a CBT-based manual was adapted for inpatient settings and evaluated. Our findings indicate feasibility of the manual as well as potential



avenues for improving it further. As such, the study provides the foundations for further (randomised) controlled trials of the intervention.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.018

### Parental mental disorders and executive function difficulties in children and adolescents with Attention Deficit/Hyperactivity Disorder (ADHD)

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<sup>2</sup>Health Service Executive, Child and Adolescent Mental Health Service, Navan, Ireland

#### Objectives

To investigate whether children and adolescents diagnosed with ADHD and who have parents with mental disorders (PMD group) differ from children with parents without mental difficulties (no-PMD group) in (a) neuropsychological tests measuring visuomotor and verbal executive functioning and in (b) parent-report questionnaires measuring ADHD and other psychiatric symptoms.

#### Methods

The neuropsychological performance and parent-report questionnaire scores of 13 PMD (mean age=9.00, range=8-13) were compared to 22 no-PMD (mean age=10.9, range=8-16). Visuomotor Children's Color Trails Test 2 (CCTT2 time) and Delis-Kaplan Executive Functioning System (Verbal Fluency subtest, total correct words and switching accuracy) measured cognitive flexibility aspect of executive functioning. Parents of the children with ADHD completed Conners-3 Parent measuring ADHD symptoms and Child Behavior Check List assessing children and adolescents' emotional and behavioral difficulties. These were compared and correlated between the two groups using non-parametric t-tests.

#### Results

PMD group performed worse both in visuomotor executive functioning (U=83, p<.05) and verbal executive functioning (total correct words U=84.5, p<.05; switching accuracy U=69, p<.05). Switching accuracy in PMD group correlated with behavioural symptoms (p<.05). The two groups did not differ in parent-report questionnaire scores (p>.05).

#### Conclusions

Children and adolescents with ADHD and parents with mental disorder show more difficulties in both visuomotor and verbal executive functioning when measured with objective neuropsychological tests, but not in widely used parent-report questionnaires. Thus, parental mental disorders may be related to children's cognitive functioning. This highlights the importance to modify treatment programs to include supports for parents with mental disorders.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.019

### Fathers perceived life satisfaction and health and child's socioemotional wellbeing from middle childhood to early adulthood

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#### Objectives

The interest concerning the well-being of the father and its influence on child's socioemotional functioning and development is increasing, yet longitudinal studies are still scarce. Current study explores how father's perceived health and life-satisfaction is associated with child's concurrent and future internalizing and externalizing problems and competence.

#### Methods

This study is a part of a longitudinal study conducted in Tampere, Finland in 1989-2016 following the firstborns and their parents from pregnancy onwards (original n = 349). Fathers (n = 146) evaluated their own wellbeing when the firstborn was 8 years old (T1). The internalizing and externalizing problems and social/adaptive functioning of the children were evaluated at the age of 8 by mothers and fathers, at 17 (T2) by mothers, fathers and adolescents themselves and at 27 (T3) by young adults themselves.

#### Results

Fathers' life manners and mental health problems as well as life satisfaction and quality of close relationships at T1 were statistically significantly (p ≤ 0.05) associated with higher levels of internalizing and externalizing problems and poorer social competence of the children at T1 and T2 and to a lesser extend at T3. In addition, father's lower education level and unemployment at T1 were associated with higher level of internalizing problems at T1 and T2 and poorer social competence at T2.

#### Conclusions

Fathers' perceived health and life satisfaction predicted child's emotional and behavioral wellbeing at middle childhood and later in adolescence. The association seems to be smaller regarding early adulthood, perhaps due to a lesser significance of the childhood family in general.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.020

### Maternal post-partum depression and its effect on infant development

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#### Objectives

To investigate the possibility of improving access to interventions among mothers screened positive for post-partum depression (PPD) and its effect on infant development at National Programme on Immunization (NPI) clinics randomly selected from Lagos and Enugu states in south-western and south-eastern Nigeria respectively.

## Methods

The principle of human centered design was employed by engaging the mothers screened positive for post-partum depression to be part of the decision making regarding their further assessment and intervention services. The study brought intervention services to primary health care centre at the National Programme on Immunization clinics.

## Results

Improvements in willingness to seek interventions was observed among the group of mothers screened positive for post-partum depression in this study when compared to our observation in a previous report, where mothers diagnosed with post partum depression were referred and requested to visit a mental health facility closer to their National Programme on Immunization clinics for further assessment and interventions (95.2% versus 33.7%). Interventional services for the mothers diagnosed with post partum depression also impact positively on the growth parameters of their infants on follow-up. Principle of human centered design improved access to intervention services among the mother and infant studied.

## Conclusions

National Programme on Immunization clinics at primary care level would provide appropriate forum for early screening of mothers for Post-partum depression and interventions in low-resource setting like Nigeria. There would be improvement in maternal and child health coverage if the Nigerian Government can adapt human centered design principle employed in this study nationwide.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.021

### Studying early maternal relationships in mothers in street situation

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<sup>3</sup>Beni-Suef University - Faculty of medicine, Child & Adolscnt Psychiatry, Cairo, Egypt

#### Objectives

A qualitative descriptive study aimed at understanding maternal bonding and mother child relationship during the first year in a sample of high risk mothers living in street situation.

#### Methods

Participants were 14 mothers aged from 19 to 35 years. Mean age of children was 7.5+ 3.8 months.

Mothers were subjected to

Semi-structured interview, developed specifically for this research and customized to this population, included experiences of mothers during pregnancy and delivery, mother child relationship, child care, and relationship with father. Open-ended questions about perception of her child, thinking about him/her and understanding and sensitivity toward the child

Postpartum Bonding Questionnaire (PBQ): It consists of 25 items on 4 subscales: impaired bonding, rejection, anxiety about care & risk of abuse. Childhood trauma questionnaire (CTQ): It provides screening for histories of abuse and neglect

#### Results

The main problems mothers faced during pregnancy were unwanted pregnancy and negative reactions from family toward pregnancy. Other problems included trial to end pregnancy, using substance and exposure to physical and sexual abuse. Child care was a hard task because lack of family support, unavail-

ability of fathers, financial problems and taking care of child at workplaces. Most mothers reported they had problems to feed their children and they used aggressive discipline. Mothers were exposed to sever abuse and neglect during their childhood. Using PBQ, 38.5% of mothers showed impaired bonding. Conclusions

Although further research is needed, these results could be a potential for guiding intervention for improving early mother child relationship in these at risk mothers

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.022

### Behavior problems in children with epilepsy: A cross sectional study in clinical sample

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#### Objectives

Behavior problems are common in children with epilepsy and have a major influence on their quality of life. The aim of this study was to identify the particular types of these problems.

#### Methods

Children with epilepsy seen in a tertiary care pediatrics department were evaluated using Child Behavior Checklist in two different versions, depending on the age of the child, during two months from October to November 2017. The sample was constituted of 50 children, aged to 2 for 15 years.

#### Results

The percentage of the children who exhibited significant behavioral problems, was 52 %, a further 4% were within the borderline range. The main problem in children between the ages of 2 and 5 years was withdrawn and pervasive developmental problems (23%). Attention problems were largely found in children between the ages of 6 and 18 years (51.7%).

#### Conclusions

These findings suggest behavior problems are prevalent in children with epilepsy. Psychological adjustment by mental health professionals should be a standard part of the multidisciplinary care for children with epilepsy. Early interventions are necessary to prevent additional disabilities that behavioral disorders confer.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.023

### The emotional/behavioral development of late talkers between age two and age four

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#### Objectives



Late-talking (LT) toddlers suffer from emotional/behavioral problems at 18 to 36 months of age. The present study aimed to examine the developmental stability of LT toddlers' emotional/behavioral problems from toddlerhood (age two) to the preschool stage (age four).

#### Methods

In this longitudinal study, LT participants (n = 31) were recruited and matched with their typical language developing (TLD) counterparts (n = 31) on age, sex, and birth order. Further, no significant differences were found between the LT group and the TLD group in terms of their cognitive ability and family SES. Participants' emotional/behavioral profiles were assessed with the CBCL at age two and at age four.

#### Results

Approximately 90% of late-talkers with clinical/borderline-range emotions/behaviors on Total Problems in toddlerhood maintained the same category at the preschool stage. Specifically, almost 80% of late-talkers maintained within clinical/borderline-range emotions/behaviors on Internalizing Problems in toddlerhood and at the preschool stage. These trends are demonstrating temporal stability of emotional/behavioral problems in late-talkers.

#### Conclusions

The findings indicate that late-talkers show temporal stability in their emotional/behavioral problems from ages two to four. Therefore, the results implicated that late-talkers' behavioral/emotional functions need to be paid attention to developmental patterns of emotional/behavioral problems from toddlerhood.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

#### P 4.024

### Present situation and issues in child and adolescent psychiatric treatment at a general psychiatric hospital in Japan - Part 2

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#### Objectives

The authors present their clinical experience in child and adolescent psychiatric treatment over the past 5 years at Tama-Aoba Hospital, located in Higashimurayama City, Tokyo, Japan. Our hospital is focused on providing regionally oriented psychiatric treatment and we have mainly been providing treatment for patients in the acute phase. Recently, we have also started to focus on child and adolescent psychiatric treatment.

#### Methods

Since the child and adolescent outpatient clinic was opened at our hospital in 2013, more than 300 children and adolescents have received treatment.

#### Results

Prompt and flexible medical treatment for children and adolescents with mental health crises has been effectively provided. However, we have encountered cases with developmental disorders that required long-term follow-up and difficult cases that required hospitalization.

#### Conclusions

Therefore, we must be prepared to deal with similar cases in the future.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

#### P 4.025

### Comparison of Rorschach response between subjects with at-risk mental state and schizophrenia

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<sup>2</sup>Nara Medical University School of Medicine, Faculty of Nursing, Kashihara, Japan

#### Objectives

At Risk Mental State (ARMS) is a remarkable concept of capturing the prodromal symptoms of those who could potentially develop psychosis or schizophrenia. Several lines of evidence suggest that an appropriate early intervention might ameliorate the onset and severity of schizophrenia. Therefore, identification of the specific biomarkers or psychological features should be informative to improve prediction and prognosis of who might develop a psychotic disorder. Here, we evaluated Rorschach profiles on the Rorschach test, which is widely used as a psychological test for psychosis, to compare quantitative tendencies between subjects with ARMS and first-episode schizophrenia (f-SZ).

#### Methods

We performed the Rorschach test in intelligence quotient (IQ)-matched 17 ARMS and 20 f-SZ patients. Subsequently, Rorschach profiles were statistically compared between patients with ARMS and f-SZ. This study was approved by the Institutional Review Board at the Nara Medical University.

#### Results

In the Rorschach Comprehensive System, patients with f-SZ had a significantly higher score on Whole (W) than patients with ARMS, likely providing that patients with f-SZ tend to make concerns easier to simplify. In addition, longitudinal course of ARMS was followed by medical record. Within ARMS group, no significant difference was observed in Rorschach variables between those who developed SZ and who have not developed SZ.

#### Conclusions

The present findings reveal that individuals with f-SZ might have, at least in part, a different psychological aspect relative to those with ARMS at a person's subconscious level, suggesting that the Rorschach test might be helpful to understand the clinical features of ARMS.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

#### P 4.026

### Reduced P300 amplitude in adolescents with an at-risk mental state for psychosis

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#### Objectives

The P300 is a late cognitive component of event-related potentials (ERPs), which is thought to reflect a working memory update of change and attention. In adults with an at-risk mental state (ARMS) for psychosis, P300 amplitude was found to be reduced compared with that of healthy control subjects. However, to the best of our knowledge, there are no reports on P300 components in treatment-naïve adolescents with ARMS compared with healthy control subjects. The aim of the present study is to investigate this assumption about P300 components in treatment-naïve adolescents with ARMS, as measured by ERP.

## Methods

Twelve treatment-naïve participants (7 males and 5 females: mean age, 16.5 years), diagnosed with ARMS according to the Criteria of Psychosis-Risk Syndromes, were compared with 12 age- sex- and IQ-matched healthy control subjects (7 males and 5 females: mean age, 16.6 years). The adolescents with ARMS were evaluated with the Structured Interview for Prodromal Syndrome/ Scale of Prodromal Symptoms. This study was approved by the Institutional Review Board at the Nara Medical University. Written informed consent was obtained from all participants and/or their parents prior to the study. Based on the guidelines for evoked potential measurement, the P300 was obtained by auditory odd-ball task.

## Results

We found that the P300 amplitude in the Fz, Cz and Pz regions were significantly smaller in the ARMS group compared with the control group. There were no between-group differences in P300 latency.

## Conclusions

Therefore, reduction in the amplitude of the P300 is associated with an increased vulnerability to psychosis.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

### P 4.027

#### Risk of suicidal feelings among young patients with visual hallucinations, comparing auditory verbal hallucinations

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## Objectives

Recent studies suggest psychotic experiences, especially, auditory verbal hallucinations (AVHs) may strongly associate with poor mental health state, for instance, depressive state, and suicide related behaviors. Young patients often complain of not only AVHs, but also visual hallucinations (VHs) in clinical situation. However, little attention has ever been given to association between VHs and psychopathologies such as depression or suicide related behaviors among youth.

## Methods

We conducted a cross-sectional study of 1309 first-visit psychiatric referrals aged 10–15 years at three general child and adolescent mental health hospitals in Japan from April 2015 to March 2017. We administered self-reported questionnaires to measure VHs, AVHs, and depression (PHQ-9) in the two weeks prior to the date of first-visit. 802 patients were finally analyzed excluding patients with no diagnosis, mental retardation, and with insufficient information.

## Results

The prevalence of AVHs was higher among patients with 'moderate severe' to 'severe' depression (PHQ-9>14) than those without (37% vs. 9%,  $p < 0.05$ ). Similarly, VHs were higher (31% vs. 9%,  $p < 0.05$ ). Among 159 patients with moderate to severe depression, the presence of VHs was associated with increased odds of suicidal feeling indicated by PHQ item-9 (OR 4.1, 95% CI 1.6–10.4;  $p < 0.05$ ); however, AVHs was not associated with a significant change of odds (OR 1.0, 95% CI 0.4–2.4;  $p = 0.97$ ).

## Conclusions

Both AVHs and VHs were prevalent among young patients with 'moderate severe' to 'severe' depression. Clinicians also consider VHs may increase the risk of suicide among young depressive patients, but AVHs.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

### P 4.028

#### Giving feedback to children in interventive psychodiagnosis through children's personal stories using metaphors: three cases reports

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<sup>1</sup>Universidade Paulista, Psychology, Santos, Brazil

## Objectives

This paper aims to provide three different examples of feedback to children in interventive psychodiagnosis, which is a clinical psychology practice integrating the assessment and the therapeutical process.

## Methods

The final feedback provided to the families and their children allows the family to become aware of the main difficulties of their children, receiving information on how to face and deal with those difficulties and the family can report the advances and gains achieved during the assessment due to their active participation within the process. The psychologist creates a personal story to the children in which he/she metaphorically develops the whole assessment process containing their life history, their symptom, their search for therapeutical help and their relationship with the psychologist, as well as the explicitation of the feelings of the identification character and the integration of all the collected data through the different techniques along the process. These stories are told through books, puppets or games.

## Results

Three examples of successful feedback are here presented: an eleven-year old boy with difficulty of developing adequate social interaction, spending most of his time online; a 4-year-old girl, showing excessive anxiety episodes, extreme separation anxiety from parents, coulrophobia and fear of cartoons and a nine-year-old girl diagnosed with ADHD by a psychiatrist presenting learning deficits and aversion to school activities.

## Conclusions

The metaphors created allowed them to process and integrate some aspects of their personalities and to express their own solution regarding their difficulties.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

### P 4.029



**Metric properties of the child depression questionnaire, compared to the ICD-10 criteria, in students of a private and public school.**

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<sup>2</sup>Hospital San Francisco de Quito, pediatric department, Quito, Ecuador

**Objectives**

The main objective of this research was to compare the CDI metric properties with the CIE-10 criteria modified for children, applying those of students of sixth and seventh year of basic education.

The specific objectives were to identify the sensitivity and specificity of the CDI in comparison with the cie-10 criteria in children of the schools of the metropolitan district of Quito; establish the prevalence of childhood depression in the Gabriel García Márquez school and Jan Komensky school and to determine differences between gender, grade, family APGAR and the prevalence of childhood depression.

**Methods**

The analysis of the numerical variables was performed using descriptive statistics and by qualitative variables we obtained by proportions. The Spss 17.1 software was used for the analysis.

**Results**

A total of 109 students were studied, 60,6% were male and 39,4% female. The children's ages ranged between 10 to 13 years old and they were attending either their sixth or seventh year of basic education. The internal consistency of the inventory was analyzed by finding a 0,81 of Cronbach alpha, an acceptable inter-item correlation except for three items.

Indicators of severe depression

Sensibilidad	0,8889
Especificidad	0,9350
Valor predictivo positivo	0,5000
Valor predictivo negativo	0,9914
Índice de verosimilitud positiva	1,4356
Índice de verosimilitud negativa	2,5680
Kappa Ajustado a sesgo y prevalencia	0,8635

Fuente: Escuela Gabriel García Márquez y Escuela Jan Komensky  
Elaborado por: Geovanna Andrade

Prevalence of depression according to severity

Grado de depresión	Número de participantes
No presentan depresión	38
Leve	50
Moderada	12
Severa	9
Total	109

Fuente: Escuela Gabriel García Márquez y Escuela Jan Komensky  
Elaborado por: Geovanna Andrade

**Conclusions**

The CDI has a high sensibility (88%) and high specificity (93%) to detect severe depressed symptomatology.

On a descriptive level, there were no significant differences between depression when compared to a child's gender, school they attended, or their familiar APGAR score.

The prevalence of child depression screening was 37% for mild depression, 9% for moderate depression and 0.6% for severe depression, knowing that the diagnosis is clinical.

**Poster session 4**

25 July 2018, 13:00 - 18:30, Poster Area

P 4.030

**Contributions of callous-unemotional traits to externalizing, internalizing and positive behaviours in economically disadvantaged early adolescents**

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<sup>2</sup>Child Psychiatric Hospital "Dr. Juan N. Navarro, Research Divison, Mexico City, Mexico

**Objectives**

This study was aimed to analyse the contribution of Callous-Unemotional (CU) traits on externalizing and internalizing behaviours, and positive qualities in economically in disadvantaged adolescents.

**Methods**

Participants were 207 adolescents aged 13 to 15 years (Mage=13.86; DE=.889), intentionally selected from a large sample of students attending public high-schools from marginal areas of Mexico City. A sociodemographic schedule, the Inventory of Callous-Unemotional Traits ( $\alpha=.76$ ), and the YSR ( $\alpha=.88$ ), were administered after an informed consent was obtained. A cross-sectional study was conducted (PAPIIT IN305917). Descriptive, means differences by gender, and hierarchical multiple regression analyses were conducted.

**Results**

Aggressive behaviour presented the highest scores in boys and girls. However, rule-breaking behaviour also showed high values, with boys scoring higher than girls; whereas, girls showing the highest scores in somatic complaints and anxiety. Regarding CU traits, boys scored significantly higher than girls in all traits, except, unemotional traits. Total CU traits correlated significantly to measures of behaviours problems, and also with positive behaviour. Furthermore, a combination of these traits showed predictive association with some behaviours. Externalizing behaviours (rule-breaking behavior and aggressive behavior) were predicted also by unemotional traits ( $R^2=.294$ ;  $F=36.66$ ;  $p<.001$ ). In contrast, only the whole CU syndrome was predictor of internalizing behaviours ( $R^2=.112$ ;  $F=24.7$ ;  $p<.001$ ). In addition, positives behaviour such as sense of humor were predicted by uncaging ( $R^2=.124$   $F=14.38$ ;  $p<.006$ ).

**Conclusions**

Early detection of behavioural problems and CU traits in disadvantaged youths is needed, due their association with delinquency and antisocial disorder. This is also relevant when designing prevention school-based programs.

**Poster session 4**

25 July 2018, 13:00 - 18:30, Poster Area



P 4.031

## Validation of the Tunisian Mac Arthur–Bates Communicative Development Inventories

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### Objectives

The MacArthur-Bates Communicative Development Inventories are widely used to study early language and communicative development. We recently developed a Tunisian version of the MacArthur Bates Communicative Development Inventories Words and Sentences long form for children aged from 16 to 36 months. This 2-phase study aims to validate the long form of the MacArthur Bates Communicative Development Inventories

### Methods

This study was developed by the Child Psychiatry Department of Mongi Slim Hospital, (Tunis, Tunisia). Child psychiatrists, speech therapists and a linguist participated to the project (phase 1). We proceeded to a translation from American original form to Tunisian Arabic. Then inversely to a re-translation of the CDI long form. Linguistic, grammatical and cultural differences have been taken into account.

Parents of Tunisian toddlers aged between 16 and 36 months visiting primary care centers and enrolled in nursery schools in 4 governments in the north of Tunisia, were asked to complete the Tunisian dialectical adaptation of the MacArthur-Bates Communicative Development Inventories (phase 2).

### Results

In the phase 1 of the study, the same word sections were kept (22 sections). Total number of vocabulary checklist words was reduced from 680 to 647. A total of 32 words were added and 65 low-frequency words were dropped. In the phase 2 of the study, over 1100 questionnaire have been distributed. Tunisian MacArthur Bates Communicative Development Inventories showed good psychometric properties.

### Conclusions

The Tunisian version of the MacArthur-Bates Inventories represents an important contribution for early identification of language delays or disorders, and for follow-up of these cases.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.032

## Unusual presentation of acute and transient psychotic disorder in adolescent

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### Objectives

Objectives. Acute and transient psychotic disorder (ATPD) is a transient syndrome with a sudden onset of symptoms such as delusions, hallucinations, confusion and others which last for less than 1 month and predominantly follow

a severe stress in the patient's life. We would like to present a case report of atypical onset of ATPD, which occurred to teenage girl and presented as a criminal case investigation with local media coverage.

### Methods

Methods. 17-year-old girl referred by police to our children and adolescence psychiatric unit for investigation of mental status due to falsely alleged assault. Psychological and psychiatric assessment, neurological examination, brain computer tomography and general laboratory tests took place to define mental status. Diagnosis was made using criteria from the International Classification of Diseases (ICD-10).

### Results

Results. Police investigation excluded any physical assault to the girl after reviewing street cameras. On examination, mental status was found without major discourse although anxiety was expressed. The girl vividly described an assault by a strange man. The history of pre-event mania was noted. The final diagnosis of ATPD was concluded. Secondary police interrogation was strictly not recommended due high-risk secondary traumatism.



### Conclusions

Conclusion. This case demonstrates how difficult sometimes to distinguish ATPD from true events. Forensic psychiatric knowledge is crucial in these cases.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.033

## Early and very early onset schizophrenia: clinical and neuropsychological particularities: work must go on - national multicentric FACE-SZ database

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### Objectives

Early Onset Schizophrenia (EOS) exhibit a longer duration of untreated psychosis (DUP), a greater severity of psychopathology, more cognitive dysfunctions and poorer premorbid adjustment, but these earlier forms are still undiagnosed or misclassified, and in particular Very Early Onset Schizophrenia (VEOS). Very few studies compare the patient phenotypic picture, according to the age at onset of the pathology, from childhood/teenage years to adulthood. So our objective was to compare the presentation of EOS/VEOS and Adult Onset Schizophrenia (AOS), in a large multi-centric sample.

### Methods



727 community-dwelling stable patients (DSM IV-TR) were firstly divided into 2 groups of schizophrenia subjects : AOS, with onset > 18 years (N = 551), and EOS, onset < 18 years (N = 176, including 22 VEOS). Secondly, we also examined if the subgroup of VEOS (<13 years) have specific characteristics. Patients were assessed using clinical and neuropsychological batteries.

#### Results

EOS group and VEOS subgroup had both a longer DUP ( $p < 0.0001$ ), greater severity of psychopathology (more severe psychopathology general PANSS score,  $p = 0.021$ , and more severe total PANSS score,  $p = 0.041$ ), poorer premorbid adjustment (lower educational level,  $p < 0.0001$ ) than AOS group. VEOS subgroup had also more history of learning disabilities,  $p = 0.020$  and lower handedness quotient,  $p = 0.048$ ) than AOS.

#### Conclusions

An increasing severity was revealed from EOS/VEOS to AOS groups. To improve early diagnosis, targeted care programmes seem to be decisive. An innovative and multidisciplinary approach might be considered, in a public mental health dimension and the work must go on.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.034

#### Neurocognitive performance of pediatric OCD patients after pharmacological or cognitive behavioral treatment

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#### Objectives

To investigate the improvement of children and adolescents with OCD submitted to different first-line treatments on neurocognitive testing.

#### Methods

66 OCD patients (41 male), 6-17 years, randomized to either Cognitive Behavioral Therapy (CBT) or Fluoxetine (FLX), were assessed with structured psychiatric interviews and neurocognitive tests, before and after 14 weeks of treatment. Within-group comparisons were performed with Wilcoxon Test and only results with p-values below 0.001 were considered statistically significant.

#### Results

The whole sample showed improved performance in the: Wisconsin Card Sorting Test (WCST – perseverative responses and perseverative errors) Rey-Ostrich Complex Figure Test (RCFT – copy and immediate recall total score and time, delayed recall total score), Design Fluency Task (DFT–tasks 1 and 2-time); Trail Making Test (TMT– task 5-time) and Color-Word Interference Test (task 4-time). In contrast, in the FLX group (N=31), we observed improved performance in tasks 1 and 2 of DFT, whereas in the CBT group (N=35) the improvement occurred in: Grooved Pegboard Test (non-dominant hand time), Rey Auditory

Verbal Learning Test (delayed recall) and RCFT (copy time/ immediate and delayed recall). In the comparison of “responders versus non-responders”, we observed that responders (N=39) showed improvement in RCFT (copy planning score and time / total score of immediate and delayed recall), FD (task 2-total score) and TMT (task 3-time).

#### Conclusions

First-line treatments for pediatric OCD were associated with improvement in neurocognitive performance. In particular, CBT was associated with improvement in several domains. Further studies are necessary to further clarify the differential effects of these treatment modalities on neurocognitive functions.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.035

#### Prevalence of high risk symptoms of developing psychosis among Czech adolescents - preliminary results

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#### Objectives

In most cases, schizophrenia develops during the young adulthood. The first fully blown psychotic episode is usually preceded by a few years of prodromal phase characterized by typical symptoms, so called basic symptoms, such as attenuated psychotic symptoms or subtle subjective disturbances in perception and thinking. These symptoms, however, do not always mean the development of a future illness, they may also disappear spontaneously. However, the pervasive presence of the symptoms can affect normal functioning and cognitive performance of young people, mainly in terms of untreated psychosis which has negative effect on further prognosis of the illness. Moreover, the state of mental health of Czech adolescents has not received sufficient attention so far. Therefore, our main objective is to map the prevalence of pre-psychotic symptoms among healthy Czech adolescents and their relationship to school performance.

#### Methods

As main measures are used the Basic symptom screening, the Prodromal questionnaire, and also information about school performance. Czech versions of internationally used screening methods will be validated within our project. Participants: 120 students of secondary schools in Prague and Central Bohemian Region, aged 16-20.

#### Results

Our findings are in accordance with previous results of high risk studies in general population. In these studies, 25% of young adults showed presence of any lifetime risk symptom, but only 3% met the high risk criteria for development of psychosis.

#### Conclusions

This is the first phase of our research project, which aims at better description of normal signs of adolescence and at distinguishing them from the pathological manifestations of developing mental illness.

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## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.036

### Gender differences in terms of attention deficit hyperactivity symptoms and competencies in a primary school sample in Istanbul

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#### Objectives

It is known that male predominance in subjects with attention deficit hyperactivity disorder (ADHD) seen in clinical settings. A meta-analysis by Gaub and Carlson suggested that gender differences in the phenotypic expression of the disorder result in referral of more boys than girls, which would explain why the male predominance in ADHD is greater in clinical groups of ADHD subjects, compared with groups of ADHD subjects in the community.

Several studies showed that girls with ADHD were less impaired than boys on most ratings and that boys with ADHD engaged in more rule-breaking and externalizing behaviors than did girls with ADHD. These gender differences in clinically important ADHD features may help explain why boys with ADHD are referred more often than girls. In this study we aimed to investigate gender differences in terms of ADHD symptoms and academic, behavioral and social functioning of children in a school sample.

#### Methods

We performed this cross-sectional community based study in the 1st and 2nd grades of all the primary schools (4,356 students) located in the Kadıköy county of Istanbul and looked out gender differences according to the teacher ratings.

#### Results

Our results showed that male group had more attention deficit hyperactivity symptoms and their academic, social and behavioral functioning were more impaired than girls.

#### Conclusions

Our results are consistent with previous studies. However, several authors suggested that the clinical correlates of ADHD are not influenced by gender and that gender differences reported in groups of subjects seen in clinical settings may be caused by referral biases. We will discuss gender differences of ADHD in this presentation.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.037

### The first diagnostics and interventions: a chronology of the child guidance movement and historical events

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#### Objectives

1. Presentation of the roots of the child guidance movement
2. Documentation of how focus on delinquency and mental health treatment led to a prevention and early intervention program
3. Description of the role of philanthropy and government in the field's development
4. Description of the development of the disciplines in the years prior to the founding of IACAPAP

#### Methods

Compilation of published historical sources

#### Results

Multi-column time chart mapping chronological changes in the professions, philanthropy, social developments, political events, and the establishment of child guidance clinics in the United States

#### Conclusions

Child guidance was the effect of social concern in the United States in the early twentieth century about delinquent youth and the mistreatment of those confined in mental asylums. The end of the Civil War had brought many social changes, a dramatic increase in urbanization, and the rise of new professions. Technological advances and the finding of oil in western Pennsylvania created a new class of person: the philanthropist. In 1922, the Harkness family's Commonwealth Fund provided for the establishment of six Child Guidance clinics in the USA following the model of the Judge Baker clinic in Boston. The poster charts events such as Clifford Beers' Mental Hygiene movement, the Presidential Conference on childhood, Healy's research into delinquency, the work of Meyer and James, and the involvement of the Commonwealth Fund. Parallel columns will document social and political events and other columns will document changes in the professions of psychiatry, psychology and social work.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.038

### Reliability and validity of the Strengths and Difficulties Questionnaire (SDQ)-Farsi version in a clinical group of children and adolescents

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#### Objectives

This study aimed to evaluate the reliability and validity of the Farsi translation of the Strengths and Difficulties Questionnaire (SDQ) in a clinical child and adolescent population.

#### Methods

Among the first-appointment referrals to the child and adolescent clinic of a tertiary psychiatric hospital, 141 individuals aged 4-18 years were recruited. The SDQ and the Child Behavior Checklist (CBCL) were completed by the parents. Clinical diagnoses were made based on the board-certified child and adolescent psychiatrists. After one week, the parents (N=40) accomplished again the



SDQ through a telephone contact to check the SDQ test-retest reliability.

#### Results

The mean age was 9.22 (4.14) years and 66.7% were boys. The most prevalent disorder was attention deficit-hyperactivity disorder. The mean SDQ total score was 16.92(6.41). There was not any significant gender-related difference regarding the SDQ sub-scales scores except for the Emotional Symptoms which was higher in the girls. There were significant negative and positive relations between the age and the Hyperactivity and Emotional Symptoms scales scores, respectively. The SDQ and the CBCL scales scores were correlated significantly. All the SDQ sub-scales were correlated significantly. For the SDQ total score, the test-retest reliability coefficient was 0.87 and the Cronbach's Alfa was 0.64.

#### Conclusions

The Farsi version of the SDQ can be used as a valid and reliable screening instrument in clinical population.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.039

#### Indicators of serious mental health problems in children and adolescents in developing countries and access to mental health services

T. Lichtensztein Tafla<sup>1</sup>, M.C. Triguero Veloz Teixeira<sup>1</sup>, L.R. Rodrigues Carreiro<sup>1</sup>, M. Monzani da Rocha<sup>1</sup>, C. Silvestre de Paula<sup>1</sup>

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#### Objectives

International and Brazilian prevalence studies indicate that between 10% and 20% of children and adolescents have mental health problems or psychiatric disorders. Public policies on health and education, both in developed and developing countries, recommend periodic screening of emotional and behavioral problems as a preventive measure. The present study aims to identify indicators of serious mental health problems in children and their association with the use of mental health services.

#### Methods

The study was carried out with 357 students enrolled at two Elementary School in São Paulo city (Brazil), with a mean age of 8.18 years (SD = 1.23). The instruments used were: Child Behavior Checklist for ages 6-18 (CBCL/6-18) and a questionnaire on mental health services use.

#### Results

Only three children in the sample (0.8%) received mental health services care. Of these, two had clinical scores on the CBCL Internalizing Problems, Externalizing Problems and Total Problems. Approximately 99% of those with mental health problems on at least one of the CBCL scales had not received any mental health assistance. Only one of the critical items on the CBCL/6-18 (Sets fires) was an indicator of greater use of mental health services.

#### Conclusions

It was identified serious indicators of mental health problems on children or adolescents that were not receiving specific care. These results should contribute to a reflection on mental health policies, since there is a low use/access of services, mainly of those who have emotional and/or behavioral difficulty in some degree of severity.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.040

#### Determining mental health risk factors in overweight patients.

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#### Objectives

We examined insulin and serotonin metabolism levels under standardized clinical conditions in a overweight cohort in order to determine early biomarkers for mental risk in obese and preobese patients.

#### Methods

47 male and n= 60 female without any antidepressant treatment were selected for the measurement of serotonin extinction in second morning urine ( $\mu\text{g/g}$  creatinine) and simultaneously for serum adiponectin levels both employing a quantitative sandwich enzyme immunoassay (ELISA) technique.

#### Results

The mean average of Serotonin and Adiponectin was 151  $\mu\text{g/g}$  creatinine (+ 161,7) 8,02  $\mu\text{g/ml}$  (+ 4,70) respectively Serotonin and Adiponectin correlated significantly in female (sRho=+0,003; p=0,003 Table 4) but not in male (sRho=+,227; p= 0,193; Table 5). The overall correlation between Serotonin and Adiponectin revealed a significant positive correlation (sRho =+,302 p= 0,003).

#### Conclusions

Our data reveal a positive relationship between insulin and serotonin metabolism. High levels of adiponectin- surrogate of insulin activity-was found in strong positive correlation with serotonin extinction in our cohort. Patients with low adiponectin levels are known to be under a higher risk for hyperinsulinemia, insulin resistance and functional cellular insulin disruption which contributes to weight gain and as a consequence to diabetes mellitus. Our results are in concordance with other authors who have assumed a high carb diet to increase serotonin circulation levels by a higher rate of insulin secretion. We suggest to measure adiponectin in pre- and obese patients with BMI > 25 to determine early risk factor of metabolic disruption (hyperinsulinemia) and serotonin dysfunction (depression).

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.041

#### Bipolar disorder: proposal of a new dimensional semiology in childhood

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<sup>2</sup>University of Liège, Autism Reference Centre, Liège, Belgium

#### Objectives

The bipolar diagnosis remains unclear in childhood. After the initial appearance of the relevant symptoms it takes quasi 10 years and 3 to 5 doctors before a correct diagnosis is established.

The goal of the study is to identify more precisely clinical and dimensional symptomologies of bipolarity.

#### Methods

A qualitative method observes semiological markers in 170 children - from 20

months to 8 years - with bipolar symptoms. We do not limit our observations to the categorical criteria of the diagnosis.

## Results

We highlight a “simple bipolar manic temperament” with seven semiological axes: 1. a “super-energetic” form, 2. sleep clinic, 3. an “uneasiness in the situation of being alone”, 4. emotional expressiveness, 5. excitability, verbal fluency, disinhibitions, avidities, 6. preponderance of divergent attention (compared to convergent attention), 7. tendency to hyperactivity.

Note: The development of a clinic of an “uneasiness in the situation of being alone” is an original element of our research; This discomfort is to be distinguished from separation anxiety, even if there may be a continuum; It is not pathognomonic of bipolarity, but seems to be systematically present.

Then, we give the differential diagnosis between “simple bipolar manic temperament” and ADHD.

Lastly, we propose to distinguish 4 semiological forms of bipolar states in childhood.

## Conclusions

This dimensional approach – bound with a categorical diagnosis – could give a clarification of the clinical evaluation of bipolar disorder in childhood.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.042

### At risk mental state - where are we?

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#### Objectives

Over the past two decades, experts have been investigating the possibility of early recognition of psychosis. This work pretends to summarise the criteria used to identify at-risk and ultra-high-risk individuals which could predict who might develop a psychotic disorder, as well as discuss the ethical issues at classifying and treating these individuals and the treatment approaches available.

#### Methods

Non-systematic review of the most recent literature available

#### Results

Individuals at-risk mental state can be distributed along three groups of symptoms and behaviours: transient psychotic symptoms, attenuated psychotic symptoms, diminished functioning plus a pre-existing schizotypal personality disorder or a first-degree relative with a history of psychosis.

Among the interventions researched – anti-psychotic drugs, psychological, psychosocial and dietary interventions – the results were more favorable for CBT, which showed the most potential for reducing transition to psychosis. In one small RCT using omega-3 fatty acids showed effectiveness in preventing

transition from at risk mental states to the development of psychosis. The antipsychotic drugs (namely risperidone and olanzapine) do not revealed being effective in reducing the risk of psychosis, beside the side effects associated with this medication.

## Conclusions

The studies investigated showed that identifying and treating individual at-risk mental state leads to a significant reduction in transition rate to a first psychotic episode. Although, a great number of individuals in these at-risk do not convert to psychosis and as a result there are serious concerns regarding the risk of exposure to unnecessary interventions.

More research across traditional diagnostic boundaries is needed to refine these clinical features and link them to biomarkers with the objective of personalised and adequate treatment.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.044

### Promoting effect of different types of activation on output of Chinese characters of children with spelling difficulties

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#### Objectives

To study promoting effects of different types of activation on the output of Chinese characters of children with spelling difficulties.

#### Methods

20 children with dictation difficulties and 18 controls were selected from grade 4 and 5 in a primary school. Activation-dictation task was adopted; Characters that were correctly read but wrongly written by each participant were used as dictation materials. Characters that were correctly read by each participant were used as activation stimulus, they were near homograph, homophone or both near homograph and homophone of dictation materials. Dictation accuracy was recorded.

#### Results

dictation accuracies were significant different between two groups under homophone activation and both near homograph and homophone activation.

#### Conclusions

compared to near homograph activation, near homograph and homophone activation significantly activated more on normal children's dictation than children with spelling difficulties. Children with spelling difficulties tend to store Chinese characters as graphs.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.045

### Total intracranial brain structure measurement in first episode schizophrenia: a stereological MRI study

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<sup>4</sup>Dokuz Eylul University, Neurosurgery, Izmir, Turkey

### Objectives

The aim of this study was to determine total intracranial brain structure volume in patients with first episode schizophrenia (FES) and control subjects using stereological methods and to explore its relationship with the psychopathological and clinical profile.

### Methods

The study included 18 patients with FES, and 18 age and gender matched controls. The volumes of total intracranial brain structures, cerebellum were evaluated using an unbiased and reliable stereological (Cavalieri's) method on MRI images.

### Results

In FES group, the means of total intracranial volume and cerebellum volume were  $830.45 \pm 49.89 \text{ cm}^3$  and  $105.03 \pm 1.46 \text{ cm}^3$ , respectively. In control group, the means of total intracranial volume and cerebellum volume were  $814.73 \pm 47.75 \text{ cm}^3$  and  $103.43 \pm 2.38 \text{ cm}^3$ , respectively. The ratio of total intracranial volume to cerebellum in FES group was  $6.91 \pm 0.43$  and  $6.95 \pm 0.51$  in control group. Statistical analysis did not reveal significant differences between the groups (Independent samples t-test;  $p > 0.05$ ). Correlations between PANNS Total, PANNSN, PANNSP, PANNSG and CGAS scores and volumes and the ratio were evaluated. No significant correlations were found between the parameters (Pearson Moment Correlation).

### Conclusions

Our results did not confirm the presence of significant morphometric differences in the brain regions evaluated between first episode schizophrenia patients and healthy controls. The evaluation of these volumes and correlations with larger examples may provide more significant results

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.046

### A pilot study of AIDA in a Singaporean adolescent sample

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### Objectives

AIDA (Assessment of Identity Developments in Adolescence) is a valid self-report tool to assess normal versus pathological personality traits in adolescents. As the first pilot test in an Asian region, the Singaporean team culturally adapted the items from the Australian English translated version, and initial psychometric properties were examined.

### Methods

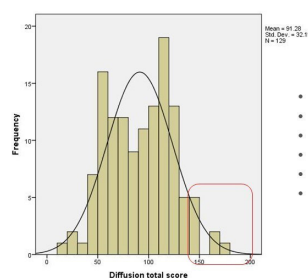
The pilot test was performed in a sample of  $N=129$  adolescents from the first

year academic cohort in a single Singapore secondary school. The subjects comprised 67.7% boys, 20% girls, and 12.3% undisclosed gender aged 12-13 years. Permission for the operational study was given by the school, and informed consent and assent were obtained from parents and subjects in place of IRB approval. An  $N=20$  clinical population sample will be recruited in 2018 for comparison.

### Results

The pilot test version demonstrated good psychometric properties for the total scale (Diffusion:  $\alpha = 0.94$ ), and two primary scales (Discontinuity:  $\alpha = 0.88$ ; Incoherence:  $\alpha = 0.90$ ), as well as a range of  $\alpha = 0.73 - 0.82$  for the sub-scale levels. Within the 58 items, only 6 had slightly weak coefficients for item-total correlations, which will be reformulated for the next version.

Assessment of Identity Development in Adolescents (AIDA)  
Identity Integration vs Identity Diffusion



- $N = 129$ ; Mean Score = 91.28
- Max Score = 178; Max Possible Score = 232
- Min Score = 18
- Contributed by Continuity and Coherence
- 4 highest scores: 178, 165, 160, 147
- Std. Dev = 32.197

### Conclusions

As AIDA is an instrument designed to differentiate identity development in normal adolescents and adolescents with pathological personality disorders, the identified weak items will be modified before use in the main test version. The subsequent test will be in a population of school-age children and adolescents with a sizable clinical population and other tools that provide measures of personality for convergent validity.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.047

### Understanding self-harm: the impact of alexithymia on self-harming behavior in adolescents

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### Objectives

Self-harming behavior, with or without suicidal intent, is prevalent both in community and in clinical population of adolescents. Alexithymia describes inability to identify/differentiate and describe/verbalize emotions. Adolescents who struggle with alexithymic difficulties show significantly higher levels of mental health difficulties and struggle to cope because of their innate vulnerability to

understanding their own emotions. This makes them vulnerable to self-harming behavior (SHB) as well. We investigated the association between alexithymia, alexithymic features and self-harming behavior in a clinical sample of adolescents.

## Methods

The study included 150 referred adolescents, age 14-18 years, average 16 yrs.

Adolescents completed the following instruments:

- Adapted version of the "Functional Assessment of Self Mutilation (FASM) 1997" questionnaire which records the occurrence, frequency, and motivation for various forms of self-harm.
- Toronto Alexithymia Scale (TAS-20, Taylor, 1992.) is a measure of deficiency in understanding, processing, or describing emotions

## Results

67.9% (N=55) of girls and 34.8% (N=24) of boys engaged in some form of SHB.

The majority showed significant alexithymic difficulties:

**Girls** – in the group with SHB alexithymia or its features were present in 74.2%, in the group without SHB in 57.7%.

**Boys** – in the group with SHB alexithymia or its features were present in 66.7%, without SHB 60.3%

## Conclusions

Alexithymia is aggravating mental health difficulties in general. Alexithymia is associated directly and indirectly with SHB. Alexithymia can have mediating and moderating role in occurrence of SHB.

SHB is a multidimensional phenomenon among adolescents. A better understanding of the driving forces of SHB is crucial in assessing, treating, and preventing SHB amongst adolescents.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

### P 4.048

#### Subtyping aggression: The role of neural activity in response to emotional face stimuli

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#### Objectives

Recent brain imaging findings have shown different emotion-related activity and impaired emotion recognition in ODD/CD patients when compared to typically developing children. However, some studies did not take aggression-related subtypes into account, which may have produced inconsistent findings. As an example, high callous-unemotional (CU) traits, which are characterized by low empathy, lack of remorse, and shallow interpersonal affect, seem to be an important moderator of amygdala activity, resulting in a hyporeactivity in patients with high CU traits and hyperreactivity in those with low CU traits.

#### Methods

fMRI data were assessed during an emotional face matching task in 188 ODD/CD patients and 97 controls (aged 8-18 y) of the European Aggression-type study. Emotional reactivity (BOLD signal) to emotional faces versus shapes will be analyzed, taking into account age, gender, site and IQ.

## Results

In line with previous reports, we expect increased amygdala activity to emotional faces in patients with reactive aggression when compared to healthy controls. Likewise, amygdala hypoactivity is hypothesized in patients with high CU traits. These ODD/CD- and CU-trait related differences are hypothesized to be robust across the age range and the associated range of cognitive immaturity in emotion-related reactivity

## Conclusions

Revealing divergent activity within subtypes of aggression might help to disentangle the heterogeneity of this psychiatric disorder. Moreover, it will be a further step towards individualized treatments.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

### P 4.049

#### Comparison of guilt and shame by gender during in adolescent aged 12-18

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<sup>4</sup>Clinic and forensic psychology association, psychology, istanbul, Turkey

#### Objectives

There are numerous studies on recognition and expression of emotions in literature. Self-conscious emotions are experienced during interpersonal relationships. However, there is no scale in Turkish measuring guilt and shame in adolescents. The purpose of the study was to investigate the validity and reliability of Test of Self-Consciousness Affect for Adolescents, evaluation of the relationship between guilt-shame and age-gender and adapting these into Turkish.

#### Methods

A cross-sectional design was used in the study. The sample of this study consisted of 547 adolescents, aged 12-18, studying in four-different schools representing two-different socioeconomic statuses. Sociodemographic data form, Children's Depression Inventory, Trait Anxiety Inventory Form for Children and Test of Self-Consciousness Affect for Adolescents (TOSCA-A) were used in the study. After the collection of the scales TOSCA-A was administered again 15 days later to 29 adolescents who were volunteer using the same alias names.

#### Results

The subscales of TOSCA-A were found to have high internal consistency. Construct validity of the test was found to have five sub-scale structure as guilt, shame, externalization-shame, externalization and detachment. Shame and guilt were found higher in females. The expressions "I feel ashamed because of my physical appearance" and "I feel ashamed because of my economical status" which might be associated with shame and anxiety scores were found higher in females.

#### Conclusions

According to the results of our study, Turkish version of TOSCA-A showed high reliability and validity. Unlike the original form's six-factor construct, we proposed to use the test as consisting 5 sub-scales: shame, guilt, externalization-shame, externalization and detachment.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area



P 4.050

### Emotion regulation and somatic complaints in early adolescence

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#### Objectives

Some studies show associations between children and adolescents' somatic complaints and experiencing negative emotions stronger and more often. We presume that emotional regulation can be an important factor to somatic complaints. Therefore we aimed to evaluate the association between emotional regulation and somatic complaints in early adolescence.

#### Methods

565 11-14 years old adolescents participated in the study and completed the Emotion Regulation Questionnaire (ERICA), the Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA) and the Youth Self-Report (YSR/11-18) Somatic Complaints Subscale. The participants were reached through Lithuanian schools and other institutions that work with children.

#### Results

92,3% of the participants belonged to somatic complaints norm group (NG), 7,7% belonged to risk group (RG) according to YSR/11-18 Lithuanian norms. Respondents, who belonged to NG had a higher total emotion regulation score and reported better emotional control, emotional self-awareness and situation responsiveness than RG. There was no statistically significant difference between NG and RG in emotional regulation strategies (Table 1).

Table 1.

	Mean rank		Mann-Whitney U	P value
	Somatic complaints			
	Norm group (n=490)	Risk group (n=42)		
Emotional control	249,91	130,83	4044,000	0,000
Emotional Self-Awareness	261,43	152,95	4956,00	0,000
Situation Responsiveness	250,82	199,93	6694,500	0,035
Total Emotional Regulation Score	242,70	117,38	3559,500	0,000
Cognitive Reappraisal	253,31	221,14	7295,000	0,198
Expressive Suppression	249,07	241,46	8231,000	0,755

#### Conclusions

Young adolescents who had significant somatic difficulties had worse emotion regulation. Therefore it is important for general practitioners and pediatricians to evaluate not only physical state of early adolescents reporting somatic complaints, but also their emotional regulation level and consider the need for mental health help. We also suggest that psychosocial interventions aimed to strengthen adolescents' emotional regulation might have positive effect of decreasing the prevalence of somatic complaints.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.051

### Risk behaviour, risk perception and emotional dysregulation in adolescents with and without emotional disturbance

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<sup>3</sup>Institute of Human Behaviour and Allied Sciences, Department of Psychiatry, New Delhi, India

#### Objectives

To study the presence of risk taking behaviours and emotional dysregulation and the relationship between the two in emotionally disturbed adolescents in comparison with adolescents without emotional disturbance along with the presence of gender differences.

#### Methods

Random sampling technique was used and the sample consisted of 120 adolescents being equally divided into 4 groups according to gender and presence of emotional disturbance. Kessler Psychological Distress Scale (K10), Adolescent Exploratory and Risk Behavior Rating Scale (AERRS) and Difficulties in Emotion Regulation Scale (DERS) were administered. Data was analysed using descriptive statistics (Frequency, Mean, Standard Deviation), Pearson's Product Moment Correlation and t-test.

#### Results

Results revealed no significant difference in risk taking behaviours between adolescents with and without emotional disturbance. No significant correlation between risk taking behaviour and emotional dysregulation was found. No significant gender difference in risk taking behaviour of adolescents with and without emotional disturbance was found however adolescent girls without emotional disturbance were found to have significantly higher levels of emotional dysregulation than their counterparts.

#### Conclusions

There is presence of risk taking behaviour and emotional dysregulation in adolescents. There is no difference in the risk taking behaviour of emotionally disturbed adolescents and adolescents without emotional disturbance. Emotionally disturbed adolescents have more difficulties in emotion regulation. There is no relationship between risk taking behaviour and emotional dysregulation in adolescents. No gender difference was found in risk taking behaviour of adolescents. However, adolescent girls without emotional disturbance have greater levels of difficulties in emotion regulation than adolescent boys without emotional disturbance.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.052

### Emotion regulation in children: a developmental-contextual perspective

E. Savina<sup>1</sup>

<sup>1</sup>James Madison University, Graduate Psychology, Harrisonburg, USA

#### Learning Objectives

This workshop will provide a comprehensive overview of emotion regulation in children and contextual factors (family and culture) which play an essential role in child socio-emotional development. Session attendees will learn about different conceptual frameworks related to emotion regulation and its developmental trajectory. The role of early emotional experiences in emotion regulation and dysregulation will be emphasized.

The workshop will discuss how parents can support children's emotion regula-



tion through emotion coaching and attachment-based strategies. It will further offer therapeutic interventions that target children's emotion regulation including the modulation of emotional reactivity, regulation of experiential emotional system, management of emotional display, and behaviors associated with emotions.

Session attendees will learn how to foster children's emotional competencies through socio-emotional learning. These competencies include the knowledge of affective language, emotional awareness, understanding others' emotions, the ability to accept and express one's own emotions, and emotional self-efficacy.

## Workshop Description

Emotion regulation is essential for a child's mental health and school success. Effective emotion regulation is associated with children's social competence, academic achievement, and psychological well-being (Eisenberg et al., 2005; Gilliom et al., 2002). Deficits in emotion regulation put children at risk for emotional and behavioral problems, difficulties at school, and peer rejection (Eisenberg et al., 2000; Röhl et al., 2012).

Emotion regulation is the earliest self-regulatory mechanism children begin to master (Feldman, 2009). Early emotional experiences can optimize or interfere with how a child learns to regulate emotions (Cole et al., 1994). During early childhood, children form attachment which serves as a template for future relationships and emotion regulation. Children's efforts to control their emotions become more conscious during preschool and kindergarten years which is associated with the growth of affective language (Campos et al., 2004). Affective language begins to play an essential role in emotion perception, experience, and regulation (Lieberman et al., 2007; Lindquist et al., 2015).

Culture plays a formative role in emotion regulation by prescribing an acceptable range of emotional reactions as well as emotion-regulation strategies (Savina & Wan, 2017). Children's emotion regulation is further affected by how parents express their own emotions, use emotion-focused explanations, react to their children's emotions, and expose children to emotionally charged situations. Contextual factors interact with temperament-based emotionality and affect children's reactions to emotionally provocative events (Posner & Rothbart, 2007).

A developmental-contextual perspective informs emotion-focused interventions aimed at training parents to support children's emotional development and fostering children's emotional competencies.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.053

### Emotional availability of parents and psychological health: the role of emotion regulation skills

G. Gökçe<sup>1</sup>, B. Yılmaz<sup>2</sup>

<sup>1</sup>Ankara University, Psychology, Ankara, Turkey

<sup>2</sup>Clinical Psychologist, Psychotherapist, Turkey, Ankara

#### Objectives

The relationship and interaction between a parent and child is of an ever-changing nature. In the first years of the child, parents are more supportive of the child's development and guide the changes take place. When adolescence ends and child becomes an adult, parent-child relationship takes on a different pattern in which the relation is more egalitarian. Despite this changing nature, research findings demonstrate that children continue to receive emotional support from their parents; feel attached to them and care about their contributions. Thus, it becomes important to evaluate how certain parental properties affect

psychological health. From this point of view, this study examines the mediator role of difficulties in emotion regulation on the relationship between parental emotional availability and psychological health.

#### Methods

The sample consisted of 380 participants aged 16 and above who still live with their parents. Lum Emotional Availability of Parents, Difficulties in Emotion Regulation Scale and Brief Symptom Inventory were used for data gathering.

#### Results

It has been found that "Clarity, Strategies and Impulse" subscale scores have partial mediation effect on the relationship between both maternal and paternal emotional availability and psychological health.

#### Conclusions

The findings of the study demonstrate that it may be important for mental health professionals to evaluate parental emotional availability. It can be said that interactions with emotionally available and supportive attachment figures contribute to one's sense of security, trigger positive emotions, may be used as a psychological resource when dealing with problems, and provide real and symbolic support in developing positive emotion regulation skills.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.054

### My abstract for the IACAPAP 2018 will be presented in Prague

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<sup>2</sup>Center of Speech Pathology and Neurorehabilitation, department of medical psychology, Moscow, Russian Federation

#### Objectives

Speech mediates the course of all mental activity as a single system. Formation of ideas about the surrounding world, communications and regulation of behavior are carried out by speech. The speech and motor development delay affects the formation of other higher mental functions and cause insufficiently ordered behavior of children. Motor anxiety, increased excitability, unwillingness to follow norms and rules, protest reactions and refusals accompany the development most of children having speech disturbances.

#### Methods

The study involved 25 children, five years old, underwent hypoxic-ischemic encephalopathy at an early age (up to 1 year) with delayed speech development (dysarthria of medium-severe degree), manual kinetic and kinesthetic dyspraxia, insufficient regulation and control. Neuropsychological examination of higher mental functions by J.M. Gluzman, a course of sensorimotor correction, consisting of 15 sessions were used. This course includes breathing exercises, eye movements, exercises for voluntary tension and relaxation, tasks for improving coordination and forming reciprocal coordination.

#### Results

Based on the results of the training, 89% of children showed decrease of motor anxiety, an increase of self-regulation and an increase of productive activity period. In addition, the frequency of manifestations of protest behavior decreased, the emotional background became smoother and consistent. There was no pronounced dynamics in 11% of the subjects, the behavioral features of these children may be associated with insufficient duration of the course.

#### Conclusions

This complex improves the blood supply to the brain, removes muscle clamps,



and, as a result, helps psychological relief: reduces tension, anxiety, decreases motor anxiety, increases self-regulation, and makes behavior more arbitrary.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.055

### Family subsystems' predictors of children's emotion dysregulation

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<sup>2</sup>Ankara University, Psychology, Ankara, Turkey

#### Objectives

It is aimed to evaluate emotion dysregulation which have crucial role on clinical view of various childhood disorders via various symptoms in the context of family subsystems' interactions such as parents' personal emotion dysregulation level, interparental conflict solution styles, parental emotion socialization approaches and emotional expressiveness of the family

#### Methods

The study is based on data obtained from 255 families (parents-children) by multiple source methods. This data was collected via demographic information form, Difficulties in Emotion Regulation Scale, Coping with Children s Negative Emotions Scale, Conflict Resolution Styles Scale, Communication and Emotional Response Capacity subtests of Family Assessment Scale.

#### Results

According to conducted hierarchical regression analysis, emotion dysregulation level of children have been predicted by mother's personal emotion dysregulation level, negative interparental conflict resolution style and mostly by level of emotional expressiveness of the family. In addition to these predictions parental emotion socialization approaches and father's personal emotion dysregulation level have not predict the children's emotion dysregulation styles.

#### Conclusions

All findings of the study can serve to wide range of pathology in child mental health interventions. To evaluate the variables associated children emotion dysregulation in the context of systemic approach in a wide range and the information gained by this way may contribute prevention programs to be developed. Thus prevalence of the emotional and behavioral problems which have been indicated their links with emotion dysregulation may be decreased.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.056

### A novel approach to deal with disruptive mood dysregulation disorder- akin to animal training

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<sup>1</sup>University of Rajasthan, Psychiatry, Kota, India

<sup>2</sup>University of Toronto, Pediatrics, Toronto, Canada

#### Objectives

Disruptive Mood Dysregulation Disorder (DMDD) is new to the DSM-5 but reflects a disorder with significant morbidity. Since the behavior is akin to that of the flight/fight reaction, calling DMDD similar to animalistic response would not be a far reach. While suggesting a child may be acting like an animal is

somewhat pejorative, the application is actually quite practical.

#### Methods

Forty-six children between 6-10 with at least one medication treatment for DMDD were randomized into two groups: Group A had medical and behavioral management and Group B had the add-on of behavioral insight through "Animal Training". This training involves positive reinforcement but a focus on the adult's own mental state. Pre-post ratings were done on a Likert Scale of 1-5 (5 being severe).

#### Results

All children showed a significant reduction on medication management from a 5 to at least a 3. However, the children in Group B had a more successful implementation strategy with outcomes, post medication management, lead to changes that lowered the score to 2. But the major effect was in the summer when the medications were withdrawn. Children who were in Group B had a sustained clinical benefit over Group A who deteriorated.

#### Conclusions

Medications, to stretch the analogy, is like a muzzle to an animal behavior. But without effective behavioral interventions, the muzzle is simply a bandage not a solution. Long-term intervention requires the commitment of care-givers and using an easy approach that utilizes positive reinforcement seems to work.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.057

### Benefits of equine assisted therapy for children

M. Piliarova<sup>1</sup>, J. Janicova<sup>1</sup>

<sup>1</sup>Horseshéal, Hat, Bratislava, Slovakia

#### Objectives

Paper presents benefits of Equine assisted therapy, which incorporates human interaction with horses to facilitate emotional healing. A child-horse relationship can bring beneficial results in managing emotions such as anger, anxiety, sadness and provides well-being and improvement in quality of children with mental health problems.

#### Methods

Study presents benefits of Equine assisted therapy, means of measurements, and main considerations of equine facilitated psychotherapy for children. A qualitative study conducted with semi-structured interview and treatment model consists of 4 days program provided 20 hours of activities with horses.

#### Results

Research in the field of equine assisted therapy showed reductions in overall psychological distress and enhancements in psychological well-being. Interactions with horses bring clients opportunities to enhance self-awareness and re-pattern maladaptive behaviors, feelings and attitudes. It also helps with issues related to self-esteem, assertiveness, control, trust and communication. Through interactions with the horse there is stimulated conversation and socialization. Important finding of this experiential therapy is also the positive influence on aspects of quality of life for both children and parents.

#### Conclusions

There is a huge potential of using horses in mental health treatment of children. Horses put children in touch with their own vitality and children can learn about themselves by participating in activities with horses. Equine assisted therapy future research would benefit from more longitudinal and quantitative studies as well as using a control group and requires further investigation.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.059

### Emotional difficulties in children and adolescents with psychopathology: a systematic review of the literature in mimicry and imitation

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#### Objectives

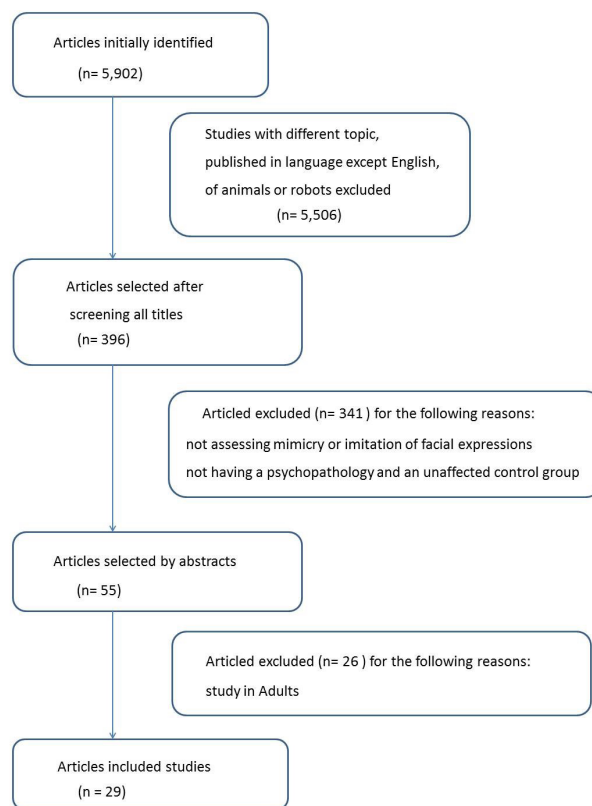
People affected by psychopathology often experience problems in the socio-emotional area, and difficulties recognising and expressing emotions are not uncommon. Two mechanisms that may be involved in the development of these processes are mimicry and imitation. Objective: The aim of the study was to explore difficulties in emotion processing, specifically in mimicry and imitation of emotional expressions in children and adolescents with psychopathology.

#### Methods

A systematic review of the literature is being conducted. A search using the terms: 'imitat\* OR mimic\* OR emulat\* AND Psychosis OR Schizophren\* OR depressi\* OR bipolar OR "mood disorder" OR anorexi\* OR bulimi\* OR "binge eating" OR "anxiety disorder" OR panic OR obsessi\* OR compuls\* OR traumatic OR PTSD OR phobia OR autism' was carried out in Scopus, Web of Science, and PubMed and articles are currently under review. Inclusion criteria are: (1) empirical studies using experimental methods to assess mimicry or imitation of facial expressions of emotions, (2) including a group with psychopathology and an unaffected control group, (3) carried out in children or adolescents.

#### Results

The search retrieved 5,902 publications, which have been reduced to 29 after screening all titles and abstracts. The articles will be analysed grouping studies conducted in participants with the same psychopathology and, when possible, meta-analyses will be conducted.



#### Conclusions

The findings will inform about difficulties in emotion processing that occur in people who suffer psychopathology at a stage when the brain is still developing and that may have an impact in adulthood.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.060

### Irritability is associated with emotional and behavioral difficulties and impaired adaptations among children

P.Y. Pan<sup>1</sup>, C.B. Yeh<sup>1</sup>

<sup>1</sup>Tri-Service General Hospital- National Defense Medical Center, Psychiatry, Taipei, Taiwan

#### Objectives

Irritability in youth is a challenging emotional problem and might predict psychiatric adversities in adulthood. This study examined the psychometric properties of three Chinese version inventories of irritability and the associations between youth's irritability and adjustment problems.

#### Methods

The sample (n = 97) was comprised of youth aged 6-18 (mean 10.20 ± 2.70) from a psychiatric outpatient clinic in a university hospital and healthy



volunteers in Taiwan. They were interviewed with DSM-5 criteria. The inventories to assess irritability included Aberrant Behavior Checklist (ABC)-irritability subscale, and both parent and self-reported Affective Reactivity Index (ARI). The youths' emotional and behavioral difficulties were evaluated using Child Behavioral Checklist, Strengths and Difficulties Questionnaire, and their adjustments were evaluated using the Social Adjustment Inventory for Children and Adolescents.

#### Results

All the subscales of ABC, and parent-reported ARI showed excellent internal consistencies and test-retest reliabilities. ABC-irritability and both parent and self-reported ARI were significantly higher in subjects with disruptive mood dysregulation disorder than healthy volunteers. Irritability rated by parents was significantly correlated with all the dimensions of emotional and behavioral difficulties. Self-reported irritability in youth was significantly associated with poorer adjustments including school attitude, school problems, peer relationships and problems with peers and parents.

#### Conclusions

ABC-irritability, and parent-reported ARI are reliable instruments that can be used in clinical setting for the measurement of irritability in youth. However, our findings suggest that self-reported ARI could be considered as a screening tool in communities for identifying the youth at increased risk for school and social maladjustment.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.061

#### A bias for negative affect emoticon in adolescent females with emotion dysregulation

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<sup>2</sup>Chung-Ang University, Department of Psychology, Seoul, Republic of Korea

#### Objectives

This study is to investigate the perception and frequency of use on affective emoticons in individuals with emotion dysregulation and maladaptive regulation strategy.

#### Methods

121 students from girls' high school completed 1) Korean version of the Cognitive Emotional Regulation Questionnaire, including adaptive (acceptance, refocus on planning, putting into perspective, positive refocusing, positive reappraisal) and maladaptive (self-blame, catastrophizing, other-blame, rumination) cognitive emotion strategies, 2) Korean version of the Difficulties in Emotion Regulation Scale, 3) emoticon rating in terms of perception level and frequency of use, based on 6 basic emotions. 26 emoticons from KakaoTalk, a popular messenger application in South Korea, were used after arousal and valence rating.

#### Results

The result revealed that individuals with emotion dysregulation whom adopt maladaptive regulation strategy use significantly more negative emoticon compared to control even though both highly rated the affect of emoticon.

#### Conclusions

These findings indicate that individuals with emotion dysregulation may be more influenced by negative affect stimuli which leads to daily negative affect

bias.

\* This work was supported by the National Research Foundation of Korea Grant funded by the Korean Government (NRF-2012S1A6A3A02033580)

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.062

#### Art therapy approaches of group meetings in the field of self-knowledge and integration of the individual elements of personality

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<sup>2</sup>University of Pavel Jozef Šafárik in Košice, Department of Social Work - Faculty of Philosophy - University of Pavel Jozef Šafárik in Košice, Košice, Slovakia

#### Objectives

The presented contribution shows the importance of art therapy and the meaning of psychotherapeutic techniques using art therapy with groups of children in long-term care. Moreover to provide information about the most common techniques of cognitive-behavioral therapy with potential use art therapy approach and a shift in emotional survival and quality of life.

#### Methods

The work focuses on the meaning of imagination and use both approaches and the associated following transformation into words or visual interpretation. Here are our experiences in working with the group during 10 sessions and linking CBT techniques and art therapy approach. As a contribution of the work I consider especially the part which provides practical connections and its own observations in work, where art therapy proved just as important in the overall healing process.

#### Results

The newest tendencies in arttherapy of children reflect interdisciplinary approach. The goals of expressive techniques are traversing to reconstruction, integration, and support of responsibility for creating one's own life and life goals. In the process of self-knowledge we gain immense amount of information concerning ourselves. Further we'll introduce one of the inspiring environments, group activities with elements of arttherapeutic techniques. We used questionnaire of feedback and anonymous answers to questions concerning the experiences with the techniques.

#### Conclusions

Arttherapy comprises of symbolic expression, learning about oneself and the world around through artistic experiences which arise from one's own creative expression. Therefore it enriches our creativity, creates relationships and helps to understand environment we're living in. Expressive approaches are fully used when gaining self-knowledge.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.064

#### Heart rate variability as a marker for reduction of perioperative

## stress by audio-visual Instruction

G.M. Barth<sup>1</sup>, G. Sandra<sup>1</sup>, A. Conzelmann<sup>1</sup>, T. Renner<sup>1</sup>

<sup>1</sup>University Hospital of Tübingen, Child and Adolescent Psychiatry und Psychotherapy, Tübingen, Germany

### Objectives

Many children experience high level of stress previously to operative interventions. Therefore an clarifying instruction using a movie was developed to prepare children for the surgery. Because of the minor ability of children to describe their condition, assessment of parasympathetic and sympathetic activity by heart rate variability was used to confirm the effect of this instruction.

### Methods

31 school-aged children were examined by ECG some days and directly before an operative intervention. Half of the kids was shown between the ECG-assessment an instructive movie. Each ECG was analyzed by a self constructed software over a period of 256 seconds.

### Results

After the intervention Children of the intervention group showed an elevated heart rate variability whereas non instructed children didn't show this sign of stress-reduction.

### Conclusions

Heart rate Variability is able to demonstrate stress reduction in children an instruction by an clarifying movie is able to reduce stress in children previous to an operative intervention.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.065

### Adolescent supportive group as a tool for adherence and clinical improvement

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<sup>1</sup>Projeto Quixote, Psychosocial Center, São Paulo, Brazil

<sup>2</sup>Albert Einstein Association, Psychosocial Center, São Paulo, Brazil

### Objectives

To present the service's experience with an adolescents supportive group  
To describe the benefits in adherence to treatment, clinical evolution and psychoeducation  
To discuss the therapeutic possibilities of a supportive group for adolescents

### Methods

Adolescents with various diagnoses attending a medium complexity mental health service are selected to participate in a closed therapeutic group with the purpose of stimulating socialization and mutual support among the participants through the sharing of experiences and training of social abilities.

Adolescents grouped by age into a weekly group of 14-17.

Group stay together throughout 06 months at least.

03 professionals (Nurse, Social Worker and educator) work with the group on a 02 hours schedule.

Treatment implemented in context of a conversation group.

Focus on relations and teaching skills (not symptoms).

Parent training incorporated.

### Results

Increased frequency and adherence to treatment

Mild cases - promotion of care and clinical improvement

Serious Cases - Psychosocial support, increased socialization and clinical improvement

Reduction of comorbidities

Family Psychoeducation with reduction on family conflicts and violence

### Conclusions

Among the advantages of our social skills training program through a therapeutic group for adolescents we highlight the promotion, by the group, of situations similar to those in real life, creating opportunities for the person to practice new ways of social contact and increase adherence to clinical and medication treatment.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.066

### Forty years of foundation: the child guidance movement's place in IACAPAP's nascence

J. Grimwade<sup>1</sup>

<sup>1</sup>Private Practice, Working with families, Essendon, Australia

### Objectives

1. Demonstration of the origins of IACAPAP in the United States' child guidance movement
2. Demonstration that the field was based on developing methods of assessment, diagnosis, and treatment of delinquency and aimed at mental illness prevention
3. Demonstration that collaboration between disciplines was crucial
4. Demonstration that innovation in our field always requires support from community and government

### Methods

Compilation of published historical sources

### Results

Thematic, chronological mapping of the changes in the professions, philanthropy, social developments, political events, and the establishment of child guidance clinics in the United States, which led to an international coalition of professionals seeking to have their specialist insights extended for all children and families

### Conclusions

The foundation of IACAPAP was predicated upon the United States' child guidance movement. Child guidance began in 1917 with the founding of the Judge Baker clinic in Boston. As a national endeavour, child guidance was launched in 1922 with philanthropic funding from the Harkness family's Commonwealth Fund. Eleven years later, Kanner produced the first edition of his textbook Child psychiatry. Five years later, IACAPAP was founded.



Throughout these first twenty years the model of intervention oscillated between environmental adjustment and internal change, but the three disciplines of medicine (psychiatry), psychology, and social work were present from the outset. This paper presents the history of the twenty years prior to 1917 and the subsequent twenty years, with focus on celebrating the foundation of our professional field with its cross-disciplinary and inclusive approach and the debt owed to philanthropy.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.067

#### Validation of a Tunisian test for evaluating mentalizing in children

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<sup>1</sup>Razi Hospital, child psychiatry, kef, Tunisia

<sup>2</sup>Razi Hospital, Child psychiatry, Manouba, Tunisia

##### Objectives

To describe the results obtained after a study of validation of this test.

##### Methods

This tool is a social computerized test for children aged 7 to 12 years, made of 10 situations composed of a Tunisian language text/audio tape illustrated by picture(s): 7 of them contain a faux pas or a misbelief, 2 contain comprehension questions and a theory of mind first and second order questions. The tasks assess the assigning of intentions or epistemic and emotional mental states to the characters of the situations. Betatest has been performed as well as pilot study on 15 children. The final validation step will comprise:

- the inclusion a of 200 typically developing children aged from 7 to 12 years.
- The assessment of IQ of the participants by using Raven's coloured progressive matrices.
- The assessment verbal language by a Tunisian test of comprehension and a verbal fluency test.

##### Preliminary results

The rate of corrects answers for epistemic TOM were from 86, 6% to 93%, those of the emotional TOM of 73%, and of intentionality of 100%, and social clumsiness from 66, 6 % to 86, 6% and control issues from 86, 6% to 100%. Results were correlated to the age of the children, showing preliminary quite good results.

##### Conclusions

Results will be compared with literature data.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.068

#### The Tunisian Empathy Scale for children (TESC): validation study

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<sup>2</sup>Razi Hospital., Child and Adolescent Psychiatry department- Razi Hospital., Tunis, Tunisia

##### Objectives

The aim of this study is to develop an empathy scale adapted to Tunisian children that highlights the different components of empathy.

##### Methods

We developed a parent report questionnaire to avoid mistakes related to children's comprehension abilities. The parent answers to each item using a lickert scale ranging from "Definitely agree" to "Definitely disagree". The primary scale included 26 items assessing the affective, cognitive, behavior and somatic empathy. The pilot study has been performed. The validation study comprises the following steps: the scale will be passed by parents of children between 7 and 11 years old including 2 groups: a group of typically developing children enrolled in primary school and a group of verbal children with autism spectrum disorder. All children will have to pass an intelligence test, a reading comprehension test and a verbal fluency test.

##### Results

We recruited 20 parents of typically developing children aged between 7 and 11 years old for a pilot study. The participants had the possibility to comment and ask any question they had about the scale. The pilot study allowed us to make some corrections. Validation study is still being finalized.

##### Conclusions

The definitive results will be discussed in light with literature on the subject.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.069

#### Innovative dialogue intervention to Israeli and Palestinian youth: Effects on oxytocin and empathy

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<sup>1</sup>Bar-Ilan University, Department of Psycholog, Ramat-Gan, Israel

<sup>2</sup>Collage of Academic Studies, Education department, Or-Yehuda, Israel

<sup>3</sup>Interdisciplinary Center IDC Herzliya, Department of Psycholog, Herzliya, Israel

<sup>4</sup>Yale University, Child Study Center, New Haven- CT, USA

##### Objectives

Socio-Political conflicts around the world, effect the life of millions of children and adolescents, suffering from developmental impairments, depression, behavioural and functional disturbances, PTSD and health problems. Building on the Israeli-Palestinian conflict we developed a dialogue-focused, empathy-based, group intervention for youth growing up amidst intractable conflict, supported by the Fetzer Foundation.

##### Methods

Eighty-eight Israeli-Jewish and Arab-Palestinian adolescents (16-18years) were randomly assigned to dialogue intervention or control group. Before and after intervention, one-on-one conflict interaction with outgroup member were videotaped, oxytocin levels assayed, cognitive empathy and ethnocentrism

self-reported, and youth interviewed regarding national conflict.

## Results

Intervention increased youth perspective-taking (PT) on national conflict, enhancing the capacity to see some justice in the other side's claims and narrative. Youth with greater PT displayed lower fear/tension and higher behavioral empathy during one-on-one encounter with outgroup member. Oxytocin levels increased from pre- to post-intervention only for adolescents undergoing intervention who increased PT. Structural equation modeling charted three pathways to behavioral empathy; the neuroendocrine pathway, via greater endogenous oxytocin, the cognitive-attitudinal pathway, via higher cognitive empathy, and the intervention pathway, via increase in PT, which led to reduced tension and greater empathy. Ethnocentrism mediated the links between cognitive and behavioral empathy; youth high on cognitive empathy holding ethnocentric views did not utilize empathic cognitions for behavioral empathy. An alternative SEM model without the intervention was non-significant.

## Conclusions

Our findings place empathy as the hallmark of inter-group conflict resolution programs and support evolutionary models on the precarious balance between the neurobiology of affiliation and the neurobiology of outgroup derogation.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

### P 4.070

#### The clinical application of exercise science to improve the outcomes of adolescents with mental disorders

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#### Learning Objectives

Exercise Science is an emerging area but even less is known regarding its application in mental disorders. The participant will have:

- a) a current knowledge of what has been done in the past and what has shown promise towards future applications
- b) practical uses of exercise routines that have been shown to affect mental health which includes yoga, boxing, and disciplined practices
- c) an understanding of the risks and benefits of these approaches whether they are used as an add-on to current interventions (e.g. Recreational Therapists, Occupational Therapists and/or Physiotherapists) or as a primary treatment strategy (Psychologists and Psychiatrists)

#### Workshop Description

The emerging area of Exercise Science has had limited application in Mental Disorders but when it is applied has shown tremendous benefit both anecdotally and in clinical controlled trials. But the number of studies are small. This workshop is an extension of a doctoral project by the primary author but brings together current application of exercise technologies in this vulnerable group.

We don't normally think about exercise as part of a treatment plan. It is almost seen as a "given" just like sleep or good nutrition. The author has utilized this approach in multiple settings including street youth, autistic individuals, developmentally delayed children, kids with attention deficit hyperactivity disorders, demented adults and in addicted youth. The approach begins with practical information to make sure the individual doesn't hurt themselves, applied strategies and observation. monitoring approaches are given depending on the system used and outcome factors are discussed. In essence, the participant will

have a broad range of choices to pick from and to determine if these are right for their patient. The current project is using boxing as an approach in young females both to improve their mental illness but to improve confidence and goal orientation. In this workshop the details of this approach will be shown so it can be applied directly to the participants practice. This treatment is the closest to the mind-body interface which has strong theoretical credence.

## References

Jain, S. Jain U. Literature review of the holistic treatment of yoga in subjects with Attention Deficit Hyperactivity Disorder. Presented at the 5th Annual Meeting of Alternative Treatments in Mental Disorders. Bangalore India December 15, 2016

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

### P 4.071

#### Cognitive, emotional and psychosocial Avatar Reinforcement program: CESAR as co-therapist in neurodevelopmental disorders, emotional dysregulation and transculturally in children & adolescents

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#### Poster Series Overview

An atypical neurodevelopment could be one of the causes of different disorders. They are a group of conditions with onset in the developmental period of children & Adolescents.

Related to Autism Spectrum Disorder (ASD), it is characterized by persistent deficits in: Social communication, reciprocity and social interaction, as well as non-verbal and verbal communication that give mild, moderate or severe repercussions in social skills. At the same time, the restrictions or repetitive patterns of behavior in interest or the activities may further alter social difficulties.

Besides, a typical neurodevelopment could be affected in children and adolescents by emotional dysregulation. Many epigenetics and environmental factors could be the triggers. This is marked by extreme emotional instability, above and beyond the normal ups and downs of regular mood swings. For example, a child with Emotional Dysregulation may exhibit a high level of anger, maybe without provocation. The child may bully other children or lash out. We could be observed at the same time passive-aggressive behavior, creating chaotic situations.

Finally, external factors in the environment affects the mental health in pre-schools, school children and teenagers. Immigration or forced displacement in children and adolescents require an adjustment process and a review, an assessment, a supervision, a monitoring and a follow-up by professional mental health teams. Migration and even more forced displacement, might be the main factor to understand an anxiety disorder, a post-traumatic stress disorder, a depression or even an emotional dysregulation. Also, It may worsen a neurodevelopmental disorder if it was present.

In our symposium, we would like to evidence the importance of cognitive, emotional and psychoSocial Avatar Reinforcement program as co-therapist in neurodevelopmental disorders, emotional dysregulation and transculturality in children that received the help of CESAR program with different approaches and the positive results for the patients, their families and psychoeducation process.



#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.072

### Integrating child and adolescent psychiatry into community based primary care networks

K. Kaliebe<sup>1</sup>

<sup>1</sup>University of South Florida, Psychiatry, Tampa, USA

#### Objectives

Child and Adolescent Psychiatrists' collaborative consultation with primary care teams in community based primary care clinics provides an opportunity to improve care for large populations of underserved and disadvantaged families. Child and Adolescent Psychiatrists will need a different skill set to thrive in this new role.

#### Methods

Innovative models of care specifically designed for use in primary care setting better fit the epidemiology of childhood mental health problems. Child and adolescent can play a major role in guiding this systems toward integrative and evidence informed care which is high value and humanistic.

#### Results

Serving large populations in primary care settings calls for expertise in:

- 1) Social impacts on mental health and social factors associated with positive treatment outcomes.
- 2) Effects of lifestyle and the environment on health including nutrition, physical activity, toxic exposures, media exposure, sleep and time in nature.
- 3) Translating empirically supported treatments into practical high-value humanistic care capable of being delivered in primary care environments.
- 4) Developing team based care protocols and specialty consultation.

#### Conclusions

Medical systems are evolving team based comprehensive care. The system needs leadership on what constitutes best practice in mental health care for children and adolescents, along with how to organize collaborative care.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.073

### The FUSAM trial in Nepal: impact of a brief psychosocial intervention for mothers and malnourished children on maternal mental health.

K. Le Roch, F. Tofail<sup>2</sup>, G. Koirala<sup>3</sup>, S. Shrestha<sup>3</sup>, P. Raghavan<sup>4</sup>, P. Bubendorff<sup>5</sup>, I. Rampa<sup>4</sup>, C. Bizouerne<sup>1</sup>

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<sup>5</sup>Action contre la Faim, Mental Health & Care Practices, Kathmandu, Nepal

#### Objectives

The FUSAM project aimed at studying the impact of psychosocial intervention on the health and development of severely acute malnourished children and on their mothers' mental health. Hence, we assessed the link between the attendance to psychosocial sessions and maternal mental health.

#### Methods

211 mothers and their children were offered five psychosocial sessions in which mothers were encouraged to express their thoughts and feelings regarding their child illness and the current family situation; they were also supported to enhance children's stimulation and learning. A questionnaire was filled up at each session on 'relation with the psychosocial worker', 'topic', 'methods and activities', and 'overall satisfaction'. Baseline and post-intervention evaluations were administered using WHO SRQ-20 (1994) and the Rosenberg self-esteem scale (RSES) (1965).

#### Results

About half of the mothers (51,66%) came to four and five sessions. The mothers' appreciation increases with the number of sessions attended. The SRQ-20 scores decreases between pre- and post-test for all mothers (t test=5,801, p=.000). For maternal self-esteem, scores increase between pre and post-test for all mothers attending at least three sessions (t test=9,381, p=.000). There was no significant link between the number of sessions attended and SRQ-20 or RSES scores. The father's presence is negatively correlated to SRQ (t test = 2,049, p=.042) and maternal self-esteem (t test = 3,042, p=.003) scores.

#### Conclusions

As a brief psychosocial support showed some benefits, more studies would be required to better understand the role of the father and the family environment on maternal mental health.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.075

### Clinical case formulation model for children and adolescents as a strategy to enhance psychological interventions: content validity process

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<sup>1</sup>Universidad de La Sabana, Psychology, Chía, Colombia

#### Objectives

This study aimed to identify the content validity of a Clinical Case Formulation Model for Children and Adolescents (CCFM-CA) based on a functionalist perspective.

#### Methods

Content validity was calculated using Kappa Coefficient to identify inter-rater agreement. In a first phase, seven experts in clinical psychology of children and adolescents assessed the coherence (1= coherent, 2= not coherent) and relevance (1= relevant; 2= not relevant) of 23 categories and 12 subcategories included on a first version of the CCFM-CA. In a second phase, according to the Kappa Coefficient's results, the CCFM-CA was adjusted and using the Delphi method, a new version was reviewed by 3 of the experts. New adjustments were completed and a final version of the model was obtained.

#### Results

In the first phase 11 categories and 11 subcategories obtained a Coefficient below .70 (table 1). The general model obtained a Kappa of .48 for coherence and .66 for relevance. Categories and subcategories were adjusted or eliminated following experts observations, getting a new model with 16 categories and no subcategories (table 2), with a Kappa of .82 for both



coherence and relevance.

**Table 1**  
Kappa Coefficient and agreement percentage for coherence and relevance of the first version of the CCFM-CA categories and subcategories.

Categories	Subcategories	Coherence		Relevance	
		Kappa Coeff.	Agreement %	Kappa Coeff.	Agreement %
Identification information		1	100	1	100
Reason for consultation		1	100	1	100
Consultant history		1	100	.42*	71
Problem history		.3*	52	1	100
Adjustment settings		1	100	1	100
Competencies		.42*	71	1	100
	Physical/motor	.04*	52	1	100
	Cognitive/verbal	-.14*	42	1	100
	Social/Affective	.42*	71	1	100
	Adaptive	.04*	52	.42*	71
Preliminary hypotheses		.42*	71	1	100
Assessment design		.42*	71	.42*	71
	Interview	.42*	71	.04*	52
	Observation	.42*	71	.42*	71
	Registers	.42*	71	.42*	71
	Self-registers	.42*	71	.42*	71
	Questionnaires	1	100	.42*	71
	Tests	.42*	71	.42*	71
	Game	.42*	71	.42*	71
	Drawing	.04*	52	.3	52
	Functional analysis		.42*	71	.42*
Target behaviors (TB)		1	100	.04*	52
Operational and topographic definition of TB		.42*	71	1	100
Response patterns		.04*	52	.3*	52
Chained responses		.42*	71	.3*	52
Responses classes		.04*	52	1	100
Stimulus classes		.04*	52	.42*	71
Conceptual map		.04*	52	.04*	52
Vulnerability factors		.42*	71	.42*	71
Predisposition hypotheses		1	100	1	100
Acquisition hypotheses		1	100	1	100
Maintenance hypotheses		1	100	.42*	71
Work hypotheses		-.14*	42	-.14*	42
Integrated conceptual map		1	100	.04*	52
Intervention plan		1	100	1	100

\*Kappa Coefficient below .70

**Table 2**  
Kappa Coefficient and agreement percentage for coherence and relevance of the final version of the CCFM-CA categories and subcategories.

Categories	Description	Coherence		Relevance	
		Kappa Coeff.	Agreement %	Kappa Coeff.	Agreement %
Identification information		1	100	1	100
Reason for consultation		1	100	1	100
Adjustment settings	<i>Current information about familiar, social, academic, personal, emotional, self-care, sexual and work settings</i>	1	100	1	100
	<i>Motor skills, laterality, spatiotemporal structuring, visual-motor coordination and muscular tone</i>	1	100	1	100
Physical development	<i>Learning, attention, memory, language, abstraction, creativity and self-control processes</i>	1	100	1	100
	<i>Psychiatric, psychological and medical information</i>	1	100	1	100
Family background		1	100	1	100
Predisposition Hypotheses	<i>Distal and proximal historical events</i>	1	100	1	100
Evaluation process	<i>Multi-source and multi-context, according to cost/benefits balance and the reference group</i>	1	100	1	100
	<i>Includes operational and topographic definition</i>	1	100	1	100
Target behavior		1	100	1	100
Functional analysis	<i>Includes responses and stimulus classes, response patterns and chained responses description</i>	1	100	1	100
	<i>Includes modeling, molding, instruction, contingency contact learning and classical conditioning processes</i>	1	100	1	100
Acquisition hypotheses		1	100	1	100
Maintenance hypotheses	<i>Positive and negative reinforcement</i>	1	100	1	100
Associated problems	<i>Related to the reason of consultation but that are not target behavior</i>	.33*	33	.33*	33
Protective factors	<i>Conditions that favors the intervention by promoting wellbeing</i>	1	100	1	100
Intervention plan	<i>Coherent with the results of the evaluation process. Evidence-based practices selection.</i>	1	100	1	100

\*Kappa Coefficient below .70

## Conclusions

Clinical Case Formulation Models for children and adolescents must include the analysis of specific categories which varies from those included for adults. As CCFMs increase the effectiveness of treatment, this study favors the identification of the relevant aspects that must be integrated when assessing and treating this particular population.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

### P 4.076

## The effects of correctional education on juvenile delinquents and the factors for their improvement: focusing on academic performance and resilience

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## Objectives

In this study, we explored the effects of correctional education on juvenile delinquents at a children's self-reliance support facility (CSRSF) in Japan, which provides delinquents with familial environments and multidimensional comprehensive education. The first purpose of this study was to compare their academic performance and resilience assessed at admission to that assessed at discharge. The second purpose was to identify which interventions improve



academic performance and resilience of delinquents at the CSRSF.

#### Methods

We examined juvenile database records and “juvenile diaries” of 283 male juveniles admitted to the CSRSF and conducted statistical tests regarding the reasons for admission, the characteristics of their guardians, their resilient factors, their academic performance, the CSRSF’s support services provided during the correctional education, and their delinquent behaviors. Participants were categorized into either an Improvement Group (IG) or a No-Improvement Group (No-IG) based on their outcomes rated at the discharge in order to facilitate a comparison between the two groups.

#### Results

The results showed that their academic performance and resilient characteristics were significantly higher at the discharge than the admission. Employing single logistic regression, we found that the length of stay, academic performance, and number of visits by family and social workers were characteristics good associated with the IG.

#### Conclusions

We also found that intensive care by the marital couples in small units, academic supportive services, social work with the participants’ biological families, and medical care improved the juveniles’ academic performance and resilience. These findings can impact future clinical practices and measures implemented for juvenile delinquents.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.077

#### Activity groups for youth as a treatment supplement in outpatient clinics.

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<sup>1</sup>Akershus University Hospital, Øvre Romerike child and adolescent outpatient clinic, Lørenskog, Norway

#### Objectives

Previous studies have examined the effect of physical activity on physical and mental health symptoms. Studies also show the benefits of using groups as a treatment modality for youth. However, activity groups are not commonly used in treating youth in outpatient clinics. Little is known about the effects of these groups.

#### Methods

After experiencing limitations in treating patients who were not motivated, who did not want to come to “talk-therapy” and who spent most of their time alone in their rooms, one started an activity group as a supplement treatment. Once a week, the group meets with two therapists and do different activities together. The therapists (total of five) change weekly, but overlap some to ensure continuity. New participants to the group are recruited continuously.

#### Results

The effects of this treatment are yet to be explored, but the clinical observations give an indicator that future research is needed. The therapists rapport obtaining more first hand information about the patients, which allows for better diagnostic evaluations and more specific treatment goals. The teenagers participate in “normal” teenage activities that otherwise would be difficult due to lack of a social network. The group is also used as a safe arena for behavioral experiments and other therapeutic interventions. Finally, it ensures physical activity for the patients.

#### Conclusions

Even though one cannot say anything conclusive about this treatment modality, there are clinical observations suggesting that further examination of the treatment is necessary.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.078

#### Implementing a shared care model for ADHD in urban China: a Global Alliance for Chronic Diseases (GCAD) initiative

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#### Objectives

In the context of modern China, children experience a tremendous pressure to perform academically at high levels. This stressful environment is associated with depressive symptoms, suicidal ideation and attempts in adolescence. Children with a diagnosis of ADHD are at high risk in such a stressful environment, despite a generally normal intellectual potential. ADHD treatments are very effective but dependent on the quality of care and on the coordination of different interventions, planned according to individual needs. We aim at developing, implementing and evaluating a model of care based on the Canadian experience, while adapting it to the Chinese urban context.

#### Methods

Based on a review of the literature, we planned a discussion group in Beijing to identify the main barriers to care, the existing resources and the relevance of the shared care model developed in Canada for the Chinese context.

#### Results

The main barriers are the shortage of qualified clinicians, the lack of training, and the lack of referral system. In response, we will train the different practitioner focusing on their specific needs, implement shared care pathways between general and specialized practitioners in two target districts, within a stepped care in which the patient is treated at the most appropriate level of care, depending on complexity or outcome.

#### Conclusions

We submitted the project to a GACD call and obtained funding to develop the model, which would be scalable and linked to the school system. At each step, we will produce actionable findings in a formative evaluation to improve implementation.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.079

#### Impact of an interdisciplinary program of intervention to promote schooling in contexts of socio-economic vulnerability

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## Objectives

The Inter-In Project was an interdisciplinary program to promote the schooling of children belonging to vulnerable socioeconomic contexts.

The Project began within a paradigm of diagnostic and therapeutic neuropsychological approach, with teams consisting of psychomotricists, phonoaudiologists, teachers, social workers, psychologists and pediatric psychiatrists who carried out preventive, early detection and interdisciplinary approach inside the family community.

Evaluate the impact of the Inter-In Project between 2009 and 2013, based on the school results and the assessment through a School Performance Scale (SPS) designed for the Project.

Recognize which variables affect the results of the Program, to improve its effectiveness.

## Methods

A School Performance Scale, a Protocolized Clinical History, symptomatic grouping grids, and a Social Record were designed and validated. The academic results, changes in repetition rates and variables that modify them, are observed.

## Results

The percentage of children with a history of school repetition is extremely high, (47%) well above the averages.

In these years of implementation, the rate of school repetition reduced from 44% to 27%, and to 19% when taking into account the therapeutic adherence. The comparison of the scores of the SPS at the beginning and at the end of the intervention shows a significant difference, obtaining means below the cut-off point considered as risk according to the scale validation.

## Conclusions

These results suggest that populations with social vulnerability benefit from interdisciplinary approaches, when promoting participation and commitment on the family.

The complexity of the subject functioning requires complementarity perspectives and calls for interdisciplinarity.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.080

### Development of home-based intervention for specific learning disability

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## Objectives

Poor understanding, limited resources, and manpower are major barriers to

intervention in specific learning disorder (SLD) in India. The present study aimed to empower parents by developing a Home-based Intervention module (HBI) for SLD and evaluate its effectiveness.

## Methods

HBI was developed on the basis of literature, focus group discussions with parents of children with and without SLD (FGDs=6) and teachers/ counselors (FGD=1) along with interviews with mental health professionals (n=13). Subsequently, 20 children diagnosed with SLD aged 7 - 12 years and their parents comprised the sample. Ethical approval was obtained to conduct the study from the Institutional Ethics Committee. Parents had received fourteen parent training sessions that they implemented at home on their children. Children practiced learning strategies 5 to 6 days per week for 30-40 minutes that continued for six months. All children were assessed at baseline, mid-intervention (3 months), post-intervention (6 months) and follow-up assessment (3 months after the post-intervention) using Specific Learning Disorder-Comprehensive Battery, Visual Analog Scale, Conners' ADHD scale and Strengths and Difficulties Questionnaire.

## Results

Children with SLD showed significant improvement in reading, writing, and mathematics due to intervention ( $p < 0.001$ ). There was improvement in attention, concentration, executive functions and aggression ( $p = < 0.001$ ) and peer-relationship ( $p = 0.019$ ) of children. Parents also perceived more than 30% improvement on academic and non-academic domains of children. The improvement was maintained at the follow-up assessment.

## Conclusions

The HBI module was found to be effective in the improvement of academic and non-academic skills of children with SLD.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.081

### Using neurofeedback to promote self-regulatory and executive abilities in children with conduct problems.

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<sup>2</sup>Escola de Criminologia, Faculdade de Direito da Universidade do Porto, Porto, Portugal

## Objectives

Violent and predatory crimes are often committed by adults whose criminal careers can be traced back to conduct problems in their childhood. Thus, the development of programs to address this type of behaviour in children is highly pertinent. Among the strategies aiming at the promotion of self-regulatory and executive function abilities, there has been a renewed interest in Neurofeedback (NFB). However, methodologically sound studies are still lacking and there is a lack of systematic effort to analyse the neural mechanisms mediating the operation of these interventions.

This project aims to: (1) Study the effect of a NFB program in self-regulatory and executive abilities of a group of children with conduct problems; (2) Analyse the neural mechanisms mediating the effects of the program.

## Methods

Forty children aged 8-12, with conduct problems, will be randomly distributed among two groups, receiving either (1) NFB (2) Sham NFB (control for NFB), intensive interventions with the duration of 10 weeks. Groups will be subjected to pre and post intervention psychological, behavioural and neurophysiological



assessment.

#### Results

The study is undergoing.

#### Conclusions

This will provide a valuable contribution to the literature by: i) analysing the effects of NFB in children with conduct problems; ii) reporting the neurophysiological learning effects within and between sessions at multiple recordings sites and across the full frequency spectrum; iv) characterising the enduring neurofunctional consequences of the training program through fMRI and ERP analysis and; v) characterising, in real-time, the neural processes underlying successful NFB regulation.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.082

#### Designing cognitive behavioral thinking (D-CBT) for youth: the hybridization of Cognitive Behavioral Therapy (CBT) and Design Thinking (DT) for educators

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#### Learning Objectives

By the end of the workshop, participants will

1. Understanding the construct and tool-box of D-CBT
2. Have experienced for themselves the process and procedures of D-CBT
3. Have the opportunity to use D-CBT to solve problem through structured group activities

#### Workshop Description

Cognitive behavioral therapy (CBT) has been established as an evidence-based psychological intervention in youth across clinical disorders with promising outcomes. Being "theoretically coherent, but methodologically permissive" enables CBT to be creatively flourished and flexibly disseminated into various settings including educational setting. However, working in divergent socio-cultural context, under limited resources and different strengths and obstacles, implementing evidence-based mental health program emerging from the Western world could be a challenge. Since there is no such thing as "one size fit all" in real-world mental health care of youth, a novel process to advance the implementation of evidence-based intervention into everyday life of young people in school to maximize the accessibility and acquisition is needed.

Design Thinking (DT) is a method of creative problem-solving, originally adopted from professional design field to facilitate innovative work in business organization and educational milieu. DT involves human-centered, empathy-driven, team-based approach with focusing on how people think and learn. Based on similar core principles of CBT and DT; problem-focus, time-limited, and action-oriented within collaboratively process, a novel procedure: "Designing Cognitive Behavioral Thinking (D-CBT)" unfolding from hybridizing CBT with DT has been developed and experimented in five schools in Thailand.

Design approach of D-CBT enables CBT to address the unmet needs as well as unresolved complex bio-psycho-sociocultural issues associated with mental health problems of underprivileged youth waiting for holistic, innovative, and feasibly applied solution. Also, co-creation process of D-CBT facilitates inputs from multiple stakeholders and creating collective shared vision. All partnerships will be able to effectively address the logistical and methodological challenges

associated with administering interventions and how to flexibly modify the procedure to better align with different demands and deficits.

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### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.085

#### Exploring the efficacy of a peer-support focused rehabilitation program on attitudes and behavioral changes for people with "hikikomori" syndrome

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#### Objectives

A peer-support program for "hikikomori" people who have a high user retaining rate had developed a peer staff rehabilitation program in April 2017. This study aimed to explore the efficacy of the program on attitudes and behavioral changes for people with the "hikikomori" syndrome.

#### Methods

Users who had used the facility for more than 12 months and had shown high motivation to move forward were encouraged to apply for the position of peer staff as a part of the rehabilitation program. Users selected as peer staffs would run the support program for regular users. Peer staffs and regular users were then compared to their attitudes and behavioral changes from Apr 2017~Nov 2017. Personal characteristics and medical condition are considered in the analysis process.

#### Results

8 users were employed as peer staffs, leaving 30 users as regular users. In following three months, half of the peer staffs dropped out from the rehabilitation program. Interestingly, the motivations towards the rehabilitation program upon intake were higher with the dropped-out group. In contrast, the regular users have shown a higher commitment to the regular support program and opting for new challenges. Reversed peer advice and care were observed between the peer staffs and regular users.

#### Conclusions

A synergy influence among the peer staffs, mutual influence between peer staffs and common users were being observed. The reversed relationship between motivations and actions in peer staffs may lie on personal factors, unforeseen circumstances, as well as the ineffective communication between peer staffs and program instructor.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.087

## Study of multidimensional perceived social support among adolescents

B. Ildikó<sup>1</sup>, E. Kiss<sup>2</sup>, K. Kapornai<sup>2</sup>, I. Benák<sup>2</sup>, E. Lefkovic<sup>2</sup>, Á. Vetró<sup>2</sup>

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<sup>2</sup>University of Szeged, Department of Pediatrics- Child and Adolescent Psychiatry, Szeged, Hungary

### Objectives

Social support helps in developing adequate problem solving skills, finding solutions to difficult life situations, and thus has an important role in the overall well-being of the individual (Kopp & Kovács, 2006). The most important form of social support comes from the family, close friends and material goods. There is a greater chance of developing depression under stress in the lack of adequate social support and recovery is longer as well.

### Methods

Social support was measured by the Multidimensional Scale of Perceived Social Support (MSPSS) self-report form (Zimet et al., 1988), psychiatric diagnosis was based on ISCA-D semi-structured interview, demographic data was collected by General Assessment Form. We analysed data from 741 adolescents in 3 groups: 1. depressed probands (N=250), 2. their non-depressed siblings (N=280), 3. healthy controls (N=211). Mean age was 16.6 years.

### Results

Depressed probands rated having the worst level social support overall, from family, from friends and from a significant other person. Healthy controls showed the highest level of support in all areas. Non-depressed siblings who belong to a high-risk group and live under similar circumstances as depressed probands were between the other two groups concerning social support.

### Conclusions

Depressed adolescents feel that they receive low level of social support from their environment which can originate from their cognitive distortion and/or their negative attitude towards people around them.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.088

## Evaluating the neuroimaging findings in high risk off-springs of bipolar parents: a DTI Study

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<sup>1</sup>Dokuz Eylul University, Child and Adolescent Psychiatry, Izmir, Turkey

### Objectives

Objective of this study is; to distinguish children who has parents diagnosed with Bipolar Disorder (BD) as affected and un-affected, then to compare neuroimaging findings between groups, thus assessing early biomarker potential of neuroimaging techniques.

### Methods

Un-affected high-risk group (HRG) consists of 12 subjects who have Bipolar parents and don't meet any diagnostic criteria in semi-structured clinical interview now and/or in past. Affected HRG consists of 7 subjects who have Bipolar parents, have psychiatric symptom/diagnosis in last 6 months other than exclusion criterias and are in remission for minimum 3 months. Healthy control group consists of 13 subjects who have parents without any psychiatric disorder and don't meet any diagnosis now and/or in past. For neuroimaging findings; Diffusion Tensor Imaging is used and mean diffusivity (MD) and fractional anisotropy (FA) values of frontal cortex (FC), genu - splenium of corpus

callosum (CC), anterior cingulate cortex (ACC) and uncinate fasciculus (UF) are measured using Region of Interest method.

### Results

No difference of FA or MD values were found in CC, FC and UF between groups; but MD values of ACC were significantly higher in high risk group compared to healthy controls.

### Conclusions

Higher MD values found in the ACC of HRG may represent possible cellular damage in that region. Results found in our study may be candidates to predict a possible Bipolar Prodromal phase; but it's difficult to determine the potential of neuroimaging findings as biomarkers. To generalize this findings, there's need for longitudinal researches with larger sample sizes.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.089

## Marfan syndrome and bipolar disorder: a case report

Z. Abbas<sup>1</sup>, A. Ben Hamouda<sup>1</sup>, R. Bourourou<sup>1</sup>, M. Hajri<sup>1</sup>, S. Halayem<sup>1</sup>, A. Bouden<sup>1</sup>

<sup>1</sup>Razi hospital, Child and adolescent psychiatry, Manouba, Tunisia

### Objectives

Illustrate the co-occurrence of Marfan syndrome (MS) and Bipolar Disorder (BD).

### Methods

We will present a case report of an adolescent with MS followed up in the Child and Adolescent Psychiatry Department of Razi Hospital (Tunisia) for BD. This case will be supported by a literature review.

### Results

BM is a 15 year-old and 4 month adolescent with family history of MS, psychosis and mood disorders. She has been followed since the age of 6 years for MS without cardio-vascular abnormalities.

BM presented periodic instability, logorrhea, unexplained irritability and mood changes and insomnia for one year. MB was diagnosed having a manic state with mixed features as part of a bipolar disorder (DSM 5) and put on valproate and risperidone with a partial response because of treatment misuse.

BM has shown depressive symptoms, interrupted her medication and attempted suicide using her antipsychotic drug. Thus, a treatment based on sertraline was prescribed by another therapist and BM presented an upsurge of psychomotor instability, physical and verbal aggressiveness, inconsiderate shopping, mood changes, grandiosity and persecution with no insight about the illness.

BM was hospitalized during two months. We started mood stabilizer (carbamazepine) and atypical antipsychotic (olanzapine). She showed significant improvement with this treatment and has been maintaining well till the last follow-up.

### Conclusions

The interest to such research comes from the fact that somatic comorbidity can cause a delay in diagnosis, a worsening of the prognosis and difficulties in treatment thus more studies are needed in this regard to look for any possible potential association between the two illnesses.



#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.090

#### Juvenile bipolar disorder: from childhood to adolescence - a case report

R. Bourourou<sup>1</sup>, Z.S. Abbas<sup>1</sup>, A. Ben Hamouda<sup>1</sup>, R. Khemakhem<sup>1</sup>, M. Hajri<sup>1</sup>, S. Helayem<sup>1</sup>, A. Bouden<sup>1</sup>

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#### Objectives

To describe symptoms of Juvenile bipolar disorder (JBD) during a 14 years old teenager's life course.

To discuss, according to literature data, specific aspects and diagnosis difficulties in JBD.

#### Methods

A case report describing symptoms of JBD in a 14 years old adolescent's life cycle. This case will be supported by literature data.

#### Results

A.R is a 14 years old adolescent with family history of epilepsy and bipolar disorder (BD), a personal history of asthma.

At the age of 3: instability, turbulence and hyperactivity.

At the age of 6: in addition to the already described disorders: irritability, anger and chronic boredom feeling leading to relational difficulties with his parents, peers and teachers.

At the age of 10: Behavioral disorders, aggressiveness and periodic sadness

Currently: recurrent and periodic exacerbation of the previously described symptoms, onset of moderate manic symptoms and insomnia. Symptoms was episodic punctuated by potential stressful stressful life events (his first sexual experience, removal of his sister, fasting in Ramadan...).

#### Conclusions

JBD is a mental condition with developmental features. Its primary symptoms vary much from the typical adulthood BD clinical expression: euphoric mood is rare in JBD, while irritability mood, aggressive temper, mixed manic state onset, rapid cycling, anger outbursts and chronic course of symptoms are much more frequent.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.094

#### Emotional dysregulation and its relationship with suicidal ideation or self-destructive behaviors in adolescents

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#### Background

Emotional-dysregulation(ED):is present in mental disorders suffered by children and adolescents.Such dysregulation can be observed in externalizing disorders and internalizing disorders,mainly in context of family dysfunction.

Evaluate the possible relationship between emotional dysregulation as a trigger of suicidal ideas or suicidal conducts in adolescents. To assess suicidal ideation and/or self-destructive behaviors in adolescent, as well as their association with ED and the family climate.

#### Methods

This analytical,transversal,case-control study investigates a group of patients between 12-and-18 years old, who have been diagnosed with externalizing or internalizing mental disorders and receive outpatient treatment(n = 20),against school adolescents,undiagnosed mental illness (n=20). This research aims at evaluating the emotional dysregulation(measured with the Difficulties in Emotion Regulation Scale-DERS),and Family environment (measured through the McMaster Family Assessment Device-FAD)and their repercussion about suicidal ideation and/or self-destructive behaviors(measured by Columbia Suicide Severity Rating Scale C-SSRS),in a population of adolescents with externalizing/internalizing mental disorders versus an adolescent population without diagnosis of mental disorders(control group of school population).

#### Results

Emotional dysregulation (both interpersonal and cognitive),as well as emotional dysregulation(into the family nucleus and intrinsic) are factors of worse prognosis in the possible suicidal behavior.

#### Conclusions

The suicidal ideation is presented in a common pattern in both externalizing and internalizing nosological groups. It is striking that sub-syndromic emotional dysregulation in school-age adolescents becomes a precursor of this suicidal ideation and therefore of suicidal behavior.Furthermore, this dysregulation could be more frequent and with more psychopathological consequences. 3.Finally,the small number of patients is one of the limiting factors in this study.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.095

#### Inflammatory and neurotrophic markers and the pathogenesis of major depressive disorder in youth

J.W. Kim<sup>1</sup>, H. Kim<sup>1</sup>, J. Lee<sup>1</sup>, E. Kim<sup>1</sup>, S.H. Kim<sup>1</sup>, J.Y. Han<sup>1</sup>

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#### Objectives

Recent evidence supports a relationship between inflammatory and neurotrophic markers, such as interleukin-6 (IL-6), tumor necrosis factor- (TNF- ) and brain-derived neurotrophic factor (BDNF), and major depressive disorder (MDD) in youth. We aimed to explore the serum levels of IL-6, TNF- , and BDNF in medication-free/naive youth with MDD and compared them to age-matched healthy youth.

#### Methods

Blood samples were drawn from 86 youth who met DSM-5 criteria for MDD diagnosed with K-SADS-PL (14.7±1.6 years; 55 girls) and 38 healthy youth (14.9±1.3 years; 22 girls). ANCOVA was used to compare the serum levels of IL-6, TNF- , and BDNF between MDD and controls; age, gender, body mass index (BMI) were adjusted. All participants were assessed using Children's Depression Rating Scale-Revised (CDRS-R), Children's Depression Inventory (CDI), and Beck's Depression Inventory (BDI).

## Results

TNF- level was significantly lower ( $1.2 \pm 0.5$  vs.  $1.6 \pm 0.6$  pg/mL, Cohen's  $d=0.72$ ,  $p=0.001$ ) and BDNF level was significantly higher ( $28.9 \pm 10.6$  vs.  $23.0 \pm 5.0$  ng/mL, Cohen's  $d=0.71$ ,  $p=0.003$ ) in MDD compared to controls after adjusting the covariates. There was no difference in the IL-6 level between MDD and controls. TNF- levels were negatively correlated with the scores of CDRS-R, CDI, and BDI ( $r \leq -0.28$ ,  $p \leq 0.002$ ). BDNF levels were positively correlated with the scores of CDRS-R, CDI, and BDI ( $r \geq 0.23$ ,  $p \leq 0.01$ ).

## Conclusions

Our findings of decreased TNF- and increased BDNF in MDD compared to controls were in the opposite direction of most adult studies, suggesting a possibility of different underlying pathophysiology of depression between youth and adults.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.096

### The association of childhood depression and young adult body measurements

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#### Objectives

Based on the literature there is strong association between depression and central adiposity, feature of metabolic syndrome. We hypothesized that body mass index (BMI) and waist circumference will be higher in young adults with childhood onset depression than in healthy controls. We were interested whether increased appetite and psychomotor retardation during first depressive episode would have an effect on later BMI.

#### Methods

We compared  $N=46$  young adults with childhood onset depression (mean age  $26.26$  years $\pm 2.36$ , women 63%) and  $N=35$  healthy controls (mean age:  $22.23$  years $\pm 1.55$ , women 49%). BMI and waist circumference was measured as indices of central adiposity. Diagnosis of depression was based on a semi-structured interview (ISCA-D).

#### Results

We found a significant difference in waist circumference between depressed women and depressed men ( $77.85$  cm vs  $69.71$ ,  $p=0.02$ ). Comparing only women significant difference was found in BMI above 30 (31% depressed sample vs 5.9% healthy controls) and waist circumference above 80 cm (27.9% vs 14.3%), both are signs of obesity. Increased appetite and psychomotor retardation during the first depressive episode correlated with later BMI only in women.

#### Conclusions

Our results showed significant sex differences in the association of childhood onset depression and increased BMI and waist circumference at young adulthood. Depressed girls seem more vulnerable to factors that contribute to later obesity. We plan to examine these results in a larger sample in order to better understand the above association.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.097

### Psychiatric comorbidity and social adjustment difficulties in youth with disruptive mood dysregulation disorder: data from a national survey

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<sup>2</sup>National Taiwan University Hospital, Psychiatry, Taipei, Taiwan

#### Objectives

Disruptive mood dysregulation disorder (DMDD) is a new diagnosis in DSM-5. We explored the psychiatric comorbidity and social adjustment difficulties of DMDD from a national survey.

#### Methods

We randomly chose administrative units based on the urbanization level and then recruited the schools in the chosen administrative units. Students of grade 3, 5 and 7 and their parents of the school who agreed to participate our project were recruited. Finally, 4816 children [2520 boys (52.33%)] completed the interview by the Kiddie epidemiologic version of the Schedule for Affective Disorders and Schizophrenia (K-SADS-E), Social Adjustment Inventory for Children and Adolescents (SAICA), self- and parent-report and Strengths and Difficulties Questionnaires (SDQ), self-, parent- and teacher-report. Regressions for survey data that controlled for stratification and clustering was used for data analysis.

#### Results

There was 30 children diagnosed as DMDD based on the K-SADS-E, including 23 boys (76.67%) and 7 girls. There was no significant differences in grade, parental ages, parental education in youth with and without DMDD. Youth with DMDD had significant higher risks to have neurodevelopmental disorders, oppositional defiant disorders, anxiety disorders, and trauma- and stress-related disorder than those without DMDD. There was no significant group differences in parent-report SAICA, and in other difficulties of teacher-, parent- and self-report SDQ. Youth with DMDD by themselves reported more problems in school behavior and home behavior in SAICA ( $p < 0.01$ ).

#### Conclusions

Youth with DMDD had significant higher risks of psychiatric comorbidities and they subjectively experienced more difficulties at school and home.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.098

### Psychosocial predictors of clinical depression in emerging adults: effects of gender moderated by family structure

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### Objectives

Emerging adulthood (ages 18 to 25 years) is a developmental period that is followed by dynamic change in personality, and can be both a window of opportunity and a time of increased risk for developing mental health disorders, such as depression. The aim of our study was to investigate the predictive roles of gender, family variables (family history of psychiatric illness, family structure, conflicts with parents) and personality traits in clinical depression among emerging adults.

### Methods

The study involved the two groups of emerging adults: patients diagnosed with depressive disorder (N=70) and students who screened negative for psychiatric disorders (N=86). The participants were assessed by the socio-demographic questionnaire, the Structured Clinical Interview for DSM-IV Disorders (SCID-I), and the NEO Personality Inventory, Revised (NEO-PI-R).

### Results

The logistic regression indicated male gender, positive family history of psychiatric illness, frequent conflicts with parents, originating from non-intact family, and low openness to experience as significant predictors of having depressive disorder. Among the contributing factors we assessed, family variables had stronger effects than personality traits. The family structure was a significant moderator of gender effects, with female gender being a predictor of depressive disorder when originating from non-intact family, and male gender when originating from intact family.

### Conclusions

These findings point out to the prominent predictive role of family variables in depression of emerging adults, with specific effects of gender in different family settings. Such findings emphasize the importance of family context when it comes to assessment and tailored interventions for depression in this sensitive age-group.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.099

### Prevalence and patterns of subtypes of depression, comorbidities, psychological assessments and psychopharmacology of major depressive disorders in children and adolescents

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### Objectives

To assess Prevalence and Patterns of Subtypes of Depression, Co morbidities, Psychological Assessments and Psychopharmacology of Major Depressive Disorders in Children and adolescents

### Methods

This study was a cross sectional study conducted on children and adolescents attending the child and adolescent psychiatry clinic who were diagnosed with Major depressive disorders as per ICD 10 diagnostic criteria. A data collection form comprised of relevant variables such as diagnostic category, medical co morbidity, psychiatric co morbidity, stressors, psychological tests, rating scale and psychopharmacology advised. Ethics committee clearance and informed

consent was obtained. Data was collected and analysed using SPSS.

### Results

We found n= 84 with mean age was 12. 46 years and girls had a slightly higher prevalence( 58.34%). We found that Major Depressive Disorder (moderate with somatic syndrome ) was the most common depressive disorder in 54. 32% of sample. Somatoform and Dissociative disorders( 32.35%) were most common psychiatric comorbidities. Vitamin D deficiency(45.79% ), Thyroid Dysfunction( 8.43%), Seizure Disorder( 9.54%), abnormal EEG in (5.31% ) were present. Academic stressors were found in 69.34%.CES-D scale was administered in 78.57% of cases with total mean scores were 25.95. CAT test(28.34%) and IQ test (72.34 % ) were advised and Mean IQ was 96.21. Escitalopram (54.87%), Fluoxetine(22.21%) Sertraline (9.58%), etc were the most common SSRI medications prescribed. Significant correlations were found among age groups, sex, psychiatric diagnosis and psychological assessments.

### Conclusions

Our study provides useful insights on clinical aspects of Major Depressive Disorders in children and adolescents as per our study setting from a developing country perspective.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.100

### HDAC1 may explain VitD3 and stress-induced depressive behavior in rat

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### Objectives

Depression as a common mood disorder , has nearly 300 million victims, all around the world and is now the first, responsible factor for absence from work-place. Vit D3 ,an essential for normal brain function, is suspected in various mental conditions, such as mental depression. Histone deacetylation process changes gene expression. In this study we tried to find correlation between stress-induced depression, Vit D3, its receptor(VDR) , HDAC4 and Valproic acid (VPA) as a histone deacetylase inhibitor.(HDAC1)

### Methods

Forty male adult wistar rats, between (200-250gr), living in standard situation, were used. Rats divided into two main groups: CUMS(6weeks) and non-stress. Groups were divided into two subgroups: VPA treated (200mg/kg/d for 2 weeks orally) and saline(equivalently). At the end forced swim test (FST) carried out. After three days, rats were sacrificed and samples were collected. Vit D3 and corticosterone (ELISA) plasma level, hippocampal HDAC4 and Vit D3 gene (RT-PCR) expression, hippocampal cell count (Nissl staining) , used for data collection.

### Results

FST showed increase in immobility behavior in depression model (p<0.001). following VPA ,There was no IB difference between " non-stress + saline" group and "non-stress +VPA" as well (p<0.05)

Vit D3 plasma level decreased in CUMS, compared with non stress (p<0.05), VPA normalized Vit D3 plasma level.

HDAC4 gene expression increased following CUMS (p<0.001), while, VPA equalized this difference between , "stressed + VPA" and "non-stress"

CUMS increased VDR gene expression ( p<0.001) and VPA normalized it in stressed group.



## Conclusions

Here, we showed increase of HDAC4 and VDR gene expression after CUMS, combined with low Vit D3 plasma levels. these result confirm the correlation between rat depression model and D3 plasma levels.

VDR and HDAC4 gene expression increase, plus low Vit D3 plasma level, could be explained simply as a reactive response but the point was normalization of both genes expression and plasma VitD3 by VPA.

High level of Vit D3 can be changed to inactive 24 vitD3, in macrophages.

Based on "macrophage theory of depression", may be, both macrophage function and/or regulation of Vit D3 by macrophage get impaired by hyperacetylation and VPA correct it

Another suggestion is about "Ca Sensing Receptor" which is modulated by HDAC following stress and depression., which may increase and/or decrease plasma Ca level.

Here we can suggest that low Vit D3 plasma level, in depression, At least partly is managed by HDAC4 overexpression and VPA can reverse this pattern.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

### P 4.101

## A network view of the interaction's dimensional tendencies along 6 months in a CAP sample with emotional symptomatology

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## Objectives

In a sample of 87 patients (58.62% males) who came for treatment of their emotional disorder, we evaluated, from the network theory, how psychopathological dimensions (general psychopathology, anxious, affective, eating) interact with each other, quantified by different scales in three different temporal moments.

## Methods

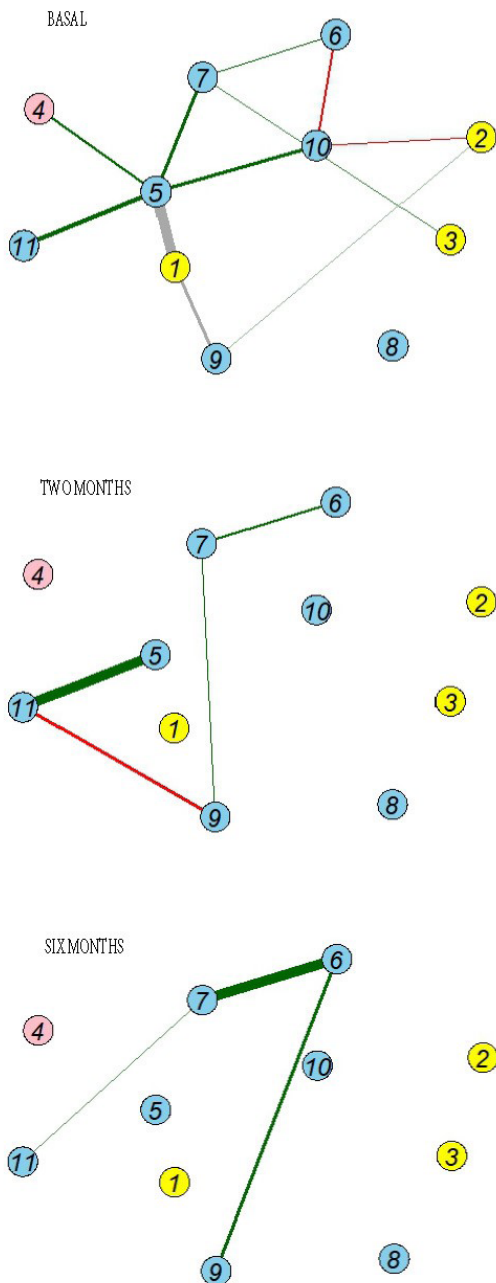
The symptoms were structured in different DSM entities, with a minimum of diagnoses per patient of 1, and a maximum of 4. We used a dimensional approach where psychopathology is examined at a symptom level using scales (CDI(5), STAI-E(6), STAI-R(7), LEYTON(8), SCARED(9), EAT(10), CESD(11)). We represent how they are associated following the indications of Networks Psychometrics (applying a mixed graphic model). We also studied the relationship with Gender (1), Socio-Economic Status (2), Age (3) and Number of Diagnoses (4) in a transversal balance (Baseline, 2 Months, 6 Months).

## Results

In Table 1 we observe the descriptive analysis of the sample. In Fig. 1 we have the evolution of the symptomatic network structure according to the Fruchterman-Reingold Algorithm (more important the most central nodes); the variables are represented as nodes and the interactions between them through edges [positive green, negative red, gray (relations between categorical variables)]

- the more intense the relationship, the wider the link and the more marked the color.

		Descriptivos		95% del intervalo de confianza para la media					
		N	Media	Desviación estándar	Error estándar	Límite inferior	Límite superior	Mínimo	Máximo
Status_SE	Masculino	51	2,92	,272	,038	2,85	3,00	2	3
	Femenino	36	2,89	,398	,066	2,75	3,02	1	3
	Total	87	2,91	,328	,035	2,84	2,98	1	3
Edad_index	Masculino	51	10,57	2,052	,287	9,99	11,15	7	14
	Femenino	36	11,17	2,118	,353	10,45	11,88	7	14
	Total	87	10,82	2,088	,224	10,37	11,26	7	14
Nº_Dx_Psq	Masculino	51	2,12	,653	,091	1,93	2,30	1	4
	Femenino	36	2,11	,575	,096	1,92	2,31	1	3
	Total	87	2,11	,618	,066	1,98	2,25	1	4
Tx_NFam	Masculino	51	,84	,880	,123	,60	1,09	0	4
	Femenino	36	,53	,654	,109	,31	,75	0	2
	Total	87	,71	,806	,086	,54	,88	0	4
Resp_Global_Tx	Masculino	51	1,86	,749	,105	1,65	2,07	1	3
	Femenino	36	1,78	,722	,120	1,53	2,02	1	3
	Total	87	1,83	,735	,079	1,67	1,98	1	3
CDI_Basal	Masculino	51	14,84	5,573	,780	13,28	16,41	5	31
	Femenino	36	17,47	4,902	,817	15,81	19,13	6	28
	Total	87	15,93	5,434	,583	14,77	17,09	5	31
STAI_E_Basal	Masculino	51	22,16	6,448	,903	20,34	23,97	11	42
	Femenino	36	22,17	8,203	1,367	19,39	24,94	10	39
	Total	87	22,16	7,180	,770	20,63	23,69	10	42
STAI_R_Basal	Masculino	51	30,04	5,130	,718	28,60	31,48	20	40
	Femenino	36	30,31	6,528	1,088	28,10	32,51	15	41
	Total	87	30,15	5,715	,613	28,93	31,37	15	41
L_OCD_Basal	Masculino	51	10,35	6,749	,945	8,45	12,25	2	28
	Femenino	36	8,94	4,939	,823	7,27	10,62	2	20
	Total	87	9,77	6,075	,651	8,48	11,06	2	28
SCARED_A_Basal	Masculino	51	21,88	8,595	1,203	19,47	24,30	11	43
	Femenino	36	25,75	8,827	1,471	22,76	28,74	11	45
	Total	87	23,48	8,850	,949	21,60	25,37	11	45
EAT_Basal	Masculino	51	9,88	5,545	,776	8,32	11,44	1	31
	Femenino	36	8,97	4,456	,743	7,46	10,48	2	18
	Total	87	9,51	5,115	,548	8,42	10,60	1	31
CES_DS_Basal	Masculino	51	24,06	9,175	1,285	21,48	26,64	6	46
	Femenino	36	24,19	8,918	1,486	21,18	27,21	12	48
	Total	87	24,11	9,017	,967	22,19	26,04	6	48
CDI_2	Masculino	51	12,82	4,283	,600	11,62	14,03	3	25
	Femenino	35	14,26	3,320	,561	13,12	15,40	4	21
	Total	86	13,41	3,963	,427	12,56	14,26	3	25
STAI_E_2	Masculino	51	22,16	6,448	,903	20,34	23,97	11	42
	Femenino	36	22,17	8,203	1,367	19,39	24,94	10	39
	Total	87	22,16	7,180	,770	20,63	23,69	10	42
STAI_R_2	Masculino	51	28,98	5,194	,727	27,52	30,44	20	40
	Femenino	36	28,72	8,063	1,344	25,99	31,45	3	41
	Total	87	28,87	6,493	,896	27,49	30,26	3	41
L_OCD_2	Masculino	51	10,35	6,749	,945	8,45	12,25	2	28
	Femenino	36	8,94	4,939	,823	7,27	10,62	2	20
	Total	87	9,77	6,075	,651	8,48	11,06	2	28
SCARED_A_2	Masculino	51	21,88	8,595	1,203	19,47	24,30	11	43
	Femenino	35	25,57	8,889	1,503	22,52	28,62	11	45
	Total	86	23,38	8,853	,955	21,49	25,28	11	45
EAT_2	Masculino	51	9,86	5,568	,780	8,30	11,43	1	31
	Femenino	35	9,06	4,491	,759	7,51	10,60	2	18
	Total	86	9,53	5,144	,555	8,43	10,64	1	31
CESDS_2	Masculino	51	15,08	4,715	,660	13,75	16,40	4	29
	Femenino	35	15,40	4,454	,753	13,87	16,93	6	31
	Total	86	15,21	4,587	,495	14,23	16,19	4	31
CDI_6	Masculino	51	9,53	5,442	,762	8,00	11,06	2	25
	Femenino	36	10,94	6,132	1,022	8,87	13,02	1	30
	Total	87	10,11	5,745	,616	8,89	11,34	1	30
STAI_E_6	Masculino	51	22,16	6,448	,903	20,34	23,97	11	42
	Femenino	36	22,17	8,203	1,367	19,39	24,94	10	39
	Total	87	22,16	7,180	,770	20,63	23,69	10	42
STAI_R_6	Masculino	51	28,98	5,194	,727	27,52	30,44	20	40
	Femenino	36	28,72	8,063	1,344	25,99	31,45	3	41
	Total	87	28,87	6,493	,896	27,49	30,26	3	41
L_OCD_6	Masculino	51	10,35	6,749	,945	8,45	12,25	2	28
	Femenino	36	8,94	4,939	,823	7,27	10,62	2	20
	Total	87	9,77	6,075	,651	8,48	11,06	2	28
SCARED_6	Masculino	51	19,49	7,295	1,021	17,44	21,54	6	40
	Femenino	36	16,08	7,879	1,313	13,42	18,75	4	40
	Total	87	18,08	7,685	,824	16,44	19,72	4	40
EAT_6	Masculino	51	7,73	3,737	,523	6,67	8,78	2	19
	Femenino	36	8,31	3,429	,572	7,15	9,47	2	16
	Total	87	7,97	3,604	,366	7,20	8,73	2	19
CESDS_6	Masculino	51	14,51	5,832	,817	12,87	16,15	3	27
	Femenino	36	14,22	6,357	1,059	12,07	16,37	3	30
	Total	87	14,39	6,020	,645	13,11	15,67	3	30



### Conclusions

The interaction between the different nodes of the network (psychopathological dimensions) changes throughout the study time. The most stable is the relationship between trait and state anxiety. Studies on the treatment influence on the evolution of network structure would be necessary.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.102

### Play inflammation a role in depressive disorder in children?

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### Objectives

The etiopathogenesis of the depressive disorder is investigated in various respects. One of the factors that may influence the pathophysiology of depression in adults is non-specific inflammatory response of the organism. The primary objective of this pilot, single-centre, randomized, double-blind controlled study was to examine pro-inflammatory marker thromboxane B2 and its 11-dehydro TXB2 metabolite in urine in relation to severity of depression symptoms.

### Methods

41 children aged 11 to 17 years were randomised 1:1 to the intervention (Omega-3 FA) or active comparator (Omega-6 FA) groups. Patients were clinically investigated with CDI score (Children's Depression Inventory) every two weeks in a 16-week study, 12 weeks of intervention followed by a 4-week wash-out period. 35 patients of 41 included in the study (17 in Omega-3 and 18 in Omega-6 groups) who completed the whole intervention period were evaluated. Thromboxane B2 (TXB2) was determined in plasma pre-stabilised with Laspal by ELISA kit (Thromboxane B2 ELISA Kit, 501020, Cayman) and in urine with the 11-dehydro Thromboxane B2 ELISA Kit/Monoclonal (519510, Cayman).

### Results

Significant reductions in CDI scores from baseline (-25,5%) in patients from Omega 3 group who completed 12 weeks intervention ( $p=0,0017$ ) in the contrary to Omega 6 group (-9,7% from baseline) ( $p=0,904$ ) were observed. Increased level of TXB2 (310%) from controls and positive Kendall rank correlation with CDI score ( $b=0,707$ ,  $p=0,049$ ) were observed.

### Conclusions

Inflammation is involved in the pathophysiology of depressive disorders in children.

This study was supported by the APVV grant 15-0063 and Mind and Health, civil association.

### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.103

### Theory of mind ability and its relationship to executive functions in adolescents with bipolar disorder

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## Objectives

Adolescents with bipolar disorder have some impairments in their social relationship. It is proposed that theory of mind (TOM) deficit can be related to this disturbance. Moreover, it has been found that these people have impairment in executive functions. The main aim of this study was to compare youth with bipolar disorder to typically developing adolescents in terms of theory of mind and to evaluate the effect of working memory and sustained attention on this ability.

## Methods

Thirty adolescents diagnosed with bipolar disorder according to DSM-IV-TR in euthymic phase were compared with 30 healthy individuals. They were evaluated using the Young Mania Rating Scale (YMRS), Spatial Span (SSP), Spatial Working Memory (SWM), and Rapid Visual Processing (RVP) tests. To assess the TOM ability the Strange Stories Test was used for both groups. The ANCOVA was used as the main analysis method.

## Results

There was no significant difference between the two groups in terms of gender, age, and IQ. Adolescents with bipolar disorder were significantly different from their healthy counterparts in terms of some TOM variables including the mental state, animal, and nature stories ( $P < 0.01$ ). After controlling the SSP, SWM, and RVP variables there was no significant difference between the two groups in these variables.

## Conclusions

Adolescents with bipolar disorder in euthymic phase have impairment in theory of mind ability. However, it seems that deficits in working memory and sustained attention can be the main factors affecting the deficit in theory of mind in these adolescents.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.104

### The associations between mindfulness, depression levels and mental health problems in adolescents

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<sup>2</sup>French Lape Hospital, child and adolescent psychiatry, istanbul, Turkey

## Objectives

To investigate the influence of depression levels and psychological and behavioral problems on mindfulness in a group of Turkish adolescents.

## Methods

661 adolescents (56% female) aged between 14 and 18 were included in this study. Mindful Attention Awareness Scale (MAAS), Child Depression Inventory (CDI) and Strengths and Difficulties Questionnaire (SDQ) were used. Statistical analysis was performed with Statistical Package for the Social Sciences (SPSS) 21 Programme for Windows. Pearson-product moment correlation test was used in order to evaluate the correlations between the scales. Multivariate linear regression analysis was used in order to determine predictability of CDI and SDQ scores, and socio-demographic variables such as sex, economic level and age on MAAS scores.

## Results

MAAS scores were negatively correlated with total problem scores ( $r = -.511$ ),

peer relationship problems ( $r = -.323$ ), conduct problems ( $r = -.348$ ), inattention/hyperactivity ( $r = -.396$ ), and emotional problem scores ( $r = -.277$ ) of the SDQ ( $p < 0.001$ ). Regression analysis indicated that inattention/hyperactivity, conduct, peer relationships, and emotional problem scores significantly predict the mindfulness levels ( $p < 0.05$ ). There was not any significant relationship between the CDI and MAAS scores in regression analysis.

## Conclusions

The results of this study suggest that psychological and behavioral problems are significantly associated with mindfulness levels in adolescents. However, the results also indicate that, opposite to our expectations, mindfulness are not significantly influenced by depression levels. The authors suggest that further studies are needed for improving our knowledge about the relationships between depression and mindfulness in adolescents.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.105

### Omega-3 fatty acids are effective in the treatment of depressive disorder in children – a pilot study

J. Trebatická<sup>1</sup>, Z. Hradečná<sup>1</sup>, F. Böhmer<sup>1</sup>, I. Garaiova<sup>2</sup>, I. Škodáček<sup>1</sup>, J. Šuba<sup>1</sup>, Z. Matzová<sup>1</sup>, Z. Ďuračková<sup>3</sup>

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## Objectives

In recent years the prevalence of mood disorders in children has an increasing trend. Omega-3 fatty acids (FA) are shown as a promising adjuvant treatment of depressive disorder in children. The primary objective of this pilot, single-centre, randomized, double-blind controlled study was to compare the efficacy of an Omega-3 FA fish oil emulsion with a control emulsion of sunflower oil alongside standard treatment of depressive disorder or mixed anxiety depressive disorder in children.

## Methods

41 children aged 11 to 17 years were randomised 1:1 to the intervention (Omega-3 FA) or active comparator (Omega-6 FA) groups. Patients were clinically investigated every two weeks in a 16-week study, 12 weeks of intervention followed by a 4-week wash-out period. The severity of the depressive symptom was assessed by questionnaire Children's Depression Inventory. 35 patients (17 in Omega-3 and 18 in Omega-6 groups) who completed the whole intervention period were evaluated. Differences between-CDI in investigated week and baseline was evaluated with Mann-Whitney U test. Two-way ANOVA with repeated measures and Friedman test were used to analyse the Treatment and Time effect.

## Results

Significant reductions in CDI scores from baseline (-6,82) in patients from Omega 3 group who completed 12 weeks intervention ( $p = 0.0017$ ) in the contrary to Omega 6 group (-2,1 from baseline) ( $p = 0,904$ ) were observed.

## Conclusions

CDI scores were reduced in the Omega-3 group. An Omega-3 FA rich fish oil emulsion may be an effective adjuvant supplement during the treatment of depressive disorders in children.

This study was supported by the APW grant 15-0063 and Mind and Health,



civil association.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.106

### A depressive adolescent seeking identity in a terrorist group: a case report

E. Uysal<sup>1</sup>, B. Şahbudak<sup>1</sup>, T. Güvenir<sup>1</sup>

<sup>1</sup>Dokuz Eylul University, Child and Adolescent Psychiatry Department, Izmir, Turkey

#### Objectives

Adolescent depression tends to be complicated and should be taken seriously by psychiatrists due to many complicating factors of this period's specific difficulties and conflicts. When the process of identity seeking and individuation which is inherent in adolescence is considered, depression in this period brings with it many risks.

#### Methods

Case Report

#### Results

Our case was a 17-year-old male adolescent. He had applied to our child and psychiatry inpatient unit with complaints such as feeling unhappy and down most of the time, problems in falling asleep and resuming sleep, and suicidal ideation that had become apparent mainly for the past month. In the assessment session, it was learned that the case has interacted with terrorist groups in the Middle East on social platforms. He has been accepted and planning on the road to go. He believed that he could make his life worthwhile which he thought was worthless in this way. He was in depression including intense worthlessness and hopelessness triggered by environmental stressors.

#### Conclusions

In adolescence; the need for inclusion of a large group, need for approval and individualization, when combined with suicidal thoughts, can result in young people being involved in some terrorist groups. In our case, when depression and suicidal ideation were combined with grandiosity of adolescence, it became a cause of risky thinking, extending to the idea of being a suicide bomber. This risky but possessive environment seemed to be a solution to his loneliness and hopelessness by our depressive case.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.107

### From middle school to high school, the prevalence of depression among boys is declining while girls are rising

C. Yonghua<sup>1</sup>

<sup>1</sup>Capital Medical University, Beijing Children Hospital, Beijing, China

#### Objectives

Prevalence of Major Depressive Disorder (MDD) among adolescents has varied across studies. Little is known about the prevalence of depression among adolescents in China. The present study investigated the prevalence of depression among adolescents in Beijing from middle school to high school, as well as gender differences. At the same time investigated the rate of awareness and

the rate of visits.

#### Methods

A cross-sectional survey using a school based sample was conducted. Multistage cluster stratified random sampling and two-phase survey methods were used to identify 86 middle and high schools. 33809 middle school students aged 11–16 years were sampled. The students were screened using the Chinese version of the Child Behavior Checklist and diagnosed using the Mini International Neuropsychiatric Interview. Clinical diagnosis was made by psychiatrists, based on DSM-5 criteria.

#### Results

32895 valid questionnaires were collected. The detection rate of first-year middle school students' behavioral problems was 11.8%. The detection rate of second-year middle school students and junior third-year freshmen's behavior problems was 18.9%. The high school students' behavioral problems' detection rate was 8.8%. It presents a clear "zigzag change". From junior high school to high school, the proportion of boys with behavioral problems decreased from 61.1% to 48.4%, while that of girls with behavioral students increased from 38.9% to 51.6%. Hyperactivity and depression are the two most prominent behavioral problems. The prevalence of MDD among junior high school students was 0.85%, and the prevalence of MDD among high school students was 1.07%. From junior high to high school, the prevalence of MDD among boys decreased from 1.14% to 0.97%, and the prevalence of MDD among girls increased from 0.71% to 1.24%. 98% of students with MDD do not recognize that their child has a psychological disorder, and only 1.5% of students with MDD have seen a doctor.

#### Conclusions

From junior high school to high school, the proportion of boys with behavioral problems decreased while the proportion of girls increased, and the prevalence of MDD among boys decreased while that among girls increased. Students with MDD have a very low rate of diagnosis because their parents have a very low level of mental health knowledge. The change of mental health characteristics of middle school students is closely related to the development of economic and social culture. The problem of depression in middle school students should be given enough attention.

#### Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.108

### Childhood trauma and the psychological interventions in the care system

L. Dumitrache<sup>1</sup>

<sup>1</sup>Edge Hill University, Clinical & Forensic Psychology, Manchester, United Kingdom

#### Objectives

Childhood trauma caused by a different types of abuse, impacts multiple domains of functioning including behaviour. Traumatized children commonly have behavioural problems that therapists must effectively evaluate and manage in the context of care homes, by providing a nurturing and caring environment and frequent consultation with staff members looking after these children.

This manuscript describes practical strategies for managing behaviour problems in the context of care using psychological interventions, nurture, care, behavioural management techniques for staff member and role modelling techniques.

#### Methods

The purpose of this poster is to review the work done in private residential homes, with children who have been abused and removed from their homes,

environment and parents. At the same time, it will be considered the available literature on the co-occurrence of neglect, abuse, trauma and to gain more understanding about the impact of these on children.

## Results

By means of observation and clinical cases review as well as focus groups between clinicians, the most effective and constructive technique and interventions will be presented.

There is clear evidence indicating children living in care have managed to socialise for the first time within very dysfunctional environments and with family members who have displayed high risk behaviours (promiscuity, delinquency, substance misuse and violence).

## Conclusions

Therefore, when they come into care they are faced with complex emotional and behavioural needs, which are agonised by the trauma of being de-rooted from the family.

In this context the work with the staff and their training in therapeutic skills becomes crucial.

## Poster session 4

25 July 2018, 13:00 - 18:30, Poster Area

P 4.110

### The peculiarities of behavior control in adolescents with various types of personal helplessness

Y. Sizova<sup>1</sup>, D. Tsiring<sup>1</sup>

<sup>1</sup>Chelyabinsk State University, Department of Psychology, Chelyabinsk, Russian Federation

## Objectives

To reveal peculiarities of behavior control in adolescents with different types of personal helplessness.

## Methods

The questionnaire diagnostics of personal helplessness (Tiring, Krylova). Methodology for investigation of the Machiavellianism personality (Znakov); FACES-3, Olson, Portner, Lavi; Life Style Index, Plutchik, Kellerman. Style of behavior self-regulation, Morosanova; Self Report Emotional Intelligence Test, Schutte; Scale of control over the action, Kul.

## STUDY DESIGN

Empirical task	Psychodiagnostic instruments	Methods of mathematical statistics
Formation of a sample of subjects with personal helplessness and independence	The questionnaire diagnostics of personal helplessness (Tiring, Krylova).	
Formation of a sample of subjects with personal powerlessness of manipulative, adaptive and protective types	Methodology for investigation of the Machiavellianism personality (Znakov); FACES-3, Olson, Portner, Lavi; Life Style Index, Plutchik, Kellerman.	
Investigation of behavior control in adolescents with different types of personal helplessness	Style of behavior self-regulation, Morosanova; Self Report Emotional Intelligence Test, Schutte; Scale of control over the action, Kul.	Kruskal-Wallis one-way analysis of variance

## Results

The level of emotional control is higher in adolescents with signs of manipulative personal helplessness ( $p=0,041$ ).

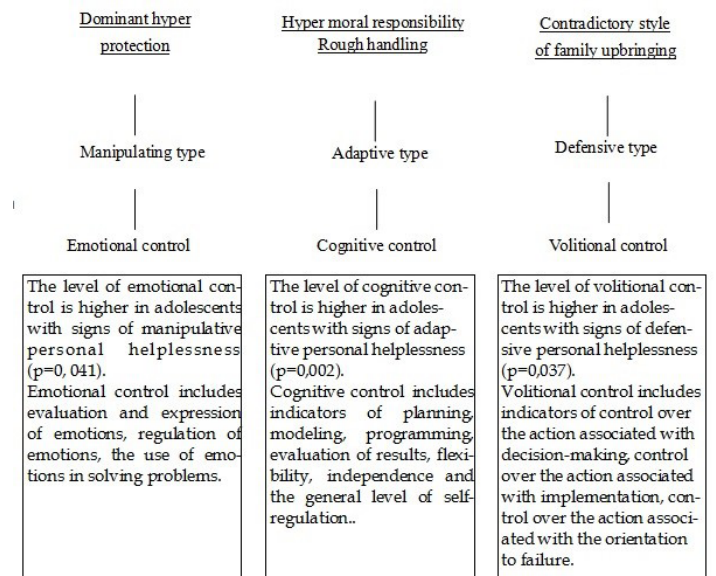
The level of cognitive control is higher in adolescents with signs of adaptive personal helplessness ( $p=0,002$ ).

The level of volitional control is higher in adolescents with signs of defensive

personal helplessness ( $p=0,037$ ).

Parental type of interactions with a child plays the decisive role in the personality formation generally as well as in its individual characteristics formation including personal helplessness.

There has been empirically proved the connection of certain defections in family upbringing styles with the types of personal helplessness (Ponomareva, 2013).



## Conclusions

The results can serve as a basis for the development and testing of programs for correction of personal helplessness and the formation of skills to regulate behavior in adolescents. They can be used in consultation and psychotherapeutic work with families.

## Poster session 5

### Posters in this session correspond to the following topics:

P 5.001 - P 5.081 Autism Spectrum Disorders  
P 5.082 - Catatonia  
P 5.083 - P 5.094 Developmental Disorders  
P 5.095 - P 5.098 Genetics and Epigenetics  
P 5.099 - P 5.103 Intellectual Disability, Borderline Intellectual Functioning  
P 5.104 - P 5.107 Prematurity and Perinatal Complications

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.001

### Studying the content of thinking of individuals with high functioning autism

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<sup>1</sup>University of Hasan Kalyoncu, Child and Adolescent Psychiatrist, Istanbul, Turkey

<sup>2</sup>High School of Kocaeli Bahçeşehir, School Clinical Psychologist, Kocaeli, Turkey

#### Objectives

It is to analyse individuals with high functioning autism qualitatively .

#### Methods

Sentence completion test was given to 26 individuals diagnosed with high functioning autism. Descriptive and content analysis are used to analyse data. With this study, the answers given to sentence completion test by the individuals with high functioning autism are categorised by the applicator. From the completed sentences, the frequency of the most completed sentences is determined considering 26 individuals. Eight of mostly completed sentences are chosen as theme. These themes are sorted as groups according to autistic individuals' answers.

#### Results

8 sentences got on the basis of the answers given by the individuals with high functioning autism using Beier Sentence Completion Test, unlike literature, there is finding supports that these individuals may have a developed future planning skills. Also, they may express their feelings and emotional needs. These individuals may have cognitive functions such as dissembling emotions as well as they may be aware of what is going on around. Lastly, there is supporting finding that suggest that these individuals may have abstract thinking and make contact socially and emotionally.

#### Conclusions

Unlike literature, there is finding supports that these individuals may have a developed future planning skills. Also, they may express their feelings and emotional needs. These individuals may have cognitive functions such as dissembling emotions as well as they may be aware of what is going on around. Lastly, there is supporting finding that suggest that these individuals may have abstract thinking and make contact socially and emotionally.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.002

### Health of mothers of children with autism spectrum disorders and

### intellectual disability: a case-control study

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#### Objectives

The aim of the current study is to take further knowledge about physical health, mental health and Quality of Life (QOL) experienced by Bahraini mothers of children with ASD or ID in comparison to mother of healthy controls.

#### Methods

Using cross-sectional study, data about mothers' demographic characteristics, general health, QOL and functioning were collected through interviews. The participants included 90 mothers with 30 mothers from each group. Mothers of children with ASD reported more psychological, and environmental problems and received more help from family members compared to ID and control groups.

#### Results

All groups obtained similar score on QOL total score and physical health score. Both ASD and ID group scored less than control group in GAF measurement.

#### Conclusions

Mothers of children with ASD were identified as having more impaired mental health and psychological and environment section of QOL instruments in comparison to mothers of children with ID, and normal developed children. There was no significant difference between ASD, ID., Control group in physical health as well as total score of QOL. Furthermore, the association with poor mental health in mothers of children with ASD and ID, provide essential information for interventions in order to improve their health. Results can be utilized to create a supportive social system for these mothers. Professionals should address the needs of mothers of children with ASD and ID such as social support and mental health soon after the child is diagnosed.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.003

### Use of behavioural techniques in the process of modification of disruptive behaviour: a case report

R.N.A. Santos<sup>1</sup>, P.H. Alves<sup>1</sup>, D.A. Zierth<sup>1</sup>, M.G.B. Raimundo<sup>1</sup>

<sup>1</sup>SPDM - Associação Paulista para o Desenvolvimento da Medicina, CAPSij II Sapopemba, Sao Paulo, Brazil

#### Introduction

Disruptive behaviours (psychomotor agitation, physical and/or verbal aggressiveness, object destruction) compromise the social functioning of a person with Autism Spectrum Disorder, interfering directly in the development of daily life capabilities, socialization and language. In the management of such behaviours, it's described the use of behavioural techniques such as extinction, blockage, time-out, non-contingent reinforcement, manipulation and DRO (differential reinforcement of other behaviour).

#### Objective

The present article aims to describe the use of behavioural approaches in the management and in the modification of severe disruptive behaviours in a child presented with the Autism Spectrum Disorder and Moderate Intellectual



Disability attending a Singular Therapeutical Project at Il Child and Adolescent CAPS in the city of São Paulo – Brazil.

#### Methods

Case report.

#### Results

After 12 months of services planned based on the TEACHH methodology and shared with CAPS professionals, the user and his genitors, behavioural improvements were observed, which were obtained through the use of DTT techniques of positive reinforcement and time-out; allowing the beginning of sensory stimulation with games and circular dance, enhancing the scenario of psychomotor agitation, aggressiveness and bond with professionals, and allowing children to be inserted in other social activities in the community.

#### Conclusions

It is therefore concluded that the use of behavioural techniques has proved efficient in the modification of behavioural disruptive patterns.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.004

#### Atomoxetine versus placebo in children and adolescents with autism spectrum disorders

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<sup>5</sup>Shahid Beheshti University, Family Research Institute, Tehran, Islamic Republic of Iran

#### Objectives

The purpose of this study was the assessment of Atomoxetine effectiveness and tolerability in the treatment of autistic features in patients with ASD.

#### Methods

Forty four children, aged from 6 to 17 years, diagnosed with ASD, enrolled in a 8 week randomized clinical trial. The study conducted at the outpatient clinic of Ibne-sina hospital and Dr sheikh hospital affiliated to the Mashhad Medical University in Iran, between August 2015 to September 2016. Subjects were randomly allocated to Atomoxetine (0.5 to 1.2 mg/kg/day) plus risperidone or Placebo plus risperidone. The primary outcome assessed by the childhood autism rating scale (CARS) and clinical global impression (CGI). Patients were evaluated at baseline, 4week and 8 weeks after the administration of the drug. Mixed ANOVA test is used for outcome evaluation. The clinical trial registration number is: IRCT2016022826802N1

#### Results

Atomoxetine augmentation comparison to placebo augmentation showed significant improvement in global impression and severity index in CGI, and also in total score of CARS and 7 subscales of CARS including relationship to people, emotional response, body use, listening response, fear and nervousness, nonverbal communication and activity level (all p values≤0.05). The most common adverse effects of Atomoxetine were mood change, irritability and GI disturbance.

#### Conclusions

The results showed that Atomoxetine add-on therapy may be effective in symptoms of ASD while adverse effects tend to subside. The authors suggest further studies to clarifying this conclusion.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.005

#### Improving social skills among preschool children with high functioning autism: results of an intervention program from Tunisia

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#### Objectives

Therapies for improving social skills in children with autism have been widely studied for 20 years and have shown their effectiveness for this disorder. However, there is not yet a standardized intervention of this kind of interventions in Tunisia.

The present study describes the design and evaluation of a training program based on CBT principles and adapted for Tunisian preschool children.

#### Methods

We included 4 boys with high functioning autism aged from 5 to 6 years. We required homogeneity of skills (measured by the childhood autism rating scale (CARS)) and an intellectual quotient above 70.

The therapy lasted 3 months and included 12 sessions that focused on social rules, narrative abilities and emotions.

Outcome measures were completed pre- and post-intervention by two scales: The scale for social adaptation in children (EASE) and the empathy quotient (EQ).

Clear and written consent was obtained from parents with an authorization to make video recordings of the sessions.

#### Results

We had an attendance rate of 75%.

For social adaptation: we had an average score of 54 for the pre-test and an average score of 67 for the post-test at the EASE scale.

For Empathy Skills: We had an average score of 22 for the pre-test and an average score of 30 for the post-test at the EQ scale.

#### Conclusions

The results of our therapy are promising and encourage us to develop a Tunisian intervention program targeting social skills in children with autism and to evaluate its efficacy in a larger sample.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.006

#### Autism spectrum disorder in ex-preterm children and prenatal and perinatal risk factors: a Tunisian cross sectional study

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## Objectives

This study focuses on screening autism spectrum disorder (ASD) in ex-preterm infants at the age of 24 months using M-CHAT. We also attempt to identify prenatal and perinatal risk factors associated with a positive screen for ASD.

## Methods

The current study was cross-sectional. It was done in the department of the neonatal outpatient of hospital university Hedi Chaker in Sfax. Fifty one (51) preterm infants born between 27 and 35 weeks of gestation were recruited. We examined the child at the age of 24 months and we completed the Modified Checklist for Autism in Toddlers (M-CHAT), arab version validated. In addition, we looked for prenatal and perinatal risk factors associated with a positive screen for ASD.

## Results

Autism positive screen was noted in six infants (11.76%). All positive screened infants were born after 32 weeks of gestation. Most of them had a pathological fetal heart rate. In addition, chorioamnionitis was significantly associated with positive autism screening.

## Conclusions

Our results are in agreement with previous reports suggesting that prematurity and obstetric conditions are associated with an increased risk of autism. The nature of the associations between prematurity and the risk of autism remains unclear. More studies are needed to better understand this association.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.007

### Depression in parents of children with autism spectrum disorder: a cross-sectional study

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## Objectives

The objectif of the study is to assess depression in parents of children with Autism Spectrum Disorder (ASD).

## Methods

The current study is a cross-sectional study carried on parents accompanying their child (ren) with ASD at the outpatient clinic or at the day hospital of the Child Psychiatry Department of university hospital Hedi Chaker of Sfax, in Tunisia. Eighty parents were asked to attend during the period from September to December 2014. Parental depression was assessed by psychometric scale HDRS: Hamilton Depression Rating Scale. The threshold level of depression was fixed at 7. The socio-demographic data of parents and children were collected.

## Results

Mothers and fathers had an average age of 35.6 years and 42.3 years respectively. Mothers represented 77.5% of parents. The consanguinity was noted in 26,25 % of the cases. The socio-economic status was medium to low

in 93 % of the cases. The parents lived in an urban area in 70 % of the cases. The mothers had a university educational level in 37.5% of the cases, 42% of the fathers had a secondary school level.

The percentage of depressed parents in the Hamilton scale was 62.5 %. Mild and moderate depressions were observed in 33 % of the cases, severe and very severe depressions were observed in 30 % of the cases.

## Conclusions

The depression reaction observed in parents of children with ASD are important. A continuous psychological care of these parents is therefore necessary, to help them adapt their psychological reaction.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.008

### Reducing the autism waiting list at a UK child development centre - a quality improvement project

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## Objectives

To reduce the waiting time for children awaiting autism assessments and improve patient experience as per national standards.

## Methods

Utilising information obtained from the departmental autism audits and a survey conducted at a national Paediatrics conference in 2015 exploring autism assessment pathways in the UK, an analysis was performed to review our local autism pathway. Following the review, a mandatory follow-up clinic was introduced in the pathway with the aim of distinguishing patients required to remain on the autism pathway. We also developed autism screening questionnaires specifically for secondary-school-age children and introduced a triage process for the children awaiting assessment for over a year.

## Results

The initiatives above led to an initial 30% decline in the number of children on the waiting list, 20% of whom were given an earlier diagnosis of autism following the mandatory follow-up step. The triage process led to a further removal of approximately 41% of children from the waiting list. Use of specific secondary school age autism referral forms led to improved screening and reduced acceptance of suspected autism referrals in this age group by 50%. Of the 50% accepted, 67% had an autism assessment with 100% receiving a positive diagnosis.

## Conclusions

Adding a mandatory follow-up step, triaging children on the waiting list and developing autism specific screening forms led to efficient signposting of patients into the appropriate clinical pathways. This project subsequently reduced waiting times for diagnostic assessments leading to an overall improvement in efficiency, and is currently being utilised to develop a new pathway.





## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.009

### TütASS - Evaluation of the Tübinger training for autism spectrum disorder

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#### Objectives

Autism Spectrum Disorder exerts great influence on the life of the affected patients and their family. Therefore effective therapeutic interventions are of great importance. A mindfulness-based structured group intervention for children with ASD was developed in Tübingen. It is based on emotional differentiation, body perception and social competences.

#### Methods

25 children aged 8 - 12 years were included in the group therapy during 12 weekly sessions each guided by 2 therapists and a dog as co-therapist. Three questionnaires (SRS (Skala zur Erfassung sozialer Reaktivität, (Bölte & Poustka, 2008), CBCL (Child behaviour checklist, German version (Arbeitsgruppe Deutsche Child Behavior, 1993) and SDQ-Deu (Strength and Difficulties Questionnaire, German version (Goodman, 1999)) were used to assess the effects. Additionally parents' and patients' evaluation of the training was collected.

#### Results

Significant improvement could be determined in SDQ and CBCL. In SRS the patients show good improvements particularly in the scales of social cognition and social motivation. The group therapy was very positively evaluated by the children and their parents. Nearly all patients wished to extend the training. There were no drop outs.

#### Conclusions

The new Tübinger Training for Autism Spectrum Disorder (TütASS) seems to produce strong effects on autistic behaviour. It is well accepted by patients and parents. Following the families request we enhanced the training and extended the core-training to an one year period with biweekly sessions followed by an extension group in the second year with monthly sessions.

## Poster session 5

26 July 2008, 07:30 - 13:00, Poster Area

P 5.010

### Anxiety in children with autism: Arabic translation of the anxiety scale for children with autism spectrum disorder (ASC-ASD)

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#### Objectives

- Proceed to an arabic translation of the ASC-ASD (Parent and Child versions)
- Describe the anxious symptomatology in the ASD using the ASC-ASD.

#### Methods

The ASC-ASD is a 24 item self-report anxiety questionnaire ( child and parent versions) with four sub-scales, for use with children aged between 8-16 years diagnosed with ASD. The arabic translation from the original English version

was provided by a committee. An English teacher who is blind to the original version provided the back translation version. The assessment of the concordance between the back-translated version and the original one was conducted by an expert committee including the author of the ASC-ASD.

This initial arabic version was tested with 20 children and their parents followed for ASD in outpatient child psychiatry at the University Hospital of Monastir, Tunisia.

#### Results

- The translated arabic version of ASC-ASD was approved by the author of the original scale.
- For ASC-ASD a total score of  $\geq 20$  indicate significant levels of anxiety. The average total score in our sample was 25,25 for the child version and 16,75 for the parent one. Performance and separation anxiety were the subscales with the higher subscores in our sample.

#### Conclusions

The validation of the arabic version of the ASC-ASD will provide us with a cultural adapted tool to assess the specificities of anxious symptomatology among our autistic young patients.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.011

### The influence of psychoeducation among adolescent patients with autistic spectrum disorder on reporting symptoms of anxiety and affective disorders.

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#### Objectives

A significant group of patients with pervasive developmental disorders are initially admitted to our Child and Adolescent Psychiatry Department with symptoms of anxiety or affective disorders. This research investigates the influence of psychoeducation concerning the basic information about autistic spectrum disorders on these patients.

#### Methods

Forty inpatients with suspected anxiety or affective disorders who were diagnosed with autistic spectrum disorder (ASD) according to ICD-10 criteria will undergo psychoeducation. The study will be conducted in 2 phases. First, pilot phase: 10 patients will be included to evaluate the efficiency of psychoeducational program and to customize the method to patients' capabilities. Second phase: double blinded, randomized controlled the pre-post study with research group consisting of 30 cases as well as control group, with treatment as usual. To evaluate the anxiety or depression level before and after the whole psychoeducation cycle, we will use The State-Trait Anxiety Inventory and The Beck Depression Inventory for Youth respectively. Visual Analog Scale will be used for self - estimation of anxiety/ depression level after each meeting.

#### Results

Here we will present the results of our pilot study.

#### Conclusions

If patients receive sufficient knowledge about their diagnosis, autistic spectrum disorder, their rating of anxiety/depression level is lower. This study will demonstrate the need for psychoeducational intervention designed for patients with ASD and the value of such kind of support.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.012

### Epilepsy and EEG abnormalities in autism spectrum disorder, a study in a child psychiatry unit

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#### Objectives

Epilepsy and EEG abnormalities are very common in autism spectrum disorder (ASD). The objective of this study was to describe the prevalence of epilepsy and EEG abnormalities in children diagnosed with ASD and followed at F.Bourguiba University Hospital in Monastir

#### Methods

A descriptive study of all patients with ASD over a 3-year period focused on the search for epilepsy or EEG abnormalities in association with demographic characteristics, severity of symptoms according to Childhood Autism Rating Scale (CARS) and comorbidity with other neurodevelopmental pathologies

#### Results

Of the 116 studied children, 85 benefited from an EEG. One third of patients had epilepsy and EEG abnormalities were noticed in 63% of cases: Mainly generalized or focal epilepsy, poor organization or dysrhythmia. These abnormalities were associated with neurodevelopmental comorbidity and severity of autism

#### Conclusions

This association raises the question of the relevance of EEG in children with ASD and questions of the nature of the link between epilepsy and autism.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.013

### ADHD symptoms among school children with autism

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#### Objectives

The aim of this study is to assess ADHD symptoms among school children with ASD.

#### Methods

We included in this study children aged 5 to 12 years old with ASD diagnosis and followed in outpatient child psychiatry at the University Hospital of Monastir (n=25). All of them had an assessment of intelligence that eliminated an intellectual disability and they were attending ordinary school. Diagnosis of autism was based on DSM-5 criteria and evaluated using the Autism Spectrum Questionnaire (ASQ). The ADHD symptoms were sought by Vanderbilt Assessment Scales (parent and teacher versions)

## Results

Results differ between the parent version and the teacher one. Parents scale scores retained a diagnosis of ADHD-ASD comorbidity to 12% of patients. Almost half of the children of our sample presented ADHD symptoms. Teacher scale scores showed 20 % of patients with ADHD symptoms and ADHD diagnosis criteria matched with 6% of patients. Inattentive items of the Vanderbilt scales were the most frequent symptoms of ADHD among children with ASD.

## Conclusions

The question is if the ADHD symptoms are inherent to autism or we are here in front of an overlapping of two troubles. These results may help to more understand clinical profiles of school children with ASD and thus to adapt their educational project.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.014

### Clinical differences in children with autism spectrum disorder, with and without specific learning disorder

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#### Objectives

The present study aims to identify any differences in the intellectual and executive functioning profiles between children with autism spectrum disorder (ASD) with and without comorbid specific learning disorder (SLD).

#### Methods

Participants were drawn from a data set of youths consecutively referred for neuropsychological evaluation (n=46), between the ages of 6-15 (M=9.7, SD=2.4, 75% male). ASD youth with comorbid SLD (ASD+SLD; n = 23) were individually matched to ASD only youth for age, sex, race, autism severity, ADHD severity, and comorbid psychiatric diagnosis. Wechsler Intelligence Scales for Children (WISC) index scores were compared using ANCOVA, controlling for medication status, and Behavior Rating Inventory of Executive Function (BRIEF) parent report scale scores were compared using ANOVA. All indexes and subscales were additionally analyzed between the two groups with paired sample t-tests.

#### Results

The ASD+LD group had a significant deficit in the overall WISC profile,  $F(1, 131) = 6.17, p = .014$ . When looking at specific index scores in the WISC, working memory was significantly lower in the ASD+LD group (M=89.7, SD=18.1) as compared to the ASD only group (M=97.5, SD=13.5),  $[t(21)=-1.72, p=.05]$ , medium effect size (Cohen's  $d=.49$ ). Overall executive function scores were not significantly decreased,  $F(1, 350) = 1.44, p = .23$ , in ASD+LD.



### Conclusions

Youth with ASD+SLD may be at risk for greater working memory deficits than ASD alone. Understanding and identifying potential sources of cognitive difficulties is critical for clinical care and supporting development.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.015

### Neonatal factors and autism spectrum disorder

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### Objectives

to describe the neonatal factors observed in Autism Spectrum Disorder ASD.

### Methods

it is a cross sectional study. We included the first 150 child with diagnosed with ASD starting from March 2015 April 2016, in the outpatient unit of child and adolescent psychiatry in Monastir. The 150 child with typical development were randomly chosen from kinder garden in the same region. We excluded from both group children with sensory abnormalities due to physical condition. We investigated neonatal factors using a checklist that we elaborated in the team based on meta-analysis results.

### Results

the mean age of the ASD group was 2.66 years  $\pm$  0.55 years with a sex ratio of 3.2. We found that 12% of the ASD group were born premature versus only 2% in the control group ( $p < 0.001$ ). Thirty percent of children with ASD was delivered by caesarean section versus only 16% of the typical developed children ( $p = 0.015$ ). Thirty five percent of the ASD group suffered acute fetal distress and only 14% of the control group ( $p < 0.001$ ). There wasn't any differences between the two groups regarding % of hospital admission for the newborn child, but there was a statistical significant differences regarding the duration ( $p = 0.002$ ), the medium duration was of 20 days for the ASD group and 13 days for the control group. Finally, children with ASD had a lower weight at birth than the control group ( $p = 0.002$ ).

### Conclusions

children with ASD did present more neonatal complications. However is ASD the cause or consequences of this complications?

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.016

### A 5 year trend survey from a childhood autism surveillance program in Lagos, Nigeria

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### Objectives

The increased need for research to determine the burden of Autism in Africa also draws attention to the need to address the service gap and related challenges in autism care in many African countries. Stakeholder Collaboration can play roles at varying levels, a strategy which may herald the discovery of sustainable solutions which will evolve to address this challenge. The report aims to describe some of the findings, processes and strengths of a stakeholder driven, community surveillance program over a period of 5 years (2013, 2014, 2015, 2016 and 2017).

### Methods

Clinical evaluation sessions held over 4-5 day periods each year. The evaluations were conducted by a multidisciplinary team of volunteers from different agencies/sectors. Assessments were made based on the DSM 5 Criteria for Autism.

### Results

The collaborative team drawn from the private sector (GTBank & NGO's), public sector and educational sector (University and other skilled volunteers) comprised multidisciplinary professionals committed to autism care.

The 5 year experience had over 800 attendees in total with varied neurodevelopmental disorders.

- About a 3rd were clearly not ASD (who were referred out) or had incomplete data
- 2/3rd proceeded for further evaluations each year being: 58, 94, 134, 101 & 72 consecutively.
- For Majority this consultation was their first contact with formal orthodox care.
- Repeat attendees were noted from 2014, 2015, 2016 & 2017; 14%, 7%, 29% and 35% respectively.
- Caregiver burden was clearly evident each year among caregivers.

### Conclusions

This program highlights

- Much can be achieved through team work.
- In the face of scarce resources, collaborative efforts is a useful strategy to ensuring service delivery in Africa where there are little or no ASD relevant services.
- Monitoring, evaluation and quality assurance processes need to be continually included and reviewed in such programs going forward.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.017

### Novel glutamatergic and gabaergic treatments in autism spectrum disorders

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#### Objectives

This presentation will provide an overview of the glutamatergic and gabaergic novel treatments of autism spectrum disorder (ASD), by reviewing evidence-based therapies in the management of core symptoms and associated features.

#### Methods

A review of the literature was conducted to: (1) identify novel treatments with glutamatergic and gabaergic agents and (2) define core and associated symptoms that have been targeted as outcomes in clinical trials. Pharmacological treatments will use a symptom-domain approach.

#### Results

Excitation and inhibition (E/I) imbalance in different neural systems has been demonstrated in preclinical models of ASD. Glutamate hyperfunction at NMDA receptors would be implicated in core social and communication impairment in ASD and targeting these receptors has attracted scientific interest and investigation in children and adolescents with ASD. Clinical trials with targeted treatments directed to reduce excessive glutamatergic transmission have been carried out. A large multisite controlled study of memantine, an uncompetitive glutamate antagonist at NMDA receptors, did not demonstrate to improve core and associated symptoms in ASD. N-Acetylcysteine (NAC) is a glutamatergic and antioxidant agent has been investigated and it was found to be well-tolerated and effective for targeting irritability i.e. a set of associated behavioral disturbances in ASD in two controlled studies. On the other hand, increasing inhibition through stimulation of GABAergic signaling have been evaluated in ASD. Arbaclofen is a gabaergic agonist that has been used for treating core and associated symptoms. One open-label and one double-blind placebo controlled, were conducted in children, adolescents and young adults with ASD and some improvements in socialization were reported.

#### Conclusions

Further research is needed to define subgroups of children with ASD in which glutamatergic treatments may be most effective and approach with stratified biomarkers is likely to provide additional information. Clinical trials on large sample are urgently needed.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.018

### Autism spectrum disorder and epilepsy

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<sup>2</sup>Mentouri University of Constantine, Medical School, Constantine, Algeria

#### Objectives

Evaluate the severity of autism according to the type of associated epilepsy

#### Methods

We took the children diagnosed with autism, over a period of 2 years 2016, 2017

We have determined among them those who have epilepsy, We specified the course of pregnancy and delivery, the perinatal history. Neurological examination and EEG were performed for all patients. For epilepsy, we have specified the age of onset, the type of seizures, the outcome of the EEG

An assessment of the degree of autism by CARS was conducted for all patients. All patients were treated for autism and received anti-epileptic treatment.

#### Results

There are 27 autistic people with epilepsy, including 6 girls and 21 boys. Epileptic seizures were generalized (24 cases), partial (3 cases). Autism was severe in 21 cases, and average in 6 cases

#### Conclusions

The diagnosis of epilepsy in autistic people is not always easy, autistic epileptics would have a more severe form of autism. Indeed Epilepsy is a factor of poor prognosis in the evolution of autism

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.019

### Risk of suicide attempts among adolescents and young adults with autism spectrum disorder: a nationwide longitudinal follow-up study

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#### Objectives

Previous studies reported a high prevalence of depression among patients with autism spectrum disorder (ASD) and suggested a relationship between ASD and suicidality. However, whether ASD increased the risk of attempted suicide independently regardless of depression was still unknown.

#### Methods

Using the Taiwan National Health Insurance Research Database, 5618 adolescents aged 12~17 years and young adults aged 18~29 years with ASD (ICD-9-CM code: 299) and 22472 age-/sex-matched controls were enrolled between 2001 and 2009 and followed to the end of 2011. Any suicide attempt was identified during follow-up period.

#### Results

Patients with ASD had a higher incidence of suicide attempts (3.9% vs. 0.7%,  $p < 0.001$ ) than did those without ASD. Both adolescents (HR: 5.79, 95% CI: 3.98~8.41) and young adults (HR: 5.38, 95% CI: 3.58~8.06) with ASD were more likely to attempt suicide in later life after adjusting for demographic data and psychiatric comorbidities. Sensitivity analyses after excluding the first year (HR: 4.52, 95% CI: 3.39~6.03) or first 3-years (HR: 3.36, 95% CI: 2.40~4.70) of observation showed consistent findings.

#### Conclusions

Patients with ASD had an increased risk of suicide attempts compared with those without ASD. ASD was an independent risk factor of attempted suicide. Further studies would be required to clarify the underlying pathophysiology between ASD and suicidality and to elucidate whether the prompt intervention for ASD may reduce this risk.



## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.020

### The efficacy of horticultural therapy in youth with autism spectrum disorder by using aquaponics system: the pilot study

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#### Objectives

The horticultural therapy (HT) is the practical technique used in past years, but there is no confirmed evidence about the efficacy of aquaponics system for ASD population. The study aimed to probe the efficacy of HT in youth with ASD by using aquaponics system.

#### Methods

6 youth with ASD were recruited in the 60-minute HT programs designed based on aquaponics system. To evaluate the effect of the HT programs, we administered 3 measurements both in the participants and their caregivers before the 1st program and after the last program: The Horticultural Therapy Well-being Scale (HTWS), the Social Adjustment Inventory for Children and the Adolescents (SAICA), and the Social Responsiveness Scale (SRS). To understand the effect of different frequency, we further divided participants into two groups: 6-session HT group (once per week) and 12 session HT group (twice per week).

#### Results

Both caregivers of 6-session and 12-session groups thought participants had improvements of coping skill, self-esteem and plant skill in the HTES, while only caregivers of 12 session group observed apparent improvement of social skill. In the results of the SAICA (self- and caregiver-report), the participants' negative attitude to school was improved after 6- and 12-session HT programs. There was a slight trend of improvement in all 5 domains in the SRS.

#### Conclusions

The study is the first study investigating the effect of HT in youth ASD by using the aquaponics system, and the results implied that HT programs could be the intervention for improving the social skill and self-esteem in youth with ASD.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.021

### Executive functions among youths with autism spectrum disorders: the similar deficits between youths with Asperger's disorder and the high-functioning autism

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#### Objectives

Whether the youth with Asperger's disorder (AS) and high-functioning autism (HFA) present similar deficits has been discussed for decades. Previous studies

have investigated executive functions (EF) in youths with autism spectrum disorders (ASD), but little is known about differential EF performance between youth with AS and HFA. The aim of the study is to compare the deficits in EF between youth with AS and HFA.

#### Methods

111 youths with ASD (male, 94.6%) and 114 age- and gender-matched typically developing youth (TD) was recruited and evaluated EF with Digit Span, Spatial Span (SSP), Spatial Working Memory (SWM) and Stockings of Cambridge (SOC) of the Cambridge Neuropsychological Test Automated Battery (CANTAB). To understand the effects of clinical heterogeneity, we stratified youth with ASD into three groups by clinical diagnosis: autistic disorder (A, n = 33), HFA (n = 15), and AS (n = 63).

#### Results

Youth with ASD showed poorer spatial working memory, short-term memory, and planning. We further analyzed the EF among youth with different ASD subtypes: AS vs. HFA/A vs. TD. We found that both youth with AS and HFA/A performed worse in the digit span, SWM and SOC than TD, while only the performance of digit span-forward could differentiate youth with AS from the youth with HFA/A. We also found significant interaction between the deficits of EF in youth with ASD and the task difficulty.

#### Conclusions

Our result of limited difference in executive dysfunctions between AS and HFA provides evidence to support previous studies that EF deficits cannot distinguish AS from HFA.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.022

### Individual analysis of minor physical anomalies in autism

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#### Objectives

Minor physical anomalies are insignificant errors of morphogenesis, which have a prenatal origin. Since both the central nervous system and the skin are derived from the same ectodermal tissue in utero, minor physical anomalies can be external markers of abnormal brain development and they appear more commonly in neurodevelopmental disorders. There only a few data on the individual analysis of the prevalence of minor physical anomalies in autism, so we have examined the individual prevalence of minor physical anomalies in autism.

#### Methods

We have studied the prevalence of 57 minor physical anomalies in 20 children with autism and 20 matched control subjects by the use of the Méhes Scale.

#### Results

The individual analysis of the 57 minor physical anomalies showed the significantly more frequent appearance of four signs (primitive shape of ear  $p=0.047$ , abnormal philtrum  $p=0.001$ , clinodactylia  $p=0.002$ , wide distance between toes 1 and 2  $p=0.003$ ).

#### Conclusions

The higher prevalence of minor physical anomalies in autism supports the

neurodevelopmental hypothesis of the disorder and the individual analysis of minor physical anomalies can help to understand the nature of neurodevelopmental defect, which seems to appear both in the first and the second trimesters of pregnancy.

*Acknowledgement:* The study was supported by the National Brain Research Programme – II (NAP KTIA NAP-A-II/12) and the National Excellence Programme

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.023

### Autistic spectrum disorders: the challenge of early detection in the Arab region

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#### Objectives

To assess the presence of early screening tools for autistic spectrum disorder (ASD) in arab region .

To assess the prevalence of ASD in arab region and the current research situation in arab region.

#### Methods

review of the current literature

#### Results

1. no specific early screening tools that take into consideration the diversity of Arab culture, ethnicity ,and tradition.
2. there is discrepancy between arab countries in the real prevalence of ASD

#### Conclusions

The prevalence of autistic spectrum disorders (ASD) seems to be increased world widely with unknown exact prevalence in the Arab region. The development of early detection tools for diagnosis and screening of these disorders was mandatory to decrease the burden of ASD and to facilitate early interventions. There are great challenges to develop specific tool that respectful to the diversity of Arab region with many obstacles that interfere for early detection.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.024

### The relation between reading fiction and theory of mind in children with autism spectrum disorder

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#### Objectives

The experience of reading fiction has a correlation with social cognitive ability compared to reading non-fiction in neurotypical (NT) children. We investigated the relation between experience and interest in reading fiction and theory of mind (ToM) performance in children with ASD compared to NT children.

#### Methods

The participants included 15 children with high-functioning ASD (male 13, female 2) and 15 NT children (male 12, female 3). The mean age of the ASD group was 9:08 (SD 1:08) and that of the NT group was 9:01 (SD 1:08). The verbal ages and RCPM scores were matched in both groups. The participants completed a questionnaire on reading experience and interest, and five ToM tasks including first and second order false-belief tasks.

#### Results

The number of fiction books read was significantly smaller in the ASD group than the NT group. However, there was no significant difference found between both groups regarding non-fiction books read. The ASD group passed significantly fewer ToM tasks than the NT group. There was a significant correlation between the number of fiction books that were recognized and the number of ToM tasks that were passed in the ASD group ( $r = .60, p < .05$ ).

#### Conclusions

Children with ASD have less of a tendency to read fiction than NT children. In addition, there is a correlation between interest in fiction and ToM in children with ASD. It suggests the possibility of social cognitive development in children with ASD, and has implications for education.

This work was supported by JSPS KAKENHI Grant Number JP17K04920.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.025

### The association between internet use and autistic traits in attention networks: a resting- state fMRI study.

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#### Objectives

The association between internet use (IU) and autistic traits (AT) is not well known. AT, such as difficulty in communication, would lead to the inadequate use of the internet as a social communication tool. The aim of this study is to investigate the neural basis of IU considering its association with AT in subclinical populations.

#### Methods

Forty two healthy subjects' AT and degree of IU were assessed using questionnaires, the Autism- Spectrum Quotients (AQ), and Generalized Problematic Internet Use 2 (GPIUS2). Resting- state functional MRI scanning was acquired and analyzed to find the neural underpinnings of IU focusing on the brain network regarding attention using CONN software (FDR corrected  $p < 0.05$ ) for functional connectivity analysis. Mediation analysis was performed to test whether AQ mediates the relationship between GPIUS2 and the values of functional connectivity (FC).

#### Results

Amongst "attention network" (Fan, 2005), GPIUS2 scores, that is, total and subscales "deficient self-regulation (DSR)", "mood regulation," and "negative outcomes" were associated with FC among the network differentially, with



overlapping. GPIUS2 was correlated with AQ in subscale in addition to total score level. In mediation analysis, AQ total scores and those of "communication" mediated the association between DSR and a FC between the cerebellum and fusiform gyrus (FG) (Bootstrapping method,  $-.006/-.006$ ,  $p=.011/.021$ , respectively).

#### Conclusions

AT mediates the relationship between the degree of IU and FC between the cerebellum and FG in attention network, indicating the activation of the network of IU may be affected by the manner of AT, including "communication".

#### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.026

#### Working with parents to manage children with Autism Spectrum Disorders in an outpatient specialty setting

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#### Objectives

Children with Autism Spectrum Disorders (ASD) present with a variety of concerns ranging from behavioural issues to comorbid conditions such as anxiety. Very often, however, treatment outcomes of children with ASD are not monitored, in part due to a lack of standardized or valid measures. We aim to examine changes in parental knowledge of ASD and strategies to work with their child as parent training is a critical component of good treatment outcomes.

#### Methods

Parents complete a questionnaire about their knowledge and management of their child when they first present at the clinic for ASD-specific intervention services (T1) in 2016. They were then invited to complete the same questionnaire one-year post-intervention (T2). Forty-one parents responded to the survey. The children diagnosed with ASD were aged between 6 and 19 years ( $M=13.02$ ,  $SD=3.17$ ) and 87.8% were boys ( $n=36$ ). The majority of the children (80.5%) were in mainstream education.

#### Results

Paired samples t-test was conducted to compare the differences in the parents' response at T1 and T2. Differences were found in parents' understanding of ASD at post-intervention,  $t(40)=-2.012$ ,  $p=.051$ , and in their knowledge of strategies to work with their child,  $t(40)=-2.825$ ,  $p=.007$ . There were no significant differences in the parental ratings of their children's behaviours and their ability to cope between T1 and T2.

#### Conclusions

While parents reported improvements in their understanding of ASD and knowledge of strategies to work with their child, these did not translate into improvements in the behaviours of their children. A further in-depth investigation into factors influencing outcomes of treatment for children with ASD is warranted.

#### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.027

#### Psychiatric hospitalisation patterns in children and adolescents with Autism Spectrum Disorders

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#### Objectives

Length of stay (LOS) in psychiatric wards is a critical issue and is often seen as an indicator of severity of the conditions. Revolving-door admissions are also of great concern. Hospitalization burden has been found to be greater for individuals with Autism Spectrum Disorders (ASD) and these individuals are often admitted for a variety of reasons. The present study examines the admission patterns and profiles of inpatients with ASD admitted to a child and adolescent psychiatric ward in Singapore from October 2014 to December 2016.

#### Methods

Thirty-six individuals with ASD ( $M$ age at first admission= $15.02$  years old,  $SD=2.913$ ) were admitted during the period. Information such as demographics, admission reasons, severity, LOS and number of admissions, was retrieved from the medical records database.

#### Results

There were 73 admissions altogether. Twenty-one individuals had a single admission. Fifteen individuals were admitted more than once. The most common reason for admission was behavioural difficulties (64.4%), with an average LOS of 10.6 days ( $SD=7.84$ ). Repeat inpatients had a longer average LOS per admission of 12.7 days ( $SD=12.15$ ) compared to that of one-time inpatients ( $M=8.6$  days,  $SD=7.49$ ). More than half (53.8%) of the re-admissions took place within 3 months after discharge. Age and severity at admission accounted for 71.9% of the variance in LOS of the one-time inpatients,  $F(2,8)=10.22$ ,  $p<.01$ .

#### Conclusions

It is important to examine the reasons for the admissions, which impacts on treatment efficacy and discharge planning. Our study is limited in its naturalistic setting with inherent missing data from incomplete data capture at admission and a loss to follow-up. The sample also does not consider transfers to the adult wards. A longitudinal study, as well as an examination of other factors such as family involvement, would be necessary to better understand the admission patterns and trajectory of this population.

#### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.028

#### Outcomes of individuals with autism spectrum disorder in adulthood: a pilot study

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#### Objectives

Increasing attention has been shifted to the wellbeing of individuals diagnosed with Autism Spectrum Disorders (ASD) in adulthood. However, the functioning and outcomes of individuals with ASD in their adulthood is generally not well understood. We conducted a pilot study investigating outcomes of individuals with ASD who had previously presented at the outpatient psychiatric clinic in

their childhood.

## Methods

Individuals with ASD and their parents were invited to return to the clinic to complete some questionnaires including a Demographics questionnaire, Adult Self Report (ASR), and Adult Behavioral Checklist (ABCL). The Child Behavioral Checklist (CBCL) completed by the parents at the individual's first visit to the clinic was retrieved with permission. The final sample consists of 13 young individuals with ASD (11 males, 2 females) aged between 19 and 23 years ( $M=20.63$ ,  $SD=1.30$ ) and their caregivers (11 mothers, 2 fathers).

## Results

Nine of the individuals with ASD are currently in tertiary education. Of these individuals who are still in school, four of them are holding a part-time job concurrently, earning between SGD 450 and SGD 1400 per month. All 13 of them are living at home with their caregivers. A paired samples *t*-test was conducted to compare the young individuals' current ABCL scores and their CBCL scores. Significant differences were found between the CBCL and ABCL Total scores,  $t(12)=2.680$ ,  $p=.020$ , as well as the CBCL and ABCL Externalizing scores  $t(12)=2.205$ ,  $p=.048$ . There are no significant differences between the ABCL and ASR scores.

## Conclusions

While our pilot results suggest that individuals with ASD can present with improvements in their functioning at adulthood, our sample is biased and small. The needs of individuals with ASD in adulthood need to be further explored in the local context. Longer term studies should be conducted to examine the changes in needs and outcomes of these individuals over time.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.029

### Effectiveness of a parent support group program for parents of children with autism spectrum disorder

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#### Objectives

One of the most commonly reported factors that influence positive prognosis for children with Autism Spectrum Disorders (ASD) is the involvement of caregivers or parents. However, these parents and caregivers also present with significant stress and poor well-being compared to parents of children with other chronic issues. We examine the effectiveness of a parent support program (PSG) to improve well-being and reduce stress for parents of children with ASD.

#### Methods

Parents of children with ASD invited to participate in the study were randomized to either the treatment group receiving the PSG, or a waitlist control group. They complete a package of questionnaires at 3 time-points: pre-, post- and 6-months post-follow-up.

#### Results

The final sample consists of 33 participants aged between 35 and 55 years ( $M=46.73$ ,  $SD=4.82$ ). Repeated measures ANOVA were conducted to compare the scores obtained from the participants between the treatment and control group across the three time-points. Parents in the PSG reported significant improvements in their scores compared to the waitlist control group, on the Parenting Stress Index (PSI) Parental Distress Domain,  $F(2,31)=4.535$ ,

$p=.015$ , PSI Parent Child Dysfunctional Interaction Domain,  $F(2,31)=3.713$ ,  $p=.030$ , and Warwick-Edinburg Mental Wellbeing Scale (WEMWBS) Total score,  $F(2,31)=3.368$ ,  $p=.032$ , over time. Parents in the PSG also reported an improvement in the use of more adaptive coping strategies on the COPE Reappraisal subscale,  $F(1,32)=7.182$ ,  $p=.012$ . Children of parents in the PSG were also reported to present with a reduction in scores on the Children Behavior Checklist (CBCL) Externalizing Domain,  $F(2,31)=4.130$ ,  $p=.028$ , CBCL Total,  $F(1,32)=5.725$ ,  $p=.005$ , and Social Communication Questionnaire (SCQ) Total score,  $F(2,31)=5.086$ ,  $p=.017$ .

#### Conclusions

The effectiveness of the PSG program in improving the well-being of parents, specifically in reducing parental distress and improving the relationship with their children is encouraging. Limitations and insights gained from the PSG warrants further discussion.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.030

### Olfactory referential syndrome in an adolescent with Autism Spectrum Disorder (ASD) - a case report

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#### Objectives

It is becoming increasingly recognized that children suffering with ASD often present sensory dysfunctions, but the nature of these sensory impairments is not well understood. The aim of this work is to present a case of olfactory referential syndrome in an adolescent subsequently diagnosed with ASD, hypothesizing about an increased prevalence of the disorder in this population, related with their differences in sensory processing. To our knowledge, there is no literature available about olfactory referential syndrome in adolescents with ASD.

#### Methods

We describe a case-report of a 15 year-old boy with olfactory referential syndrome, subsequently diagnosed with ASD.

#### Results

The patient was admitted to the emergency service following an "school refusal" in the context of a false belief of emitting an unpleasant body odor. He was diagnosed with olfactory referential syndrome. After the treatment, the patient presented a significantly improvement, although some deficits in social interaction and communication remained. A more exhaustive clinical investigation allowed us to conclude that this deficits were already present in his premorbid functioning, seeming to be part of his developmental trajectory. The retrospective analysis of his clinical file and interviews with the family was compatible with the diagnosis ASD during his neurodevelopmental trajectory, and the standardized evaluation using ADI-R and ADOS-2 confirmed the diagnosis.

#### Conclusions

Developmental disorders manifest themselves in adolescence through atypical symptoms and are often presented with comorbidities. Therefore, it is clearly relevant for psychiatrists consider it as a diagnostic option, either as the patient's main problem or as predisposing factor for other psychiatric disorders.





## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.031

### Evaluation of peer bullying and related factors on children and adolescents diagnosed with autism spectrum disorder

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#### Objectives

In this study, we aimed to determine rates of being bully or being victim of peer bullying among children and adolescents diagnosed with autism spectrum disorder (ASD), and define its relations with sociodemographic characteristics and co-morbid psychiatric disorders.

#### Methods

58 cases between 8-18 years of age followed by İstanbul University İstanbul Faculty of Medicine Department of Child and Adolescent Psychiatry diagnosed with ASD/Mild severity according to DSM-V and who aren't clinically intellectually disabled were included. Schedule for affective disorders and schizophrenia for school aged children-now and lifetime version were applied to all participants. Sociodemographic data form developed by researchers were filled by researchers in interviews done with every children and parents who are willing to attend to the study. Children and parents asked to fill olweus peer bullying questionnaire and peer bullying parent form which is developed by researchers.

#### Results

Half of the participants were only victim (n=29), 1,7% were only bully (n=1), 19% were both victim and bully (n=11). No significant differences were found between groups which experienced peer bullying and group which hadn't when compared by gender, age, number of good friends and co-morbid psychiatric disorders (p > 0.05). A significant correlation was found between severity of being bullied and generalized anxiety disorder (p < 0.05), but no significant correlation was found for other co-morbid diagnoses (p > 0.05). There were no significant relation (p > 0.05) between severity of being bully and psychiatric co-morbid diagnoses.

#### Conclusions

According to our study, peer bullying is commonly seen in ASD cases. In children who are involved in bullying cycle—either as a bully or as a victim—negative psychological and social outcomes are seen both in long and short term.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.032

### Vitamin D levels in children with autism spectrum disorder: a Tunisian cross-sectional study

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#### Objectives

Our study aimed to compare the vitamin D serum level between children with autism spectrum disorder (ASD) and control population

#### Methods

The current study was cross-sectional and comparative. It enrolled 41 children (26 male and 15 female, mean age = 4.77 ± 0.97 years) who were diagnosed as children with ASD according to DSM 5 and Childhood Autism Rating Scale (CARS). These children were recruited from the outpatient clinic of child and adolescent psychiatric department in CHU Hedi Chaker in Sfax, Tunisia. The control group included 43 normal children without any medical or psychiatric disorders who were matched in age and sex with ASD children. Vitamin D serum levels were measured in both groups in the biochemistry laboratory in CHU Habib Bourguiba in Sfax.

#### Results

Serum levels of vitamin D were significantly lower in children with ASD (17,13 ± 9,65 ng/ml) when compared with control group (21,34 ± 8,1 ng/ml) (p = 0,034). Our study showed also that children with vitamin D deficiency have a 3.55-fold risk (95% CI 1.2-9.8) to develop ASD compared to children with normal vitamin D concentrations.

#### Conclusions

Our findings highlighted the presence of differences in vitamin D concentration between children with ASD and children without any medical or psychiatric disorders. Vitamin D deficiency, either during pregnancy or during early childhood – has recently been suggested as a possible environmental risk factor for ASD. Thus, future studies are needed to clarify the modulatory role of vitamin D in the pathogenesis of autism.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.033

### Effects of cognitive remediation therapy on executive functions in children with autism spectrum disorder

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#### Objectives

We aimed to examine the effectiveness of Cognitive Remediation Therapy (CRT) for improving executive functions in children with autism spectrum disorder (ASD)

#### Methods

Cross-sectional study involving children with ASD according to DSM-5. The CRT program was conducted at the rate of one session per week of 45 minutes each. The main outcomes measures were mental flexibility, working memory and inhibition. Mental flexibility was evaluated using semantic fluency ("animals" and "clothes" categories). Working memory was assessed by the forward and backward digit span. These outcomes were measured at baseline and one week after completion of the treatment.

#### Results

Of the 25 patients included, 16 achieved assessments tests after CRT, thus constituting our final sample. Their average age was 10.87 years. The mean score in "animals" category was 13.94 before CRT and 17 after it (p=0.045).

Concerning the “clothes” category, the mean score increased from 10.47 to 12 after completion of the program.

After achievement of CRT, patients showed significant improvement ( $p=0.001$ ) on forward digit span which score was 3.38 before CRT and 4 after completion of the program. Concerning backward digit-span, the mean score increased from 2.21 before CRT to 3.09 after it. This improvement was significant ( $p=0.006$ ).

## Conclusions

The findings provide support for the effectiveness of CRT for enhancing executive functions in patients with ASD. Further studies are required to examine the durability of CRT effects in these children

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.034

### The Tunisian Empathy Scale for Children (TESC): Validation study

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#### Objectives

The aim of this study is to develop an empathy scale adapted to Tunisian children that highlights the different components of empathy

#### Methods

We developed a parent report questionnaire to avoid mistakes related to children's comprehension abilities. The parent answers to each item using a likert scale ranging from “Definitely agree” to “Definitely disagree”. The primary scale included 26 items assessing the affective, cognitive, behavior and somatic empathy. The pilot study has been performed. The validation study comprises the following steps: the scale will be passed by parents of children between 7 and 11 years old including 2 groups: a group of typically developing children enrolled in primary school and a group of verbal children with autism spectrum disorder. All children will have to pass an intelligence test, a reading comprehension test and a verbal fluency test.

#### Results

We recruited 20 parents of typically developing children aged between 7 and 11 years old for a pilot study. The participants had the possibility to comment and ask any question they had about the scale. The pilot study allowed us to make some corrections. Validation study is still being finalized.

#### Conclusions

The definitive results will be discussed in light with literature on the subject.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.035

### Validation of a Tunisian test for evaluating mentalizing in children

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#### Objectives

To describe the results obtained after a study of validation of this test.

#### Methods

This tool is a social computerized test for children aged 7 to 12 years, made of 10 situations composed of a Tunisian language text/audio tape illustrated by picture(s): 7 of them contain a faux pas or a misbelief, 2 contain comprehension questions and a theory of mind first and second order questions. The tasks assess the assigning of intentions or epistemic and emotional mental states to the characters of the situations.

Betatest has been performed as well as pilot study on 15 children. The final validation step will comprise:

- the inclusion of 200 typically developing children aged from 7 to 12 years
- The assessment of IQ of the participants by using Raven's coloured progressive matrices.
- The assessment verbal language by a Tunisian test of comprehension and a verbal fluency test.

#### Results

The rate of correct answers for epistemic TOM were from 86, 6% to 93%, those of the emotional TOM of 73%, and of intentionality of 100%, and social clumsiness from 66, 6% to 86, 6% and control issues from 86, 6% to 100%. Results were correlated to the age of the children, showing preliminary quite good results.

#### Conclusions

Results will be compared with literature data.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.036

### A framework for measuring and using Quality of Life data to improve outcomes for students with Autism and their families.

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#### Objectives

The call for a condition-specific measure of quality of life (QoL) in Autism - one that captures their specific needs and characteristics has now been answered (Eapen et al, 2014). Swalcliffe Park School, a specialist day and residential school for boys aged 10 to 19 with Autism Spectrum Conditions, participated in the recent validation of this instrument –the Quality of Life in Autism (QoLA) questionnaire.

This presentation will describe the school's framework for systematic data collection, evaluation and implementation using the QoLA.

#### Methods

Students and their parents completed QoLA to contribute to setting more meaningful targets in the provision of support services. The QoLA allows the children to voice judgements on how they are feeling about their autistic behaviours and their own QoL while the parental QoLA allows families to express their views as to how aspects of their life and QoL are being affected.

#### Results

Overall, the adolescent and parent QoLAs were found to have strong psychometric properties.



Further, preliminary data analysis reveals age trends in self-awareness of autistic behaviours and QoL judgements. Group data shows severity patterns in autistic behaviours with conversation, situational anxiety and social understanding rated as most problematic by students.

Issues arising from a comparison of student and family perspectives on QoL and the impact of autism on this will be presented.

#### Conclusions

A framework for systematically linking QoL data to target setting for students and families has been developed and the school is re-conceptualising its service offer to both groups.

#### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.037

#### Autistic traits and military fitness – a general population study among young men in the Northern Finland

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#### Objectives

Autistic traits may relate to various difficulties in the transition into adulthood. In countries with obligatory military service, service is an important element in the transition. We aimed to study autistic traits and military fitness in 18-year-old men in general population.

#### Methods

The study sample is a one-year military call-up sample in the Northern Finland. In call-up men are classified fit for service (class A or B) or not fit for service (class C for permanent rejection, class E for temporary rejection). The men also evaluated their current autistic traits by completing a short form of the Autism Spectrum Quotient, the AQ-10.

#### Results

We obtained 2614 completed AQ-10 with a participation rate of 60%. The mean for the AQ-10 total score for the participants was 2.26 (SD 1.62, min score 0, max score 10). There were 2245 (86%) men in the fit for service group while 369 (14%) men fell in the rejected from service group. The AQ-10 total score mean was statistically significantly higher in the rejected group than the fit for service group (2.75, SD 1.8 vs. 2.18, SD 1.6,  $p < .001$ ). When comparing men in class A (AQ-10 mean 2.16, SD 1.6) to men in classes C (AQ-10 mean 2.91, SD 1.9) and E (AQ-10 mean 2.58, SD 1.7) there were statistically significant differences in mean scores ( $p < .001$ ,  $p = .012$ ).

#### Conclusions

Autistic traits may be more common among young men rejected from military service in Finland. The examination of specific autistic traits and associating factors is needed.

#### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.038

#### Altered white matter connectivity as a neural substrate for social cognition in high-functioning autism: diffusion tensor imaging study

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#### Objectives

It is known that many of the cognitive and social deficits associated with autism can arise from abnormal functional connectivity between brain networks. This aberrant functional connectivity in autism spectrum disorders (ASD) can be explained by impaired integrity of white matter tracts that link distant regions of the networks.

#### Methods

In the present study we investigated white matter in children and adolescents with high-function autism (HPA) compared to normal controls using diffusion tensor imaging (DTI). The aim of this research is to provide supporting evidence for abnormalities in neural connectivity as an underlying pathophysiology of the main characteristics of ASD. DTI was used to examine brain activations in 9 children with HPA and 13 typically developing controls.

#### Results

We found impairment of neural connectivity, mainly in association fiber tracts, in individuals with high-function autism as evidenced by decreased fractional anisotropy (FA), the index of white matter integrity, of these tracts. Among them, inferior fronto-occipital fasciculus (IFOF), which connects the social brain, had a significant relationship with various domains such as social interaction, communication, repetitive behavior, verbal intelligence quotient (IQ), performance IQ, and functional IQ. The inferior longitudinal fasciculus (ILF) and superior longitudinal fasciculus (SLF) also showed decreased FA in individuals with HFA. FA of ILF and SLF had negative correlations with scores of social interaction and repetitive behaviors, and positive correlations with IQ.

#### Conclusions

These findings suggest that widespread abnormalities in association fiber tracts may contribute to both core and associated symptoms of ASD.

#### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.039

#### Stories – the land of common ground

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#### Objectives

In the eyes of neuro-diversity proponents, humanity currently benefits by a unique but latent progress potential, represented by certain distinctive features from the autism spectrum. Our objective was to show that the characteristic hyper-systematization of people with Asperger's could be regarded as a huge resource if other traits like cognitive inflexibility and naivety can be restructured in a common therapeutic language, namely the therapeutic stories.

## Methods

We used the therapeutic storytelling in a 17 year old patient, diagnosed with Asperger's at the age of 14, currently presenting for recently associated obsessive thoughts of persecution: "You doctors are poisoning me with your pills, pills are only for old people". The patient had hetero-aggressive verbal outbursts at the time of treatment administration in the hospital while he completely refused to take it to home. We conceived a story where the main characters were Pokémons, knowing his interest in them. In this story, the main character is determined by another fellow Pokémon to accept medical intervention.

## Results

The second day after reading the story, the patient who was at home after being discharged from the hospital, went to his mother asking her to prepare the treatment for him.

## Conclusions

Knowing the need for results that can be generalized it would be challenging to approach this method in a standardized manner but we believe that the uniqueness of patients with Asperger's forces us to adopt an inventive individualized approach for each case.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.040

### Qualitative differences in experiencing self and others between adolescent patients on autism spectrum disorder and psychosis spectrum disorder-a phenomenological approach

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## Objectives

Schizophrenia and autism have a common historical background and their symptoms often overlap. Both have difficulties on social, cognitive and emotional functioning. Working with young clinical population we sometimes found it could be challenging to differentiate diagnostically between young patients who are experiencing prodromal schizophrenic symptoms and people who have Asperger syndrome that was not yet diagnosed.

Our research was based on our clinical observations that their quality of experiencing self and others is different. Our hypothesis is also based on theory from Crispi and Badcoc who argue that psychosis and autism represent two extremes on social cognition spectrum with normality as its center. Patients on autism spectrum are prone to hypomentalize, on psychosis spectrum tend to overmentalize, but they both have impairments in theory of mind skills.

## Methods

N=30 young patient (age: 15-25) who were diagnosed either with Asperger syndrome, Schizophrenia or Schizotypal personality disorder. They all have at least average IQ and were not acutely psychotic.

The psychological tools used were: Rorschach test, Reflective functioning questionnaire, and phenomenological interviews that are used to recognize schizophrenic autism (EASE, EAWVE).

## Results

Our results show that both groups have psychological symptoms: problems with emotion regulation, problems with social functioning-lack of social involvement, poor self image and thought disorders. But the difference was in phenomenology (the differences were shown during interviews EASE, EAWVE).

## Conclusions

Traditional schizophrenic autism is in quality different from autism as developmental disorder. The latter are prone to be less reflective (hypomentalize), patients from psychosis spectrum are prone to over mentalize (hypermentalize).

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.041

### Pain perception in children with autism (prospective study of 40 cases)

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## Objectives

It has long been believed that the person with autism had insensibility or analgesia pain. However, recent studies show a different mode of expression of pain associated with disorders of verbal and nonverbal communication, body schema and some cognitive impairment. The aim of our study was to evaluate the reactivity of an autistic child in a slightly painful stimulation in a standardized situation where there is a dual relationship with an adult.

## Methods

We conducted a study, in child and adolescent psychiatry service in Marrakech Avicenne military hospital, on 40 children with autism and mental retardation. The diagnosis of autism was established following a multidisciplinary assessment including placing scale ADIR (Autism Diagnostic Interview Revised) and ADOS (Autism Diagnostic Observation Schedule). Severity of autism was assessed by the scale CARS (Childhood Autism Rating Scale). All subjects were submitted to a pinch with a clothespin camouflaged by the palm of the hand of the examiner. The reactivity to pain was assessed by the NCCPC (Non-Communicating Children's Pain Checklist).

## Results

Data analysis has objectified the following results: the average age of the children was  $4.89 \pm 1.04$  years with a range of 3.5 years and 7 years. We find that 72.5% of children were male, all children have responded to pain, 57.5% had moderate to severe pain and 42.5% had mild pain. The evaluation of pain according to the severity of autism showed no correlation between the intensity of the pain and the severity of autism ( $P = 0.745$ ). Another evaluation of the expression of pain according to the items of the NCCPC scores showed that 95% of children responded with motor responses, 90% responded with vocal productions, only half of the children (55%) presented facial expressions and 12, 5% of the children. showed physiological indices. The analysis of the type of motor and vocal reactions was not moving toward pain in almost all children (removal or protection of the area of the body affected, the precise location of the painful area are almost absent in our sample).

## Conclusions

These results are in favor of a different mode of expression of pain in children with autism, the fine and gross motor assessment, voice, facial and physiological responses remains important for better detection of pain in children with autism.



Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.042

High temporal resolution is associated with high levels of autistic traits via weaknesses in multisensory integration

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Objectives

Autism spectrum disorder is characterized by deficits in social communication as well as atypical sensory processing. Multisensory integration and temporal processing play an important role in recognition and learning of social interactions. The present study examined whether fundamental sensory functions such as temporal processing and multisensory integration are related to autistic traits in the general population.

Methods

This study included 84 participants (mean age ± SD: 21.1 years ± 2.4; 41 females). We use the temporal order judgment task as a measurement of the detection accuracy of asynchronization. The temporal window (TW) of an individual can be defined by calculating the time intervals at which he/she could not accurately judge the order of the flash and sound. The frequency of perceiving an illusory flash in the Sound-induced Flash Illusion task was used for evaluating multisensory integration. The degree of autistic traits was measured by the Autism Spectrum Quotient.

Results

Multiple regression analyses showed the narrower TW for detecting audio-visual asynchronization and the lower ability to engage in multisensory integration were related to the higher levels of autistic traits. Mediation analysis revealed the difficulty in multisensory integration mediated the relationship between the TW and autistic traits.

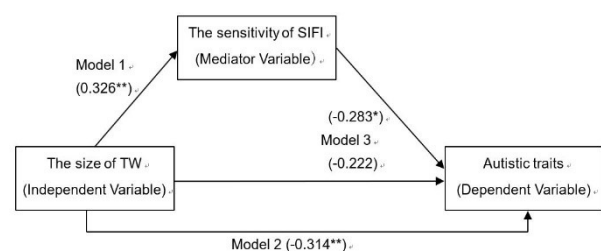


Figure 1. Illustration of the mediation model. The direction of prediction in each model is shown by arrows; numbers on arrows indicate standardized regression weights. TW: temporal window; SIFI: Sound-induced Flash Illusion. \* 0.01 < p < 0.05 level; \*\* p < 0.01.

Conclusions

These results suggest that individuals with high levels of autistic traits employ a detail-focused style during temporal processing and that a narrow TW prevents multisensory integration. A narrow TW and difficulties with sensory integration might be considered as deficits in relation to fundamental functions that produce or contribute to difficulties in social interactions.

Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.043

Developmental regression in children with autism based on parental reports: across-sectional study from eastern India

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Objectives

To understand the characteristics of regression in children with Autism and to compare the clinical and developmental profile of children with autism in whom parents report regression with autism children in whom no regression is reported.

Methods

The participants were (88, Mean age = 67.35 months, SD =2.96) recruited from the outpatient department of Psychiatry of tertiary care hospital for neurology and allied sciences in eastern India. All children between 1 to 10 years of age attending the psychiatry OPD were initially screened and diagnosed independently by two qualified psychiatrists. Multi-disciplinary evaluations including neurological, diagnostic, cognitive, and behavioural assessments were done. A specially designed parental questionnaire was administered to the parents of these children. This contained questions evaluating the general socio-demographic data, birth history of the child, family history and data on the phenomenon of regression. The scales used were DST (Developmental screening test), CARS and ADIR.

Results

Regression was reported in 60.2 percentage of the sample. The mean age of regression was 22.11 months (SD 10.53), (earliest age of reported regression -11 months). Multiple time regression was noted in 3.4 % of children. The 4 different patterns of onset of Autism were noted (Delay from beginning, developmental plateau, delay plus regression and pure regression). No significant differences noted between four groups w.r.t DQ & CARS. Some parents notice infections (41.5%) and psycho social factors (37.7%) preceding the regression and among psychosocial factors, decreased parent –child interaction was reported by significant number of parents.

Conclusions

Developmental regression can be early and reliable marker in significant number of children with Autism

Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.044

Can smartphone apps screen for autism risk in Africa? A feasibility study in South Africa

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## Objectives

To determine the feasibility of the Autism&Beyond iPhone App as a screening tool for ASD risk in typically developing 12-72 month-olds in a low-income South African (SA) setting.

## Methods

Thirty seven African families from Khayelitsha Township participated in this mixed-methods study. Parents were asked about smartphone, internet and app use. Children were shown four short videos on an iPhone designed to elicit positive emotions. Facial expressions and head movements were recorded. We validated built-in algorithms by comparing (i) automated and human coding of facial expressions in a random sample (N=10), and (ii) SA data with a matched USA sample. Focus groups provided data on accessibility and cultural appropriateness of the App.

## Results

Sixty four percent of parents owned a smartphone, all Android. Human-automated coding showed excellent correlation for positive emotion (ICC= 0.95, 95% CI 0.81-0.99) and no significant differences were observed between the SA and USA sample in % time attending to stimuli. SA children spent less time smiling at two videos (Toys&Rhymes: mean SA = 0.14 (0.24); mean USA = 0.31 (0.34); p=0.05; Bunny: mean SA = 0.12 (0.17); mean USA = 0.3 (0.27); p=0.006). Focus group data showed parents found the App easy to use and would recommend it to others, provided the App and data were free.

## Conclusions

The Autism&Beyond App was accessible and acceptable in a low-resourced community. The automatic classifier was technically accurate, but group differences suggested that % time smiling may not be a robust cross-cultural marker for ASD risk. Larger-scale studies are recommended.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.045

## Dynamics of autism spectrum disorder diagnosis in children's mental hospital

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## Objectives

Increasing autism spectrum disorders (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. Some 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.

## Methods

To evaluate ASD prevalence among children in Child and Adolescent Department of Moscow Research Institute of Psychiatry, data of all officially registered ASD cases in that Department was used.

## Results

Data analysis showed a clear upward trend in number of ASD cases among children in Child and Adolescent Department of Moscow Research Institute of Psychiatry. Based on the assessment of inpatients in 2012-2016, a distinct increase from 20% to 34% was observed. At the same time, a decrease (of more than 20%) in mental retardation diagnosis was noted.

## Conclusions

The revealed rise of ASD diagnosis among children in Moscow Institute of Psychiatry corresponds with the world trend. Possible causes of such increase can be: raising autism awareness among the population, parents' willingness to accept autism diagnosis, perceiving it to be 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).

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.046

## Cognitive-behavioural therapy on emotional regulation for adults with high-functioning autism spectrum disorder

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## Objectives

Adults with high-functioning autism spectrum disorders (ASD) have deficits in understanding others' minds. Recent research has found that they are unable to understand not only others' but also their own minds. This could lead to difficulties in self-regulation. Therefore, this study investigated the efficacy of group-based CBT for adults with ASD.

## Methods

The study was conducted by RCT. Participants were planned to be 60 adults with ASD and Each group during therapy consisted of 4~5 adults with ASD and 2 psychologists. CBT group received group therapy over a 8-week period (1 session/week) with each session lasting approximately 100 min. On the pre (within 4 weeks), post (within 4 weeks) and 12 week follow up period of the intervention, the all measures were examined.

## Results

A total of 82 individuals with ASD were referred to this study. Of these, 60 (73.2 %) met inclusion criteria. For each of the outcome measures, we calculated the differences between pre- and post-assessment, pre- and follow-up assessment, and post- and follow-up assessment scores. Differences between the control group and the waiting group were assessed using t-tests. These t-tests demonstrated significant differences (p< 0.05) between pre- and post-assessment scores on the TAS20 (the 20-item Toronto Alexithymia Scale) Factor 2, the ASD questionnaire (attitude), and between pre- and follow-up assessment scores on the CISS (E).

## Conclusions

Our group-based CBT for adults with high functioning ASD improved their understanding of their own emotions and thoughts, increased their positive thinking regarding ASD, and enhanced their coping skills.



Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.047

**Personal protective equipment (PPE) & restraint alternatives in the management of challenging behaviors in inpatients with autism and intellectual disability**

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**Objectives**

Background : In intensive and emergency psychiatry units, caregivers are often faced with severe behavioral disturbance, including self-injury, aggression and extreme psychomotor agitation. The associated risk of harm is highly problematic. While the use of restrictive measures is common, it optimally should be limited.

Objectives : To review the myriad forms of personal protective equipment in current use, including helmets, gloves, sleeves, jackets, bodysuits, mattresses, splints, padded shields, papoose boards, etc. and describe their usage through caregiver experience.

**Methods**

A focused ethnography based on the observation, justification and formalization of personal protective equipment and procedures used as an alternative to restraint, focusing on caregivers' representations of violent patient encounters. The research was a multi-centered study in three psychiatric inpatient units in Canada, the USA and France dedicated to the assessment and treatment of challenging behaviors in individuals with autism and intellectual disability.

**Results**

Innumerable forms of personal protective equipment (PPE) exist, and their usage confers a safe alternative to the containment of behavioral crises. Appropriate handling of challenging, recurring behaviors is imperative to the preservation of physical and moral integrity in both patient and caregiver.

**Conclusions**

Personal protective equipment (PPE) decreases harm associated with the management of challenging behaviors, and promotes respect of individual integrity and fundamental moral rights. The usage of PPE further assists understanding of behavioral etiologies, and subsequent provision of personalized and efficacious therapy.

Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.048

**Outpatient rehabilitation resources and medical expenditure in children with ASD in Taiwan**

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**Objectives**

Autism spectrum disorder (ASD) is a neurodevelopmental disorder in children. This study investigated the use of rehabilitation treatment in Taiwan.

**Methods**

We selected children aged 3–12 years from the National Health Insurance Research Database from 2008 to 2010 and included them in the analysis. The children who received a diagnosis according to the International Classification of Diseases, Ninth Revision, Clinical Modification were divided into two groups: ASD and non-ASD. We used the chi-squared test, independent sample t test, and multiple regression analysis to evaluate the variables.

**Results**

The utilisation of rehabilitation resources was higher in the ASD group than in the non-ASD group. ASD group comprises 6% of the total rehabilitation patients. In terms of single declaration of National Health Insurance, ASD group is higher approximately 8% than the non-ASD group. In terms of annual average frequency and average total annual cost, ASD group is 2.5~2.6 times higher than the non-ASD group. In terms of the rehabilitation year, there is a growth from 2008 to 2009, but saturated from 2009 to 2010. Prediction of the use of rehabilitation resources, average cost, average frequency of visits, and total annual cost was affected by factors such as the average frequency of rehabilitation use, demographic characteristics, and the hospital characteristics and location ( $p < 0.001$ )

**Conclusions**

Policies should be established to aid in the early detection and treatment in children to benefit treatment outcomes and reduce the family burden and treatment expenditure in the future.

Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.049

**Autism spectrum disorder stigmatization: a systematic review**

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**Objectives**

The aim is to review studies that analyze the stigma perception of the ASD

persons and their families.

## Methods

An electronic search of studies published between 1990 and 2016, using different databases was conducted.

## Results

Thirty-three papers were included in this review (14 about the general population's perception, 15 about the family perspective and 4 about the ASD people perspective). The results indicate that stigma has negative consequences in those who suffer it and make necessary to develop different coping strategies.

## Conclusions

The outcomes suggest that there are two variables that affect this process: the diagnosis and the ASD knowledge. However, it is necessary the continuum research about this topic and the introduction of programs to disentangle this problem.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.050

### Autism spectrum disorder: stability and impact of an early diagnosis

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#### Objectives

To examine the clinical trajectories of children who had previously scored for Autism Spectrum Disorder (ASD) in the Autism Diagnostic Observation Schedule (ADOS) but did not score when submitted to the same examination at a second time.

#### Methods

Consultation and analyses of the clinical records of children followed by an ASD specialized team in a Portuguese Child and Adolescence Psychiatry Department, who, from January 2014 until March 2018, repeated the ADOS evaluation, not scoring for ASD at the second time. Information abstracted included: sociodemographic data, ADOS scores (in both evaluations), other diagnostic tools performed, global functioning at the beginning of the follow-up, interventional approach and clinical evolution.

#### Results

The majority of the ADOS were performed firstly at the ages of 3 to 6, and secondly at 5 to 8. Almost all the children repeated this evaluation because they were clinically improved, mostly in terms of social interaction and communication skills. Most of them had been submitted to early intervention. Furthermore, nearly all had an important developmental delay.

#### Conclusions

The diagnosis of ASD is made clinically. ADOS, the reference standard for diagnosis of autism in research studies and many clinical settings, is meant to be used in conjunction with other clinical information and the examiner's clinical expertise. Global developmental delay may be difficult to distinguish from ASD, particularly in young children, who may need to be followed over time before a definitive diagnosis can be made. However, a provisional diagnosis may ensure that the child receives proper intervention.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.051

### Problems with gastrointestinal system in children with autism spectrum disorders

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#### Objectives

Parents of children with ASD turn to practitioners with complaints about problems with the gastrointestinal system. The aim of the study was to determine the influence of gastrointestinal dysfunctions in development and prognosis of autism spectrum disorders in children.

#### Methods

It was randomized 73 children with ASD and functional gastrointestinal disorders (FGIDs). The control group consisted of 84 children with normal development. All children were aged 3-6 years. ASD were diagnosed using the diagnostic criteria of ICD-10, ADIR, ADOS. The information about FGIDs was collected by using the Questionnaire on Pediatric Gastrointestinal Symptoms-Rome IV Version (QPGS-RIV). Dynamics of development and adaptive behavior were assessed using the Psycho-educational Profile (PEP) and Vineland Adaptive Behavior Scales (Vineland-II). These variables were analyzed by using student's t-test and chi-square test.

#### Results

The prevalence of FGIDs were significantly higher in the children with ASD than in the control group, (42.5% vs. 21.4%): constipation (31.5% vs. 11.9%), diarrhea (8.2% vs. 1.2%), nausea and vomiting (8.2% vs. 2.4%), and foul defecation (17.8% vs. 6.0%) (all  $P < 0.05$ ). The prevalence of FGIDs was similar in boys and girls in comparison groups. Compared with ASD children without FGIDs ( $n=36$ ), the ASD children with FGIDs ( $n=37$ ) had more emotional and behavior problems.

#### Conclusions

Children with ASD have higher risk of FGIDs than the normal developing children. While the stereotyped behaviors, problem behaviors and emotional problems are severer in the ASD children with FGIDs. It is important to provide comprehensive treatment and management for these groups of children.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.052

### Effectiveness of behavioral therapy in children with autism spectrum disorders: professional therapists in comparison with parents under supervision

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#### Objectives

Applied Behavioral Analysis (ABA) Interventions used for ASD children include Early Intensive Behavioral Intervention (EIBI) and the Lovaas Model for older chil-





dren. Pivotal Response Treatment (PRT), formerly called the Natural Language Paradigm, Positive Behavior Support (PBS) is a play-based teaching methodology that utilizes the to modify behavior. Many children with ASD, particularly those in low-income countries have limited access to certified ABA therapists. If trained non-specialists were able to provide such care, more children were able to receive treatment.

#### Methods

Were examined 240 toddlers with ASD from 18 to 36-month old. For diagnostic we used: ADI-R, ADOS, and for assessment of development: ASQ:SE, PEP-R, Vineland. The toddlers were randomized in two groups that received 20 hours of therapy per week for 40 weeks: the first group (FG) – received EIBI provided by certificated therapists, and the second group (SG) – PBS Intervention provided by parents after 4 hours long training with supervision of specialists every two weeks.

#### Results

In the end, the IQs in the FG had improved by an average of approximately 20 points ( $p < 0.05$ ;  $2 = 0,652$ ), compared to 12 points in SG ( $p < 0.05$ ;  $2 = 0,458$ ). The FG also had a nearly 14-point improvement ( $p < 0.05$ ;  $2 = 0,610$ ) in receptive language (listening and understanding) compared to approximately 9 points in the SG ( $p < 0.001$ ;  $2 = 0,460$ ). It was found that for EIBI, the best outcomes were shown for developmental and daily skills. Cognitive rehabilitation, training, and support were found to be most effective for improving developmental outcomes; and parent training interventions to be most effective for improving developmental, behavioral, and family outcomes.

#### Conclusions

All toddlers from 18 to 36-month-old should be screened for ASD. EIBI provided by certified therapist was more effective than Behavioral Interventions of non-specialist, but it can be useful especially in low-resource settings.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.053

#### Relationships between the executive function profile and the functional outcomes in autistic adults without intellectual disability

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#### Objectives

The study investigates the relationship between the Executive Function (EF) profile and the functional outcomes of autistic adults without intellectual disability.

#### Methods

The study participants are 60 autistic adults (aged 18-50) without intellectual disability selected from 10 centres for ASD and 60 typical controls matched on age, gender and educational level. The EF profile is determined using both performance-based measures (4 computerised tests from Cambridge Neuropsychological Test Automated Battery) and rating measures (Barkley Deficits in Executive Functioning Scale). The functional outcomes are assessed using the full version of the WHODAS 2.0 (World Health Organization Disability Assessment Schedule 2.0). Group differences on Executive functioning are analysed, and so are the correlations between EF profile and the general functioning measurements.

#### Results

Measurements of planning, working memory, visual memory, new learning and the ability to manage multitasking will be presented, as well as the relationship with the functional outcomes. The inter-assessment agreement between performance-based and rating measures of executive functioning will also be displayed. The study is on-going and preliminary results will be presented.

#### Conclusions

The findings of this study suggest that impairments in executive functioning could represent another source of heterogeneity in autistic individuals' functional outcomes. These results fit the existing literature reporting that the outcomes of this population are highly variable and modulated by multiple factors.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.054

#### The impacts of dysregulation on white matter microstructural integrity for males with and without autism spectrum disorders

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#### Objectives

Our study aimed to explore the impacts of dysregulation on white matter microstructural integrity for males with and without ASD. We would like to know if there is similar or different association of microstructural integrity and dysregulation for males with and without ASD.

#### Methods

In consideration of image quality, data of 87 ASD and 77 typically developing male controls (TDC) entered final analysis. We used tract-based automatic analysis (TBAA) and high-quality diffusion spectrum imaging (DSI) method to measure the microstructural integrity in seventy-six major white matter tracts. Dysregulation was evaluated with the T scores of 3 subscales (Attention, Aggression and Anxiety/Depression) in the Child Behavior Checklist (CBCL). We investigated if there is similar or different association of microstructural integrity and dysregulation in ASD and TDC groups. Age, FIQ, and signal to noise ratio were taken as covariates in the regression analysis. We adjusted multiple comparisons via false discovery rate estimation with  $p < 0.05$ .

#### Results

We found ASD and TDC groups had different association of dysregulation and white matter microstructural integrity in several major tract bundles. Among them, findings in the left inferior fronto-occipital fasciculus, left longitudinal fasciculus, right superior longitudinal fasciculus II and right uncinate fasciculus were most consistent and robust ( $P < 0.01$ ). However, there is no shared association of dysregulation and white matter microstructural integrity for ASD and TDC groups.

#### Conclusions

Our findings suggest that ASD and TDC had different neural mechanism in processing dysregulation, which need further investigations in the future.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.055

### Pharmacotherapy for the treatment of aggression in pediatric and adolescent patients with autism spectrum disorder comorbid attention-deficit/hyperactivity disorder

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#### Objectives

Both attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) are frequently accompanied by serious aggression that requires psychiatric treatment. However, little is known about the experiences psychiatrists have had using pharmacotherapy to treat aggression in patients who have both ASD and ADHD (ASD/ADHD). The purpose of this study was to examine the experiences of Japanese child and adolescent psychiatrists in prescribing medication for aggression in patients with ASD/ADHD.

#### Methods

A prospective questionnaire was mailed to 2,001 psychiatrists affiliated with the Japanese Society for Child and Adolescent Psychiatry. Multivariate logistic regression analysis was used to identify factors predicting the outcome of pharmacotherapeutic treatment of aggression in pediatric and adolescent patients with ASD/ADHD.

#### Results

Of 2,001 psychiatrists, 571 (28.5%) completed the full questionnaire (final sample). Of these, 488 (85.4%) prescribed psychotropic medication in treating pediatric and adolescent patients with ASD/ADHD, 299 (61.3%) of them doing so to treat aggression. Prescribers' duration of practice (odds ratio [OR]: 1.055;  $P = 0.038$ ) and patient symptoms of residual impulsivity (OR, 2.479;  $P = 0.039$ ) increased the odds of prescribing psychotropic medications to treat aggression in these patients. The respondents reported a similar effect for patients with ADHD/ASD compared with those with ADHD only in treating aggression.

#### Conclusions

Japanese psychiatrists tended to prescribe psychotropic medication for aggression in pediatric and adolescent patients with ASD/ADHD. Future studies examining aggression in pediatric and adolescent patients with ASD/ADHD should aim to accumulate evidence for the use of psychotropic medications, which could help clinicians make better decisions.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.056

### The compensatory relationship between emotion perception and verbal ability contributes to social adaptation in adults with autism spectrum disorder

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#### Objectives

The aim of this study is to identify specific cognitive abilities that predict functional outcome in high-functioning adults with autism spectrum disorder (ASD), and to clarify the contribution of those abilities and their relationships.

#### Methods

In total, 41 adults with ASD without an intellectual disability aged 18-53 years (19 females) and 21 typically developing adults who were matched with 21 ASD participants not taking any psychotropic medication for age, gender, education, and intelligence participated. All participants performed cognitive tasks on mentalizing, emotion perception, and self-referential cognition in social cognition and detail-focused processing, executive function, working memory, memory, verbal ability, and processing speed in neurocognition, and adaptive functioning in 30 ASD participants whose parents or spouses cooperated was rated. All procedures in this study were approved by the Ethics Committee at Kyoto University.

#### Results

In group comparisons, the atypical characteristics of cognition in high-functioning adults with ASD reported in previous studies were replicated. Regression analyses identified emotion perception ( $p = .001$ ), verbal ability ( $p < .001$ ), and detail-focused processing ( $p = .039$ ) as significant predictors of adaptive functioning (Table 1). A bootstrapping method revealed that emotion perception mediated the predictive relationship between verbal ability and adaptive functioning ( $p < .05$ ; Fig. 1), though detail-focused processing was not a mediator, suggesting that compensation for inefficient performance in emotion perception using verbal ability contributes to social adaptation.

**Table 1** The results of step-wise multiple linear regression analysis, in which Vineland-II composite score is the dependent variable and measures of social cognition or neurocognition are independent variables, and testing for mediation of social cognition in the relationship between neurocognition and adaptive functioning

	$\beta$	Statistic	p-value	95% CI	R <sup>2</sup>
Model: Vineland-II on Social cognition		$F(1,28) = 15.29$	.001		0.35
Emotion perception (FER)	0.59	$t(28) = 3.91$	.001	0.91-2.90	
Model: Vineland-II on Neurocognition		$F(2,27) = 11.93$	<.001		0.47
Verbal ability (VFT)	0.61	$t(27) = 4.36$	<.001	0.34-0.95	
Detail-focused processing (BD)	0.31	$t(27) = 2.18$	.039	0.03-0.91	
Model: Vineland-II on VFT and FER		$F(2,27) = 12.77$	<.001		0.49
Verbal ability (VFT)	0.42	$t(27) = 2.64$	.014	0.10-0.79	
Emotion perception (FER)	0.38	$t(27) = 2.40$	.023	0.18-2.28	
Indirect effect of VFT through FER	0.19			0.03-0.49	

$n = 30$ . Vineland-II Vineland adaptive behavior scale, second edition, FER Facial Emotion Recognition task, VFT Verbal Fluency Task, BD Unsegmented Block Design task,  $\beta$  standardized regression coefficient, CI confidence interval of unstandardized regression coefficient, R<sup>2</sup> variance explained by the independent variable in the model.

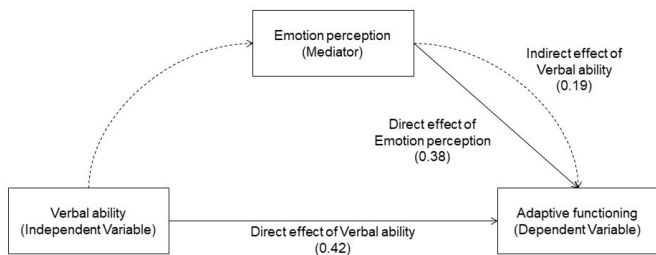


Fig. 1 The mediation model (Otsuka et al., 2017). Arrows indicate the direction of prediction. Numbers on arrows indicate standardized regression coefficients. Continuous arrows represent the direct effects. Dotted arrows represent the indirect effect of verbal ability, which is part of the direct effect of emotion perception on adaptive functioning.

### Conclusions

Our results suggest that psychosocial interventions targeting these cognitive domains could benefit social adaptation in adults with ASD, and encourage further research on cognitive training for this population.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.057

### Collaborative and cognitive skills of children with ASD during interaction with a humanoid robot

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### Objectives

To further highlight emotional expressions, cooperative and symbolic abilities in children with ASD by examining them during interaction with a humanoid robot.

### Methods

Participants were 15 high functioning ASD children (mean chronological age 10.4 years) and 15 TD children matched for mental age. Children participated in the following tasks: (1) Emotional expression: Robot asks child to express an emotion depicted on a picture, Five basic emotions were shown, i.e. happiness, sadness, fear, anger and disgust, (2) Gesture production: Robot asks child to produce a specific gesture (e.g. asking somebody to come closer), (3) Action representation: Robot asks child to represent an action depicted on a picture (e.g. swimming, reading), (4) Help offer: Robot indicates to child non verbally that needs help. Experiments took place in an appropriately shaped room in the laboratory.

### Results

Results demonstrated that most ASD children, like most TD children, conveyed happiness on a facial expression. However, unlike TD children, the majority of ASD children could not convey sadness, fear, anger or disgust on a facial expression; rather, they were trying to explain their feeling. Moreover, ASD children produced significantly less iconic gestures compared to TD children and were less capable of representing symbolically the depicted action. Additionally, it was difficult for ASD children to recognised robot's non verbal signs for help. It was also shown that ASD children's reactions were significantly longer compared to TD children's reactions.

### Conclusions

Discussion focuses on the utilization of robots for enhancing communicative and cognitive skills of ASD children in edutainment scenarios.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.059

### Narratives of mothers of autism spectrum disorders subjects: focus on eating behavior.

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### Objectives

This study aims to investigate the eating behavior of autism spectrum disorder (ASD) individuals through their mothers' narratives.

### Methods

The chosen methodological approach was the study of narratives, as we sought the reporting of narrator's experiences. Data on the eating habits of individuals with autism spectrum disorder were collected during semi-structured interviews held individually with 18 parents/guardians. The interviews were recorded, transcribed and codified using the NVivo software program.

### Results

Analysis of the interviews yielded three major categories: eating patterns, the family's attitudes in relation to the child's eating habits, and food-related behavior. The results show that factors related to autism spectrum disorder may affect the child's food choices. Environmental factors, particularly the parents' behavior, may also play a decisive role, both in reinforcing the child's food choices and in encouraging a healthier and more diversified diet.

### Conclusions

Professionals should be attentive and instruct parents regarding their decisive role in reinforcing or discouraging inappropriate mealtime behavior in children with autism spectrum disorder

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.060

### The prevalence of symptoms of attention-deficit/hyperactivity disorder in parents of children with autism spectrum disorder.

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### Objectives

The objective of the study was to estimate the prevalence of symptoms of attention-deficit/hyperactivity disorder (ADHD) in parents of children with autism spectrum disorder (ASD).

### Methods

A cross-sectional cohort study conducted with the parents of 89 children previously diagnosed with ASD. The research instrument used was the 18-item Adult ADHD Self-Report Scale (ASRS).

## Results

Symptoms of ADHD were present in 10.4% of the mothers of children with a diagnosis of ASD and in 11.3% of the fathers.

## Conclusions

These results suggest that the prevalence of ADHD in the parents of children with autism is higher than that found in the general adult population.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.061

### The association between personality traits in parents and symptoms of autism spectrum disorder in children

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## Objectives

Parents of children with autism spectrum disorder (ASD) may be more likely to have a mental disorder, both due to genetic and environmental reasons. The goal of this study is to identify the association between personality traits in parents and symptoms of autism spectrum disorder in children.

## Methods

A cross-sectional study involving 161 children, 161 mothers and 108 fathers. Diagnosis followed the criteria established in DSM-5. Symptom severity was evaluated using the Childhood Autism Rating Scale. The Factorial Personality Inventory served to evaluate parents' personality traits.

## Results

Several correlations were found between mothers and children: a positive correlation between the personality trait endurance and the symptom imitation; a negative correlation between succorance and dislike of change; a negative correlation between exhibition and the overall severity of ASD; and a negative correlation between aggression and verbal communication. Between fathers and children, a negative correlation was found between the trait change and symptoms concerning interpersonal relationships, imitation, use of objects and the overall severity of ASD; a positive correlation between aggression and level of activity; a negative correlation between achievement and use of objects and sensorial alterations; and a negative correlation between affiliation and dislike of change.

## Conclusions

In both parents, personality traits associated with greater intransigence/less flexibility and fewer social skills were those associated with more severe autism symptoms in the children.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.062

### Association of 5-HT2A receptor gene polymorphisms with gastrointestinal disorders in Egyptian children with autistic disorder

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## Objectives

Gastrointestinal disturbances (GID) are frequently reported in children with autism spectrum disorders (ASD). Recently, mounting evidence suggests that there may be a genetic link for autism with gastrointestinal disturbances. We aimed to investigate whether there were any association between the -1438A/G, 102T/C and His452Tyr polymorphisms of the serotonin 2A receptor gene (5-HT2A) in Egyptian children with ASD and GID

## Methods

Eighty children with autistic disorder and 100 healthy control children were examined. -1438A/G, 102T/C and His452Tyr polymorphisms of 5-HT2A were genotyped by polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) method.

## Results

Significant increase of the G allele and the GG genotype of the -1438A/G polymorphism was observed in children with autism than control, but there were no significant differences in the frequencies either of the 102T/C genotype or His452Tyr genotype between the two groups. There was a significant increase of homozygote A allele of the -1438A/G and CC genotype of the 102T/C polymorphism in ASD children with GID.

## Conclusions

This study supports the possible involvement of the 5-HT2A receptor in the development of ASD and associated GID.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.063

### Stability of autism spectrum disorder symptoms after one year of behavioural therapy

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## Objectives

To analyse the evolution of children diagnosed with Autism Spectrum Disorder (ASD) comorbid with ADHD type symptoms involved in an Applied Behaviour Analysis program with the identification of potential evolutionary models.

## Methods

We conducted an observational study on a group of 52 subjects (2-5 years old) diagnosed with Autism and PDD NOS (according to DSM IV-TR diagnostic criteria) comorbid with ADHD-specific symptoms, without significant comorbid disorders (psychiatric and somatic). Each of the subjects was included in an applied behaviour analysis program for one year, which was structured as such: 2 hours / day, 5 days / week. To standardize behaviour intervention among subjects, supervision of the intervention programs was performed by the same psychologist for all subjects.

Data collection involves a longitudinal direction by assessing the main symptomatology domains of ASD (using ADOS scores) and ADHD (using ADHD - RS) both at moment of inclusion in the study (T0) and after one year of applied



behaviour analysis program (T1).

#### Results

After one year of applied behaviour analysis (T1), only 27% of children still met the DSM IV-TR criteria for Autism (compared to 63% at T0), 50% meet criteria for PDD-NOS (compared to 35% at T0) and 23% of children no longer met the diagnostic criteria for Autism Spectrum Disorder

#### Conclusions

Applied behaviour analysis significantly improves the ASD-specific symptomatology among children with ASD-ADHD polymorphic clinical features.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.066

#### Diminished Third-Party Punishment behavior in typically developing children with high autistic traits

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#### Objectives

Evidence suggests that neurotypical individuals with high autistic traits show less pro-social behavior and privilege their own benefit over pro-social interest. Experiments show that third-party observers are often willing to incur personal costs (e.g., spend money) to enforce fairness norms by punishing one individual for behaving selfishly toward another. However, until date no study has explored whether individuals with high autistic traits could present diminished TPP behavior. In this study we investigated whether typically developing children with high autistic traits showed diminished Third-Party Punishment (TPP) behavior compared to children with low autistic traits.

#### Methods

We assessed 95 children between 6 and 10 year-olds using a TPP task in which participants had to decide whether to accept or reject (punish) unfair offers made by in-group and outgroup members. We used the Autism-Spectrum Quotient questionnaire (AQ-10) to assess autistic traits.

#### Results

Children with high autistic traits took less TPP decisions compared to children with lower autistic traits. Both groups showed similar intergroup bias: children punished harder unfair offers performed by in-group members compared to the same offers performed by outgroup members.

#### Conclusions

These results suggest that children with high autistic traits show less pro-social behavior and atypical processing of moral norms: they judged third-party's immoral behavior as less unfair. Autistic traits did not influence the manifestation of intergroup bias. We discuss the implications of these findings in the

comprehension of dimensional manifestation of autism symptoms in typically developing children.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.067

#### Social cognition deficit in first-degree relatives of autistic individuals

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#### Objectives

Substantial evidence shows that first-degree relatives of autistic individuals often display milder forms of autistic traits referred to as broad autism phenotype (BAP). Research including quantitative measures of autistic traits can help identify risk features in family members and understand underlying genetic mechanisms which are likely to be potential endophenotypes for autism. The aim of this study is to examine the BAP, personality features, pragmatic language and social cognitive domain in first-degree relatives of individuals with autism spectrum disorder (ASD) compared to the control group (parents and sibling with no family ASD history).

#### Methods

We assessed 38 parents and 19 siblings of 28 individuals with ASD aged 4-20 and the control group. The ASD families were divided into families with one biological child with ASD (single ASD) and families with more than one child with ASD (multiple ASD). We used the Developmental Diagnostic Dimensional Interview (3D) to confirm ASD diagnosis. Participants completed standardized questionnaires and a comprehensive cognitive assessment.

#### Results

Parents of autistic individuals showed a higher number of errors in the reading of looks and lower performance in Wechsler intelligence Scale (WAIS III) compared to parent controls. The BAP are comparable in both groups, but Multiple ASD families had higher percentage of individuals with more than two BAP traits than single ASD families, which implies phenotypic aggregation. The ASD siblings showed a poor performance in the pragmatic language.

#### Conclusions

these results suggest a deficit in social cognition in parents of autistic individuals. We discussed these findings from a dimensional perspective of autistic traits.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.068

### The use of the CBCL/1.5-5 in Brazil to identify preschooler's boys with ASD

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#### Objectives

Autism Spectrum Disorders (ASD) is a highly prevalent neurodevelopmental disorder with heterogeneous behavioral phenotypes. Early stimulation is associated with better behavioral outcome. However, in Brazil and other developing countries, the diagnosis usually occurs late. Standardized forms, like the Child Behavior Checklist (CBCL/1.5-5), are potentially useful for screening cases that are at risk to present several disorders. This research aimed at verifying if the Brazilian version of the CBCL/1.5-5 is able to discriminate preschoolers with ASD from others referred to mental health services (due other problems) and from the general population.

#### Methods

A total of 225 boys aged 18 to 71 months (mean 50.33; SD 14.55) were included in the study. Participants belong to three groups: (1) 75 boys with an ASD; (2) 75 boys referred for mental health services (Ref); (3) 75 boys with typical development (TD). All groups were paired by age.

#### Results

One-way ANOVA indicated that boys with ASD scored higher than boys with TD on all CBCL scales, except for Sleep Problems and Attention Deficit/Hyperactivity Problems. Boys with ASD also scored higher than Ref boys on Emotionally Reactive, Withdrawn, Internalizing Problems, Total Problems, Affective Problems and Autism Spectrum Problems. Data analysis is presented in Table 1.

Table 1. CBCL scores (mean and standard deviation for ASD, Ref and TD sample).

CBCL1.5-5 Scales	ASD	Ref	TD	Z	p	OP
Emotionally Reactive <sup>a</sup>	7.17 (3.82)	4.80 (4.01)	3.31 (2.66)	22.686	0.000	1.000
Anxious/Depressed <sup>b</sup>	5.92 (3.68)	4.76 (2.93)	4.12 (3.04)	5.977	0.003	0.877
Somatic Complaints <sup>bc</sup>	4.60 (3.51)	4.28 (3.70)	2.60 (2.58)	7.937	0.000	0.953
Withdrawn <sup>a</sup>	6.40 (3.08)	4.23 (2.93)	1.83 (1.87)	54.597	0.000	1.000
Sleep Problems	4.05 (2.98)	3.67 (2.70)	3.56 (2.64)	0.655	0.520	0.159
Attention Problems <sup>bc</sup>	4.36 (2.56)	3.95 (2.30)	2.80 (2.00)	9.271	0.000	0.976
Aggressive Behavior <sup>b</sup>	16.09 (7.35)	13.65 (7.53)	12.05 (6.56)	6.054	0.003	0.882
Internalizing Problems <sup>a</sup>	24.09 (11.57)	18.07 (10.27)	11.85 (8.08)	27.674	0.000	1.000
Externalizing Problems <sup>b</sup>	20.45 (9.37)	17.60 (9.21)	14.85 (7.85)	7.530	0.001	0.942
Total Problems <sup>a</sup>	68.05 (28.94)	55.93 (26.71)	42.37 (19.93)	19.062	0.000	1.000
Affective Problems <sup>a</sup>	5.36 (3.80)	3.83 (2.92)	2.59 (2.14)	15.751	0.000	0.999
Anxiety Problems <sup>b</sup>	7.31 (4.21)	5.52 (3.46)	5.24 (3.17)	7.118	0.001	0.929
Autism Spectrum Prob. <sup>a</sup>	10.21 (4.19)	7.55 (4.50)	3.45 (2.97)	55.958	0.000	1.000
Att. Deficit/Hyper. Prob. <sup>d</sup>	6.99 (2.84)	5.59 (3.22)	5.84 (3.17)	4.397	0.013	0.754
Opp. Defiant Problems <sup>b</sup>	5.33 (2.77)	4.40 (2.93)	4.23 (2.47)	3.563	0.030	0.657

Post hoc tests: <sup>a</sup> ASD>Ref>TD; <sup>b</sup> ASD>TD; <sup>c</sup> Ref>TD; <sup>d</sup> ASD>Ref

## Conclusions

Boys with ASD scored higher than those referred for mental health services due to other problems and those from with typical development. Special interest should be given to the scales that showed good discriminative capacity since boys with high scores might be at risk to present ASD.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.069

### 3-years-follow-up interpersonal-ecological sensorimotor (IES) program in severe nonverbal ASC children: outcomes in behavior, sensory motor processing and daily living skills

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#### Objectives

Nonverbal ASC subjects with intellectual disability, developmental regression and self-injurious behavior represent more than one-third of people with autism. Surprisingly, they are underrepresented in the literature because they are often excluded to participate in outpatient studies, which may limit the knowledge of ASC etiology, and negatively impact in the effectiveness of therapies. Sensory motor issues are common symptoms in autism and acquire special relevance in severely affected ASC people. Autism therapies usually focused on cognitive skills without taking into account sensorimotor processing basis, even though autistic people refer profound sensorimotor impairments. Our goal is to show outcomes using a 3-yr follow up approach that works on sensorimotor-affective basis, in ecological settings and in alliance with families, school and professional team.

#### Methods

50 TD and 50 ASC Caucasian Argentinian children participated. The IES program was performed in an ASC subgroup, in naturalistic settings (home, playgrounds and school). Behavioral evaluation was assessed using TGMD-2, SSP, ABC, ADOS-2 and CARS scales.

#### Results

Impaired somatosensory perception and sensorimotor skills positively correlated with autism severity. IES program effectively improved both features in ASC children. This interpersonal-affective based sensorimotor approach had positive impact on social interactions, daily living skills and active play, which require proprioceptive awareness and force modulation.

#### Conclusions

Sensorimotor integration is critical in neurotypical development since it organizes structural capacities for interaction, communication and abstract thinking. Our findings highlight the essentiality of a sensorimotor-affective program with meaningful engagement in every rehabilitation program for ASC children in order to reach fully integrated functional skills.



## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.070

### Validation of the autism dysmorphology measure for Indian population of autism patients

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#### Objectives

Autism Spectrum Disorder [ASD] can be differentiated into two broad clinical phenotypes - Complex and Essential Autism, based on the presence of microcephaly/ generalized dysmorphology and absence of it respectively. This classification intends to point towards probable genetic etiology of ASD and guide clinicians towards appropriate management, prognostication and counseling regarding recurrence risk. There is a huge gap between the felt need and available services of clinical geneticists in India. Autism Dysmorphology Measure (ADM) is used for the purpose of classification world-wide. We feel validating ADM for its use in India will facilitate psychiatrists and paediatricians to work towards etiological diagnosis and research.

#### Methods

A sample of 120 children with ASD will be assessed for the presence or absence of dysmorphism using ADM. Two psychiatrists will independently apply the scale. Inter-rater reliability (IRR) analysis will be done using Kappa statistics. An expert clinical geneticist will assess these subjects independently without using the scale. The degree of overlap in diagnosis of dysmorphism using the scale and expert clinical geneticist will be measured for validation of ADM in Indian context.

#### Results

From the pilot sample, we have found the IRR to be fair (kappa coefficient – 0.21-0.40). We expect to finish data collection and analysis of results by April 2018.

#### Conclusions

The validated version of ADM is a simple tool that will aid in quick and accurate clinic-based evaluation of children with ASD by health professionals with limited training in clinical genetics. This will be of immense use in the management and prognostication of autism.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.071

### Neuropsychological correction of children with autism spectrum disorder

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#### Objectives

Objectives of this paper were to carry out a comparative study of the effectiveness of neuropsychological and pharmacological correction of children with autism, and to inform the professional community about the possibilities of neuropsychological assistance for children with autism spectrum disorders (ASD).

#### Methods

The following methods were used: neuropsychological correction, comparative study, analysis of EEG data and medical research. During the last five years we have conducted neuropsychological correction of 26 children with ASD in 2,5-10 years old (this is the age of child correction beginning); these children did not receive medication. Sensorimotor methods were the basis of neuropsychological correction of children. Periodically, the psychiatrist and neurologist examined these children. Also, the doctors and a clinical psychologist examined 30 children who received drug support and were not on neuropsychological correction.

#### Results

The doctors, clinical psychologist, and parents noted that obtrusiveness and autoaggression decreased significantly, behavior adequacy increased, speech and cognitive functions improved, and EEG data improved in children after neuropsychological correction. Obsessions and autostimulation also decreased, but the cognitive deficit was much more pronounced, and there was a motor and mental deceleration in children receiving only medication (mainly – atypical antipsychotics). Neuropsychological correction increases the understanding of speech, self-control, the ability to follow instructions, and the child's learnability. Consequently the effectiveness of the work of other specialists increases (teacher, defectologist, speech therapist, ABA-therapist, etc.).

#### Conclusions

The use of neuropsychological correction for many years allows us to conclude that this method is an effective means of overcoming manifestations of dysontogenesis in children with ASD.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.072

### Association between stress, social support network and parental beliefs in mothers of children with ASD

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#### Objectives

Children with Autism Spectrum Disorder (ASD) have a chronic condition that affects both mental and physical aspect of the individual, which increase the demand for care and, consequently, the level of dependency of the parents and/or caregivers. The aim of this research was to verify the relationship between stress, parental beliefs, care practices, and social support network in mothers of children with ASD.

#### Methods

52 mothers of children with ASD, who attended four different entities aimed at persons with disabilities in the State of São Paulo in Brazil, participated in this study. The instruments used were: Socio-demographic Questionnaire, Lipp Stress Symptoms Inventory (ISSI), Parental Beliefs and Practices of Care Scale (SCLC) and Social Support Survey.

#### Results

Moderate negative correlations between the total score of stress and the

total score of network support were found ( $r=-0.412$ ), which indicates that a social network of structured support is associated with maternal stress control. The results also indicated that the mothers are more concerned about practices that involves stimulation compared to primary care practices ( $p<0.01$ ). Besides, correlation between psychological stress and stimulation practices ( $r=-0.331$ ) indicates that mothers with more psychological stress symptoms tends to stimulate their children less than mothers that present lower levels of psychological stress.

## Conclusions

Most of the mothers presented psychological symptoms of stress, but community and partner support attenuated such rates. This indicates a greater need for special attention to mothers as caregivers of children with ASD, as well as the need of psychological care for this population.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.073

### Information transfer between heart rate and electroencephalogram during sleep was dissociated in patients with autism spectrum disorder

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## Objectives

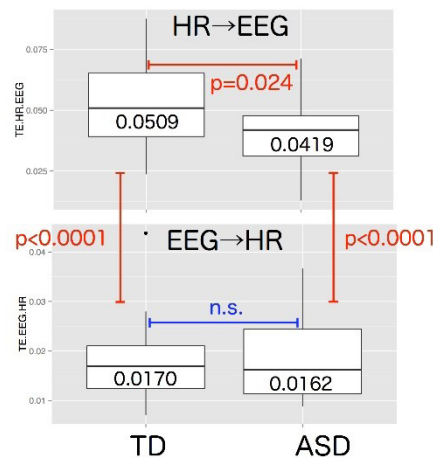
Tordjman et al (2012) proposed the hypothesis that physiological and behavioral rhythm disturbances in patients with autism spectrum disorder (ASD) might be associated with their developmental features. To reveal the application of dissociation between physiological signals during sleep as the biomarker of ASD, transfer entropy, which shows information transfer in the system dynamics, between heart rate and electroencephalogram recorded by polysomnography was compared between sleep disordered patients with typical development (TD) and ASD in this study.

## Methods

The participants were 41 inpatients (age: 11-25, 22 TD and 19 ASD individuals, diagnosis based on the DSM-IV-TR criteria) with circadian rhythm disorder. Transfer entropy between beta component of EEG and HR acquired from polysomnography on admission was evaluated using Java information dynamics toolkit. TEHR>EEG and TEEG>HR shows information transfer from HR to EEG and EEG to HR. Two-way analysis of variance (factor; groups, TE directions) and wilcoxon rank sum test as posthoc analysis were performed.

## Results

Effect of both factors and interaction between two factors were significant. TEHR>EEG was greater than TEEG>HR in both group. TEHR>EEG in ASD group was lower than in TD group significantly.



Factor	Mean Sq	F value	P
Group (TD, ASD)	0.00085	5.467	0.02
TE direction (HR to EEG, EEG to HR)	0.017	109.446	< 0.001
Interaction between Group and TE direction	0.0011	7.095	< 0.01

## Conclusions

Both of patients with TD and ASD showed greater information transfer from HR to EEG than from EEG to HR during sleep. This result confirmed the previous work reported by Faes et al. New finding in this study was lower TEHR>EEG in ASD group than in TD group. Dissociation between brain activity and autonomic function may relate to ASD pathology. Further researches are necessary.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.074

### Investigating the relationship between executive function and social impairment in children with ASD only and ASD+ADHD diagnoses

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## Objectives

Executive function (EF) deficits have been found to be associated with ASD symptoms of social difficulties and restricted, repetitive behaviors. Research on the role of EF in social function remains limited.

Attention problems frequently co-occur with childhood ASD. Thus the present study aims to investigate the relationship between executive function and social





impairment in children with ASD only and ASD+ADHD diagnoses. We hypothesize that deficits in behavioral regulation and metacognition will significantly predict social impairment in the ASD only group. Findings in the ASD+ADHD group are exploratory.

#### Methods

Thirty-seven children diagnosed with ASD only or ASD+ADHD, aged between 8–15 years ( $M=11.65$ ,  $SD=1.96$ ) were enrolled. Parents completed the Behavior Rating Inventory of Executive Function (BRIEF) [Behavioral Regulation Index (BRI) and Metacognition Index (MI)] and the Social Responsiveness Scale (SRS).

#### Results

Regression analyses revealed that for the ASD only group, MI significantly predicted social impairment ( $\beta = 1.52$ ,  $p < .001$ ). For the ASD+ADHD group, there was a trend for BRI as a predictor ( $\beta = 1.64$ ,  $p = .055$ ).

#### Conclusions

Metacognition predicted social impairments in the ASD only group, while behavioral regulation marginally predicted social deficits in the ASD+ADHD group. This is similar to prior findings that show metacognition (e.g. initiation, planning) to be more strongly correlated with social cognition in children with high functioning ASD, while behavioral regulation (e.g. inhibition) had a stronger association in children with ADHD. However, BRI was not a significant predictor in the ASD only group. Further research should investigate the effects of comorbid ADHD in the relationship between EF and social impairment in ASD.

#### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.075

#### Autism spectrum disorder, parenting style and cultural changes

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#### Introduction

The ASD prevalence is about 1% and is still increasing. This dramatic increase challenges the ability of our new child mental health system to develop and address the diversity of child mental health. In addition to the widening of diagnosis criteria and better awareness, researchers point out to biological, chemical and physical factors as risk factors but, scarcely mention cultural factors

#### Objectives

Our hypothesis is that profound and rapid changes in parenting skills that affect families in developing countries play a role in the dramatic increase of ASD prevalence.

#### Methods

We make a systematic review of our consultant's files in one year. We then present two clinical cases that illustrate the main trend in our population.

#### Results

Two thirds of our consultants are related to developmental issues. In those who are diagnosed with ASD, we find that 35 % of them have a mild or severe social deprivation in ordinary families. Parents, in spite of their desire to be "good parents", lack of parenting skills and have difficulties to meet their children's interactional needs.

#### Conclusions

The hypothesis that cultural changes that affect parenting skills may constitute a risk factor for ASD in developing countries is relevant, and, deserves a systematic research in clinical and general population. This will allow us to set up relevant prevention programs in early childhood

#### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.076

#### The return from evacuation and the support needs of ASD children and their families after the Fukushima nuclear accident

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#### Objectives

To identify the support needs of children with autism spectrum disorder (ASD) and their families during their removal from the evacuation order zone (EOZ) after the Fukushima nuclear accident (2011).

#### Methods

Information was gathered for analysis both during the support for 140 cases that has continued since the disaster and by semi-structured interviews conducted between July and October 2017 with carers of children with ASD from the EOZ and their supporters.

#### Results

Since October 2014, evacuees have been allowed to return to areas of the EOZ relatively distant from the nuclear plant. Return has taken three patterns: 1) the U-turn, to the original home town, 2) the 'J-turn', to a city near the home town but farther away from the plant and 3) the 'I-turn', to an officially-sanctioned destination far from the plant.

#### Conclusions

1) U-turn: with far fewer children than before the disaster, teachers can provide more individual care, with a consequent improvement in the psychological stability of the parents. ASD-focused support is scarce, however. 2) J-turn: ASD support services are mainly for local children and access is difficult for evacuees. As 'outsiders', and receiving more compensation than the locals, evacuee parents often conceal their origins in order to avoid resentment, which is a cause of considerable stress. 3) I-turn: although neurotypical children tend to choose local government schools, those with ASD usually attend temporary schools run by the local authority of their home towns. Mothers and children thus become isolated and in need of support.

#### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.077

#### The structural neural correlates of atypical facial expression recognition in autism spectrum disorder

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## Objectives

Individuals with autism spectrum disorder (ASD) are worse at recognising facial expressions compared with typically developing (TD) individuals. Previous functional magnetic resonance imaging (fMRI) studies suggest that atypical function in social brain regions and compensatory function involved in other brain regions can explain the individual difference in emotion recognition in individuals with ASD

## Methods

The present study investigated structural neural correlates of emotion recognition to elucidate a group difference in the underlying neurocognitive mechanisms using voxel-based morphometry. We acquired structural MRI data from 27 high-functioning adults with ASD and 27 age- and sex-matched TD individuals. The ability to recognise facial expressions was measured using a label-matching paradigm featuring six basic emotions.

## Results

The region of interest analysis showed that the ability of total emotion recognition in TD individuals but not those with ASD was positively correlated with grey matter volume in the right inferior frontal gyrus (IFG). The whole brain analysis under each emotion condition also revealed that disgusted facial recognition in participants with ASD but not TD individuals was positively associated with grey matter volume in the left dorsomedial prefrontal cortex (dmPFC).

## Conclusions

The IFG and the dmPFC have been linked with matching the visual representation of another's action with one's own motor representations and resolving conflicts from multiple inputs, respectively. The different pattern of correlations suggests that individuals with and without ASD use different processing styles to recognise another's facial expressions, and that the effectiveness of these strategies might be reflected in individual differences in specific brain structures.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.078

### Translation and validation of Social Responsiveness Scale (SRS-2) in Lithuanian, a pilot study

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#### Objectives

Parent of children (aged 6-15 years) with ASD (n = 33) and typical development (n = 57) completed the translated version of SRS-2.

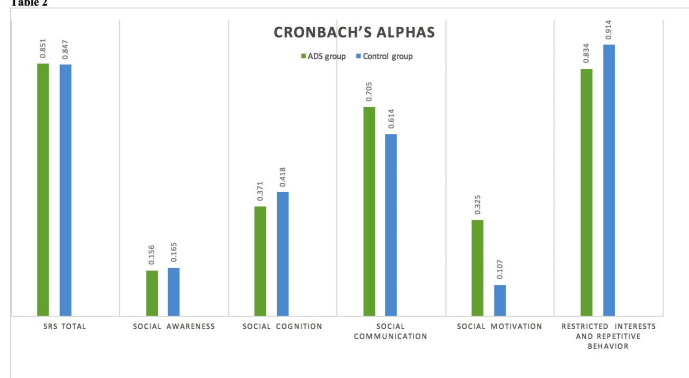
#### Methods

Psychiatric disorders were identified according ICD-10-AM criteria by child psychiatrist. Reliability was assessed by calculating internal consistency (Cronbach's alphas). The Mann-Whitney test was used to specify the hypothesis for the difference between means. The differences were statistically significant if  $p < 0.05$ .

## Results

We assessed reliability by estimating internal consistency of the SRS in our total sample (N = 90). Internal consistency for the SRS total scale was  $\alpha = .85$ . Cronbach's alphas for the subscales were from 0.16 to 0.83 (table 2). Correlation of the SSR-2 total score with the CBCL total problems was significant ( $p < 0.001$ )  $r = 0.86$  in  $n = 90$ . In normative sample ( $n = 57$ )  $r = 0.52$  ( $p < 0.001$ ), in ASD sample  $r = 0.51$  ( $p < 0.001$ ) in  $n = 33$ .

Table 2



## Conclusions

Results of the current study indicate that the Lithuanian version of the parent rated SRS can be a valuable tool for ASD screening to indicate which children require more comprehensive assessment, especially to indicate restricted interests and repetitive behaviour and social communication problems in children with ASD.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.079

### Usefulness of CBCL/6-18 for assessment of emotional and behavioral problems in Lithuanian autism spectrum disorder children, a pilot study

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#### Objectives

The purpose of this study was therefore to investigate the usefulness of CBCL/6-18 for detecting emotional and behavioral problems in Lithuanian autism spectrum disorder (ASD) children. Parent of children (aged 6-15 years) with ASD (n = 33, 2 fathers and 31 mothers) and typical development (control group) (n = 57, 6 fathers and 51 mothers) completed the Lithuanian version of CBCL.

#### Methods

Psychiatric disorders were identified according ICD-10-AM criteria by child psychiatrist. Statistical data was performed using SPSS20. The differences were statistically significant if  $p < 0.05$ .

#### Results

Children with ASD scored significantly higher on internalizing ( $19.57 \pm 8.21$  vs  $4.69 \pm 4.97$ ), externalizing ( $16.27 \pm 8.99$  vs  $4.92 \pm 5.27$ ), and total problems ( $71.38 \pm 22.69$  vs  $17.14 \pm 14.77$ ) compared with control group children. Children with ASD scored significantly higher in all eight CBCL domains compared with control group children (Table 1)



**Table 1**  
CBCL subscale and internalizing and externalizing scores (n = 90)

	<b>ASD group (n=33) Mean ± SD</b>	<b>Control group (n=57) Mean ± SD</b>	<b>P - value</b>
<b>Withdrawn</b>	7,21 ± 2,81	1,07 ± 1,83	.000
<b>Somatic complaints</b>	3,51 ± 2,77	1,08 ± 1,36	.000
<b>Anxious</b>	8,85 ± 4,05	2,49 ± 2,33	.004
<b>Social problems</b>	9,97 ± 3,77	2,26 ± 2,91	.011
<b>Thought problems</b>	8,09 ± 4,46	0,93 ± 1,8	.000
<b>Attention problems</b>	11,73 ± 3,70	2,11 ± 2,44	.003
<b>Rule-breaking behaviors</b>	4,27 ± 3,44	1,40 ± 1,67	.000
<b>Aggressive behaviors</b>	12,00 ± 6,13	3,53 ± 3,81	.007
<b>Internalizing</b>	19,57 ± 8,21	4,69 ± 4,97	.008
<b>Externalizing</b>	16,27 ± 8,99	4,92 ± 5,27	.006
<b>Total problems</b>	71,38 ± 22,69	17,14 ± 14,77	.002

### Conclusions

The CBCL/6-18 Lithuanian version could be considered as a useful tool for detecting emotional and behavioral problems in children with ASD in Lithuania.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.080

### Autistic traits in general population are associated with functional connectivity among the brain regions related to the attentional orienting network

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### Objectives

Several studies suggest that diagnostic features of autism spectrum disorder (ASD) may be caused by unique attentional functions such as attentional bias for non-social and local (versus global) information and difficulty in attentional shift. The attention system is divided into "alerting", "orienting," and "executive control", and the above-mentioned functions are involved in "orienting". Atypical functional connectivity (FC) in the orienting network (ON) has been reported in ASD. Therefore, we investigated the relationship between autistic traits (A-traits) and FC of ON in general population.

### Methods

A-traits were assessed in 42 healthy subjects using the Autism-Spectrum Quotient (AQ). Resting-state functional MRI scans were obtained and values of FC regarding ROIs in ON (Fan et al., 2005) were calculated. Partial correlational analyses, controlling for age and sex, were conducted to assess the relation-

ship between AQ scores and FC values.

### Results

"Social skills" subscale was correlated with FC between the regions belonging to the dorsal and ventral ON and FC within the ventral one. "Attention to detail" subscale was correlated with FCs between the dorsal and ventral, within the dorsal, and within the ventral.

### Conclusions

Among A-traits, difficulty in social interaction reflected in "Social skills" was related to FC of ON, as well as restricted tendency reflected in "Attention to detail". Furthermore, considering that the dorsal and ventral ON is involved in top-down and bottom-up processing, respectively, the relationship between A-traits and FCs between the dorsal and ventral ON indicates that such traits might also be associated with cooperation and conflict between the two processing systems.

### Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.081

### Children with autism in East Java Province, Indonesia: a challenge in treatment and education

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### Objectives

Autism is the second most prevalent neurodevelopmental disorder among children. In 2014, The Centers for Disease Control and Prevention (CDC) reported a surveillance study that identify 1 in 68 children as having Autism Spectrum Disorder in the US. This report is expected to give a description how the situation regarding problems in treatment and education for autistic individuals in East Java Province, Indonesia.

### Methods

This is a report using Medical Records Review of new patients at a private clinic in Surabaya during the period of January 1, 2015 to December 31, 2016. All patients in this report were diagnosed as having neurodevelopmental disorders based on DSM-5 diagnostic criteria, and some of them were diagnosed as having Asperger's Disorder based on DSM-IV TR diagnostic criteria.

### Results

Among 498 new patients, 411 (82,53%) are male, and 87 (17,47%) female. Patients came from 24 cities in East Java Province. Only 216 patients (43,37%) live in Surabaya, the rest 282 (56,63%) live within 60 – 300 km outside Surabaya. Among 234 school age patients (>7 – 18 year), only 97 (41,45%) have opportunity to go to school.

### Conclusions

Due to the increased awareness of autism in the society and also the increased prevalence, there is a shortage of professionals and treatment centers or schools in small cities; this forced parents of children with autism to actively seek help for their children with hard effort to come to Surabaya.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.082

### Can ARFID lead to catatonia in an otherwise healthy child?

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Catatonia, a severe psychomotor condition, has a wide range of presenting symptoms, including immobility, stupor, posturing, staring, rigidity, and withdrawal. Believed to result from irregularities in the dopamine, gamma-aminobutyric acid (GABA), and glutamate neurotransmitters, catatonia is associated with a variety of psychiatric and medical disorders. In children, the morbidity and mortality is profound, and underlying organic conditions are highly prevalent, accounting for greater than 20% of cases. Avoidant/Restrictive Food Intake Disorder (ARFID) is defined as a disturbance in eating or feeding resulting in either substantial weight loss, nutritional deficiency, dependence on a feeding tube, or psychosocial interference, which can not be better explained by anorexia nervosa, bulimia nervosa, a medical condition, or inaccessibility of food. Some data suggests that anxiety disorders and autism spectrum disorders may be associated with ARFID, however more research is needed into the comorbidities, course, prognosis, and treatment. In the following case, we present a child who met diagnostic criteria for ARFID and was subsequently diagnosed with catatonia. A 10-year-old male with no previous psychiatric history presented to the hospital with progressively worse oral intake and weight loss for several months, ultimately refusing all oral intake for 2 weeks, with a BMI of 12. He had multiple symptoms including mutism, posturing, rigidity, immobility, staring, negativism, withdrawal, ambivalence, and elevated pulse, which lead to a diagnosis of catatonia. We discuss the case findings, examine ARFID as a possible etiology for catatonia, and discuss the need for further evaluation.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.083

### Propensity for neurodevelopmental disorders among children with psychotic-like experiences

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#### Objectives

Many reports have indicated that about 10-20% of children in their pre-teenage stage of development undergo psychotic-like experiences (PLEs). Compared to those without PLEs, children with PLEs are known to be more susceptible to various psychiatric disorders and mental health disorders. We tried to examine the association between propensity for neurodevelopmental disorders and PLEs.

#### Methods

Using the schizophrenia section of the Diagnostic Interview Schedule for

Children (DISC-C) and the Strengths and Difficulties Questionnaire (SDQ), we conducted a survey of 3,178 middle school students (1,604 girls and 1,574 boys) who live in the Nagasaki City, Japan to examine the propensity for neurodevelopmental disorders among children with PLEs.

#### Results

A total of 543 participants (17.1%) replied that they had undergone one of the items in the DISC-C representing four PLEs "one or more times." Scores for each of the five subscales of the SDQ (emotional problems, conduct problems, hyperactivity, peer problems and prosocial behavior) were analyzed with logistic regression after controlling for sex, scholastic year and family environment. Significant results were consequently obtained for emotional problems, conduct problems, hyperactivity and peer problems with odds ratios (95% confidence interval) of 1.956 (1.482-2.581), 1.776 (1.368-2.306), 2.214 (1.651-2.970), and 2.882 (1.991-4.172) respectively.

#### Conclusions

These findings suggest that occurrence of PLEs is associated with propensity for neurodevelopmental disorders.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.084

### Vaccination uptake and associated factors in siblings of children with developmental disabilities: cross sectional study from India

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#### Objectives

Despite multiple scientific evidence to the contrary, parental concerns with respect to association of vaccination and development of Autism Spectrum Disorder (ASD) persist. Mental health professionals work closely with families with developmental disabilities. Greater understanding regarding the vaccination status in siblings of children with developmental disabilities and its associated factors will help them to contribute to public health strategies in combating infectious diseases. The aim of this study was to study the vaccination uptake and its associated factors in sibling of children with developmental disabilities.

#### Methods

Families will be recruited into the study from seven child developmental centres in districts of Kozhikode and Kannur in Kerala, India. Data collection will done using a semi-structured questionnaire. Following data will be collected using this questionnaire: 1) sociodemographic data, 2) diagnosis of the child, 3) vaccination status of child with developmental disability and their siblings, 4) family beliefs with respect to vaccination and developmental disorder, 4) major source of information for their understanding.

#### Results

We will compare the vaccination uptake between younger and older siblings of children with developmental disabilities. We will also explore association of the vaccination uptake with diagnosis, sociodemographic data and vaccination related beliefs of the family. The data collection is ongoing and final results will be discussed.

#### Conclusions

The results of this study will be compared with previous studies on vaccination uptake in younger siblings of children with ASD. Appropriate conclusions will be discussed.



## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.085

### Elevated risk of injury in children with developmental disorders: using national datasets in Taiwan.

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#### Objectives

The aim of this study was to determine the associations among child developmental disorders, parental psychiatric disorders, drug or alcohol abuse and child injury.

#### Methods

A population-based nested case-control study was conducted using National Health Insurance Dataset linked with Taiwan Maternal and Child Health Database. We identified 745,327 children with emergency visit or hospitalization due to injury (ICD-9: 800-904, 910-957, 959-995), and 745,327 age-gender-matched children without injury as controls from 2000 to 2015. Conditional logistic regression models were used to calculate the odds of child developmental disorders, parental psychiatric disorders, drug or alcohol abuse among injured children compared with controls.

#### Results

The percentage of medical history with developmental disorders was higher among children who ever visited ER or hospitalized due to injury compared with non-injured children (10.2% vs. 6.9%). The results of multiple conditional logistic regression were shown that child with developmental disorders (AOR: 1.35; 95% CI: 1.29-1.42), mother with drug abuse (AOR: 1.17; 95% CI: 1.13-1.22), mother with alcohol abuse (AOR: 1.11; 95% CI: 1.06-1.16), mother with psychiatric disorders (AOR: 1.16; 95% CI: 1.12-1.20), father with drug abuse (AOR: 1.17; 95% CI: 1.13-1.22), father with alcohol abuse (AOR: 1.11; 95% CI: 1.06-1.16), father with psychiatric disorders (AOR: 1.08; 95% CI: 1.05-1.12) were statistically associated with child injury.

#### Conclusions

Children with developmental disorders had the higher risk of injury which needs to develop tailored intervention program to prevent child injury.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.087

### Transcranial magnetic stimulation in the treatment of Tourette's syndrome in children: A pilot study

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#### Objectives

Tourette's Syndrome (TS) is a neurodevelopmental disorder that is characterized by brief, repetitive movements and vocalizations called tics. Current treatment options for TS are limited and can carry significant risk of side effects—new interventions are needed. The goal of this study is to determine the effect of fMRI-guided, low frequency repetitive transcranial magnetic stimulation (rTMS) on the severity of tics and underlying neurobiology in children with TS. Using rTMS, we inhibit activity in an overactive region of the brain—the supplementary motor area (SMA).

#### Methods

Children aged 6-18 with moderate to severe tics are recruited from a pediatric TS clinic. Motor task fMRI generates personalized maps of the SMA that are uploaded to a TMS neuronavigation system. The participants, MRI, and TMS robotic system are co-registered for precise targeting of the SMA. Treatment consists of 1800 low frequency (1 Hz) rTMS stimulations to the SMA at 100% resting motor threshold; 900 per hemisphere. Additional outcomes include mental health and symptom scales, spectroscopy, motor mapping, neurophysiology measures, and tolerability. All measures are completed at baseline and post-treatment.

#### Results

The first eight participants are presented. There is a significant decrease in tic severity and impairment after treatment, assessed using the Yale Global Tic Severity Scale. There are also changes in other clinical, functional, mapping, and cortical measures post-treatment. Procedures were well-tolerated.

#### Conclusions

Robot-driven, personalized, neuronavigated rTMS interventions appear feasible and well-tolerated in children with severe Tourette's syndrome. Treatment combined with TMS and neuroimaging may inform mechanisms of action and predictors of responsiveness. This study is ongoing.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.088

### Developmental disorders and delays in early childhood

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#### Objectives

There are many different approaches to early childhood mental disorders regarding the cognitive, emotional and social development. We present new data from the continuing study of the interdisciplinary team working on developmental disorders- delays in our service for children 2-6 years old.

#### Methods

During 2013-2017, 290 children (219 boys and 71 girls) were examined and followed up every 6 or 12 months. Initial requests for assessment/ intervention, clinical features - diagnoses and contributing factors were recorded.

#### Results

The most frequent difficulties reported in the initial requests for assessment/ intervention were language and behavioral problems. More than half of our cases present developmental delay/ retardation or immaturity, many of them with co-occurring autistic-like features – about 10% of the children are finally diagnosed with autistic spectrum disorder. Almost one fifth of our cases

present hyperkinetic, behavioural and emotional disorders (separation anxiety, phobias, attachment disorders and other) – codes F.90-98 according to ICD 10). Contributing or influencing factors recorded are perinatal and other medical problems (prematurity, seizures, sensory deficits etc) in one fourth and family and psychosocial difficulties (abuse- neglect, losses, parents' psychiatric disorders etc.) in one third of the children.

## Conclusions

During counseling, follow up and therapeutic interventions we discuss the complex interaction between genetic- neurodevelopmental factors, temperament, early parent- child relationships and environmental influences emphasizing on parents' and child's strengths. The variations and changes of clinical manifestations with time indicate the importance of the dynamic of child development and the care provided.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.089

### Psychiatric comorbidities in patients with stuttering

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## Objectives

Childhood stuttering typically starts at the early age of 2 to 4, but most of them remit as they grow up. Those who continue to stutter into their adulthood develop secondary psychological symptoms such as escape and avoidance behaviors. Up to 40% of Persons with stuttering (PWVS) are reported to have social anxiety disorder (SAD).

We hypothesized that higher scores in depression or social anxiety by self-rated questionnaires were related to factors from life histories such as being bullied or teased, family history of stuttering.

## Methods

Upon patient's consent, a child psychiatrist attended the admission at the Adult Stuttering Clinic, and added questions if needed. Tentative diagnosis was made according to DSM-IV.

## Results

13.6% patients were suspected to have depressive disorder/symptoms (N=110), 9.1% were suspected to have anxiety disorders. 71.5% were considered to have no psychiatric comorbidities. 19.1% were suspected to have Autism Spectrum Disorder (ASD). Neither family history nor experience of being bullied or teased were related to the diagnosis. Those with ASD had higher SAD and depression scores compared to stuttering and depressive disorder/anxiety disorder group.

## Conclusions

Discerning the comorbid psychiatric condition among PWVS is needed when carrying out future research on psychological aspects of PWVS.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.090

### Speech ability predicted later cognitive ability at preschoolers at risk of developmental delay

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## Objectives

We intended to evaluate whether speech delay and other factors predicted later cognitive development in preschoolers at risk for developmental delay.

## Methods

We retrospectively collected the medical data of preschoolers, 0-7 years, who attended the evaluation program of their early development more than twice in a medical center in Northern Taiwan during 2013-2016. The interval of evaluations for a single child was at least one year. Speech development (classified as normal, borderline, delayed), evaluated by the board certificated speech therapist at 2-4 years old, at first evaluation and demographic data were used as predictors and cognitive developments, measured by Wechsler preschool and primary scale of intelligence, at the follow-up evaluations, were used as outcome. We used mixed linear model for data analyses.

## Results

A total of 433 preschoolers (321 boys and 112 girls, mean age of first evaluation: age $\pm$ SD = 2.89 $\pm$ 0.81 years) were included in the analysis. Ninety-six girls (85.72 %) and 260 boys (81 %) had at least one speech delay. Children with comprehensive and expressive speech delay were significantly associated with poor intelligence later (F= 35.69, p < 0.0001 and F= 29.21, p < 0.0001, respectively) after controlling for age and sex, and the predictive effect was independent of each other. There was dose-effect of speech delay. No predictive effect of parental age, education, family structure, gestational age at birth and birth weight were noted.

## Conclusions

Speech delay, both comprehensive and expressive delay, during 2-4 years, is a significant risk factor for later cognitive impairment.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.091

### The use of PCIT to help with language facilitation in a case of global developmental delay and leukoencephalopathy

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## Objectives

Parent-child interaction therapy (PCIT) is an evidence based behavioural treatment designed to help children between 2.5-7 years old with emotional and behavioural disorders. Here we present an interesting case of a 3-year-old girl with global developmental delay and leukoencephalopathy with dysgenesis of the brainstem. On initial examination she had the developmental level of an 18month old with language skills of a 12-18month old; both her vocabulary and verbal expression were very limited.



### Methods

Patient was referred to Psychiatry with concerns regarding disruptive behaviours; including severe self-injury and head-banging. She had already received extensive multidisciplinary team treatment including occupational and speech therapy with limited results. PCIT was started with the main focus being on PRIDE skills; particularly behavioural description and reflection with simple developmentally appropriate labeled praise. Modifications to treatment included: using non-verbal actions e.g. 'high fives' as praises, sign language and using only one step commands, which greatly improved compliance.

### Results

In a matter of weeks the patient demonstrated remarkable improvement in her disruptive behaviour both at home and at daycare. Surprisingly her vocabulary more than doubled and her ability of self-expression also increased. Her behavioural improvement was noted by the treating neurologist to be secondary to the weekly PCIT sessions.

### Conclusions

The implementation of targeted PCIT interventions greatly benefited the development of language skills and communication in a severely developmentally delayed young child. PCIT principles are effective treatment interventions for other clinical presentations outside of the usual inclusion criteria.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.092

### Adolescents with intellectual disability: Impact of visual attention and eye-movement on tests of nonverbal intelligence and Rapid Automatic Naming

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#### Objectives

The contribution of visual attention to performance on tests of nonverbal intelligence (NVIQ) or tests of Rapid Automatic Naming (RAN) of adolescents with ID has seldom been investigated. Thus we compared performance on three NVIQ tests and threshold performance on four visual tasks requiring rapid and maintained activation of attention of adolescents with ID and younger typically developing (TD) children of comparable mental age.

#### Methods

Regression analyses were utilised to compare the contribution of the visual attention test scores to variance on the NVIQ scores.

#### Results

The younger TD performed better than the ID on all visual attention tasks. Indeed, the ID group required longer exposure time to ascertain the orientation of a simple stimulus icon. They also required a longer exposure duration in order to encode a simple array of four objects sufficiently well to be able to detect if a change had occurred in the array at a second sequential presentation. Regression analyses were utilised to compare the contribution of the visual attention test scores to variance on the NVIQ scores. The tasks contributed significant variance for the ID group but not for the TD group. Threshold visual attention scores also contributed substantial amounts of variance to the NVIQ test scores for those of the ID group co-morbid for ASD, but not for the ID without ASD group.

#### Conclusions

A comparison of patterns of eye movements and ability to shift attention rapidly showed that the older participants (i.e., the ID) had a shorter stimulus examination and more extraneous off-task excursion eye movements than the TD group.

In contrast, the TD group spent more time fixating the items in each RAN task.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.093

### Interdisciplinary network of integral diagnostic and therapeutic approach for children and adolescents with mental health problems and neurodevelopment disorders

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#### Objectives

To present an interdisciplinary diagnostic and therapeutic model that ensures the comprehensive approach of children and adolescents with mental health problems and neurodevelopmental disorders in a comorbid way.

#### Methods

Interdisciplinary teams are created, consisting of pediatric psychiatrists, psychologists trained in Neuropsychology, psychomotor and speech therapists, educational specialists and social workers, located in adequately equipped community centers, so that the community mental health teams can refer those patients where they suspect the presence of neurodevelopmental disorders. The diagnostic approach includes a clinical interview, and neuropsychological tests to evaluate cognitive functions, in order to define an interdisciplinary diagnosis and simultaneous or successive approaches of the cognitive difficulties found.

An interdisciplinary coordinating team visits the centers to train, supervise and review protocols and individual situations when necessary.

#### Results

In one center sample (130 patients):

The population is mostly male, ages between 7 and 10 years.

50% has school backwardness.

78% presented difficulties in psychomotor development, 63% alterations in language, 93% difficulties in reading and writing, 60% in mathematics.

The comorbidity between reading disorders and hyperkinetic syndrome rose to 80%.

An average of 300 monthly interventions was performed.

#### Conclusions

The accessibility of the teams within the community facilitates the family assistance and commitment to diagnostic and therapeutic approaches. Most of children and adolescents evaluated require two or three treatments simultaneously or successively, given the important comorbidity of neurodevelopmental disorders. To access to all the treatments in the same space, and the common knowledge the technicians have about the patient, allow an integral approach.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.094

### Developmental coordination disorder - updated evidence for evaluation and treatment

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#### Objectives

To present the most updated data for the management of Developmental Coordination Disorder (DCD).

#### Methods

Narrative review of the literature published in English, up to November 2017, on Pubmed and Cochrane databases and manual search of relevant literature.

#### Results

DCD prevalence is about 5%-10%. Diagnosis relies on careful history of performing motor tasks and motor and sensory integration areas. Evaluation by an occupational or physical therapist is cornerstone. Neurologic, ophthalmic and cognitive examinations are advisable to rule out other conditions. There are no standard tests to diagnose DCD, although there are comparable examination techniques based on normative assessment approach that remain keystone. Assessment of psychiatric comorbidities is mandatory, since other coexisting neurodevelopmental disorders, especially ADHD, and emotional problems are prevalent. Data suggests motor coordination difficulties tend to persist through adolescence and adulthood if no intervention takes place. Treatment should include patient education, individualized educational plan and an approach to the motor coordination problems. The two main general approaches are task-oriented and process-oriented. No approach showed superiority over the other or was substantiated as effective. However, there is consistent evidence demonstrating better outcomes on those who receive intervention. Pharmacologic treatment is limited to comorbidities.

#### Conclusions

DCD is diagnosed through clinical interview and occupational or physical therapist evaluation. Psychiatric comorbidities must be addressed. Treatment includes patient education, individualized educational plan and a task- or process-oriented approach. Awareness of this entity is of outmost importance due to its repercussion on child wellbeing. Further investigation is needed to inform clinical practice.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.095

### Mazindole should be considered carefully for psychotic disorders in Prader-Willi syndrome: case report and review of the literature in Japan

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#### Objectives

Prader-Willi syndrome (PWS) is a congenital disorder. It is characterized by a variety of clinical features: distinct physical dysmorphism, neonatal hypotonia, hypogonadism, childhood-onset obesity, developmental delay and behavioral and psychopathological abnormalities. PWS is caused by absence of expression of the paternally active genes in the critical region on 15q11-13. It is derived from the paternal deletion at 15q11-13 (65-75%), maternal uniparental disomy (mUPD) of chromosome 15 (20-30%) and translocations and imprinting defect (1-5%). It has been reported that the psychotic comorbidities with mUPD PWS is very high (>16%). The psychotic comorbidities with Japanese PSW are not well known. We aim to describe the clinical features of PWS with psychotic disorders in Japan.

#### Methods

In this study, we reviewed the medical chart of a case of mUPD PWS with early onset schizophrenia and the Japanese literature on PWS with psychotic disorders.

#### Results

The case was a 29 years old male with mUPD PWS. He developed schizophrenia at 13 years old of age. The clinical course after the onset is shown in Figure 1. It was the first Japanese mUPD PWS case with psychotic disorders. The literature review of Japanese PWS with psychotic disorders revealed that Mazindol might be the trigger of psychosis in two out of five (40%) cases (Table 1).

Figure 1. The clinical course of mUPD PWS case after the onset of SCZ

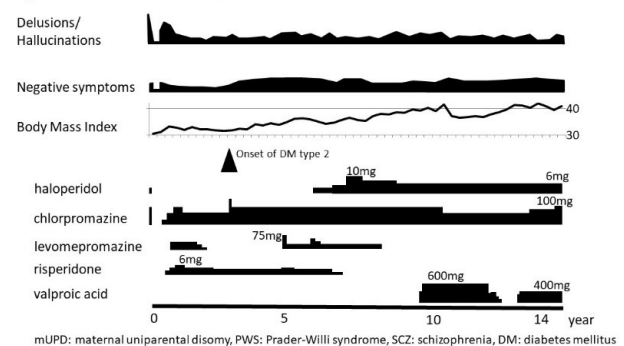


Table 1. Literature review of Japanese PWS with psychotic disorders

	Delusions	Hallucinations	Negative symptoms	Diagnosis	Suspected trigger	Genetic subtype
Matsubayashi et al <sup>1</sup> (1989)	+	+	-	Psychotic disorder, Intellectual disability	Mazindol	Deletion
Takahashi et al <sup>2</sup> (1998)	+	+	+	Psychotic disorder, Intellectual disability	NR	Deletion
Okuno et al <sup>3</sup> (2000)	+	+	NR	Psychotic disorder	Mazindol	NR
Sentani et al <sup>4</sup> (2005)	+	-	-	Psychotic disorder	-	Deletion
Kato et al (2018)	+	+	+	Schizophrenia, Intellectual disability	-	mUPD

NR denotes data not reported, PWS: Prader-Willi syndrome, mUPD: maternal uniparental disomy

- Matsubayashi et al. Rinshoseishinigaku 18, p511-516, 1989
- Takahashi et al. Hokurikuseinshinigakuzasshi 12, p46, 1998
- Okuno et al. Nihonjodoseinenseishinigakaj 14<sup>th</sup> soukaishorokushu, p144, 2000
- Sentani et al. Rinshoseishinigaku 34, p823-827, 2005

#### Conclusions

We described the clinical features of Japanese PWS with psychosis. It is the first report which mentioned about the relationship between Mazindol and PWS with psychosis. The administration of Mazindol to PWS should be considered carefully.





Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.097

**Childhood adversity and parenting behavior: The role of oxytocin receptor gene polymorphisms**

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**Objectives**

In line with the cycle of abuse hypothesis, previous research revealed experiences of childhood adversity (CA) to be related to less favorable parenting behavior. It can further be expected that maternal oxytocin receptor (OXTR) genes may influence parenting behavior and moderate relationships between CA and parenting behavior. Moreover, associations between the OXTR gene and plasma oxytocin (OT) have been discussed.

**Methods**

We relied on a sample of 193 mothers and their on average 8-year old children. Maternal experiences of CA (antipathy, neglect, physical, psychological, and sexual abuse) were assessed using a standardized interview (CECA). A questionnaire for the assessment of child abuse potential (CAPI) and observations of mother child interaction (Emotional Availability Scales) were used as indicators of parenting behavior. For mothers, we analyzed two polymorphisms (rs1042778, rs2254298) of the OXTR gene and plasma OT.

**Results**

The maternal OXTR gene was not directly associated with mothers' parenting behavior. However, the single nucleotide polymorphism rs2254298 significantly moderated relations between mothers' experiences of CA and parenting behavior. Significant relations could be found only for mothers who were homozygous for the G allele. The G allele of the rs2254298 was further related to increased plasma OT levels.

**Conclusions**

Our findings underline the importance of considering interindividual differences when investigating consequences of CA. Knowledge about the influence of the OXTR gene on relations between CA and parenting behavior may constitute an important premise for developing intervention programs that are adapted to an individual's needs.

Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.098

**De novo missense variants in ATP1A3 with alternating hemiplegia of childhood associated with childhood-onset schizophrenia: report of 2 cases**

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**Objectives**

Childhood-Onset Schizophrenia (COS) is a rare (prevalence 1/40 000) but major mental disorder characterized by a wide spectrum of symptoms, including delusions, hallucinations, disorganisation of speech, negative symptoms, and cognitive deficits. Several publications have shown that some polymorphisms are associated with COS. Identification of rare variants is just beginning, regarding CNV and de novo mutations.

**Methods**

Here we report on two COS cases associated with Alternating Hemiplegia of childhood (AHC), a rare disease characterised by repeated episodes of hemiplegia that alternately affects one side of the body. These comorbidities have guided the genetic exploration and two de novo deleterious missense variants (c.2401.G>A and c.2443G>A) in ATP1A3 were identified.

**Results**

Both patients exhibit early (<13 years old) and severe psychotic signs with high scores on the standard clinical scales. AHC diagnosis was made at an early age for both patients (< 20 months old). Treatment response to antipsychotics was poor as it is often the case for COS.

**Conclusions**

To our knowledge, only one case report in a young boy is available (xx), these two cases perfectly underlines the need to seek for all possible genetic conditions in children and adolescents presenting atypical psychotic symptoms and in a clinical point of view, on the importance of an early identification of psychiatric symptoms and disorders in rare organic disease like AHC.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.099

### Barriers and facilitators to participation in an evidence-based behavioural family intervention for parents of children with developmental disabilities

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#### Objectives

The high rate of behaviour and emotional problems in children with developmental disabilities is well established. Parent training programs are effective in reducing problem behaviour and improving child and parent outcomes. Despite this, parental engagement is often low. This study aimed to understand the barriers to engagement in parenting programs in order to improve parental engagement and outcomes.

#### Methods

Prior to implementing a statewide (Victoria, Australia) parent training program (Stepping Stones Triple P; SSTP) for parents of children with developmental disabilities, a community survey (MySay) was conducted with parents to ascertain service need. The MySay survey revealed high rates of child behaviour and emotional problems and parent psychosocial distress, and low rates of participation in parenting programs. SSTP was then made available for two years; free to all families in Victoria who had a child with a developmental disability aged 2-12 years. A second survey (MySay2) was conducted in order to understand barriers to participation.

#### Results

Of the 396 families who participated in MySay, 85% did not engage with a program. The most frequently reported reasons for non-participation were practical, with the most common barriers being time (50.8%), location (45.3%) of programs, and lack of access to child care (35.8%). A number of parents indicated they had no need for a parenting program (22.9%), or the programs were not suitable for their child (23.2%).

#### Conclusions

The results of this survey will be discussed, along with factors potentially influencing engagement, within the framework of public health implementation of programs.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.100

### Socio-demographic and ecological correlates of performance on intelligence tests among children and adolescents in Ghana

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<sup>3</sup>Komfo Anokye Teaching Hospital, Department of Psychiatry, Kumasi, Ghana

## Objectives

Intelligence assessment is an integral part of child mental health services. Factors that affect cognitive ability have scarcely been elucidated in most sub-Saharan African countries. There is therefore the need to examine factors associated with performance on intelligence testing.

## Methods

In a cross-sectional survey, 619 subjects aged 6-19 years were recruited from 11 randomly selected schools in rural and urban Kumasi, Ghana. Socio-demographic data was collected and cognitive ability assessed using Raven's Standard Progressive Matrices.

## Results

614 participants (mean age of 12.7 (SD: 3.8)) were assessed. Urban schools scored higher than rural and private schools scored higher than public. The urban sample only begun to differ significantly from the British norms after age 6. For private schools in affluent urban neighbourhoods, there was no statistical difference in mean scores compared to British norms in every age-cell except ages 12 and 14 years. Controlling for other factors, being in a private school was associated with a 5-point increase in scores compared to public school (95% CI 1.58 to 9.36), a reading habit gave a 3.39 point increase in scores (95% CI 1.55 to 5.24) and having teachers with higher qualifications gave a 4.44 point increase in scores (95% CI 1.15 to 7.73).

## Conclusions

The vastly different scores obtained for different sub-groups within the local population appeared to justify the calls for establishing normative data for local population in developing countries for fairer comparisons. The evidence for the strong effect of environmental factors on intelligence scores has been enhanced.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.101

### Internet use situation among students in Japanese special needs education school for children with intellectual disabilities.

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<sup>1</sup>Naruto University of education, Nakashima- Takashima, Naruto, Japan

#### Objectives

This study examines the internet use situation among Japanese special needs education school for children with intellectual disabilities.

#### Methods

Participants were 30 parents (30 mothers; mean age of their children was 13.3 (S.D. 3.2) years; and 18 children had been diagnosed with autism) and 96 teachers (70 females and 24 males) from Japanese special needs education school for children with intellectual disabilities. They completed a questionnaire on internet use and troubles about students.

#### Results

According to parents' responses approximately 50% of the students used internet and 13% used internet for no less than 3 hours. Moreover, at least 18% students experienced some issues caused by the internet. According to the teachers' responses, approximately 20% teachers had encountered students with some difficulties caused by the internet. Additionally, Teachers feel that it is difficult to teach their students about internet literacy and to collaborate with parents regarding this issue. According to both parents' and teachers' responses, the contents about issues were "They don't study because of internet addiction," "They stay up all night and sleep during the day because of internet addiction," "They easily shared their private details on Social Networking



Service," "They were cheated into paying extra to the internet providers," and so on.

### Conclusions

This study revealed the internet use situation in Japanese special needs education school for children with intellectual disabilities. Preventive education for appropriate internet use and early intervention in their troubles with internet use are important.

This work was supported by the Japan Internet Safety Promotion Association.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.102

### Mental health services for children and adolescents with intellectual disability: A review of literature

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#### Objectives

Mental health services for individuals with intellectual disability (ID) are widely provided by both the government and NGOs. However, these services have not been uniformly developed across all countries. This review summarises the available data in mental health services for children and adolescents with ID across all countries

#### Methods

PubMed, PsycINFO, ERIC, and Cochrane library databases were searched manually for relevant studies by authors. Studies published in both peer reviewed English language journals and books were considered. Hand searches of libraries were not considered

Results  
Mental health services related to individuals with ID are available along with varied in their type and range in all countries/territories. All countries are sensitized and initiated some extend of mental health care services for this population. However, these services are failing to minimize the urgent need to create a strong network of specialized health services. These services are largely covered by secondary and tertiary centers of towns and cities while it is beyond the accessible zone of rural areas. There is also a lack of an inpatient specialized mental health unit and underdeveloped outpatient services to provide proper mental healthcare. Culturally shaped ideas about ID are found as a hinder to seek mental health service in low income countries.

#### Conclusions

Mental health services for individuals with ID are still limited by poor availability, accessibility and adequacy. Thus, there is need to invest more in services for the accessibility in both urban and rural areas

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.103

### Youth with intellectual disabilities growing up in Singapore

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### Education, Singapore, Singapore

#### Objectives

As an emerging adult, youth with intellectual disabilities (ID) require more than just having employment to function well in the community, they would also need to contribute to maintaining a home, engage in appropriate community participation, and experience satisfactory personal and social relationships. Transition to adulthood is challenging, not just for the youth with ID but for their families and the larger community as well. The objective of this study is to explore the experiences of families in Singapore as their adolescent child with ID prepare to leave school and enter into the workplace.

#### Methods

Eight families participated in this qualitative research study. Semi-structured interviews were conducted with the parents, siblings and youths with ID. The data were analysed using a grounded theoretical approach.

#### Results

The findings from this study revolved around the families' hopes and dreams for the future versus the current realities of their adolescent child with ID. Challenges that the families faced raising their adolescent child with ID will be discussed together with the families' coping strategies.

#### Conclusions

The transition of youth with ID from school to work is often riddled with various obstacles. The youth with ID is moving from the structured school environment to enter into the less predictable work environment. The support that used to come from school is often replaced to a much lesser degree from an external adult agency. A coordinated effort from various agencies is needed to provide comprehensive support for these families.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.104

### School readiness skills in preterm VLBW children - Beyond IQ

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#### Objectives

To evaluate IQ and School readiness(SR) in PT/VLBW children at 5.5 years old and compare them to term controls and evaluate SR in children with IQ scores > 85.

#### Methods

Prospective cohort study of 123 PT/VLBW survivors with birthweights ≤ 1250 grams born between 2007-2009 in Singapore was assessed for SR using the Wechsler Preschool and Primary Scale of Intelligence(WPPSI-III), Bracken School Readiness Assessment(BSRA-3) and Beery-Buktenica Developmental Test of Visual Motor Integration(VMI) at age 5.5 years and compared them with 74 term controls. A social risk composite(SRC)score based on ethnicity, parental education and family income was computed.Multivariable linear regressions were conducted to evaluate impact of gestational age(GA) on SR, adjusting for socio-demographic risk factors. Subgroup analysis was done to evaluate factors affecting SR in children with IQ scores>85

## Results

Mean GA and birth weight of the study group was  $27.8 \pm 2.3w$  &  $939 \pm 194gms$  and of the controls was  $38.8 \pm 1.2w$  and  $3165 \pm 402gms$ . PT/VLBW cohort had significantly lower full composite and sub-scores in WPPSI-III, BSRA-3 and VMI compared to controls. The difference in point sub-scores for the above tests were of the following magnitude: a) WPPSI-III: Verbal(17), Performance(12), Processing speed(13) and Full-scale IQ(16); b) BSRA-3: Numbers(4), Size(20), Shapes(10) and Composite score(15); c) VMI(5). Significant differences persisted after adjusting for maternal age, gender and SRC scores. Significant differences were observed between PT/VLBW and term controls in children with IQ > 85. Factors associated with lower SR skills included prematurity and higher SRC score. ( $p < 0.001$ )

## Conclusions

Prematurity and high social composite risk scores were risk factors affecting school readiness and this difference persisted in PT/VLBW children with IQ > 85

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.105

### Quality of life of mothers of premature newborns and low weight in the kangaroo method in Brazil

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<sup>2</sup>Federal University of Goiás, Faculty of Medicine, Goiania, Brazil

#### Objectives

To evaluate the profile of preterm newborns (RNs) of low weight participants of kangaroo method, the quality of life of the mothers and the influencing factors during this hospitalization period.

#### Methods

A cross-sectional study with emphasis on quality of life and the factors that influence the mothers in this hospitalization period. The sample consisted of 85 mothers who were with their newborns admitted to the Neonatal Intermediate Care Unit (NICU) and Kangaroo Nursing, of a Maternity Hospital located in the city of Goiânia, Goiás, Brazil. The questionnaire used to assess quality of life was the WHOQOL-Bref.

#### Results

Predominant female RNs, with gestational age between 33-36 weeks, with an average weight of 1747.4g. The infants were classified by the neonatal index as high risk and had an average hospitalization of 27.67 days. There was greater difficulty in breastfeeding with the mothers hospitalized in the NICU than with the mothers of the Kangaroo ward. And the psychological domain was worse in mothers who had difficulty in breastfeeding.

#### Conclusions

The overall quality of life of the mothers participating in the kangaroo method was 64.81%, presenting a greater difficulty in breastfeeding and lower milk production when admitted to the NICU. The weight between 1,501g - 2,500g, high - risk NMI, NICU hospitalization, non- pregnancy planning and socioeconomic profile (social classes C1, C2, DE) are factors that negatively influenced the quality of life of the mothers affecting the physical, psychological and environmental domains.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.106

### Knowledge of mothers of preterm infants about the kangaroo method, breastfeeding and child development - an experience from Brazil

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<sup>2</sup>Federal University of Goiás, Faculty of Medicine, Goiania, Brazil

#### Objectives

To describe the maternal perception during the hospitalization period on breastfeeding, the kangaroo method and child development.

#### Methods

This was a cross-sectional study, in which the sample consisted of 85 mothers who were with their infants admitted to the Intensive Care Unit (NICU) and Kangaroo Nursing, of a Maternity Hospital, in the city of Goiânia, Brazil. A chart analysis was carried out investigating maternal data to complete the anamnesis script. In addition to the application of socioeconomic questionnaires and on maternal perception.

#### Results

Predominant female infants, with gestational age between 33-36 weeks, mean weight of 1747.4g. The mean maternal age was 27.7 years of age and they planned the pregnancy. According to the mothers, getting close to them is more important for the baby, indicating that skin-to-skin contact is the main advantage of the Kangaroo method. Most were breastfeeding their baby and rated their milk production as good. Regarding child development, the mothers reported that the range develops at 5.54 months, sit alone does not present the vision developed at birth (77.6%), but presents hearing developed at birth (69.4%).

#### Conclusions

Most mothers understand the importance of breastfeeding, the kangaroo method, and the development of their babies, and are aware of the real need for preterm infants. Este resultado tem implicações importantes para a prática do Método Canguru em serviços de saúde e no atendimento humanizado do recém-nascido prematuro. This result has important implications for the practice of the Kangaroo Method in health services and in the humanized care of the premature newborn.

## Poster session 5

26 July 2018, 07:30 - 13:00, Poster Area

P 5.107

### Mental development of children with extremely low and very low birth weight

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#### Objectives



Our aim was to assess the mental development of children with very low (VLBW) or extremely low birthweight (ELBW). Low birthweight is a risk factor for somatic and mental development and there is an increasing tendency of immaturity manifestation in areas of neurocognitive and psychosocial maturation. We were expecting to find significant differences in cognitive and socio-emotional levels of development between the two birthweight groups.

#### Methods

We used subtests from Intelligence and Development Scale, NEPSY II and BRIEF questionnaire. Included children are those observed and therapeutically monitored in the Centre of complex care for children with perinatal load. The age was 5-9 and groups were ELBW (<999 g) and VLBW (1000 – 1400 g).

#### Results

We found no significant differences between children with ELBW and VLBW and no distinct delay in cognitive development compared to norm. In both groups biggest difficulties were with visual perception and selective attention and their parents reported problems with planning, organization, working memory and control of behaviour.

Table 1.

Birth weight	Preschool age		Younger school age	
	N	%	N	%
Extremely low	45	60,81	33	71,74
Very low	29	39,19	13	28,26
Total	74	100	46	100

#### Conclusions

Due to specificity of our sample our results do not correspond to those of other researchers. However, we can see that if children are frequently monitored the cognitive development can happen within developmental norms. These findings stress the importance of formation of centres of complex care and provide parents and children with longitudinal support.

#### Poster session 6

##### Posters in this session correspond to the following topics:

- P 6.001 Counseling
- P 6.002 Crisis Intervention
- P 6.003 Dissociative and Conversion Disorders
- P 6.004 - P 6.016 Eating and Feeding Disorders
- P 6.017 ECT, Stimulation Methods
- P 6.018 - P 6.021 Emergencies
- P 6.022 - P 6.027 Gender and Gender Dysphoria
- P 6.028 - P 6.031 Mental Issues with Co-Morbid Medical Disorders
- P 6.032 - P 6.037 Neuroimaging, EEG
- P 6.038 - P 6.040 Personality Disorders - Arbitrary and Empirical Age Threshold
- P 6.041 - P 6.047 Pharmacotherapy
- P 6.048 - P 6.051 Prevention
- P 6.052 - P 6.053 Psychosomatics, Dissociative Disorders
- P 6.054 - P 6.057 Psychotherapy
- P 6.058 - P 6.067 Psychotic Disorders
- P 6.068 - P 6.090 Self-Harm Behavior, Suicidality and its Prevention
- P 6.091 - P 6.097 Sexuality and Sexology, LGBT Youth
- P 6.098 - P 6.111 Substance-Related Issues and Disorders

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

##### P 6.002

#### Child and adolescent mental health in crisis situation- a case study of the Freetown mudslide and flood disaster

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#### Objectives

To provide a situational analysis of the child mental health in crisis situation  
To provide Child Adolescent Mental Health and Psychosocial Support mudslide and Flood survivors

#### Methods

The activities carried out during the Mudslide and Flood Disaster included Community awareness raising and sensitization; Psychological First Aide and Mental Health and Psychosocial Support provided by Mental Health Nurses Child and Adolescent Mental Health services provided by Child and Adolescent Clinical Psychologist and Child and Adolescent Mental Health Nursing officer. Child and Adolescent Mental Health services included one on one support, Parent support and Peer support groups.

#### Results

A significant number of children and adolescent who experienced and survived the Mudslide and Flood disaster of August 14 2017 in Freetown made good recovery due to the support received.

#### Conclusions

The huge mudslide and flood disaster that hit the country was a public health emergency that needed a mental health response. There is immediate need to develop Child and Adolescent Mental Health crisis preparedness.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

##### P 6.003

#### Baseline characteristics and outcome of pediatric-onset psychogenic non-epileptic seizures.

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#### Objectives

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.

This present study is the first conducted on a nationwide cohort of children and adolescents with incident PNES. The aim is to investigate baseline character-

istics and outcomes of pediatric PNES, i.e. comorbidity, self-harm, all-cause mortality, and use of health services, by utilizing the Danish healthcare registries and medical records.

## Methods

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). Secondly, based on these findings, we will define an epidemiological cohort of children and adolescents with childhood-onset of PNES. The cohort will be followed by use of the Danish healthcare registers to investigate the outcomes, and occurrence will be compared to age and gender matched controls diagnosed with epilepsy.

## Results

The detailed study design and preliminary results will be presented at the conference.

## Conclusions

This study contributes with unique new results describing characteristic features at onset of childhood PNES, as well as the course of this disorder. This knowledge will be useful in future strategies for the prevention and treatment of PNES.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.004

### Anorexia nervosa-from a symptom to an illness

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<sup>3</sup>Institute of Mental Health, Department for Child and Adolescent Psychiatry, Belgrade, Serbia

## Objectives

This paper describes four short vignettes with identical beginning and type of recognized symptoms, but with different treatment opportunities

## Methods

Personality assessment-MMPI, detailed developmental history-psycho-dynamic approach, family functioning assessment, description of therapeutic procedure, treatment outcome.

## Results

Diversity of the disorder etiologic substratum, in spite of identical initial symptoms often grouped in anorexic syndrome, leads to variability of clinical manifestations - neurotic, border or psychotic personality organization. Behavioral modification program is necessary as well as the following: Understanding of basic deficit or conflict, Individualized approach to symptoms development dynamics, Involvement in an adequate psycho-therapeutic process, incapacitate a complete healing

## Conclusions

Following different prognosis of identical clinical manifestations among adolescents with anorexia diagnosis, we would like to ask whether anorexia nervosa is only a symptom/syndrom of various clinical entities. Multidisciplinary approach to treating eating disorder and intensive cooperation among different profile experts - psychiatrists, psychotherapists, internists of all subspecialties, nutritionists, radiologists, gynecologists is sine qua non.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.005

### Challenges of anorexia nervosa treatment in autistic spectrum disorder patients: a clinical case

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## Objectives

Anorexia Nervosa (AN) is an important cause of physical and psychosocial morbidity and typically develops in adolescence or early adulthood. AN has a relatively common comorbidity with Autistic Spectrum Disorder (ASD) with poorer responses to treatments in this group and no specific guidelines. We aim to present a clinical case of an adolescent, 16 years old, with AN and a diagnosis of ASD since 2 years old. We also intend to discuss the specific treatment challenges and treatment adaptations.

## Methods

We used cognitive-behavioral therapy, with approaching the motivation to change and family involvement.

## Results

The patient presented poor response in outpatient treatment and a better response in inpatient treatment.

## Conclusions

Despite the positive results of the treatment, the cognitive inflexibility, the difficulty with changes in routines and some food aversions, typical in individuals with ASD, were important challenges to the therapeutic process.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.006

### Treatment of compulsive exercise in eating disorders

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## Learning Objectives

Identify and handle compulsive exercise in eating disorders.

## Workshop Description

Since the beginning of the Schön Klinik Roseneck, the specialized treatment of eating disorders has been one of the treatment focuses of the clinic. A characteristic symptom that can be observed in both anorexia and bulimia patients is an excessive, compulsive movement behavior. This urge to move is short-term with an unfavorable therapy result and longer-term associated with a chronification of the eating disorder. Nevertheless, treatment options for coping with the urge to move in eating disorders are still missing. Therefore, at the Schön Klinik Roseneck a new symptom-oriented group therapy concept "Development of a healthy movement behavior (AGB)" was developed, which includes cognitive-behavioral, dialectical-behavioral, sport and movement-therapeutic elements as well as single exposures. The aim of the group is, on the one hand, to reduce the compulsive quality of urge to move and, on the other hand, to rebuild a healthy quantity of movement that is appropriate to the gen-



eral physical condition. In the course of the workshop, a brief overview of the current state of research with regard to various conceptualisations of the urge to move, characteristics of affected patients and previous therapeutic approaches for the treatment of urge to move is given. The focus will be on the application-oriented presentation of the therapy concept and the therapeutic elements of the exposure therapy for patients with compulsive movement behavior.

#### References

Therapy Manual "Gruppentherapie Aufbau gesunden Bewegungsverhaltens", Schön Klinik Roseneck, in press.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.007

#### Anorexia nervosa - clinical case presentation and recommendations of Clinical Practice Guidelines

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#### Objectives

Describing the principal characteristics of the anorexia nervosa and the standard treatments recommended by clinical practice guidelines.

#### Methods

Clinical case presentation of an 15 year old adolescent girl diagnosed with anorexia nervosa and reviewing the clinical practice guidelines (elaborated by International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), National Institute for Health and Clinical Excellence (NICE), Royal Australian and New Zealand College of Psychiatrists (RANZCP), American Psychiatric Association (APA), Canadian Psychiatric Association (CPA)).

#### Results

Although the term "anorexia" means a "lack of hunger", this disease is misnamed, because patients constantly present obsessive thoughts about food and are preoccupied by finding a method to resist the intense hunger they feel. It is known that genetic and environmental factors have an important role in the disease's etiology, amongst trigger factors being puberty and adolescence. Through the clinical case that we have chosen to present, we pinpoint particularities of clinical presentation of anorexia and the difficulties of obtaining and maintaining treatment compliance. The clinical practice guides describe, the clinical presentation, etiology, evaluation, general principles of treatment, psychosocial interventions and pharmacotherapy (there are evidences that prove the SSRI efficiency (in anti-obsessional doses) and antipsychotics efficiency).

#### Conclusions

The clinical case presentation underlines the management difficulties of an anorexia nervosa patient. Our clinical case presentation data is overlapping the literature descriptions about multifactorial etiology, multidisciplinary therapeutic intervention, pleading for the complexity of this nosological entity and sustaining the continuous need for research.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.008

#### Substance use and eating disorder in adolescents: How substance

#### users differ from non-substance users in an outpatient clinic

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#### Objectives

Objective: The relationship between eating disorders (EDs) and substance use (SU) has only been briefly described in literature using mainly non-clinical adult populations. This study aimed to examine the prevalence and characteristics of SU among patients of the adolescent ED Outpatient program (EDO) in Kingston, Ontario.

#### Methods

Methods: A retrospective chart analysis was conducted to determine patients' medical status, psychosocial factors, treatment course and outcome. Beck Youth Inventory (BYI-2) and ED Inventory (EDI-3) scores were compared.

#### Results

Results: Over 60% of the patients referred to the EDO with SU status (n=203) reported regularly consumed substances. 33.4% of substance users received a diagnosis involving purging behaviours compared to only 5.9% of non-substance users and adolescents with SU were just as medically unwell as non-substance users. Adolescents with SU reported significantly more self-harm and abuse, but less bullying. Percentage of ideal body weight of significantly improved over time ( $F(1, 123)=27.701, p=0.002$ , partial  $\eta^2=0.184$ ) and did not differ by SU. Substance users were 2.1 times more likely to drop-out of treatment. Similarly, SU did not significantly impact the improvement in any EDI-3 composite scores.

#### Conclusions

Conclusion: Emotional dysregulation may play a role within adolescents with an ED and SU. The lack of difference in medical wellness, treatment response and diagnostic questionnaires propose that adolescents with SU benefit from ED outpatient treatment just as much as those without SU, however substance users are more likely to drop-out. Therefore, the emotional dysregulation experienced by the adolescents with SU may manifest in an unwillingness to participate in ED treatment and lead to increased drop-out.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.009

#### Shoplifting in patients with eating disorders

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<sup>2</sup>Hannan Hospital, Department of psychiatry, Osaka, Japan

#### Objectives

Shoplifting is one of the serious behavioral problems in patients with eating disorders (EDs). Little is, however, known about prevalence, etiology, and consequences. Whether shoplifting occurs before or after the onset of EDs is unknown and the correlates of shoplifting are poorly understood. The aim of this study is to clarify the prevalence of shoplifting, whether shoplifting precedes the onset of EDs, and correlates of shoplifting in patients with EDs.

#### Methods

This was a cross-sectional study of 284 treatment-seeking female patients aged 13 to 45 with EDs (171 anorexia nervosa (AN) and 113 bulimia nervosa (BN)). Shoplifting, impulsive behaviors (included: self-injury, suicide attempt, sexual promiscuity, alcohol abuse, and illegal drug use.), depression, self-esteem,

and clinical features of ED were assessed with interviews.

## Results

The prevalence of lifetime shoplifting was 28.5% (81/284), with occurring before the onset of ED reported in 70.4% (57/81). Multivariate logistic regression analysis revealed that depression [odds ratio (95 % confidence interval) = 2.63 (1.24-5.60)], alcohol abuse [3.91 (1.34-11.38)], illegal substance use [14.42 (1.65-125.86)], and self-esteem [0.90 (0.82-0.99)] were associated with lifetime shoplifting.

## Conclusions

Shoplifting is common in patients with EDs and precedes the onset of EDs in the majority of the patients with a history of shoplifting. Shoplifting is associated with impulsive behaviors such as alcohol abuse and illegal substance use, in addition to depression and low self-esteem. We should pay attention to an unrecognized role of shoplifting as a marker to identify patients at risk for impulsive behaviors.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.010

### Terrified of menstruating: a case of anorexia nervosa

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<sup>3</sup>Dr. Cevdet Aykan Mental Health Hospital, Child and Adolescent Psychiatry Unit, Tokat, Turkey

<sup>4</sup>Dokuz Eylül University Hospital, Child and Adolescent Psychiatry Unit, Izmir, Turkey

## Objectives

Anorexia Nervosa (AN) is a serious psychiatric illness that is highly accompanied by severe medical and psychological complications. Prevalence of AN is reported approximately 0.2%- 1% in general population and the condition mainly affects adolescent females. Although commonly connected to certain temperamental qualities and family functions as well as genetic and biological vulnerabilities, recent stressors of medical and other origins need to as well be addressed. With this report, we aimed to present the clinical course of a 16-year old girl that was referred to a child and adolescent psychiatry unit following severe restriction of food intake, feeling depressed and tired, presenting avoidant and anxious behavior.

## Methods

Case Report

## Results

The case had fulfilled the diagnostic criteria for Anorexia Nervosa at the time of referral. She was depressed, was severely restricting and controlling her food intake. Her body image was distorted, as she was stating repeatedly that she had fat around her tummy. With her BMI at 16, she was immediately directed for extensive blood analysis and electrocardiography and dietary planning. She was also started with twice-weekly therapeutic sessions with a child psychiatrist in the outpatient unit and once a week appointments with a nutrition specialist. She was clinically depressed with very little verbalization at her initial sessions. Through her sessions, she became more talkative and revealed the time she had to stay in the hospital the previous year due to a sudden rupture of her ovarian cyst following a severe episode of menstruation. As her sessions proceeded, it became more and more apparent that she was greatly traumatized by this event, focusing on the vivid imagery she had, regarding how she

bled. Upon several sessions, she was able to realize that through avoiding food and losing weight, her main goal was to stop her periods and she was actually avoiding the scene of blood during menstruation. From then on, her individual sessions were focused on the traumatic theme and its consequences. Following 6 months of collaborative multidisciplinary work involving pediatrics, endocrinology, nutrition division and psychiatry along with integrated family work, she was able to gain weight and her anxiety and depressive symptoms had vanished. Her periods have returned and she started doing better at school and in her peer relationships. She is still being followed up, with a plan to continue until summer of 2018.

## Conclusions

In addition to providing biological, genetic underpinnings and diagnostic framework of psychiatric disorders in children and adolescents, it is also important to review and formulate developmental tasks, dynamic processes and recent stressful life events, though might be considered subtle, of this vulnerable population, for better management and intervention.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.011

### How to overcome the eating disorders with the treatment of Villa Garda, Italy.

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<sup>2</sup>Villa Garda, Distúrbios da Alimentação, Garda, Italy

## Objectives

The treatment of eating disorders of Villa Garda was designed to ensure an approach based on enhanced cognitive behavioral therapy (CBTE), rather than an eclectic multidisciplinary intervention.

## Methods

The effectiveness of the treatment was assessed by the Villa Garda-Oxford study, a randomized controlled trial performed at the Villa Garda hospital in collaboration with the Center for Research on Eating Disorders (CREDO) at the University of Oxford and published in the scientific journal *Psychotherapy and Psychosomatics*.

## Results

Results of the study indicate that approximately 90% of patients completed the treatment and more than 85% achieved normal weight. After discharge, a moderate weight loss occurred in the first 6 months and was limited only to adult patients. 73.9% of adolescents had a normal weight after 12 months of discharge. In 1984 the Villa Garda has opened the first hospital department specialized exclusively in the treatment of eating disorders in Italy to offer a possibility of treatment and recovery for patients of all ages who don't respond to outpatient treatment. It's an open department and doesn't adopt coercive or directive methods, the ideal is the patient plays an active role in the treatment and gradually becomes the therapist of himself. The Villa Garda's treatment lasts for 20 weeks (13 inpatient and 7 of day hospital) and it's divided in 4 phases.

## Conclusions

The promising results obtained by this study have attracted a lot of interest at international level and hospital treatments based on the model of Villa Garda have recently been implemented in Norway, Sweden, Denmark, Holland, England and USA.





## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.012

### Prevalence of suicide in Spanish child and adolescent eating disorder unity in 40 years

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#### Objectives

To estimate the prevalence rate of suicide with premature mortality in individuals with ICD-10, DSM ED from a sample of child and adolescents ages 9-18 years in the Spanish ED Unity.

#### Methods

Review clinical history of reported suicide attempts with premature mortality in patients registered in the clinical database (40 years 1976-2016) who met ED diagnostic criteria ICD-10, DSM-5 in Aragon ED Unity (Spain). The final study clinical sample comprised 2,132 Spanish female and male participants diagnosed with ED consecutive patients between 1976 and 2016 with anorexia nervosa (AN), bulimia nervosa (BN), binge-eating disorder (BED), ED not otherwise specified (EDNOS) or other specified feeding and eating disorder (OSFED).

#### Results

Prevalence rates of suicide completers with premature mortality is 3/2,132, proportion 0.141 percent (CI Mid-P 95%: 0.036 percent to 0.382 percent). The lethal method of 3 suicide attempts with mortality in adolescent female ED patients is jumping of a high building. Male individuals with any ED from our sample of child and adolescents in the Spanish ED Unity not had death by suicide.

#### Conclusions

The results of this study should be evaluated within the context of several limitations. Strengths included the large sample in 40 years and limitations pertained to measures of data registered in the clinical database, attrition bias. This study assesses the prevalence rate of suicide in adolescent ED patients in 40 years and identify sex differences. A important result of our study is the gender difference between suicide completers.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.013

### The relationship between binge-eating disorder and separation-individuation process in adolescents aged 12-18

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<sup>3</sup>Cerrahpasa medical faculty, Child psychiatry, istanbul, Turkey

#### Objectives

There have been few studies examining the relationship between separation-individuation and eating disorders. But the relationship between binge eating disorder and separation-individuation process has not been studied. The purpose of the study was to examine relationship between binge-eating disorder

and separation-individuation process in adolescents aged 12-18. Besides this, evaluation of depression, anxiety and impulsivity level in binge eating disorder were also aimed.

#### Methods

A cross-sectional study design is used in the study. DSM-5 diagnostic criteries were questioned individually. The diagnosis was confirmed by different researchers. The comparison of this study is consisted of 332 adolescents studying in six different schools representing three different socioeconomic status. Sociodemographic data form, Separation Individuation Test of Adolescence, Eating Disorder Examination Questionnaire, Dutch Eating Behaviour Questionnaire, Children's Depression Inventory, Trait Anxiety Inventory for Children and Barrat Impulsiveness Scale Short Form were used in the study.

#### Results

Presence of chronic disease and BMI in patients diagnosed with binge-eating disorder, education level of mother in comparison group were determined in significantly statistically higher level. Difficulties in separation-individuation process were higher in adolescents with binge-eating disorder. The average scores of all subscales showing separation-individuation difficulties was higher and dependency deniel and rejection expectancy of these subscales were found to be statistically higher in study group.

#### Conclusions

This study shows adolescents diagnosed with binge eating disorder report more difficulties in separation-ivdividuation process than healthy adolescents. Results of the study provide first experimental evidence for the relationship between separation-individuation theory and binge eating disorder.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.014

### Duration of illness is associated with physical and psychological aspects of anorexia nervosa

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#### Objectives

Anorexia nervosa(AN) is a disease that often occurs during puberty. The treatment of patients with AN with longer duration of illness is often more difficult than that of patients with shorter illness duration. In the current study, we evaluated physical and psychological features of patients with AN who differed in duration of illness.

#### Methods

Data were obtained from 54 female patients with AN, divided into three groups based on illness duration: short-term group with illness duration of less than 3 years (n=22); middle-term group with duration from 3 to 10 years (n=14); and long-term group with duration of 10 years or more (n=18). Physical parameters were measured using blood serum testing and psychological aspects assessed using various instruments.

#### Results

A higher proportion of restricting AN was observed in the short-term group while the proportion of binge-eating AN was higher in the middle- and long-term groups. There was no difference in body mass index between the groups. Serum albumin, chloride, and calcium in the long-term group were significantly lower than in the short-term group. Eating Disorder Inventory scores were highest in the middle-term group, and bulimia subscale scores in the

middle- and long-term groups were higher than in the short-term group. On the Toronto Alexithymia Scale-20 (TAS-20), total scores and scores on the externally oriented thinking (EOT) subscale in the middle-term group were significantly higher than that in the long-term group. In multiple regression analysis, age was the only significant predictor of serum albumin level, and the predictor of TAS-20 total and EOT score was duration of illness.

## Conclusions

Duration of illness might be associated with physical and psychological features of AN; thus, adapting therapy according to illness duration might be necessary and early intervention should be needed.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.015

### Characteristics of inpatient care for anorexia nervosa restricting type in Japan

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<sup>2</sup>Yokohama City University Hospital, child and adolescent psychiatry, Yokohama, Japan

## Objectives

Anorexia nervosa (AN) is the most prevalent of eating disorders in adolescents. In Japan, adolescent patients with Anorexia nervosa restricting type (ANR) occupy a large part at child and adolescent psychiatric wards in general hospitals. Although the main target of inpatient care for acute stage is body weight recovery, methods of refeeding for AN in Japan are still not standardized. We aimed to reveal the characteristics of inpatient care for ANR resulted in longer hospital stay to achieve more efficient inpatient care.

## Methods

We conducted retrospective study of the inpatient care for patients with ANR aged 9 to 17 years old, who admitted in two general hospitals in Yokohama City, Japan, from April 2015 to March 2017. Data of 31 patients were collected from medical records or database. The length of hospitalization, use of private room, tube feeding, achieved days for target calorie intake were analyzed with characteristics of patients.

## Results

Child and adolescent patients with ANR who presented severe weight loss (BMI SDS < -2.0) were 29. Mean length of hospitalization was 89.8 (59.6) days, use of private room was 24.8(27.1) days, tube feeding was 18.5 (28.8) days, days needed to achieve target calorie intake was 35.8(27.6) days. The length of inpatient care widely varied, and it did not only depend on severity of weight loss but also their co-morbidities, family functions, and social support including their school teachers.

## Conclusions

Some patients with ANR need long term inpatient care. It may lead to high medical care expenditure.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.016

### Emotional evaluation of affective auditory stimuli by adolescent girls with anorexia nervosa: the pilot study

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<sup>2</sup>Mental Health Research Center, department of child psychiatry, Moscow, Russian Federation

## Introduction

High frequency of diagnosis «nervous anorexia» (NA) in adolescents is well known. There are lot psychological studies (cognitive and emotional-personal spheres, self-esteem) but not too much investigation using tools of experimental psychology.

## Objectives

Experimental psychological research of the emotional sphere in adolescents with NA by using modern instrumental psychological means (IADS-2)

## Methods

IADS-2 (International Affective Digitized Sound in second version) which aimed to estimation sound stimuli in three scales: valence, arousal and dominance. Sample- 35 girls (12-16,years) Normal group (NG): N = 15, all of them are studying in mainstream school. Clinical group (NAG): N=20, diagnosis NA (F50.0), was examined in hospital in stable condition.

## Results

The differences in the arousal ( $p < 0.01$ ) and dominance scales ( $p < 0.01$ ) were found. Adolescent NAG shown higher control of emotions and rated their emotions as less pronounced compared to NG. NAG tended to evaluate pleasant sounds as more pleasant (and unpleasant sounds as more unpleasant). In NG the results were opposite: unpleasant sounds are estimated as more emotionally (according to literary sources).

## Conclusions

Adolescents with «anorexia nervosa» have a statistically significant difference from the normative sample, consistent with the results of previous studies. Other feature of the emotional sphere of adolescents with «anorexia nervosa» was revealed, such as affective space inversion with respect to the valence: pleasant sounds provoke emotions more intense that the unpleasant ones, unlike the normative sample, where an opposite trend is observed.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.017

### Two vs. one high-frequency rTMS session per day in adolescent depression

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## Objectives

Non-invasive brain stimulation modalities such as repetitive transcranial magnetic stimulation (rTMS) have demonstrated early promise as therapeutic interventions for youth. Our presentation focuses on the safe and potentially effective use of rTMS in adolescents in one or two session per day.

## Methods

We have focused on high frequency rTMS ( $> 1$  Hz) over the left dorsolateral



prefrontal cortex (DLPFC) as shown by the protocols and parameters developed in definitive adult studies. The treatment was administered to four adolescents aged 14-19 years. Patients in group 1 received two weeks of treatment of two HF-rTMS sessions per day, group 2 received one HF-rTMS session per day. Stimuli were delivered with the magnetic stimulator Duo-MAG DM-XT – 100 (Alien Technik, Czech Republic). Clinical response was assessed by Adolescent Depression Rating Scale clinician version (ADRS<sub>c</sub>) and Clinical Global Impression - Severity and Improvement Scales at baseline and at the end of each week.

#### Results

There was clinically significant improvement in depressive symptoms, particularly those in the two session a day group. Mild headache was a common side effect but no serious adverse events were reported.

#### Conclusions

Using multiple stimulation sessions per day may be effective in shortening the length of time required for treatment. There is a critical need for effective non-invasive brain stimulation methods in child and adolescent psychiatry in the future with accurate assessment of efficacy and safety.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.018

#### Suicide attempts: a psychosocial profile among Tunisian children

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#### Objectives

Identify the social and psychological characteristics of a population of suicide attempters who have consulted in child psychiatry.

#### Methods

A retrospective and descriptive study on files of all children and adolescents who consulted at the child psychiatry department of Mongi Slim Hospital in Tunisia after a suicide attempt (SA) during a 4 year period (August 2013- August 2017). The service is a structure of medical consultation on appointment. Family, socio-demographic and clinical data were systematically collected.

#### Results

Thirty-three cases of SA were identified. The mean age was 13,6 years (SD = 2,7) ranging from 6 to 18 years. The sex ratio was 0,37. Early life stressors were frequently found: disturbed family dynamic (54,5%), intrafamilial violence (39,4%), parental psychiatric disorder (16,7%) and child maltreatment among half of subjects. Half of patients had a personal psychiatric history (48%) and 45,4% of them reported at least one previous SA. A mood disorder was found in 42,2% of patients. Half of attempts were by drug intoxication. The majority of subjects made an impulsive unplanned SA (91%). Suicidal intentionality was low to moderate in 70% of cases. Limitations: our small sample is due to the lack of psychiatric emergency unit in our department.

#### Conclusions

The results of our study confirm the frequency of environmental and vulnerability factors such as mood disorder in the occurrence of SA in children and adolescents. The prevention of suicide among children must take into account interventions on the family and the management of mental disorders. The results of our study confirm the frequency of environmental and vulnerability factors such as mood disorder in the occurrence of SA in children and adolescents. The prevention of suicide among children must take into account interventions on the family and the management of mental disorders.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.019

#### Coping, impulsivity and parenting style in teenagers and their parents in child and adolescent psychiatric emergencies

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#### Objectives

Describe the socio-demographic and clinical profile of adolescents who consult in child psychiatry emergencies and highlights coping strategies, impulsivity and parenting styles in adolescents and their parents and their relationships.

#### Methods

It is a transverse analytical study including 75 adolescents and their parents who consulted in emergency at the Child and Adolescent Psychiatry department at Razi hospital from Mars to September 2017. A-cope questionnaire was used for measuring coping strategies in adolescents and Brief-cope questionnaire for parents. The BIS-A-11 was used to assess impulsivity in adolescents and the BIS-11 in parents. We evaluated perceived parenting style by a self-administered questionnaire.

#### Results

The mean age of our population was 13.73 years with a sex ratio of 0.36. The most retained diagnosis was major depressive disorder. The most common strategies used by adolescents were distraction and social relationships. The most used strategies by parents were religion, planning and active coping. A significant number of adolescents (60%) had a high degree of impulsivity. The parenting style was considered democratic in a third of cases by adolescents and in a half of cases by parents. Correlations were found between coping strategies used by adolescents and those used by parents. Adolescents with a high degree of impulsivity, as well as those who perceived a disengaged parenting style used more coping strategies based on emotion.

#### Conclusions

Coping seems to be influenced by multiple factors including impulsiveness and parenting style.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.020

#### Child and adolescent psychiatric emergencies in the general hospital

M. Karagianni<sup>1</sup>, E. Theodoulidis<sup>1</sup>, E. Athanasopoulou<sup>1</sup>, A. Teliouis<sup>1</sup>, T. Vasiliadou<sup>1</sup>, M. Ioannou<sup>1</sup>, A. Xatzifilipidis<sup>1</sup>, Z. Pantazi<sup>1</sup>, T. Anagnostopoulos<sup>1</sup>, A. Beka<sup>1</sup>

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#### Objectives

Increasing numbers of young patients with mental health issues access emergency departments. In this study we present the 357 emergency cases (218 boys and 139 girls, 2-18 years old) examined in our department during 2016-2017.

## Methods

The most common presentations, clinical characteristics and psychosocial factors were recorded.

## Results

Seventy three cases presented after a public prosecutor's referral and the rest after parents', school and other agencies' request.

Aggressive behaviours, more often in boys, and suicide attempts and self harm behaviours, more often in girls, were reported in about half of the cases. These problems as emergency situations are most frequently related with mood- emotional disorders, developmental disorders, family dysfunction and psychosocial problems (51 children were refugees). Many children- adolescents presented depressive and anxiety- psychosomatic symptoms and in other cases psychoses, dissociative- conversion states (mainly in refugees), substance abuse and eating disorders were observed.

In 165 cases with indications of severe psychiatric disorder or risk of harm for self and others or after public prosecutor's request, the initial assessment was followed by inpatient hospitalization. After crisis management and counseling, the rest of the cases were referred to other mental health services and agencies.

## Conclusions

In many cases management and containment of situations not directly related with psychiatric disorders were needed. The professional and social resources available are limited and there is often confusion between professionals over what constitutes a psychiatric as opposed to a social emergency. There is an urgent need for more child care- protection services and family- psychosocial support networks.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.021

### Service evaluation of a novel 'Child Friendly' centralised place of safety within South London and Maudsley NHS Trust, United Kingdom

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<sup>2</sup>Lewisham CAMHS, South London and Maudsley NHS Trust, London, United Kingdom

#### Objectives

The introduction of a centralised Place Of Safety Suite (POSS) has allowed for the creation of a 'child friendly' environment for the assessment of young people detained under Section 136 of the Mental Health Act. Our hypothesis is that a better quality of care can be provided to young people within this setting.

#### Methods

Data from January to August 2017 was analysed for all the young people who presented under Section 136. Each case was examined via electronic records to gather relevant information about their demographics, presentation and outcomes.

#### Results

24 young people aged between 13 - 17 years old were referred to the

POSS, of which 1 case was diverted due to the suite being full. 15 cases were known to CAMHS services including Looked After Children, Neurodevelopmental and Adolescent teams. Emotionally Unstable Personality traits, Autistic Spectrum Disorder, suicidal and challenging behaviour were the most common diagnoses and presentations. In 91% of cases a senior doctor assessed the young person within 4 hours. 71% of cases were discharged home and 25% were admitted to a mental health unit. The majority of young people were discharged from the POSS within 24 hours; and the longest delays were for those awaiting inpatient beds or social care placements.

## Conclusions

The introduction of a novel 'child friendly' POSS meets local and national standards for young people detained under Section 136. There will be continued CAMHS education to POS staff and we will receive feedback from young people and carers on their experience of the POSS.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.022

### Autistic traits and executive functions in children and adolescents with gender dysphoria

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#### Objectives

In recent years, there has been an increasing interest in co-occurrence of gender dysphoria (GD) and autism spectrum disorders (ASD). In this present study, we aimed to examine the autistic traits and executive functions in children and adolescents who had been followed up with GD and compare them with those of a control group.

#### Methods

The study sample consisted of 25 patients with GD, and 50 controls (aged 5-17 years). The instruments included were a sociodemographic form, Social Responsiveness Scale (SRS), and the Behavior Rating Inventory of Executive Function (BRIEF).

#### Results

The GD (mean age: 11.56±4.15 years) and control (mean age: 11.42±3.91 years) groups were similar with respect to age and sex; around 50% of the GD group (n=13) and control groups were male (n=26). The BRIEF metacognitive index (t= 7.023, p<0.001), behavioral regulation index (t= 6.340, p<0.001), and global executive composite (t= 7.268, p<0.001) scores were significantly higher in the GD group when compared with the controls. Similarly, mean SRS scores were significantly higher in the GD group (Table 1). The GD group had statistically significant higher BRIEF global scores even after controlling for SRS-key autism scores (Table 2).



Table 1. The SRS raw scores of the GD group and control group

	GD Group mean ±SD	Control Group mean ±SD	Statistical Significance
SRS-communication	4.92±2.70	3.04±2.05	<b>t= 3.058, p=0.004<sup>a</sup></b>
SRS-social	52.92±12.95	42.16±13.35	<b>t= 3.322, p=0.001<sup>a</sup></b>
SRS-stereotype behavior	12.52±5.18	4.58±4.29	<b>t= 6.614, p&lt;0.001<sup>a</sup></b>
SRS-key autism	8.56±3.51	4.22±2.65	<b>t= 5.450, p&lt;0.001<sup>a</sup></b>
SRS-ADHD-like	7.32±3.28	7.74±5.94	t= -0.328, p=0.744 <sup>a</sup>
SRS-total	70.36±16.72	49.78±16.95	<b>t= 4.978, p&lt;0.001<sup>a</sup></b>

<sup>a</sup> Student's t-test; Significant comparisons are denoted in bold font.

SRS; Social Reciprocity Scale, GD; Gender Dysphoria, ADHD; Attention-Deficit/Hyperactivity Disorder

Table 2. The BRIEF scores of the GD group and control group

	GD Group mean±SD	Control Group mean±SD	Statistical Significance
<b>Behavioral Regulation</b>	53.68±9.80	40.72±7.54	<b>t= 6.340, p&lt;0.001<sup>a</sup></b>
<b>Index</b>	17.24±4.47	12.52±2.50	<b>t= 5.869, p&lt;0.001<sup>a</sup></b>
<b>Inhibition</b>	15.80±3.36	12.58±2.90	<b>t= 4.294, p&lt;0.001<sup>a</sup></b>
<b>Set Shifting</b>	20.64±4.41	15.62±3.61	<b>t= 5.262, p&lt;0.001<sup>a</sup></b>
<b>Emotional control</b>			
<b>Metacognition Index</b>	81.52±12.95	60.78±11.60	<b>t= 7.023, p&lt;0.001<sup>a</sup></b>
<b>Initiation</b>	16.68±3.20	11.92±2.64	<b>t= 6.841, p&lt;0.001<sup>a</sup></b>
<b>Working Memory</b>	20.00±3.62	15.30±3.43	<b>t= 5.494, p&lt;0.001<sup>a</sup></b>
<b>Planning-Organization</b>	24.33±4.52	17.38±3.98	<b>t= 6.733, p&lt;0.001<sup>a</sup></b>
<b>Monitoring</b>	16.08±2.66	12.20±2.47	<b>t= 6.244, p&lt;0.001<sup>a</sup></b>
<b>Global Executive</b>	143.36±21.8	107.4±19.34	<b>t= 7.268, p&lt;0.001<sup>a</sup></b>
<b>Composite</b>			

<sup>a</sup> Student's t-test; Significant comparisons are denoted in bold font.

GD; Gender Dysphoria

## Conclusions

As measured using BRIEF, young people with GD had relatively more disturbed behavior related to executive functions when compared with their control counterparts. They also had higher scores on SRS, which could be regarded as social impairment associated with autistic traits. Although preliminary, our results may indicate a possible neurodevelopmental background for individuals with GD.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.023

### Documentation practices of an inpatient child and adolescent psychiatry multidisciplinary team and the implications on transgender care.

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## Objectives

Transgender youth may avoid seeking psychiatric care due to perceived insensitivities to their preferred names and pronouns (1, 2). Our study aimed to review documentation practices among a multidisciplinary team caring for hospitalized transgender youth on a child and adolescent psychiatry unit.

## Methods

Retrospective chart review was completed for 52 patients, hospitalized from 2006 to 2017, who identified as transgender or carried the diagnosis of gender dysphoria or gender identity disorder. Charts were reviewed for consistency in documentation of name and gender within the team and by individual team members. Members included child and adolescent staff psychiatrists, residents, fellows, nurses, nurse practitioners, physician assistants, and social workers. Inconsistency was defined as interchanging the name/pronoun more than twice in a single note.

## Results

There was a predominance of transgender boys (N=44) to transgender girls (N=8) with an average age of 14.5 years. Neither natal sex, age at presentation, nor date of presentation predicted documentation practices. Inconsistency in documenting a patient's name/gender among team members occurred in 38.5% of cases (N=20), with staff psychiatrists inconsistently documenting 40.4% of the time within their own notes. A kappa coefficient of 0.71 showed substantial congruence between documentation practices of the staff psychiatrist and the team.

## Conclusions

Findings suggest that inpatient treatment teams have inconsistency in documentation practices for youth transgender inpatients. These inconsistencies may be more pronounced among staff psychiatrists. Future work should examine correlations with documentation practices, patient satisfaction, and clinical outcomes.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.024

### Transgender minors of Catalonia: a descriptive study from 1999 to 2016

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## Objectives

The main goal was to describe clinically and socio-demographically those children and adolescents referred to the Catalan Gender Identity Unit during an 18-year period. Further, we aimed to evaluate any changes in the characteristics of patients attended from the beginning of the unit to the present.

## Methods

All subjects admitted to our Unit for gender evaluation between 1999 and 2016 were included. A retrospective analysis of medical records was conducted. DSM-5 criteria were used to evaluate transgender identity. Variables analyzed included age at presentation, natal sex, education level, family structure, and sexual orientation. Clinical variables were desired gender, social transition, type and timing of hormonal treatment, and previous and current follow-up with psychiatric units.

## Results

140 minors were attended in our unit, 47.9% of them during the last 3 years. 124 were transgender. The mean age was 13.6, of which 110 (78.5%) were pubescent and 70 (50.0%) natal males. By the end of the study, 107 (86.3%) of the transgender minors had socially transitioned and 97.6% were persisting in their identity. 62.1% were under hormonal treatment.

## Conclusions

There is a remarkable increase in the incidence of minors who consult the Unit and a decrease in their age at referral. Moreover, we find an increase in the number of biological girls attended and minors who transitioned socially, even prepubescent. In the last years, puberty suppression has been included in the clinical practice.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.025

### Disorders of sexual differentiation in children and their consequences in parents

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#### Objectives

Research on psychological aspects of disorders/diversity of sex development (DSD) has paid little attention to parents' experiences of early clinical management and its influence on their psychosocial adaptation. Our aim is to review the existing literature about emotional and behavioral consequences in parents of children with DSD.

#### Methods

Research in the PubMed database using the key-words: "sexual", "differentiation", "disorder" and "parents". Articles were selected according to the relevance of their title and/or abstract content.

#### Results

Parents of children with DSD report increased stress, anxiety, depression, and decreased quality of life. Additionally, they usually exhibit overprotective parenting and perceive their child as vulnerable. This derives mostly from child-focused stigma, which often leads to hiding the diagnosis. These aspects may limit the child's emotional and social development. As this diagnosis is rarely made on the prenatal period, parents usually meet it with shock and grief, turning parenting into a stressful and isolating experience. Less than half of the parents seek psychological support and only about half of those adequately receive it. Parents identify the need for early and ongoing support and expect the professionals to be knowledgeable and have experience in managing this type of care.

#### Conclusions

Improving communication between parents and healthcare providers may decrease stress and improve the outcomes. Psychological support for parents should be obligatory in caring for these cases. Efforts to raise awareness for

this issue out of the healthcare context should be taken, as a more widespread knowledge would reduce parents' shock to the diagnosis and the societal stigma.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.027

### Prenatal thyroid theory of gender nonconformity/same-sex attraction: the emerging roles for child and adolescent psychiatry

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#### Learning Objectives

- 1- To gain background knowledge about the developmental course of gender nonconformity/same-sex attraction in relation to maternal thyroid dysfunction in pregnancy.
- 2- To understand the significance of autism, polycystic ovary syndrome and thyroid dysfunctions, in particular autoimmune thyroiditis, in mother-child pairs
- 3- To develop clinical skills to identify cases and to manage appropriately.
- 4- To become more familiar with potential research areas.

#### Workshop Description

According to prenatal thyroid theory, gender nonconformity/same-sex attraction arises from suboptimal maternal thyroid system during pregnancy [1], [2]. Afterwards, the neurodevelopmental process begins to unfold in early childhood and continues throughout life. There are several medical disciplines involved in this process, but only child and adolescent psychiatry may grasp the whole picture and thus, has a unique responsibility to advance the theory, to establish best practice guidelines and to address ethical issues that may come out. The workshop will begin with a review of Prenatal Thyroid Theory and related literature, and then will elaborate on clinical and research issues based on our experience.

#### References

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## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.028

### Transition from adolescent to adult HIV care and relationship with mental health: situation in resource limited settings. A narrative review

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<sup>2</sup>University of Ibadan, Department of Psychiatry, Ibadan, Nigeria

#### Objectives

HIV in adolescents remains a public health problem in several developing countries. This pediatric epidemic is shifting into a new phase as children surviving on antiretroviral therapy now live longer and transition into adult care. Mental health problems may interfere with this process and can therefore present a major challenge to successful transition. It is also possible that transition may involve the disruption of long-formed protective relationships in pediatric settings, presenting a traumatic experience to the transitioning adolescent. We therefore conducted a narrative review to highlight the mental health challenges faced by adolescents while transitioning to adult care in resource limited settings.

#### Methods

We conducted a comprehensive search of PubMed, HIV conferences content, and Google Scholar for the past 15 years. Key words used were HIV infections, adolescents in combination with mental health and transition. All qualitative and quantitative studies including HIV infected children aged 10-24yrs with information on transition were considered eligible.

#### Results

Most of the studies with some reference to the mental health challenges on transition were carried out in Eastern and Southern Africa. The main barriers to transitioning outlined were: difficulty in child HIV disclosure with a lack of readiness for adolescence to manage their disease condition, perceived autonomy and difficulty in letting go of pediatric health care givers. Studies also reported the lack of psycho-social services and insufficient psycho-social support.

#### Conclusions

Knowledge about these challenges and barriers can inform both pediatric and adult HIV care providers in these settings which will drive the development of comprehensive, adolescent-friendly transition programs.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.029

### Intelligence, motor function and quality of life in children with cerebral palsy

E. Akcay<sup>1</sup>, Y. Tanır<sup>1</sup>, T. Babayigit<sup>1</sup>, S. Tiras Teber<sup>2</sup>, B.G. Kılıç<sup>1</sup>

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#### Objectives

Cerebral palsy (CP) is the most common cause of severe motor dysfunction in childhood. There are many problems affecting the quality of life such as

intellectual disability (ID) accompanying motor impairment. The aim of this study was to investigate the factors affecting quality of life.

#### Methods

We evaluated 37 children with CP and their mothers. Intelligence were determined by clinical assessment and standardized intelligence tests. Motor functions were assessed with Gross Motor Function Classification System and Bimanual Fine Motor Function. Quality of life (QOL) was measured using the Pediatric Quality of Life Inventory (PedsQL). Maternal depression and anxiety were assessed with Beck Depression Inventory (BDI) and Beck Anxiety Scale (BAS), respectively.

#### Results

The mean age of the patients was 10.79±4.39 years (4-18 years). The most frequent CP type was spastic bilateral hemiplegia (51.4%), followed by spastic unilateral hemiplegia (24.3%), mixed (10.8%), ataxic (10.8%), dyskinetic (2.7%). Patients were in the normal intellectual range (10.8%), borderline ID (21.6%), mild ID (16.2%), moderate ID (13.5%), and severe ID (37.8%). No significant relationship was determined between the CP type and intelligence ( $p>0.05$ ). Intelligence was found to be significantly correlated with hand functions ( $p<0.001$ ); however, motor levels were no correlation with intelligence ( $p>0.05$ ). When the affecting factors of PedsQL scores were analyzed, a statistically significant negative correlation of BAI scores was found only with Psychosocial Health Score of PedsQL ( $r=0.415$ ,  $p<0.05$ ).

#### Conclusions

Intelligence assessment is as important as motor evaluation in the examination of children with cerebral palsy. There are many factors that affect the quality of life, so these factors can be studied in large samples.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.030

### Assessment of the influence of attention deficit hyperactivity disorder symptoms on body weight and BMI of children and adolescents

E. Racicka-Pawlukiewicz<sup>1</sup>, T. Hanc<sup>2</sup>, K. Giertuga<sup>3</sup>, M. Bielecki<sup>4</sup>, J. Zaorska<sup>5</sup>, A. Brynska<sup>6</sup>, T. Wolanczyk<sup>1</sup>

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#### Objectives

Assessment of the influence of ADHD symptoms (impulsivity and attention deficits) on body weight and BMI of children and adolescents

#### Methods

Clinical group consisted of 58 patients from the outpatient psychiatry clinic at Public Pediatric Teaching Hospital in Warsaw, aged from 8 to 16 years. Control group consisted of 62 healthy age and sex matched children and adolescents from Warsaw's primary and secondary schools. Diagnostic Structured Interview for ADHD and Hyperkinetic Disorder according to DSM-IV TR and ICD-10,

Sustained Attention to Response Test (SART) were used to assess the severity of ADHD symptoms. Overweight and obesity were assessed according to Obesity Task Force (OTF) criteria. Standardized body weight was computed using most recent Polish norms by Kulaga et. al.

## Results

ADHD moderates the relationship between standardized weight and RTs variability (Reaction time coefficient of variation-evaluating the variability of response times (fluctuation of attention processes)). ADHD moderates relationship between standardized weight and successful inhibition in No-Go trials (requiring response inhibition to stimuli). Subjects from the study group (with the ADHD diagnosis) have shown less efficient processes in terms of sustained attention, less effective response inhibition and less stability in terms of attention in the SART test.

## Conclusions

There is a significant relationship between the occurrence of excessive body mass and the severity of ADHD symptoms, especially impulsivity, which poses the risk of overweight and/or obesity in people with ADHD.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.031

### Psychiatric profiles of children with spina bifida regarding executive functions

A. Rodopman Arman<sup>1</sup>, A. Bıkmazer<sup>2</sup>, E. Karadag Saygi<sup>3</sup>, I. Gokce<sup>4</sup>, E. Giray<sup>3</sup>

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## Objectives

Neural tube defects are the most common disabling birth defects with a frequency of approximately 1 of every 2000 births. Spina Bifida (SB) results in many other health conditions, such as paralysis of lower limbs, hydrocephalus, and incontinence of bowel and bladder. Long term hospitalization and multiple surgical procedures may have a negative impact on psychosocial functioning. The present study was designed to examine the presence of psychiatric problems regarding executive functions in children with SB.

## Methods

Thirty one patients (age 6-15 years) with spina bifida and age- and gender-matched 36 controls without any chronic health condition were assessed by Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version. Parents of the participants completed Behavioral Rating Inventory of Executive Functions (BRIEF), and Aberrant Behavior Checklist.

## Results

Psychiatric disorders rate was significantly higher in SB group ( $p=0.001$ ). Fifty one percent of children with SB had any psychiatric disorder. Internalizing disorders rate was also significantly higher in SB group ( $p=0.004$ ). Most commonly encountered psychiatric disorders are internalizing disorders and ADHD. Only 25% of children with any psychiatric disorder had psychiatric referral. One of eight subscale score of BRIEF (planning and organizing) was significantly higher in SB group than control group ( $p=0.007$ ).

## Conclusions

Children with SB have more psychiatric problems, impairments in planning and organization. They may have problems in social functioning when compared to their same age peers without chronic disease. It is considered that the

multidisciplinary approach for improving the psychosocial functioning may have a positive effect on prognosis of SB.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.032

### A 11-year-old case of locked-in syndrome associated with pseudobulbar affect

Y.J. Huang<sup>1</sup>

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## Objectives

Pseudobulbar affect is a disorder which have been frequently mentioned in patients with various neurologic diseases or brain injuries and consists of pathologic emotional expression including laughter and crying.

## Methods

We report a child case of locked-in syndrome with pseudobulbar affect who suffered from recurrent ischemic infarct over the pons and left cerebellum.

## Results

This 11-year-old girl with history of infarction over right posterior cerebral artery territory and right hemisphere of cerebellum presented with acute onset of limbs weakness. During hospitalization, physical examination revealed right ophthalmoplegia (right eye can't fully move to the temporal side). The muscle power were left U/L= 2/1, right U/L = 1/1, DTR 3 and muscle tone showed spasticity. Brain MRI reported the focal lesion involving the pons and left cerebellum and presenting hyperintense on T2 FLAIR and T2WI, hypointense on T1 FLAIR, and indicates ischemic infarct with some hemorrhagic transformation due to thrombosis of basilar artery. Besides, she started to have abnormal behavior as manifestations of uncontrollable outbursts of laughter or crying that lack an appropriate environmental trigger. The trazodone was prescribed around 25mg/day to 50mg/day. Then the patient's emotional expression got controllable gradually.

## Conclusions

The pathophysiology of pseudobulbar affect is not fully understood. Recent study suggest that may be due to the disruption of pathways cortico-pontine-cerebellar circuits, which proposed to be involved and lowered emotional expression threshold.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.033

### FDG-PET Scan and executive functions in childhood onset schizophrenia (COS) – a comparative study from India

S. Jhanda<sup>1</sup>, S. Kumar Padhy<sup>1</sup>, S. Malhotra<sup>2</sup>, A. Kohli<sup>1</sup>, R. Shah<sup>1</sup>, A. Bhattacharya<sup>3</sup>

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## Objectives

To study the functional brain abnormalities in patients with Childhood Onset Schizophrenia (COS) using FDG-PET scan and to assess the executive function-





ing

### Methods

This was a cross sectional study. It comprised of 15 patients with COS with age at onset  $\leq 14$  years, diagnosed as per DSM-IV TR criteria, attending a tertiary care centre in North India. Subjects were assessed on Positive and Negative Symptom Scale (PANSS), Edinburgh Handedness Inventory, Wisconsin Card Sorting Test, Stroop Test, Trail Making Test and Verbal Fluency Test. All individuals underwent FDG-PET. A control group of 15 healthy subjects was studied with FDG-PET for comparison of perfusion and neuropsychological functioning.

### Results

Hypometabolism was present in all children and adolescents with COS. 53% had global hypometabolism and 47% had localized hypometabolism. Those with global hypometabolism had a more severe course of illness, predominance of negative symptoms and poor performance on neuropsychological tests as compared to those with localized hypo metabolism.

### Conclusions

Hypometabolism on FDG PET Brain indicates alterations in the neurodevelopmental processes (possibly aberrant neuronal circuitry) leading to abnormal metabolism which may explain executive dysfunction and clinical symptomatology in children with COS. It needs to be tested whether these findings need to be compared across cultures.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.034

### Altered nucleus accumbens volume links peer problems to depressive symptoms in adolescence

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### Objectives

Literature suggests that social stressors (e.g., peer problems) are associated with psychopathology in adolescence and their associations are mediated by biological factors (Grant et al., 2003). We aimed to examine whether volumes in the nucleus accumbens (Nacc) implicated in both positive (i.e., reward) and negative (i.e., punishment) valence account for the association between peer problems and depressive symptoms in adolescence.

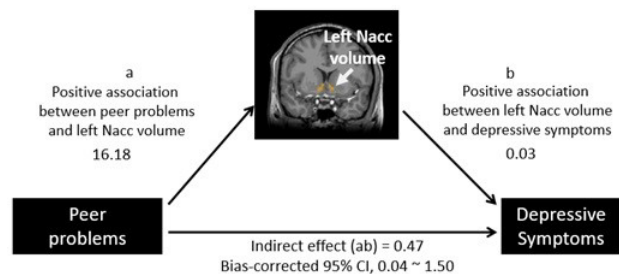
### Methods

A total of 99 adolescents, including 67 with major depressive disorder ( $14.91 \pm 1.51$ , 46 girls) and 32 healthy controls ( $14.81 \pm 1.31$ , 18 girls), participated in this study. High-resolution structural T1 images were collected using a Siemens 3T MR scanner (TR=1900ms, TE=3.13ms, flip angle=9°, slice thickness=0.9mm, matrix size=256x224x176). Whole Nacc volumes were segmented using the Freesurfer 6.0 package (<https://surfer.nmr.mgh.harvard.edu/>). Our participants also completed the Children's Depressive Inventory and Peer-Victimization Scale & Bullying-Behavior Scale to assess depressive symptoms and peer problems, respectively. We conducted correlation (SPSS) and mediation (the PROCESS macro for SPSS: Hayes, 2012) analyses to test our mediation model, controlling for age, gender, IQ, and intracranial volume.

### Results

Left Nacc volume was significantly correlated with self-reported peer problems ( $r=0.24$ ,  $p=0.02$ ) and depressive symptoms ( $r=0.28$ ,  $p<0.01$ ). Peer problems were also positively correlated with depressive symptoms ( $r=0.61$ ,  $p<0.01$ ).

The mediation analysis revealed a significant indirect effect of peer problems on depressive symptoms through the left Nacc volume, 0.47, 95% Bootstrap CI (0.04, 1.50).



### Conclusions

Our finding suggests that altered Nacc volume may serve as a pathway through which peer problems may contribute to increased depressive symptoms in adolescence.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.035

### Intra-individual variability in drug-naïve pediatric patients with obsessive compulsive disorder

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### Objectives

Attention deficit is commonly observed in several psychiatric conditions. In particular, patients with attention deficit hyperactivity disorder (ADHD) exhibit not only attention deficit, but also intra-individual variability in response times (IIV-RT) during the performance of cognitive tasks related to attention span and sustained attention. Although obsessive compulsive disorder (OCD) is commonly observed across childhood, little is known about abnormalities in IIV-RT during the auditory odd-ball task, and how these changes relate to event-related potentials (ERPs) components.

### Methods

In the present study, we compared the ERPs of 15 adolescent and pediatric patients with OCD with 15 healthy age, sex, and IQ-matched controls.

### Results

We found that that tau of IIV-TR was not significantly different between the OCD group and controls, whereas the OCD group exhibited lower mu and sigma compared to controls. Furthermore, we revealed that P300 amplitude was significantly attenuated in the OCD group at Fz, C3, and C4, compared with controls. The present study thereby provided the first evidence that individuals with pediatric or adolescent OCD exhibit lower variability in reaction time in IIV-RT during an auditory odd-ball task than controls.

## Conclusions

These results suggest that there are no impairments in attention span and sustained attention in pediatric and adolescent patients with OCD.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.036

### Stroop interference effect in childhood schizophrenia patients: an event-related potential study

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#### Objectives

Schizophrenia patients present deficits in executive control functions. The childhood schizophrenia patients as an early-onset group have more severe cognitive impairments than adult patients. The Stroop task requires executive control functions, in particular conflict management, including conflict detection and conflict resolution. So far there is no study on event-related potentials induced by Stroop effect in childhood schizophrenia patients.

#### Methods

This study investigated childhood schizophrenia patients (n=20) and healthy controls (n=20) using event-related potentials while they engaged in a Stroop task.

#### Results

Childhood schizophrenia patients showed comparable Stroop interference to healthy controls, indicating the patients' cognitive function has not been compromised at the behavioral level. The analysis of the P1 and N1 components revealed no differences between the groups indicating intact sensory processing in childhood schizophrenia during the Stroop task. The amplitude of N450 (400-500ms), a specific ERPs component related to conflict detection, was found attenuated in patients relative to healthy controls over the frontal, fronto-central and central regions. This suggest that the conflict detection in patients is impaired. And amplitude and latency of the sustained potential (SP) (500-800ms), a component of the ERPs related to conflict resolution, was significantly increased in incongruent than congruent condition, but there was no significant difference between the two groups. Conflict resolution in patients showed no significant difference from healthy controls.

#### Conclusions

These results reveal that maybe the improving conflict resolution can offset the damaged conflict detection in childhood schizophrenia patients.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.037

### Reduced nuclei-specific amygdala volume in adolescents with major depressive disorder

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#### Objectives

Literature demonstrated decreased amygdala volume in adults with depression;

however, this finding was not consistently supported by studies on adolescent depression. Further, the effect of early adversity on amygdala volume is relatively unknown in adolescents. In this study, we aimed to investigate nuclei-specific amygdala volumes in adolescents with major depressive disorder (MDD) and their associations with early trauma exposure.

#### Methods

The study included 67 adolescents with MDD (14.91±1.51 years, 46 girls) and 32 healthy controls (14.81±1.31 years, 18 girls). The volumes of 9 amygdala nuclei were estimated from T1-weighted images (Siemens TIM Trio 3 Tesla MRI scanner; TR=1900ms, TE=3.13ms, flip angle=9°, slice thickness=0.9mm, matrix size=256x224x176) using a module of the Freesurfer 6.0 package. The participants completed self-report questionnaires including the Children's Depression Rating Scale-Revised (CDRS-R) and Early Trauma Inventory (ETI). Group effects were tested using the proportion method (tissue to intracranial volume ratio) controlling for age, gender, and IQ.

#### Results

The volume of right anterior amygdaloid area (AAA) was significantly smaller in MDD compared to controls (F= 9.79, corrected p=0.04). The AAA volume was negatively correlated with the total scores of CDRS-R (r=-0.24, p=0.02), and ETI (r=-0.23, p=0.03) across all participants. There was a positive correlation between the CDRS-R and ETI scores (r=0.46, p<0.001). However, other nuclei or total amygdala volume did not show significant group differences and associations with CDRS-R or ETI total scores.

#### Conclusions

These findings support the region-specific vulnerability hypothesis of the amygdala structure related to adolescent depression and early adversity.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.038

### Passive-aggressive personality traits or disorders as a clinical relevant reaction to postmodern neoliberalism ? - clinical and theoretical concepts

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#### Objectives

In clinical practice the number of passive-aggressive personality traits or even disorders is rising.

#### Methods

Considering passiv-aggressive personality traits as a reaction to a specific late modern and neoliberal Society structure, some of the clinical Features appear in a broader scope.

#### Results

Differential diagnosis and developmental psychopathology in individuals are useful methods to interpret adolescent reactions to societal developments.

#### Conclusions

Therapeutic approaches to passiv-aggressive personality traits in adolescents have to integrate sociologic and economic Points of view and should not only concentrate on the individual or the family history alone.



#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.039

### Differences in profiles of personality functioning assessed with the LoPF-Q 12-18 between adolescent patients with externalizing, internalizing or personality disorders

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#### Objectives

The alternative model to diagnose Personality Disorders (PD) in DSM-5 introduced the dimensional approach "Level of Personality Functioning-Scale" as an overall measure of PD severity (criterion A). Four dimensions are supposed to describe the core impairments of PD: identity, self-direction, empathy/prosociality, and intimacy/attachment. We used the German version of the self-report questionnaire LoPF-Q 12-18 for adolescents from 12-18 years to assess these concepts. Our goal was to compare the profiles of different patient groups to investigate possible systematic impairments in personality functioning in other diagnostic groups than PD.

#### Methods

This study was based on the enhanced construction sample for the German LoPF-Q 12-18 with N= 823 adolescents, combining N= 351 students from three Swiss schools and N= 472 patients from six clinics from Switzerland, Germany and Austria (Basel, Innsbruck, Berlin, Mainz, Idar-Oberstein, Heidelberg). N= 96 of the patients showed a SCID-2 diagnosed PD, N= 199 an internalizing disorder, and N= 44 an externalizing disorder.

#### Results

MANOVA showed significant ( $p < 0.000$ ) and remarkable (effect size  $2p > .14$ ) differences between the three diagnostic groups in all personality functions (PF). The patient group with externalizing disorders showed mean T-values around average (~50) in all 4 PF's. The patients with internalizing disorders showed mean T-values slightly above average (~60) in the 3 PF's identity, self-direction, and intimacy. The patients with a diagnosed PD showed mean T-values clearly above average (~70) in the same 3 PF's and nearly above average (~59) in empathy.

#### Conclusions

Using the LoPF-Q 12-18 scores it was possible to clearly discriminate PD patients from patients with internalizing and externalizing disorders. The results suggested that clinically relevant impairments in the personality functions identity, self-direction and intimacy might be present in patients with internalizing disorders as well. While patients with externalizing disorders showed no impairments linked to emerging Personality Disorders.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.040

### Borderline personality disorder in adolescence. A review on account of a clinical case.

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#### Objectives

To revisit the concept of borderline personality disorder in adolescence, and the controversy on the onset of such an early diagnosis.

#### Methods

Description of a clinical case, and non-systematic review of literature.

#### Results

This work will be illustrated by a case report on the condition of a 14-year-old adolescent female patient, referred to the child psychiatry consultation of our Unit due to self-harm behaviors, meeting DSM-5 criteria for borderline personality disorder. She was submitted to psychological assessment, which confirmed this diagnosis, and she started psychotherapy consultations with improvement of the clinical status.

#### Conclusions

There is growing evidence that borderline personality disorder is a significant form of psychopathology in adolescence, with a continuum of the disorder in adulthood, showing similarities in terms of phenomenology, structure, stability, validity, and morbidity. This knowledge has legitimized the diagnosis of personality disorder, particularly borderline personality disorder in adolescence, being currently integrated in the international guidelines for diagnosis and treatment of borderline personality disorder. The diagnosis of borderline personality disorder in adolescence is pertinent, so that adequate treatment is implemented, contributing to the improvement of life quality, and both short- and long-term prognosis.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.041

### Neuromotor side effects of Aripiprazole in children and adolescents: a systematic review

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#### Objectives

Our objective was to conduct a systematic review of the literature on aripiprazole studies in children and adolescents across diagnoses, specifically focusing on neuromotor side effects. We also aimed to report on their combined prevalence and explore the use of scales used to capture them. Although our review is exploratory, we hypothesised that neuromotor side effects will be a significant side effect of aripiprazole in this population.

#### Methods

Following PRISMA Guidelines, we searched for clinical trials in paediatric patients (0-18 years) written in English between 2006 and October 2016. Abstracts and where necessary full reports were screened independently. We excluded case reports, letters to the editor, journal conference abstracts, review articles, and case series (if study population <30).

#### Results

The database searches returned 129 studies after removal of duplicates. Screening titles and abstracts identified 63 studies and further full text search identified 21 studies. A hand search of references resulted in a further 2 relevant studies, resulting in a total of 23 studies. The total number of subjects included was 2134 of which 1524 were on aripiprazole. Results showed that 19% patients reported parkinsonian side effects, 7.5% reported akathisia, 1.7% reported dyskinesia and 3.9% reported dystonia. Majority of the studies used AIMS, BARS and SAS. Feedback from carers also helped in identification

of neuromotor side effects.

## Conclusions

Our systematic review provides evidence that neuromotor side effects of aripiprazole are not uncommon in children and adolescents. The regular use of rating scales along with verbal feedback from carers is recommended in routine clinical practice.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.043

### Atypical Antipsychotics and their side effects in the management of different psychiatric disorders in a Child and Adolescent Inpatient Setting

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#### Objectives

The purpose of this study was to examine metabolic, hematologic and endocrine side effects of Atypical Antipsychotics (AAPs) in a child and adolescent inpatient setting with a various psychiatric diagnosis.

#### Methods

The medical records of 208 children and adolescents, 139 girls and 69 boys were reviewed. All children were hospitalized between the years 2005 and 2017 at Dokuz Eylül University School of Medicine, Department of Child and Adolescent Psychiatry Inpatient Unit (Izmir, Turkey). All patients were 6-18 years old (mean age 14,5±2,32). Patients' duration of hospitalization were 4-40 weeks (mean duration 11,1±3,85).

#### Results

There were statistically significant difference in PRL levels for ARI and OLA groups ( $F = 8.38$ ;  $df = 3$ ;  $p < 0.001$ ), in weight gain for four groups, changes in fasting blood glucose levels (FBG) for OLA group ( $F = 3.71$ ,  $p = 0.013$ ,  $w_2 = 519.8$ ), increase in TC levels for RIS group (RIS:  $p = 0.01$ ), increase in TGs for OLA group ( $F = 3.06$ ,  $df = 3$ ,  $p = 0.03$ ) between initiation of antipsychotic treatment to discharge from the hospital.

#### Conclusions

Antipsychotics are associated with several metabolic, endocrinologic and hematologic adverse events in pediatric populations, especially when multiple antipsychotics or classes of psychotropic medications are coprescribed, controlling for individual risk factors. Future studies should assess the development of these adverse events, the factors contributing to it and related comorbidities.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.044

### A study on treatment emergent side effects in children and adolescents on SSRI from a tertiary care centre in India

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#### Objectives

To identify the treatment emergent side effects including emergent suicidal ideation and behavioural activation symptoms in children and adolescents treated with SSRI medications

#### Methods

Fifty children and adolescents prescribed SSRI only [Fluoxetine, Sertraline, Escitalopram and Fluvoxamine] or SSRI with benzodiazepines were followed up in a naturalistic, prospective manner for a period of 12 weeks with assessment points at every 2 weeks. The Columbia Suicide Severity Rating Scale [CSSRS], the Treatment Emergent Suicidality and Activation assessment Profile [TEASAP], and the Toronto Side Effect Scale [TSES] were used.

#### Results

In the 50 children studied, 29 [58%] participants were followed up for the entire 12 week period. Fluoxetine [ $n = 34$ ] was the most common SSRI prescribed. Depressive disorder [ $n = 24$ , 48%] was the most common diagnosis. On CSSRS baseline and followup evaluation there was no treatment emergent/serious treatment emergent/emergent suicidal ideation noted among the study sample. Ten [20%] children had features of behavioural activation and the average time for manifestation of activation being 10 days (2-16 days). Among the general side effects 39% reported abdominal pain and discomfort, 36% emergent headache, 19% each reported nervousness, agitation and sleep disturbance

#### Conclusions

Behavioural activation symptoms are quite common in children and adolescents started on SSRI with the risk being the highest in the initial 2 weeks. General side effects were also commonly seen. Careful monitoring of the side effect profile in a systematic manner is essential for improving medication compliance, adherence as well as the wellbeing of children and adolescents

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.045

### Antidepressant drugs and the risk of suicide in youths – myth or reality?

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#### Objectives

Understand the link between antidepressant treatment and suicidality rate among adolescents diagnosed with Major Depression Disorder.

#### Methods

Non-systematic review of original studies concerning the association between antidepressant treatment and suicidality among adolescents, using PUBMED as a research source. Search terms: adolescence, antidepressant and suicide.

#### Results

Two retrospective observational studies and twelve retrospective randomized controlled trials (RCT) were selected. The former showed lower suicidality rate among adolescents under antidepressant treatment. On the other hand, the latter demonstrated an increased risk of suicide attempt, except for fluoxetine and escitalopram, that revealed a decrease in suicide risk.

#### Conclusions

The results of the review turned out to be inconclusive and even contradictory. Although these results are not statistically significant, most of the studies showed



a positive association between the use of the antidepressants and the increased risk of suicide among young people with mood disorder. The professionals should be aware of these outcomes, when it comes to considering the use of antidepressants in this type of population. Further studies are needed in order to conclude a causal association between the antidepressant treatment and the suicide risk in young people, as well as safer psychotropic drugs to treat adolescent depression.

**Poster session 6**

26 July 2018, 13:00 - 18:30, Poster Area

P 6.046

**Long acting injectable antipsychotic use in children and adolescents: a chart review**

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Benefits of long acting injectable antipsychotics in adults are well established, including a higher quality of life, functionality, lower risk of relapse, and improved adherence. Data regarding its use in child & adolescent population is sparse. Information regarding their use in children is largely extrapolated from their use in adults with schizophrenia

**Objectives**

To study profile and pattern of long acting injectable (LAI) antipsychotic use in children and adolescents

**Methods**

This is a retrospective chart based review from an exclusive tertiary care child and adolescent psychiatric care facility in Bangalore, India between the years 2013 and 2016 in subjects less than 18 years. Data related to their socio demographic details, primary psychiatric diagnosis, medical comorbidity, type of long acting injectable antipsychotic used along with its frequency of use and any side effects were noted.

**Results**

The mean age of subjects on LAI antipsychotic was 13.96 years (range 10-17) and with 14 (58%) boys. The most common diagnosis was Schizophrenia spectrum and other psychotic disorders 17 (70.9%), followed by Bipolar disorder 7 (29.1%). Commonly used LAI were Fluphenazine in 9 cases (37.5%), Flupenthixol in 9 cases (37.5%) and Zuclopenthixol in 6 cases (25%). The Most common side effect mentioned was extrapyramidal symptoms such as tremors, hypersalivation and dystonia.

Table 2. Type of LAI, dosing, and side effects.

Name of LAI antipsychotic	No of cases	Min Dose	Maxi Dose		
Fluphenazine	9	12.5mg	50mg	No side effect	10(41.7)
Flupenthixol	9	10mg	40mg	Side effect*	11(45.8)
Zuclopenthixol	6	100mg	400mg	Not mentioned	3(12.5)

\*All had extrapyramidal side effects. One case had additionally angioedema.

**Conclusions**

Long acting injectable (LAI) antipsychotics are used in child and adolescent population albeit rarely. Given their utility more data needs to be obtained regarding their safety profile, especially in the long term with well-designed prospective studies in this population.

**Poster session 6**

26 July 2018, 13:00 - 18:30, Poster Area

P 6.047

**A case report of stimulant psychosis as consequent of chronic administration of methylphenidate**

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**Objectives**

Methylphenidate is a central nervous system stimulant, and the primary drug in treating attention-deficit/hyperactivity disorder in children. Side effects are estimated mild and tolerability are evaluated high in general. But in case of abuse or chronic administration, several reports of stimulant psychosis are notified. We also experienced such a case in our clinic, report here under the consent of the presentation from the case and parents and the permission of the ethical committee of Hyogo Mental Health Center.

**Methods**

A case(12 y.o female) was referred to our clinic for her disturbance of concentration, forgetfulness, sleepiness in day time, and irritation. She was examined and diagnosed as ADHD. When she was 13 y.o., methylphenidate(OROS) was first prescribed at 18mg, and adjusted at 27mg according to improvement of her symptoms. At 18y.o., she began to complain of depression and obsession and loss of concentration, and insisted to increase dosage to 36mg. At first, she was satisfied with the effects, gradually she began to be confused with hearing voices, ideation of observation, irritation. Dosage was decreased slowly, these psychotic symptoms withdrew and atomoxetine was substituted.

**Results**

Clinical course of this case showed the possibility that methylphenidate induced psychotic symptoms.

**Conclusions**

The need for education and notification of psychotic symptoms as the adverse effects of methylphenidate should be discussed.

Table 1. Profile of long acting injectable (LAI) antipsychotic use in children

Primary Diagnosis	n (%)	Medical Comorbidity	n (%)	Type of Concurrent medications	n (%)
Schizophrenia	9(37.5)	Yes	9(37.5)	Atypical Antipsychotic	12(50.0)
Psychosis NOS	6(25.0)		Seizures (5)	Atypical Antipsychotic + Mood stabilizer	9(37.5)
Schizoaffective disorder	2(8.4)		Hypothyroidism (1)	Atypical Antipsychotic + SSRI	1(4.2)
Bipolar disorder	7(29.1)		Drug allergy (1)	Atypical Antipsychotic + Mood Stabilizer + MECT	1(4.2)
			Vit B12 deficiency (1)	Typical Antipsychotic	1(4.2)
		No	15(62.5)		

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.049

### Economic hardship and parental suicide probability: the mediator role of problem solving skills, marital adjustment and perceived stress

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#### Objectives

Adoption, twin and family studies show that youth attempted and completed suicide are related to familial, and perhaps genetic factors. So, it is important to reduce and prevent parental suicide risk in order to reduce and prevent youth risk of suicide. In this study, it is aimed to reveal the mediator role of problem solving skills, marital adjustment, and perceived stress in the relationship between perceived economic hardship and suicide probability.

#### Methods

The sample consisted of 257 married participants with children, aged 18 to 64. It has been applied Economic Hardship Scale (EHS), Suicide Probability Scale (SPS), Problem Solving Inventory (PSI), Marital Adjustment Scale (MAS), Perceived Stress Scale (PSS) in order to determine the level of perceived economic hardship, suicide probability, problem solving skills, marital adjustment and level of perceived stress of the participants, respectively.

#### Results

It has been found that problem solving skills and perceived stress have partial mediator effects on the relationship between perceived economic pressure, monetary concerns and suicide probability.

#### Conclusions

The most important implication of these findings is that clinicians can able to intervene with different ways when working with clients who come with unchangeable economic difficulties and are highly likely to commit suicide. These ways could include to teach the clients how to improve their problem solving skills and ways to cope with stress in order to reduce the level of stress they perceive. By this means, the result of this study can contribute to reduce youth suicide through reducing parental suicide risk.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.050

### Effects of continuous group psycho-education and psychotherapy on reducing experience of stigma in late adolescents

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#### Objectives

To determine changes in the level of anxiety and depression in patients who were on continuous therapy for six months or more. Also, the qualitative analysis of the effects of continuous group psycho-education, effects in relation to the

experience of stigma, as well as their overall mental functioning.

#### Methods

During 8 years of continuous psycho-educational and psycho-therapeutic work in the group, there were involved over 200 late adolescents of both sexes. The group works once a week for 90 minutes. The group is "semi-open", with periodic inclusion of patients who were evaluated by competent psychiatrists to meet the basic criteria: age 18-26 years, satisfactory remission of various psychotic or affective disorder, neurotic or stress related disorders, particularly adjustment disorders (according to ICD-10). We studied 100 patients with the above diagnoses, who were passed through the group treatment for a period of six months or more. We used Beck's questionnaire for depression, BAI anxiety inventory, Rosenberg scale of self-confidence and self-esteem.

#### Results

We observed positive changes in all patients, a significant reduction in the scales for anxiety and depression, as well as significantly increase the fund of knowledge in various fields relevant to everyday life, reduction of stigma and experience of better functioning.

#### Conclusions

Individuals who possess more information about various mental disorders and diseases are less stigmatizing than individuals who are misinformed about these topics. Continuous psycho-education and psychotherapy showed significant positive effects on the course of therapy, acceptance of differences and experience of stigma reduction among young people.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.051

### Predictive factors for substance abuse in adolescents with conduct disorder

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#### Objectives

Conduct disorder in the context of contemporary society is a major public health problem in adolescents, both because of the impact on others and the increased risk of developing other psychiatric distress. The abuse of substance use in this group has increased alarmingly, many factors being considered important in the development of this pathology. Identifying the risk factors and developing of substance use in adolescents with conduct disorder is very important.

#### Methods

There have been included patients from the Child and Adolescent Psychiatry and Addiction Clinic – Children's Emergency Hospital Cluj (adolescents who did or did not use psychoactive substances), aged between 12 - 18, hospitalized with the diagnosis of Conduct Disorder between 01.01.2017 - 31.12.2017.

The information necessary for the study was taken from the clinic case report forms and aimed at the presence or absence of substance use, social status, adolescent's IQ level, their academic situation and educational achievements and parental education, job and marital status.



## Results

The results of the paper assume a strong relation between cognitive-educational background and occurrence of substance use in adolescents with conduct disorders, a connection between social status, academic situation or educational level and the occurrence of substance use in adolescents with conduct disorder and a link between parental education level, job and marital status and occurrence of substance use in adolescents with conduct disorder.

## Conclusions

In conclusion, the factors mentioned above have an important role in the onset of substance use among teenagers.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.052

### The mediating role of metacognition characteristics in the relationship between attachment quality and somatization

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#### Objectives

Somatization may significantly decrease the quality of life of the adolescents. The aim of this study is to investigate the relationship between attachment quality and somatization and the mediator effect of metacognition characteristics in a group of adolescents.

#### Methods

995 adolescents (50.2 % female) aged between 14 and 18 were included in this study. The participants were recruited from five high schools in Istanbul, Turkey. Sociodemographic data form, DSM V Level 2 Somatization Scale Children Form, Metacognition Questionnaire for Children (MCQ-C), and short form of the Inventory of Parent and Peer Attachment (s-IPPA) were used. Data were analyzed using Pearson product moment correlation coefficient test on Statistical Package for Social Sciences (SPSS), and structural equation modeling on AMOS 24 software.

#### Results

Correlation coefficients indicated that somatization scores are negatively correlated with maternal and ( $r=0.320$ ) paternal attachment ( $r=0.341$ ) levels, and positively correlated with MCQ-C scores ( $r=0.270$ ) ( $p<0.001$ ). Structural equation modeling revealed the mediating role of metacognition characteristics in the relationship between attachment quality and somatization ( $p<0.001$ ).

#### Conclusions

Previous studies indicated that insecure attachment patterns increase the risk of somatization. The results of this study suggest that, psychotherapeutic interventions focusing on metacognitive skills may decrease the psychosomatic symptoms of the adolescents with insecure attachment patterns.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.054

### Brief psychotherapy with children in everyday clinical practice

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#### Learning Objectives

Psychotherapy with children involves a thorough understanding of multiple theoretical perspectives and the ability to apply these in a creative manner that is acceptable for the child. Very often in our daily practice it becomes impossible to stick to one theoretical framework when working with a given child. It becomes necessary to weave together strands from different schools of psychotherapy into an eclectic whole. Thus, the main learning objectives from this workshop would be how to approach child psychotherapy in a real-world time limited setting by integrating components from play work, behavior therapy, attachment theory, psychodynamic and cognitive theories. How to conceptualize a case and design a biopsychosocial formulation will also be discussed. The interactive session shall be enriched by engaging the audience in discussions on actual case vignettes from our clinical experience.

#### Workshop Description

There will be two segments on 'Psychotherapy formulation in child and adolescent psychiatry' and 'Eclectic psychotherapy with children in clinical practice'. For each of the segments the audience shall be engaged with handouts and written exercises. In the first segment, after the introductory talk short case summaries shall be provided and the audience shall be asked to prepare a formulation for each that provides a complete understanding of the client and the nature of his/her difficulties. During the discussion that ensues, some of the major theoretical perspectives that are relevant to the practice of child psychotherapy shall be alluded to including attachment theory, interpersonal theory, non-directive play, behavioral and cognitive approaches. Audience participation shall be elicited to discuss which theories can be considered relevant in different case examples. The second segment shall consolidate the learnings from the previous segment in a comprehensive understanding of how case conceptualization and theoretical understanding translates into psychotherapeutic practice. The group shall be given a walk-through of therapeutic processes with actual clients and the challenges faced in real world settings where there are often constraints of time and resources. It will be attempted to cover a variety of disorders including emotional disorders and disruptive behavior disorders across different age groups ranging from young children to adolescents. It is hoped that by the end of this workshop the group would have a deeper appreciation of the complexities and nuances of psychotherapy with children.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.055

### Existential psychotherapy: is existential thinking useful to treat anxious and depressed adolescents?

J.P. Lourenco<sup>1</sup>, A. Serrano<sup>2</sup>

<sup>1</sup>North Lisbon Hospital Center, Department of Psychiatry and Mental Health, Lisbon, Portugal

<sup>2</sup>Garcia de Orta Hospital, Child and Adolescent Psychiatry trainee, Almada, Portugal

#### Objectives

Existential psychotherapy seeks to facilitate self-knowledge and psychological autonomy so that one can freely assume his or her existence. Although theoretically it seems particularly useful to the treatment of adolescents, little has been published on therapeutic approaches based on existential concepts that can

be used in this age group. In this work we aim to show evidence of existential concerns on adolescents and discuss how existential thinking can be incorporated into their treatment.

## Methods

Revision of scientific literature through Pubmed, using search items including existential therapy, adolescence, existential anxiety.

## Results

Dramatic increases in self-awareness, information processing and abstract thinking are some of the defining characteristics of adolescence. Some authors have conceptualized that some bizarre adolescent behaviors can be interpreted as "defense mechanisms" against existential concerns of isolation, death, meaninglessness and choice. In fact, though the empirical evidence is limited, it seems that existential concerns and anguish are common in the experience of most adolescents. The conversion of anger and rage into creativity, the promotion of the inevitability of death and use of hero metaphors are some of the strategies to incorporate existential concepts in psychotherapy.

## Conclusions

A therapeutic approach whose main aim is to help clients achieve "experiential liberation" – an awakening that results in enhanced ability to appreciate oneself and life at a deeper level – could be particularly suited for adolescence, as it addresses its hallmarks: the search for self-identity and the love/hate relationship with the prospect of greater freedom and autonomy.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.056

### Training in psychotherapy with children and adolescents in low resource settings

N.P. Murugappan<sup>1</sup>, J.V.S. Kommu<sup>2</sup>

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<sup>2</sup>National Institute of Mental Health and NeuroSciences, Department of Child and Adolescent Psychiatry, Bengaluru, India

#### Learning Objectives

1. To discuss the core competencies and advanced competencies in psychotherapy with children and adolescents
2. To identify effective practices for child and adolescent psychotherapy training in multidisciplinary teams
3. To identify effective practices used for child and adolescent psychotherapy training in various low resource settings

#### Session Description

Training in child and adolescent psychotherapy is a rigorous and intensive process in most parts of the world. Many factors influence the quality and effectiveness of the training. This special interest group intends to identify effective practices for child and adolescent psychotherapy training particularly in low resource settings.

Current practices of child and adolescent psychotherapy training from a higher educational institute in India will be presented. This institute also provides tertiary care for mental health and neurosciences where trainees are intensively involved in service delivery. Practices used with trainees from multidisciplinary backgrounds (psychiatry, clinical psychology and psychiatric social work) during exposure to child and adolescent mental health practice for three months will be discussed. Aims of this training and challenges faced will be presented to enable further discussion on the way forward.

## References

Keiling, C. et al. (2011). Child and adolescent mental health worldwide: Evidence for action. *The Lancet*, 9801:378, 1515-1525, doi: 10.1016/S0140-6736(11)60827-1

Murray, L.K. et al. (2011). Building capacity in mental health interventions in low resource countries: an apprenticeship model for training local providers, *International journal of mental health systems*, 5:30, doi: 10.1186/1752-4458-5-30

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.057

### Effectiveness of dialectical behaviour and cognitive processing therapies in reducing emotional stress among sexually abused female adolescents in Ibadan Metropolis

A. Oyekola<sup>1</sup>, A. Falaye<sup>1</sup>, D. Oluwole<sup>1</sup>

<sup>1</sup>University of Ibadan, Guidance and Counselling, Ibadan, Nigeria

#### Objectives

This study examined the effectiveness of Dialectical Behaviour (DBT) and Cognitive Processing Therapies (CPT) in reduction of emotional stress among sexually abused female in-school adolescents in Ibadan metropolis. The moderating effects of resilience and age were also determined.

#### Methods

Pretest-posttest control group, quasi-experimental design with a 3x2x3 factorial matrix was adopted. 78 female students with minimum score of four in the screening exercise were randomly assigned to DBT (20), CPT (37) and control (21) groups; while the treatment lasted eight weeks. Child Sexual Abuse Index (r= 0.96) for screening, Revised Impact of Events (r=0.90), Resilience (r=0.78) scales and guides for dialectical behaviour and cognitive processing therapies were used for data collection. Data were analyzed using covariance and Scheffe post-hoc test at 0.05 level of significance.

#### Results

There was a significant main effect of treatments ( $F(2, 66) = 5.42, \eta^2 = 0.14$ ) and resilience ( $F(2, 66) = 3.43, \eta^2 = 0.07$ ) on emotional stress among sexually abused females. CPT ( $= 39.16$ ) reported a higher reduction in emotional stress level than DBT ( $= 39.95$ ) and control ( $= 56.29$ ) groups. A two-way significant interaction effect of treatment and resilience ( $F(2, 66) = 4.22, \eta^2 = 0.11$ ) and treatment and age on emotional stress ( $F(2, 66) = 3.35, \eta^2 = 0.09$ ) was reported.

#### Conclusions

DBT and CPT were effective in reducing emotional stress, while resilience moderated the effect of emotional stress hence the two therapies and resilience skills training should be incorporated into treatment regimen for sexually abused female adolescents in Nigeria.





#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.058

#### Between Obsessive-Compulsive Disorder And Psychosis

S. Tidló<sup>1</sup>, C. Vieira da Costa<sup>1</sup>, M. Costa de Sousa<sup>1</sup>, R. Carvalho<sup>1</sup>,  
C. Rebordão<sup>1</sup>, T. Goldschmidt<sup>1</sup>, C. Cordovil<sup>1</sup>

<sup>1</sup>Centro Hospitalar Lisboa Norte, Serviço de Psiquiatria e Saúde Mental da  
Infância e da Adolescência, Lisbon, Portugal

#### Objectives

To review the current literature regarding the differential diagnosis between obsessive-compulsive disorder and psychosis, in order to improve the clinical approach of children and adolescents facing these symptoms, along with the management of the concerns and expectations raised by the family.

#### Methods

Literature review in the database PubMed over the last 5 years, using the key words "obsessive-compulsive disorder", "psychosis", "schizophrenia", "children" and "adolescent".

A clinical vignette will be presented to illustrate the difficulties of differential diagnosis: a case report of a 12-year-old female child admitted in a Child and Adolescent Outpatient Service, presenting with obsessive compulsive symptoms with some psychotic features.

#### Results

Major results of the literature review concerning differential diagnosis and clinical approach will be presented. Regarding the clinical case, the contextualization of the symptoms in the child development stage and psychiatric family history has provided a better understanding and aided establishing suitable intervention strategies. To date, symptoms are managed with mild doses of an antipsychotic, however, the diagnosis remains unclear. Psychosis and obsessive-compulsive disorder are two plausible hypotheses.

#### Conclusions

Differentiating obsessive-compulsive symptoms from purely psychotic ones may not be straightforward. In the particular case of children and adolescents, limited insight regarding their obsessions and compulsions often makes it harder to formulate a diagnosis and define a therapeutic intervention. Moreover, the work with the parents, helping them tolerate the pressure of uncertainty and talking about the fluidity of the diagnosis, plays an important role in the therapeutic plan.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.059

#### Predictors of functional recovery after first-episode psychosis - results from a Portuguese inpatient unit

R. Goncalves<sup>1</sup>, M. Marques<sup>2</sup>, T. Cartaxo<sup>2</sup>, S. Pedroso<sup>2</sup>, C. Pinho<sup>2</sup>, V. Santos<sup>2</sup>

<sup>1</sup>Coimbra University and Hospital Center, Child and Adolescent Psychiatric Department, Coimbra, Portugal

<sup>2</sup>Coimbra University and Hospital Center, Child and Adolescent Psychiatry Department, Coimbra, Portugal

#### Objectives

Around 75% of first-episode psychosis (FEP) patients achieve symptomatic remission following antipsychotic treatment, but have much more difficulty

in their functional recovery. Our aim is to analyze the functional recovery outcomes of adolescents with FEP, after being hospitalized in our inpatient clinic and examine clinical or demographic factors that could be related with better functional recovery.

#### Methods

Review of clinical files and collection of demographic and medical data from a Portuguese specialized inpatient clinic; diagnostic evaluation according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Data will be analyzed using SPSS 2.0.

#### Results

Since this study is currently ongoing, the authors will only be able to provide final results and conclusions by the time of submission of our work presentation, by July 2018. However, according to the literature available, we are expecting to find significant correlation between longer duration of untreated psychosis, longer duration of untreated illness, poor premorbid functioning, male gender, previous less educational attainment and a poor functional recovery.

#### Conclusions

The difficulty in functional recovery could be responsible for an important part of behavioral distress associated with FEP, having a substantial impact on daily functioning for these adolescents. Predictors of functional recovery should, thereby, be considered, not only to identify high-risk groups of patients, but also when designing more efficacious interventions for adolescents with first-episode psychosis.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.060

#### Clinical features of early onset schizophrenia: a Tunisian study

I. Hadj Kacem<sup>1</sup>, A. Ben elbey<sup>1</sup>, H. Ayadi<sup>1</sup>, L. Cherif<sup>1</sup>, K. khemkhem<sup>1</sup>,  
A. Walha<sup>1</sup>, Y. Moalla<sup>1</sup>

<sup>1</sup>Hedi Chaker Hospital- University of Sfax- Tunisia, Department of Child and Adolescent Psychiatry, Sfax, Tunisia

#### Academic Perspective Overview

Early identification and management of early-onset schizophrenia

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.061

#### Clinical features of early onset schizophrenia: a Tunisian study: Part 2

I. Hadj Kacem<sup>1</sup>

<sup>1</sup>Hedi Chaker Hospital- University of Sfax- Tunisia, Department of Child and Adolescent Psychiatry, Sfax, Tunisia

#### Objectives

The present study aimed to investigate the potential differences in the clinical features of EOS depending on the age and to identify the main characteristics of each clinical form.

#### Methods

We examined medical records of all patients who were hospitalized in the

Child and Adolescent Psychiatry Department of Sfax; during the period extending from 2000 to 2013. Patients with schizophrenia (DSM IV-TR) were included (58 cases) and clinical features were compared between 2 groups: very early onset schizophrenia (VEOS) (age of onset  $\leq$  12) and EOS (age of onset  $>$  12)

## Results

The study revealed that VEOS is much rarer than EOS (22.4% of the entire sample). Learning difficulties and sphincter disorders were correlated, as reason for consultation, to the earlier-onset form (respectively 69.2% vs 36.4%,  $p = 0.03$ , and 30.8% vs 2.2%,  $p = 0.007$ ). This form was also characterized by the predominance of the disorganized form (53.8% vs 22.2%,  $p=0.027$ ), while in the later form, hallucinations and paranoid type were more frequent (respectively 93.3% vs 61.5%,  $p = 0.01$  and 46.7% vs 15.4%,  $p = 0.04$ ). For both forms, the delay for the 1st consultation was long, particularly in the 1st group (2.84 years  $\pm$  2.96 vs 0.96 years  $\pm$  0.084).

## Conclusions

The current study shows specific clinical features associated with EOS. Thus, diagnostic criteria should take into consideration the child's developmental side and define specific patterns for this age group. Furthermore, the big delay in the consultation incites for early screening and intervention to improving outcome.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.062

### Clinical features of early onset schizophrenia: a Tunisian study: Part 3

I. Hadj Kacem<sup>1</sup>, A. Benelbey<sup>1</sup>, H. Ayadi<sup>1</sup>, L. Cherif<sup>1</sup>, K. Khmekhem<sup>1</sup>, A. Walha<sup>1</sup>, Y. Moalla<sup>1</sup>

<sup>1</sup>Hedi Chaker Hospital- University of Sfax- Tunisia, Department of Child and Adolescent Psychiatry, Sfax, Tunisia

## Objectives

The present study aimed to investigate the potential differences in the clinical features of EOS depending on the age and to identify the main characteristics of each clinical form.

## Methods

We examined medical records of all patients who were hospitalized in the Child and Adolescent Psychiatry Department of Sfax; during the period extending from 2000 to 2013. Patients with schizophrenia (DSM IV-TR) were included (58 cases) and clinical features were compared between 2 groups: very early onset schizophrenia (VEOS) (age of onset  $\leq$  12) and EOS (age of onset  $>$  12)

## Results

The study revealed that VEOS is much rarer than EOS (22.4% of the entire sample). Learning difficulties and sphincter disorders were correlated, as reason for consultation, to the earlier-onset form (respectively 69.2% vs 36.4%,  $p = 0.03$ , and 30.8% vs 2.2%,  $p = 0.007$ ). This form was also characterized by the predominance of the disorganized form (53.8% vs 22.2%,  $p=0.027$ ), while in the later form, hallucinations and paranoid type were more frequent (respectively 93.3% vs 61.5%,  $p = 0.01$  and 46.7% vs 15.4%,  $p = 0.04$ ). For both forms, the delay for the 1st consultation was long, particularly in the 1st group (2.84 years  $\pm$  2.96 vs 0.96 years  $\pm$  0.084).

## Conclusions

The current study shows specific clinical features associated with EOS. Thus, diagnostic criteria should take into consideration the child's developmental side and define specific patterns for this age group. Furthermore, the big delay in the consultation incites for early screening and intervention to improving

outcome.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.064

### Two-level model of psychoses

J. Kurki<sup>1</sup>

<sup>1</sup>HUS Hospital District of Helsinki and Uusimaa, Adolescent Psychiatry, Helsinki, Finland

## Objectives

I will present a two-level model of psychoses. It is a multidimensional model of the causes of psychoses which explains why the symptoms of psychoses are multidimensional as well. It explains, also, universal features of psychoses which make psychoses recognizable all over the globe. Thus, the model must have two levels: the first level conceptualizes the factors that make the probability of psychosis bigger and classifies them in a new way. This new way of conceptualizing the factors behind psychoses makes it possible to rearticulate the actual pathological states.

## Methods

I will concentrate on the conceptual remodeling of the well-known empirical facts and the pathological processes of psychoses. The central conceptualization is based on the difference between presentations (impulses), dualistic representations (sensory and affective systems) and triadic representations (symbolic functions).

## Results

The model will show in a new conceptual light what we know already about psychoses making both the empirical findings and clinical experiences of psychoses more intelligible than before. My model is a step towards making psychoses psychologically understandable.

## Conclusions

First, my model explains the many sides of psychoses like schizophrenia better than any other model I am aware of. It explains, also, many of the clinical phenomena and details which we know by clinical experience, but which we have not been able to explain with the models of psychoses which we have been using before. Thus, we could say that my model is doing exactly what a scientific model is supposed to do.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.065

### Study of relationships between the course of first-episode psychosis and endothelial function: a pilot study

M. Pilecki<sup>1</sup>, S. Chłopicki<sup>2</sup>, E. Szczęsny - Małysiak<sup>2</sup>, A. Zakrzewska<sup>3</sup>, P. Gawęda<sup>4</sup>, N. Śmierciak<sup>1</sup>, M. Sz wajca<sup>1</sup>, Z. Szepczyńska<sup>1</sup>

<sup>1</sup>Jagiellonian University Medical College, Department of Child and Adolescent Psychiatry, Kraków, Poland

<sup>2</sup>Jagiellonian Centre for Experimental Therapeutics, Faculty of Medicine Collegium Medicum Jagiellonian University, Kraków, Poland

<sup>3</sup>Jagiellonian Centre for Experimental Therapeutics, Laboratory of Analytics and Pharmacokinetics Jagiellonian University, Kraków, Poland

<sup>4</sup>Cathedral of Medical Biochemistry, Faculty of Medicine Collegium Medicum



Jagiellonian University, Kraków, Poland

### Objectives

Psychotic disorders are established risk factor for cardiovascular diseases (CVD) and endothelial dysfunction, but the precise pathophysiological mechanism remains obscure. The current study examined prospective changes of endothelial parameters function occurring in patients in first-episode psychosis (FEP) and the evolution of these changes in the course of standard antipsychotic treatment.

### Methods

Endothelial nitric oxide metabolites (NO<sub>2</sub>, NO<sub>3</sub>) were collected in plasma in 8 first-episode psychosis patients at the age of 15 to 35 years: on the first week after diagnosis, after the third week and third month from the start of antipsychotic treatment. Psychotic symptoms were quantified using Syndrome Scale (PANSS) and correlated to the parameters obtained.

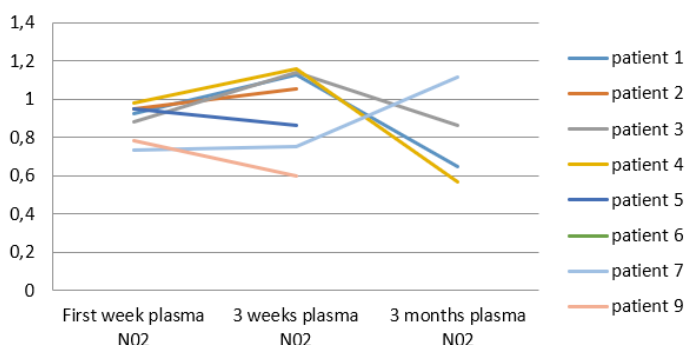
### Results

There is a difference in the measurements of plasma NO<sub>2</sub> and NO<sub>3</sub> levels in patients between the first week, third week and third month from the start of antipsychotic treatment.

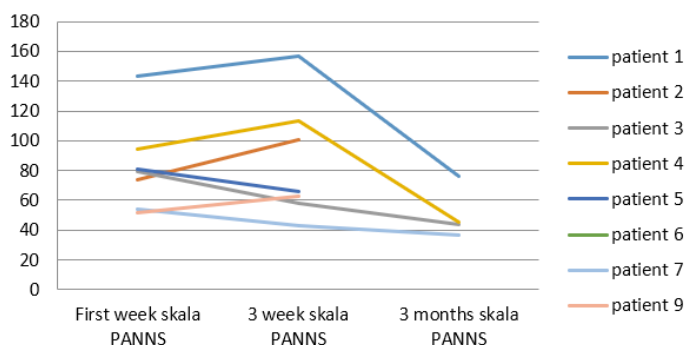
Treatment with antipsychotic drugs in the first psychotic episode patients initially co-occurs with an increase in the bioavailability of NO metabolites in the plasma, but after a period of 3 months it co-occurs with decrease of plasma NO metabolites below the baseline.

There is a correlation close to the statistical significance between the results of levels NO metabolites in the plasma and the clinical condition (PANSS). However, our study requires close assessment on a greater sample of patients.

### Changes in levels of nitric oxide



### Changes in levels of PANNS



### Conclusions

Results should be taken cautiously due to the small sample size, but suggest that although antipsychotic drugs cause a reduction in the severity of psychotic symptoms, over time they may co-occur with damage the endothelium, and thus increase the risk of cardiovascular disease.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.066

### First psychotic outbreak in pediatric age - what to investigate?

A.R. Rodrigues<sup>1</sup>, O. Queirós<sup>1</sup>

<sup>1</sup>Centro Hospitalar do Porto, Departamento de Psiquiatria da Infância e da Adolescência, Porto, Portugal

### Objectives

Psychotic disorders in childhood and early adolescence often progress to chronic schizophrenia, but in many cases there are diagnosable medical and genetic causes or risk factors. With this work we want to identify these factors and to define their clinical features and appropriate work-up.

### Methods

We reviewed the relevant literature on the main differential diagnoses to be taken into account in the observation of a child/adolescent with an inaugural psychotic symptomatology.

### Results

Psychotic symptoms are often observed in children and adolescents with various organic diseases, however the frequency and clinical characteristics of these associations are not well studied. The differential diagnosis in children and adolescents with psychotic symptoms is challenging due to the large number of possible organic factors, many of them quite rare. Benjamin et al. (2013) reported 60 congenital and acquired diseases that may present as an organic psychosis in youth. Many children have delusional symptoms or hallucinations that don't progress to clinically significant disorders and Schizophrenia is an extremely rare condition in prepubescent. In adolescence, there is an increased prevalence of all types of psychotic disorders. Therefore, the differential diagnosis of psychotic symptoms in childhood and adolescence can be difficult and a longitudinal perspective is essential. The clinical dilemma is when and how to conduct an appropriate medical research.

### Conclusions

In conclusion, there is a great variety of disorders that present psychotic symptomatology as the only manifestation, so it's of great importance to define an investigation in the right direction. A systematic and multidisciplinary approach is recommended.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.067

### Prevalence of consumption of psycho active substances in patients with psychic disorders in psychiatry department, Tlemcen hospital, Algeria in 2017

N. Sedjelmaci<sup>1</sup>

<sup>1</sup>faculte de medecine de Tlemcen, pharmacie, Tlemcen, Algeria

## Objectives

The consumption of psychoactive substances (PAS) is increasingly high in patients with psychological disorders. The objective of our cross-sectional descriptive study carried out from November 2016 to April 2017 is to assess the prevalence of PAS consumption in hospitalized patients at the psychiatric department of CHU Tlemcen, Algeria.

## Methods

Our study included 165 male and female patients aged > 15 years old with psychiatric disorders (schizophrenic, bipolar and depression). Data were collected by a questionnaire and completed by information from doctors and toxicological results in blood and urine. Drugs (opioids, cocaine, cannabis, benzodiazepines, barbiturates and tricyclic antidepressant) were identified and quantified by EMIT technic. Chi 2 test was used for statistical analysis.

## Results

Among 165 patients, (55.8%) were schizophrenic, (39.4%) with bipolar disorder and (4.8%) depressed. There were (55%) PAS consumers. The sex ratio=17.2 and age average of 36.38+/-8.9 years. Schizophrenics are dominant users (62%) associating tobacco and cannabis (60%). Psychological disorders appeared after chronic use in (60%) of cases. Toxicological analysis in blood and urine gave positive results in (20%) confessing the use and (11%) denying it. The main factors seen in consumers are education, jobs and familial instability and family history of substance abuse.

## Conclusions

It is important to improve the management of patients with comorbidity of addiction and psychic disorder by psycho toxicological cooperation.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.068

### A community study on the non-treatment-seeking adolescents following a suicide attempt.

J.S. Ahn<sup>1</sup>, J. Lee<sup>1</sup>, M.H. Kim<sup>2</sup>, S. Min<sup>2</sup>

<sup>1</sup>Yonsei University- Wonju College of Medicine, Child & Adolescent Psychiatry, Wonju, Republic of Korea

<sup>2</sup>Yonsei University- Wonju College of Medicine, Psychiatry, Wonju, Republic of Korea

## Objectives

The overall suicide rate in South Korea has been the first ranking among 35 OECD countries since 2003, and suicide is a leading cause of death among adolescents. Detecting youths at risk of suicidality and giving treatment opportunities for them will be the first step toward reducing the overall suicide rate. We aimed to determine the proportion non-treatment seeking among adolescents following a suicide attempt and the factors associated with it on a community base.

## Methods

The data for this study were obtained from the 2016 Korea Youth Risk Behavior Web-based Survey, a self-reported anonymous online survey using a nationally representative sample of Korean adolescents aged 12-18 years. Suicidal behaviours including suicide ideation, suicide plan, and suicide attempt and the covariables were investigated, and we examined whether the participants who endorse a suicide attempt received medical help from a general hospital or a private clinic.

## Results

(1) the proportions of the suicide ideators, suicide planners, and suicide attempters were 12%, 4%, and 2.33% respectively, and 81.76% of suicide at-

tempters have received no medical help, (2) suicide attempters without medical help afterwards are more likely to be female, urban dwellers, and from middle class, (3) they are less likely to have suicide plan, depression, and substance abuse, (4) they usually don't talk to family members when they are in troubles, although they live in their home with Korean parents.

## Conclusions

Future studies should investigate whether they have avoided, or not given the opportunity of hospital treatment and which causative factors were behind it.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.069

### Impulsivity and suicide attempts in adolescence: a new perspective on the old story

A.B. Ayaz<sup>1</sup>, E.B. Usta Gündüz<sup>1</sup>, G. Bugadova<sup>1</sup>, G. Özden Bilim<sup>1</sup>

<sup>1</sup>Marmara University School of Medicine, Child and Adolescent Psychiatry, Istanbul, Turkey

## Objectives

Although suicide is supposed to be the second leading cause of death among adolescents, the psychobiological processes that underlie suicidality are not clear. This study aims to investigate the multidirectional associations between the predictors of suicidality in adolescents.

## Methods

49 suicide attempters (15.82±1.24 years) and 41 controls (15.67±1.40 years) were included in the study. The instruments were sociodemographic form and Barratt Impulsivity Scale-11 (BIS-11). The Kiddie Schedule for Affective Disorders and Schizophrenia was used to assess the psychiatric diagnoses.

## Results

93.9% of the suicide attempters (n=46) and 58.5% of the control group (n=24) was female (χ<sup>2</sup>=16.131, p 0.001). More adolescents in suicide attempters had motor, cognitive and non-planning impulsivity problems, major depressive disorder, and family history of suicide attempt than in the control (p 0.05). Cognitive impulsivity, major depressive disorder, and family history of suicide was found to predict suicidality in logistic regression analyses

Table 1. Outline of the regression model, indicating the variables that affect suicide attempts in adolescents

Independent Variables	Beta	Standard error	Exp(Beta)	P	95% CI for EXP (B)	Wald
Constant	-5.542	1.549	0.004	0.000		12.795
Family history of suicide attempts	2.512	0.896	12.328	0.005	(2.128)-(71.427)	7.853
Presence of MDD	2.076	0.591	7.976	0.000	(2.502)-(25.423)	12.324
BIS-11 CI subscore	0.246	0.076	1.278	0.001	(1.101)-(1.484)	10.436
<b>Cox&amp;Snell R Square= 0.347</b>		<b>Nagelkerke R Square=0.464</b>				

MDD; Major Depressive Disorder, CI; Cognitive Impulsivity

(Table 1). The mediational model reveals that effect of depression or family history of suicide on suicidality were not mediated through the severity of cognitive impulsivity

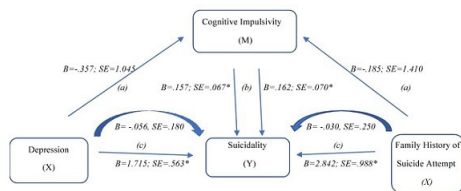


Figure 1.

Suicidality path model for the full sample testing the direct effects of depression, family history of suicide attempt and cognitive impulsivity on suicidality and a schematic model of cognitive impulsivity as the mediator in the relationship between depression/family history of suicide attempt and suicidality (Andrew Hayes's mediation model 4).

Note. Standardized path coefficients are presented with the mediational paths in bold. \* $p < 0.05$ .

( Figure 1).

### Conclusions

Although, cognitive impulsivity, depression, and family history of suicide directly enhance suicidality, impulsivity does not play a role in the mediation of the indirect path between depression/family history of suicide and suicidality. Our study has made it possible to re-examine the most known risk factors that have predicted suicide in adolescents and to reconsider them with a new point of view. Increased understanding of risk factors for suicide attempts can ultimately help reduce death by suicide in adolescents.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.070

### Self-injury in adolescents: a five-year study of characteristics and trends

K. Dodig-Curkovic<sup>1</sup>, D. Benic<sup>1</sup>, M. Bjezancevic<sup>1</sup>, I. Groznica Hrzic<sup>1</sup>

<sup>1</sup>University Hospital Center Osijek, Unit of Child and Adolescent Psychiatry, Osijek, Croatia

### Objectives

The purpose of this study was to explore characteristics of self-injurious behavior in youth treated in an inpatient psychiatric unit.

### Methods

The study included 105 adolescents with a history of NSSI (mean age 15 years, 80% females) that underwent inpatient psychiatric treatment at a specialized facility. The factors assessed were sociodemographic data, frequency and type of NSSI, history of psychiatric disorder in family, existence of past traumatic event, alcohol, cigarettes and drug dependence and clinical psychiatric diagnosis. Retrospective-chart review study.

### Results

Of all assessed, patients with NSSI were predominantly female adolescents. Mean age onset of NSSI was 15 years. Equal number of patients showed occasional and repetitive NSSI, using self-cutting as a most common mean of self-injury. Approximately 1/4 of adolescents met criteria for an adjustment disorder and 1/4 for a mixed disorder of conduct and emotions. A low 7,8 % met the criterion for borderline personality disorder. We found a statistically significant correlation between alcohol consumption and frequency of self-injurious

behavior.

### Conclusions

NSSI showed to be associated with female gender, alcohol consumption and a broad spectrum of comorbidities. Future research should focus not only on adolescents being hospitalized and treated, but should be representative of the whole young population because there are no national statistics on NSSI among young people in Croatia. Furthermore, future studies should focus on the origin of NSSI as opposed to its characteristics, in order for professionals to be able to prevent the issue.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.071

### Leveraging cross-diagnostic dimensions and comorbidity to distinguish child psychiatric outpatients at risk for suicide

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### Objectives

Addressing gaps in the prior literature may improve our identification of youth at risk for suicidal thoughts and behaviors (STBs), which are strong risk factors for suicide. Remarkably, there are limited data on STB risk in child outpatient samples. Therefore, we examined predictors of STBs in youth consecutively referred for neuropsychiatric evaluation. First, we examined prediction by neuropsychiatric diagnoses, addressing the role of comorbidity. Second, we examined whether and to what extent variation in a range of psychopathology dimensions contributes to risk for STBs.

### Methods

Data were from 847 children ages 6-18, consecutively referred for neuropsychiatric evaluation and enrolled in the Longitudinal Study of Genetic Influences on Cognition. Risk for STBs was examined using logistic regression models.

### Results

Without controlling for comorbidity, youth with ADHD, psychosis and mood and anxiety disorders all showed an increased risk for STB's. After controlling for comorbidity, however, the risk for STBs was only significant for youth with mood [OR = 4.73] and anxiety disorders [OR = 1.56]. Compared to the group with no full psychiatric diagnosis, we also found significant ORs for the group with mood disorders alone and every comorbid presentation of mood disorders and other diagnoses. Here, the highest risk for STBs occurred in youth with comorbid mood and anxiety disorders [OR = 15.85]. Regarding psychopathology dimensions, variation in symptoms of aggression, depression and psychosis increased the likelihood of having STBs.

### Conclusions

These data support consideration of comorbidity and transdiagnostic dimensional traits to aid in predicting STBs in youth outpatient samples.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.072

### Nonsuicidal self-injury: comparison of two scales for the assessment of prevalence and functions in a non-clinical population of Bulgarian adolescents

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#### Objectives

In recent years interest has risen in the behaviour of nonsuicidal self-injury (NSSI). This behaviour is seen in about 10-40% of European adolescents. Numerous studies over the past decade have focused on the prevalence, diagnostic correlates, functions, risk factors and treatment. The objective of the current study will be to examine the prevalence and functions of NSSI in a non-clinical community based population of Bulgarian adolescents.

#### Methods

The Alexian brothers self-injure scales (ABUSI and ABASI) and the Inventory of statements about self-injury (ISAS) will be used to examine the frequency, intensity, severity and motivations for NSSI. The scales will be administered to students in 4 randomly selected high schools in Varna, ages from 14-19 years old. The study has been approved by the Ethics committee of Medical University Varna and the Regional Office of Education.

#### Results

Here we will present the prevalence functions of NSSI in a group of around 3000 high school students we plan to recruit, distributed according to age, gender, number of siblings, etc. Results from the completed scales will show the preferred methods of NSSI in this age group, as well most common motivation and function of NSSI.

#### Conclusions

The high percentage of adolescents who self-injure might be comparable to that in other European countries. Based on the results we expect we will highlight the importance of a better understanding and research into this behaviour, so as to provide better prevention and treatment, as well as raise awareness to the general public.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.073

### Risk factors for deliberate self-harm continuation among community adolescents in Taipei

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#### Objectives

To survey the risk factors of deliberate self-harm behaviors (DSH) continuation for a 1-year follow-up period.

#### Methods

The Taiwanese Adolescent Self-Harm Project was a longitudinal study of DSH among adolescents. We recruited 5,879 students from 14 senior high schools in northern Taiwan. On-line questionnaires on sociodemographic data, suicidality, depressive symptoms, self-esteem, social support, family discord, impulsivity, and alcohol and tobacco use were assessed at baseline and at 1 year of follow-up. Logistic regression analysis was performed to evaluate the risk factors of DSH continuation, i.e. those who had DSH at baseline and repeated during the 1 year follow-up period.

#### Results

5,879 adolescents were recruited. 56.73% were female. Mean age 16.02 y/o (STD 0.52). At the first year (T1), the lifetime prevalence rates of DSH were 25.04%. At the second year (T2), 4,331 (73.67%) students completed follow-up assessments. There were 212 students who had DSH at both two years and were labeled as DSH continuation group; 877 students who had DSH at T1 but not noted during follow-up were labeled as DSH stop group. Logistic regression analysis showed distal risk factors of DSH continuation were low school ranking, lifetime suicide plan\_T1, higher alcohol use\_T1. Proximal risk factors were depressive symptoms\_T2, alcohol use severity\_T2, low self-esteem\_T2, and familiar people mention suicide at T2.

#### Conclusions

Students who had low school ranking, those who had suicide plan, with more depressive mood, more alcohol use, low self-esteem and negative peer influence of suicide need more help to prevent further DSH.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.074

### Self harm behaviours and suicide attempts of children and adolescents in the inpatient psychiatric unit

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#### Objectives

Self harm behaviours are associated with suicidality longitudinally, especially in psychiatric patients according to the research literature. We present new data from the continuing study on self harm behaviours and suicide attempts of inpatients in our department.

#### Methods

Medical records of 196 cases hospitalized during 2015 -2017 (104 boys and 92 girls, 10-18 years old) were reviewed. Self harm behaviours and suicide attempts, methods, clinical characteristics- diagnosis, the psychological function according to children's statements and risk factors were recorded.

#### Results

In almost half of the cases (81/196) self harm behaviour was observed or reported with co-occurring suicidal ideation in most of them, including 43 adolescents (13 boys and 30 girls) with suicide attempts before admission or in the past. The most common self harm behaviours were cutting, self poisoning and head or hand banging. Most frequently adolescents presented mood- emotional disorders or mixed mood and conduct disorders and in smaller proportion anxiety, post-traumatic or adjustment disorders, autistic spectrum disorders,



eating disorders, substance abuse etc. The psychological function of self harm behaviour was often related to discharge or regulation of negative emotions. In most cases psychosocial risk factors like family dysfunction, psychiatric disorder of a parent, losses, physical or emotional abuse were reported.

#### Conclusions

The aforementioned findings indicate that for inpatient children- adolescents, having severe psychopathology, self harm behaviours co-occur with suicidality. Biological, psychological and social factors interact in complex pathways, in a broad psychopathology spectrum. Death wishes alternate with a need for relief in a threatening or sustaining life process.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.076

#### Psychiatric comorbidity among adolescent suicide attempters

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#### Objectives

Adolescence refers to the long transitional developmental period between childhood and adulthood and to a maturational developmental process involving major physical, psychological, cognitive, and social transformations. They reach out to society, tentatively at first and then confidently. Relationship with same sex and opposite sex grows and it is also a time of many disappointments. The common adolescent complaint is – ‘no one understands me’. Adolescents can be reliable reporters of their suicide potential and the clinician needs to be sensitive to symptoms of major depressive disorder in assessing potentially suicidal adolescent.

#### Methods

30 cases of adolescent suicide attempters admitted in Narayana General Hospital, Andhra Pradesh state, India were recruited in the study and detailed evaluation was done using socio demographic proforma, ICD-10 to arrive at a psychiatric diagnosis, suicide intent scale and Hamilton Depression Rating scale to evaluate the level of depression.

#### Results

Among suicide attempters, 67% (20 of 30) had psychiatric morbidity while there was no psychiatric morbidity among 33%. Severe depressive episode was present in 6.7%, moderate depressive episode was present in 20%, mild depressive episode in 30%. 1 patients each had adjustment disorder, dysthymia and mixed anxiety and depression. No psychiatric diagnosis was noted in 33.3% patients as in pie chart below. It clearly indicates that majority of suicides in adolescents are followed by mild depressive episodes in contrary.

#### Conclusions

The results of the study indicated that there was a significant association between depression scoring with suicide intent of the attempter. Two thirds of the patients were diagnosed with psychiatric disorders at the time of admission. Psychiatric morbidity always should be taken into consideration when managing these groups of patients for further management.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.077

#### Suicidal deaths of children and adolescents in South Korea: school reports on psychosocial characteristics

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#### Objectives

This study was to present the psychosocial features of suicidal deaths especially from teachers' perspectives among child and adolescent school students.

#### Methods

Data were collected for each student suicide by reviewing school teachers' report forms for the year 2016. The report to the Ministry of Education by the teacher in charge is mandatory for each suicide case in Korea. The reports include information about suicide circumstances, demographics, and school lives such as academic performance, problem behaviors, peer relationship, health, and stressful events during the school year. During the year, there were 108 suicide reports composed of 3 elementary school, 25 middle school, and 80 high school students. Descriptive analysis was performed.

#### Results

Of 108 suicidal deaths, the ratio of males to females was 1.4 (males 63, 58.3%; females 45, 41.7%). In suicide circumstances, jumping from a height was the most frequently used suicide method (n=75, 69.4%), followed by hanging (n=30, 27.8%). About half of the cases left suicide note (n=47, 49.5%), and occurred at home (n=60, 55.6%). A history of self-mutilation was found in 3 cases (3.2%) and suicide attempt was in 6 cases (6.8%). Teachers reported that frequent difficulties before suicide were academic achievement and family discord, and 49 students encountered stressful events around suicide such as scolding from parents and uncovering rule-violating behaviors.

#### Conclusions

The findings of this study provide valuable information about student suicidal deaths especially from the teachers' perspectives, and can be utilized in planning suicide prevention strategies in school. Academic stress and parent-child conflict could be risk factors for student suicide, and need to be considered as target points of preventive strategies for children and adolescents.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.078

#### Exposure to suicidal thoughts and Self-harm in adolescents

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#### Objectives

This study aims to investigate the impact of exposure to the confided suicidal thoughts from others on self-harm in adolescents, controlling the effects of adolescents' mental health, substance abuse, and other possible personal and social factors.

## Methods

A cross-sectional survey was carried out in 13 senior high schools in Taipei City and Taipei County from October 2008 to January 2009, using online self-completed questionnaires in the participating schools. Participants were asked about their experience of being exposed to others' suicidal thoughts, the presence of their own suicidal thoughts and behaviors within the previous month. Patient health questionnaire (PHQ-9) were used to measure students' presence of depression, Multi-dimensional support scale (MDSS) to measure the level of social support, and Rosenberg self-esteem scale (RSES) to measure the level of self-esteem. Alcohol Use Disorder Identification Test-Consumption (AUDIT-C), the first three items of the AUDIT, was used for identifying hazardous drinking. Information on substance use (including cigarette and illicit drug use) were also collected.

## Results

With informed consents from both the participants and their parent, a total of 2479 students completed the questionnaires. Multivariate Logistic Regression Model showed that exposure to others' suicidal thoughts within the previous month strongly increases the risk of adolescent self-harm (OR= 3.60; 95% CI: 1.64 - 7.92), after controlling the effects of adolescents' mental health, substance abuse, and other possible personal and social factors.

## Conclusions

The contagion of suicidal thoughts and behaviors is present and remarkable among adolescents. Parents, teachers, and mental health professionals should pay more attention to this phenomenon.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.079

### Suicide in Mexican children

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### Objectives

In Mexico, an alarming and continuous increment of suicides in children under 14 years of age has been observed, being nowadays the fifth cause of death in this group. The aim of this study was to analyze the psychological, social and familial aspects of childhood suicide.

### Methods

84 cases of children suicides (under 14 years old) were analyzed through the Psychological Autopsy methodology and an analysis of content was made with suicide notes.

### Results

All the notes showed a logical course of thought, good contact with reality, and used clear and well-structured language, expressing the need for emotional support, and a wish to die, to exit or to flee and also express the "unneeded child syndrome". Some statistical significant associations were found among variables. Most children lived separated from one or both parent. Incongruence is denoted in the data provided by the informant respecting the "good relation between infants- mother and siblings", with the violence situations the half of children lived, and the high percentage of children that committed suicide at home in diurnal hours, when they supposed to be accompanied.

## Conclusions

Despite the high increment of childhood suicides in Mexico, there are no prevention/intervention programs. Many children from this sample exhibited previous suicidal behaviors and none received professional attention. It was possible to observe the familiars suffering because of the child suicide: tendency to consider it like accident, refusing to participate in the study, move of residence or country, not talking of the suicide since it happened, negation of the relationship difficulties between child-family.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.080

### Development of a predictive tool to identify adolescents for concurrent depressive behavior

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### Objectives

Recognizing adolescent depression is important but difficult. Prior studies identified associations between depression and psychosocial factors, but few yielded clinically applicable predictive models. Thus, a screening tool based on antecedents and responses to simple questions would have great utility in adolescent primary care. This study sought to develop a clinically useful predictive model of depressive symptoms based on psychosocial variables.

### Methods

Secondary analysis of the 2015 National High School Youth Risk Behavior Surveillance System (YRBSS), a nationally representative survey of 15,624 randomly selected high school students. Potential predictors comprise variables measured in YRBSS with known or hypothesized linkage to depression. The outcome was a composite of depression-related questions: sadness or hopelessness and suicidal thoughts, plans or attempts. A predictive model was derived in a random subsample of 2/3 of eligible subjects (most parsimonious unconditional binary logistic regression model) and was internally validated using the remaining 1/3 of the sample.

### Results

Thirty-six potential predictors were chosen based on face validity. Seventeen retained significance following bivariate analysis and a stepwise logistic regression generated the predictive model. The model has good test metrics at a cut-off level of 0.31: sensitivity=73%; specificity=74%; correctly classified=74%; discriminant ability=0.81. These were maintained in the validation set.

**Table 1. Discriminant ability of predictive model and validation set**

	Predictive Model	Validation Set
<b>Sensitivity</b>	73.1	76.5
<b>Specificity</b>	73.7	73.5
<b>PPV</b>	59.8	61.6
<b>NPV</b>	83.6	84.9
<b>Correctly Classified</b>	73.5	74.6
<b>Goodness of Fit</b>	Hosmer-Lemeshow chi2(8) = 8.02	Hosmer-Lemeshow chi2(8) = 8.89
	Prob > chi2 = 0.4312	Prob > chi2 = 0.3512
<b>Area Under ROC Curve</b>	0.81	0.81





## Conclusions

This is the first study of its kind to produce a predictive tool with high sensitivity and specificity suggesting an appropriate role in pre-screening. The tool requires further validation in other clinical settings.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.081

### Suicidal attempts/ ideation in children and adolescents with psychiatric disorders in a Romanian clinical sample

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#### Objectives

The aim of this study was to determine the frequency and the risk factors for suicidal behavior/ ideation of children and adolescents with psychiatric disorders admitted to the Child and Adolescent Psychiatry Clinic in Cluj-Napoca, Romania.

#### Methods

We conducted a cross-sectional study on the admitted patients presenting with suicide attempt or suicidal ideation to the emergency room of the Child and Adolescent Psychiatry Clinic from Cluj-Napoca, Romania, between January 2015 and December 2015. Data was collected from the patients' charts using a sheet which included socio-demographic and clinical variables.

#### Results

A total of 95 patients, aged between 6 and 18 years, were included in the study, of whom 52.63% were females. The mean age of study participants was 14.58 (+2.07) years old. Ingesting medication and wrist-slashing were the most frequently used methods to attempt suicide. Depression, conduct disorders, anxiety disorders, acute psychosis and drug abuse were most commonly associated with suicidal behavior. Family conflicts, low income, personal psychiatric and medical difficulties were reported by study participants as immediate reasons to attempt suicide.

#### Conclusions

In this clinical sample, suicidal behavior/ ideation affected mostly the adolescent age group, with girls being slightly more likely to have a suicide attempt than boys. Suicidal ideation was more common in rural patients, while suicidal attempts were more frequent in patients from urban areas. Low academic achievements, poverty and a hostile family environment were associated with a higher risk of suicidal behavior. Both internalizing and externalizing psychiatric disorders frequently accompany suicidal attempts.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.082

### Self-harming behaviour and the role of the media

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#### Objectives

Review the concepts of self-harming, its epidemiology and clinical practice. Understand the link between self-harming behaviour and its media disclosure.

#### Methods

Non-systematic review of the most recent published literature. PUBMED was used as a research source and the search terms were adolescence, self-harm behaviour and media.

#### Results

Self-harm behaviour has a higher prevalence between females and adolescents. The predominantly associated psychopathology is related to depressive symptoms and impulsiveness and the main risk factors are equally established. There are several mechanisms underlying self-harm (seeking for identification and validation; maladaptive coping mechanism; way of establishing emotional relationships). Empirical evidence showed that media promotion works as vectors of contagion in emotionally fragile youngsters. The digital media may be related to the increase, promotion and easy access to self-harm content, by reinforcing and normalizing this behaviour, as well as blocking the request for help.

#### Conclusions

The results of the review allow one to conclude that the media exposure of self-harm behaviours may empower them among this population, especially the digital media. However, these results are based on empirical evidence. Therefore, contrary to the widely studied suicide contagion effect, additional research is needed to corroborate the nature and magnitude of this relationship.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.083

### Emotion dysregulation in self-injurious behavior in adolescence and youth (in the Russian sample)

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#### Objectives

Our goal was to study emotion dysregulation in a sample of Russian adolescents and youths with non-suicidal self-injuries (NSSI).

#### Methods

The sample (N=345, 226 girls) consisted of school and college students aged 14–21 (M=17.52, SD=2.37). To assess NSSI prevalence we used the scale of reasons for self-injury (Polokaya, 2014, 2017), which measures: a) instrumental (instruments – e.g., blades – are used to cause harm) and somatic (one's own body is used to cause harm) methods of self-injuring; b) strategies (functions) of NSSI: emotion control, stress relief, influencing others and searching for new experience. To assess emotion dysregulation we used the scale of emotion dysregulation (Polokaya, Razvaliaeva, 2017) that includes the following subscales: rumination, experiential avoidance, and mentalizing difficulties.

#### Results

Regular NSSI was found in 104 (30%) participants. We found significant gender differences in NSSI markers and emotion dysregulation. NSSI and control group differed in emotion dysregulation with NSSI participants scoring higher

on all the three subscales (Table 1).

Table 1. Significant differences between groups

Scale	Mann-Whitney U	p	Mean Rank
<b>NSSI / control group</b>			
Rumination	3898.5	0.000	169.87 / 111.03
Mentalizing difficulties	3949	0.000	169.25 / 111.31
Experiential avoidance	2136	0.000	191.63 / 101.07
<b>Gender groups (girls / boys)</b>			
Rumination	5111.5	0.000	141.12 / 104.10
Mentalizing difficulties	5236	0.001	140.42 / 105.64
Somatic NSSI (NSSI method)	10255	0.004	179.31 / 147.46
Emotion control (NSSI strategy)	7922.5	0.035	154.58 / 132.19
Stress relief (NSSI strategy)	7432	0.005	157.02 / 126.91

Linear regression analysis revealed that rumination and experiential avoidance predicted somatic NSSI, while only experiential avoidance predicted instrumental NSSI (Table 2). Experiential avoidance also predicted all NSSI strategies.

Table 2. Emotion dysregulation scales as predictors of NSSI

Outcome	Predictor	Model parameters			p
		R	R <sup>2</sup>	β	
Somatic NSSI	Rumination	0.547	0.299	0.155	0.038
	Mentalizing difficulties			0.339	0.409
	Experiential avoidance			0.388	0.000
Instrumental NSSI	Rumination	0.642	0.412	0.076	0.265
	Mentalizing difficulties			0.023	0.731
	Experiential avoidance			0.573	0.000

## Conclusions

Emotion dysregulation can be considered the key mechanism underlying NSSI. The present study showed that its components playing the most substantial part in NSSI are experiential avoidance and rumination.

The research was conducted with the financial support of the Russian Foundation for Basic Research (RFBR), project 16-06-01098.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.084

### Comparison between non-suicidal self-injury behaviours and suicidal spectrum behaviours in a Portuguese adolescent unit

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#### Objectives

The literature about non-suicidal self-injury behaviours and suicidal spectrum behaviours is controversial about the utility and the validity of their differentiation. In this work, we aim to understand which characteristics of the adolescents followed-up due to non-suicidal self-injuries (NSSI) differ from those presenting with suicidal spectrum behaviours (SSB, suicidal ideators and suicidal attempters), and from those presenting with both NSSI and suicidal attempts (NSSI and SA).

#### Methods

All adolescents followed in the Adolescent Department (inpatient and outpatient unit) from November 2015 to 2017 that were referred to psychological evaluation due to NSSI and SSB were included. Data on socio-demographics and psychopathology were collected from the files, and the adolescents were divided

in three groups: NSSI group, SS (suicidal ideators and suicidal attempters) and NSSI and SA. The psychological assessment included evaluation of the cognitive functioning (Raven progressive matrices), psychopathological symptoms (YSR, ASEBA Achenbach), a questionnaire of impulse, self-injury and suicidal ideation (QIAIS-A) and a questionnaire of memories of warmth and affect (EMWSS-A). Statistical analyses were performed in SPSS.

#### Results

110 adolescents were included and the data is being analyzed

#### Conclusions

Data is being analyzed

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.085

### Clinical database of self-harm related referrals to a Pediatric Liaison Psychiatry Department 2011-2015; focus on self-harm and suicide related thinking

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#### Objectives

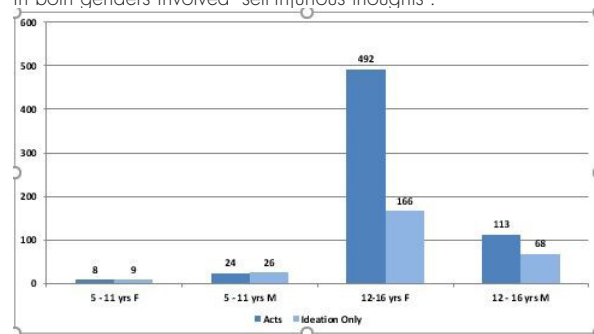
The Children's University Hospital database records all self-harm related presentations whether or not they involved an actual act of self-harm or an actual suicide attempt (both referred to here by the term 'self-injurious behavior'). The objective, firstly, is to determine the proportion of young people who presented with self-harm related or suicide related thoughts (both referred to here by the term 'self-injurious thoughts') without self-injurious behavior in the five-year period (2011-2015). The second objective is to analyze how these two cohorts differed in terms of socio-demographic profile and service use.

#### Methods

Using the database, data was coded and entered into SPSS 24 to carry out descriptive statistical analysis.

#### Results

In the five-year period, there were 906 self-injury related referrals to Liaison Psychiatry. 29.4 % (n= 267) involved 'self-injurious thoughts' alone. Overall, this compromised 40 % of all male presentations (n = 94) and 25 % of all female presentations (n= 175). In the age group, 5-11 years, half of all presentations in both genders involved 'self-injurious thoughts'.



Admission rates differed (35% v. 51% with self-injurious behavior) but length of admission in the both groups was similar (3.6 days +/- 3.9 days v. 3.8 days +/- 5.1 days with self-injurious behavior).



	Self-harm Act	SH Ideation/SI
N 906 (%)	639 (71 %)	267 (29%)
Male mean age (yrs)	13.36 +/- 2.161	12.6 +/- 2.6
Female mean age (yrs)	14.08 +/- 1.07	13.7 +/- 1.5
Male (%)	139 (60%)	92 (40%)
Female (%)	500 (75%)	165 (25%)
Overall F:M	3.90	1.9
Not in school	8.6 %	5 %
In care	10.3%	6.1 %
Out of hours review	72%	61%
Admission rates	51 %	35 %
Length of admission (d)	3. 8 d +/- 5.1	3.6 d +/- 3.9
Any psychological service	55%	60 %
CAMHS attendee	33 %	43.8%
CAMHS referral	88.6%	38.1%

### Conclusions

In this cohort, almost one third of assessments related to self-injurious thoughts alone. Boys are at high risk of presenting in this manner especially younger boys. Admission rates reflect the difficulty in assessing intent in these cases. Nomenclature and classification in this field requires clarification to ensure appropriate recording in relevant databases.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.086

#### Self-harm presentations to an Irish Paediatric Emergency Department referred to Liaisons Psychiatry Department, 2011 – 2015.

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### Objectives

To describe presentations involving an act of self-harm to the Emergency Department (ED) of Temple Street Children's University Hospital over a five-year period (2011-2015)

### Methods

Data was extracted from a clinical database maintained by the Department of Liaison Psychiatry. Descriptive analysis was carried out on all visits relating to any self-harm act.

### Results

During the 5-year study 1,256 presentations of 1,083 young people, ranging from 5 to 16 years of age, were referred to the service. 51 % (n=630) presented with a current act of self-harm or suicidal self-harm act. Overall, the rate of ED visits for self-harm related injury was significantly higher in females than males (3.9:1) peaking at 13 years of age (6.8:1).

For three years of the study, the most common method of self-harm recorded was intentional medication overdose (25 %), most frequent intake of analgesics (28%). In 2013, self-cutting (25%) peaked as the most common method of self-harm. In 2015, they occurred with almost equal frequency (22%).

In the older age group (age 12 -16 years) 43% presented after an intentional overdose. In the younger group (age 5-11 yrs) they most frequently presented with self-cutting (27 %). More males (10%) than females (3%) engaged in attempted higher lethal means (strangulation and hanging) and they tended to be in the younger age group.

### Conclusions

Between 2011 and 2015 there has been a rapid increase in self-harm presentations. Further study is needed on younger boys as self-harm methods appear to involve more lethal means, especially at a younger age.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.087

#### Contribution of Beck's hopelessness scale in predicting suicide attempt in adolescents

M. Valdivia<sup>1</sup>, D. Silva<sup>1</sup>, E. Alvarez<sup>1</sup>, P. Vergara<sup>1</sup>, C. Soto<sup>1</sup>

<sup>1</sup>University of Concepcion, Department of Psychiatry and Mental Health, Concepcion, Chile

### Objectives

To determine the contribution of Beck's hopelessness scale in a predictive model of suicide attempts in adolescents.

### Methods

This is a descriptive and prospective study. The Beck Hopelessness Scale was applied to a sample of 919 first-year high school students from 7 communes in the province of Concepción. A year later, a scale of suicidality was applied to the same sample and the group that attempted suicide during the follow-up year was compared with the one that did not.

### Results

The average score of this scale in adolescents who would attempt suicide after one year was higher (p <0.01) than the score of non-attempters. The exploratory factor analysis yields 5 factors, of which 2 enter significantly in the multivariate analysis. The full scale, through a logistic regression, allows correct classification of 88.9% of adolescents in relation to their future suicide attempt. Considering only the two more significant factors, it can be correctly classified up to 89.4% of the sample.

### Conclusions

Beck's hopelessness scale, through its factors: affective, motivational and cognitive, measures the degree of hopelessness, a predictor of suicidal intent. This scale could be used as a predictive suicidal behaviour instrument. Reducing the questions of this scale could lead to develop an easier to use instrument that could produce better results in the screening of hopelessness and, therefore, of suicidal risk in the adolescent population.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.088

#### Family structure and functionality in relation to suicide attempt in teenagers

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<sup>1</sup>University of Concepcion, Department of Psychiatry and Mental Health,

Concepcion, Chile

## Objectives

To estimate the impact of different family factors in the emergence of new suicide attempts in adolescents.

## Methods

Descriptive and prospective study. A sample of 919 first-year high school students from 7 communes in Concepción province (Chile) was included in the study. Sociodemographic background, family history, family cohesion and adaptability were considered at baseline. A year later, a scale of suicidality was applied to the same sample and the group that attempted suicide during the 12 months of follow-up was compared with the one that did not.

## Results

The group that attempted suicide during the follow-up had higher percentage of adolescents who did not live with their parents, didn't live with their mothers, their mothers had died, another family member had committed suicide, their mothers tried to commit suicide, there were problems due to alcohol and drug use in the family, their parents were not married and had lower levels of family cohesion and adaptability ( $p < 0.01$ ). In the multivariate model, the antecedents of a deceased mother or one who tried to commit suicide, another relative that had committed suicide, presence of family problems due to alcohol and drug use and low family cohesion prevailed over other confusing factors ( $p < 0.05$ ).

## Conclusions

The lack of perceived proximity of adolescents with their parents is a preponderant factor in the elaboration of the suicidal attempt. In the parenting scheme, the painful family history associated with the mother figure stands out as a major reference in the prevalence of the suicidal attempt over other family factors.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.089

### Protective factors against self-harm in adolescents who have experienced sexual assault: effects of perceived strengths

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## Objectives

To determine whether perceived strengths are associated with reduced self-harm (SH) in a sample of adolescents who have experienced a recent sexual assault.

## Methods

The sample ( $n = 141$ , 133 females) was recruited from adolescents accessing the Havens, sexual assault centres in the UK (recruitment rate 29%). This study included data collection at T0 (average 3.9 weeks post-assault) and T1 (average 21.8 weeks post-assault). A semi-structured interview collected assault details, social, clinical and self-harm variables. The Development and Well-being Assessment was administered at T1, including the Youth Strengths Inventory (YSI). Binary logistic regression was conducted to determine the impact of perceived strengths on SH at T1.

## Results

Data are presented for the 63 female participants [Mean age (SD) at assault 15.39 (1.25)] who completed SH information at T0 and T1 and the YSI at T1. The rate of SH was 38.1% prior to the assault and 41.3% at T1. Regression analyses showed that perceived strengths were associated with decreased risk of SH at T1 (OR=0.181; 95% confidence interval [CI], 0.05 to 0.68;  $p < 0.05$ ) after controlling for pre-assault SH and depressive symptoms at T1. Pre-assault SH was predictive of reduced YSI score at T1 (OR=0.29; 95% CI, 0.09 to 0.87;  $p < 0.05$ ).

## Conclusions

This work demonstrated an inverse association between perceived strengths in adolescents and SH after sexual assault, with a possible bidirectional effect. Focused intervention on the development of positive self-appraisal might reduce SH. Further prospective research should explore this relationship in more detail while controlling for other protective factors/vulnerabilities.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.091

### Replacement child: a case report

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<sup>2</sup>Dr. Cevdet Aykan Mental Health Hospital, Child and Adolescent Psychiatry, Tokat, Turkey

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<sup>4</sup>Dr. Behcet Uz Children Hospital, Child and Adolescent Psychiatry, Izmir, Turkey

## Objectives

The replacement child is defined as one who is born to take the place of a deceased child. Over time, the definition has been expanded to include an older child whose role within the family may be shifted in order to "take over" for a deceased sibling.

## Methods

Case report

## Results

Our case was a 17-year old adolescent. He had applied to our child and psychiatry inpatient unit in the state hospital along with his parents, with complaints as such feeling unhappy and down most of the time, problems in falling asleep and resuming sleep, doing much more poorly at school and suicidal ideation and suicide attempt with taking a large number of pills that had become apparent mainly after sexual abuse. He was homosexual and sexually abused by an older friend, male. In the assessment session, it was learned that the case was born three years after his brother's death and grown as a baby girl.

## Conclusions

Replacement child was identified as three types: the "haunted" child, who lives in a family overwhelmed by guilt and silence, the "bound" child, who is incomparably precious and sometimes over-protected, and the "resurrected" child, who is treated as a reincarnation of the dead sibling. From this point of view; that "bound" child has been homosexual to satisfy his parents. The explanation of the case; he has tried to reduce their parents' bereavement and difficulties and replace their pleasure.



**Poster session 6**

26 July 2018, 13:00 - 18:30, Poster Area

P 6.093

**Sexing in Childhood and Adolescence - benefits and mental health consequences**

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**Objectives**

This presentation aims to provide a general overview of the growing research and knowledge on youth sexting, a topic with clinical relevance and sociological impact, based on a clinical case. Further research will be conducted in high schools, general practice and Child and adolescent psychiatry consultations.

**Methods**

A clinical case is presented and a nonsystematic review of literature was performed using the combination of the following terms: "youth/teen/teenagers/adolescent" + "sexting/cybersex" + "mental health".

**Results**

J, female, 14 years old, presented with self-harm behavior and depressive symptoms. On the third session, when alone, discloses that she is being threatened by a male with whom she exchanged intimate pictures. She was assisted in pressing charges of cybercrime in the Police Department. The aggressor still published her photos online.

Sexting is a recent and growing phenomenon, with a prevalence of 10-60%. The relationship between sexting and sexual risk taking among teens is not clear. However, it can facilitate victimization through nonconsensual sharing of messages (up to 25% of cases), with women experiencing more victim blaming if messages are published. Many minors are unaware of the possible social and mental consequences of sexting, not to mention the legal ramifications. Sexting can also be a part of normal emerging sexual development, sexual satisfaction and positive sexual communication.

**Conclusions**

Sexting is frequent among teenagers and should be an approached topic. Consensual sexting is a potentially normal process that promotes sexual discovery. Recommendations should be made to prevent cyberbullying and victimization, but not to forbid sexting practices in an "abstinence-only" fashion.

**Poster session 6**

26 July 2018, 13:00 - 18:30, Poster Area

P 6.094

**Erectile dysfunction associated with methylphenidate in adolescents: a case series study**

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**Objectives**

Sexuality is an important area of development for adolescents. Early adolescence is mainly a period of self-exploration, with initiation of interpersonal sexual behaviors around middle adolescence (19.2% of European adolescents

-median age 15- have had sexual intercourse). Methylphenidate (MPH) is the most commonly prescribed medication for attention deficit hyperactivity disorder (ADHD). Erectile dysfunction (ED) is reported in SPCs of different methylphenidate products. It is mentioned as a common adverse reaction with Concerta<sup>®</sup>, which is derived from only adult clinical trials, and the frequency is not known for the others. In addition, there is a little information about this undesirable effect in literature, as most studies are case reports. The aim of the present study is to report the cases of adolescents with erectile dysfunction associated with the use of methylphenidate and increase awareness of this situation.

**Methods**

A case series of patients with ADHD in treatment with MPH who came to our community mental health center during 2017 and spontaneously explained ED was included. The Psychotropic Related Sexual Dysfunction Questionnaire Salsex was administered. Other causes of ED were excluded.

**Results**

Two patients reported erectile dysfunction associated with the use of methylphenidate.

Case	Sex	Age	Drug	Concomitant medication	Others adverse reaction	Duration of ED	PRSexDQ-SALSEX Score	Was the treatment changed?
1	M	14	Medikinet <sup>®</sup> 40 mg/day	No	Tachycardia	Same that pharmacokinetic profile	Severe	Yes, to Intuniv <sup>®</sup> 4 mg. No associated ED was observed
2	M	17	Concerta <sup>®</sup> 72 mg/day	No	Flat affect	Same that pharmacokinetic profile	Severe	Yes, to Elvanse <sup>®</sup> 50mg. No associated ED was observed

**Conclusions**

Erectile dysfunction is a possible adverse drug reaction that should be considered. To ask adolescents in treatment with MPH about this possible side effect would be convenient, as it would be a reason for treatment discontinuation.

**Poster session 6**

26 July 2018, 13:00 - 18:30, Poster Area

P 6.095

**Sexuality needs of adolescents with disabilities**

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**Learning Objectives**

objectives

To understand the sexual and reproductive health needs of AWD.

To develop interventions for addressing sexuality and reproductive health of AWD.

**Session Description**

The Sexual and Reproductive Health (SRH) needs of Adolescents with disabilities (AWD) are neglected and often have been imposed for sterilization and forced abortion. PWD and have barriers to information and services due to the ignorance and attitudes of society and individuals. Research shows that AWD are as sexually active as normal and parents and caregivers do recognize the importance of providing their adolescents with information about sexuality. Hence, the present study focuses on understanding their needs associated with sexuality and reproductive health and developing and testing the efficacy of need based intervention programme for the same.

## Method

The present study caters to the unique needs of AWD with regard to their sexuality and reproductive health, which has been considered as taboo. The intervention package will be need based, considers cultural and societal aspects. The interventions benefits AWD to have better knowledge, attitude and practice of SRH, and promotes their wellbeing. In long run, help them in enhancing their competence to address issues regarding sexuality, pregnancy, child bearing, marriage etc. Families will be empowered to understand needs of their AWD and responds in a positive way. GO and NGO can make use of the intervention package to extend SRH services.

Need Assessment with Adolescents, their family members and professionals working with Adolescents with disability. focus group discussion with the adolescents with disabilities would be conducted.. Focus group discussion with the family members with disabilities would be conducted.

## conclusion:

Persons with disabilities have the same Sexual and Reproductive Health (SRH) needs as other people. Yet they often face barriers to information and services. The ignorance and attitudes of society and individuals leads to most of these barriers – not just their impairments themselves. Persons with disabilities (PVWD) face many barriers to care and information about SRH.

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## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.096

### A study of gender dysphoria in a child and adolescent psychiatry department.

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## Objectives

Gender dysphoria describes a psychological condition in which the individuals experience a marked incongruence between their experienced gender and the gender associated with their biological sex. This leads to a persistent desire to live and be accepted as the opposite sex, usually accompanied by a perceived inconsistency with the sex assigned at birth and a desire to change the body in accordance with the perceived sex. Despite attempts of etiological mapping, the cause is still unknown.

The prevalence of this condition is described in epidemiological studies as rare or uncommon, although there is evidence that it has increased in the past couple of decades. Some studies suggest that the prevalence of a self-reported transgender identity in children, adolescents and adults could be markedly higher than prevalence rates based on clinic-referred samples of adults. Furthermore, gender dysphoria (GD) is associated with clinically significant distress and impairment in social, scholastic, and other important areas of functioning, especially when early onset is reported. Recent studies suggest association with high prevalence of mental health disorders, therefore the objective of the present study is to characterize the population of children and adolescents with diagnosis of GD in our department.

## Methods

Retrospective study using clinical processes consultation of the cases with diagnosis of gender dysphoria. The information will be submitted to statistical analyses. The sample is of convenience.

## Results

Undergoing statistical analysis.

## Conclusions

With the obtained data we will describe the features of the sample, the presence of comorbid psychiatric conditions, which interventions were applied and the clinical evolution.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.097

### Difference in sexual abuse between homosexual, heterosexual and transsexual adolescents in Iran

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<sup>2</sup>Islamic Azad University- Neyshabour Branch, Clinical Psychology, Neyshabour, Islamic Republic of Iran

## Objectives

While the rate of sexual abuse of adolescents is high, few studies have addressed the issue that there may be a difference between the abuse of homosexual, heterosexual and transsexual adolescents. The present study was conducted to compare sexual abuse, type of parental support and parental concern among homosexual, heterosexual and transsexual adolescents.

## Methods

842 homosexual adolescents, 1804 heterosexual adolescents and 683 transsexual adolescents who reported at least one case of sexual abuse during adolescence were selected and assessed by validated questionnaires.



## Results

Homosexual and heterosexual adolescents relative to transsexual adolescents were more likely to be abused by a stranger or a person with whom he had a social connection while transsexual adolescents were further abused by relatives. Male homosexuals and female transsexuals reported the greatest violence. Girls compared to boys and heterosexuals relative to homosexuals and transsexuals were more likely to share the case with their parents. Homosexuals compared to transsexuals had more delay in revealing the abuse. Overall, parents of heterosexuals showed more support for their children following the disclosure. Mothers compared to fathers showed more support for their homosexual and transsexual children in relation to their being abused. Parents' concern about their children being abused again and being affected by sexual diseases was greater in male homosexuals and transsexuals compared to heterosexuals. Robbery and being beaten were the main concerns of parents of male homosexuals.

## Conclusions

These findings have implications for providing more support and services for adolescents who are victims of sexual abuse depending on sexual orientation.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.099

### Prevalence and risk factors of substance use in Turkey-origin adolescents.

O. Demir<sup>1</sup>, H. Kayış<sup>1</sup>, Z. Yüncü<sup>1</sup>

<sup>1</sup>Ege University Medical Faculty Hospital, Child and Adolescent Psychiatry, Izmir, Turkey

#### Objectives

Substance use is most prevalent in adolescence worldwide and it becomes a problem area when combined with psychological and social crisis. The main aim of this study was to determine the prevalence rate of substance use in high school students in Turkey in the year of 2018. The other aim of this study was to find out the risk and protective factors of environment, family, school, peer and individual factors on the substance use.

#### Methods

The study is a cross-sectional survey. It was carried out with simple random sampling among ninth grade students of Turkey high schools with randomly selected total of 1151 students, 535 female and 616 male.

#### Results

The most frequently used substances among high school students in Turkey are cigarette (% 11,2), alcohol(% 10,7), cannabis(% 2,1), the volatiles (%2,3 ).It is determined that tranquilizer use is more common among female students. Substance use is more common among vocational-technical school students and older students. Feeling that parents are not allowed, using alcohol or cigarettes on leave or without permission from the family, failing in school, fighting are the factors that increase the risk of substance use.

#### Conclusions

Compared to recent studies there is no increase in the prevalence of substance use among high school students in the year 2018 in Turkey. Male students have a higher risk in terms of substance use.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.100

### Children in prison use more substances; a retrospective study.

O. Demir<sup>1</sup>, H.A. Tahıllođlu<sup>1</sup>, D. Çelik<sup>1</sup>, Z. Yüncü<sup>1</sup>

<sup>1</sup>Ege University Medical Faculty Hospital, Child and Adolescent Psychiatry, Izmir, Turkey

#### Objectives

The main aim of our study was to assess the use of substance and substance related disorders in young people driven from the prison to the adolescent addiction Polyclinic of Ege University Faculty of Medicine between 2003 years and 2017.

#### Methods

Our work is a retrospective research study. The research sample consisted of 171 juvenile offenders; 27 girls and 144 boys aged between 13 and 19 years who were admitted to our outpatient clinic among the years of 2003 and 2017. In these teens, we compared the prevalence of substance use and the condition of substance-related disorders in 3 periods of 5 years.

#### Results

In our study, we determined that 100% of the girls (n = 27) and 96.5% of men (n = 139) used substance. The prevalence of substance use in the first period of evaluation was 93.1% , 97.6% in the second five-year period and 100% in the third five-year period. The most commonly used substances in the prison youth were cigarettes 84.8% (n = 145), cannabis % 88.3 (n = 151) and ecstasy % 62.5 (n = 107). 9% of the substance users (n = 15) had previously been treated in the inpatient psychiatric units.

#### Conclusions

Over the years, the substance usage rate in prison youth has increased and the use of synthetic cannabinoids has been observed to have a striking increase of approximately 8 times. This condition suggests that the increase in the use of synthetic cannabinoids is related to a crime rate increase.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.101

### Dual diagnosis in the Child and Adolescent Psychiatry and Addictions Clinic in Cluj - Napoca

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<sup>2</sup>Children's Emergency Hospital, Child and Adolescent Psychiatry and Addictions Clinic, Cluj - Napoca, Romania

#### Objectives

This research proposes to investigate the association between the abuse of new psychoactive substances and other psychiatric disorders and to compare the pattern of comorbidities between users of new psychoactive drugs and users of other drugs.

#### Methods

A total of 210 adolescents, admitted with a substance use disorder in the Child and Adolescent Psychiatry and Addictions Clinic in Cluj - Napoca, during 2015 and 2016, were sample based on whether or not they had used new psychoactive drugs. Statsoft Statistica 12 was used for statistical analysis and graphs.

## Results

44 (21%) girls and 166 (79%) boys were enrolled in the study. The group of adolescents that used novel drugs consisted of 144 subjects, whereas the group who used classic drugs consisted of 66 patients. Patients had a median age of 15, with boys being older than girls on average. 76% lived in an urban setting.

21.4% came from atypical families, whereas most patients came from normal functioning families. In 19% of the cases the parents abused drugs and in 18% of the cases there was a documented psychiatric family history. 22% of the patients were diagnosed with ADHD, 63% with conduct disorder, 8% with mood disorders, 10% with suicidal ideation, suicide attempt or self-harm.

## Conclusions

There was no significant statistical difference between comorbidities present in those that used new psychoactive drugs or those that used other substances, with the mention that the ratio between the two groups was 2.18, in favor of the new drugs.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.102

### Substance abuse prevention among adolescents with imprisoned and drug abuser parents

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#### Objectives

This study aimed to determine the efficacy of life skill training program in reducing addiction potential among adolescents with imprisoned parents who were involved in drug abuse.

#### Methods

This has a quasi-experimental design with pre-test, post-test, follow-up and control group. A total of 118 adolescents were selected by convenience sampling method. They were randomly assigned to the experimental and control groups. The experimental group received the LSTP while the control group did not. The research measurement instrument comprised the Addiction Potential Scale (APS). MANCOVA was employed to test the study hypothesis.

#### Results

The findings showed that the addiction potential reduced among adolescents substance abuse prevention measures are so important within adolescents groups who their families are incarcerated.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.103

### Psychiatric characteristics of substance abuse among Turkish adolescents

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<sup>1</sup>Hacettepe University, Child and Adolescent Psychiatry, Ankara, Turkey

## Objectives

The aim of the study is to investigate the ways of referral, demographic characteristics, family characteristics, psychological problems, psychiatric diagnosis and the medical and therapeutic treatments of the patients who are abusing substances between 2016 and 2017.

## Methods

This is a descriptive case control study performed from the documentations in the Hacettepe University Child and Adolescent Psychiatry Department. Clinical records between 2016-2017 are screened for patients between 12-18 years of age. The study group consisted of those patients who have reported substance abuse. The control group is age and gender matched and randomly selected among referrals except for substance abuse. The characteristics of the patients referred for substance abuse and the control group are compared according to the reported aims of the study. The data will be analyzed by SPSS 20.0

## Results

The results of this study provides information about a clinical population of substance abusing adolescents in a Turkish sample. We will present the data showing the follow-up ratios, psychiatric comorbidity, risk factors related to personal and family characteristics.

## Conclusions

In conclusion, the results of the study are thought to contribute to the literature by giving the data about the risk factors and the treatment follow-ups. The data will be presented considering the cultural factors as well.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.104

### The relationship between adolescents gambling and addictive behavior: about 318 schooled Tunisian adolescents

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#### Objectives

The aim of the current work was to study the association between playing for money in Tunisian adolescents and other risk behaviors such as substance use (alcohol, tobacco and illegal drugs).

#### Methods

We led a descriptive and analytical cross-sectional study, over two months (March and April 2017). It included 318 schooled adolescents aged 15 to 20 years, drawn by lot from four state secondary schools in the governorate of Sfax-Tunisia.

To assess problem and pathological gambling among those adolescents, we used the South Oaks Gambling Screen Revised for Adolescents (SOGS-RA).

#### Results

In our study, according to the SOGS-RA, around one third (34.27%) of the sample had gambled during the past 12 months. The majority (18.86%) were non-problematic gamblers, 4.71% were at-risk gamblers and 10.7% were problematic gamblers.

Besides, 22% of adolescents experienced tobacco consumption at least once in their lifetime. We also found that 10.7% of adolescents had drunk alcohol in the past year and only 1.9% had used at least one illegal drug. There was a statistically significant association between being an "at risk /





problematic gambler" and the use of tobacco ( $p=0.000$ ), alcohol ( $p=0.000$ ), and illegal drugs ( $p=0.01$ ).

#### Conclusions

Our results indicate that adolescents' problematic gambling in Sfax is strongly associated with other addictive behaviors such as substance use, reinforcing the hypothesis that problems related to gambling are part of a broader spectrum of addictive behaviors.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.105

#### Assessment of psychosocial factors and psychiatric morbidity among adolescent substance users who are in conflict with law

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#### Objectives

Assess pattern and profile of substance use, psychosocial factors and psychiatric disorders among substance using adolescents in conflict with law. To compare their pattern of substance use and profile with adolescents not in conflict with law.

#### Methods

Study: Observational cross-sectional type

Study group (two):

Group A comprised of cases who were substance using adolescents from Observation Homes in Delhi. Adolescents who were in conflict with law, in observation homes were screened for substance use and admitted in Seva Kutir through Juvenile Justice Board.

Group B (controls) - patients seeking treatment from Adolescent Drug Abuse Clinic

20 cases in each group were recruited who were qualifying the inclusion criteria.

Purposive sampling was drawn.

#### Assessment Tools:

1. Semi-structured proforma
2. Mini International Neuropsychiatric Inventory
3. Family environmental scale
4. Peer Pressure Questionnaire
5. Adolescent Alcohol & Drug Involvement Scale
6. Substance Use Risk Profile Scale.

#### Results

Mean age of the study group was 15.6 years. Most of the subjects accessed money by stealing and were using those for multiple reasons of which the most significant ones were drugs and recreation. The family background reflected lower socio-economical strata. Ever use of substances in life time by study group was tobacco >Cannabis >Heroin >Alcohol >Inhalants. Psychiatric disorders found commonly were Substance dependence and Conduct disorder.

#### Conclusions

Findings from this study underscore the importance of early intervention in adolescent substance users. Timely intervention in the form family support, de-addiction, education, vocational training, recreational facilities and regular earnings can provide them opportunity to develop. Preventing or reducing these behaviors would have positive implications for juvenile crime.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.106

#### Importance of risk factors. Do we ask about substance use family history when treating teenagers?

L. Hernandez Arroyo<sup>1</sup>, C. Pastor Jordá<sup>2</sup>, J.C. Espin Jaime<sup>1</sup>, F. Arias Horcajadas<sup>3</sup>, A. Cabrera Lozano<sup>2</sup>, G. Rubio Valladolid<sup>4</sup>

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<sup>4</sup>Hospital 12 de Octubre, Chief of Service- Psychiatry Department., Madrid., Spain

#### Objectives

Average age of the first drug consumption, in Spanish population between 14 and 18 years of age, is 13,8 - 15,2 years.

Drug's family history is a known risk factor for developing substance use disorders. It is relevant to evaluate the drug use in teenager patients and their families.

We review the evaluation of this information in our clinical area.

#### Methods

We checked the information related to substance use in the clinical history of patients aged 13 to 17 years, who came for the first time to a Mental Health Center during the first three months of 2017. We checked the first and second consultation (either with Psychology or Psychiatry). We also evaluated whether drug's family history was collected and if that information was related to a greater collection of the patient's substance use history.

#### Results

N=80 patients. In 16,3% of them, it was specifically reflected the personal substance use history. In 51,2% of the cases the family history of mental health problems was registered. Just in 7 cases (8,75 %) it was specifically reflected if there were or not drug's family history. Only in 4 of these 7 cases, the patient's drug use was addressed.

#### Conclusions

The specific collection of personal and familiar drugs history was low. We can not conclude that this information was not asked, since this is a retrospective analysis. Given the age of onset in substance use, we propose that patient and family drug use should be specifically asked and recorded for patients from 13 years old on.

#### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.107

#### Do we ask about drug use in teenage population?

C. Pastor Jordá<sup>1</sup>, L. Hernández Arroyo<sup>2</sup>, F. Arias Horcajadas<sup>1</sup>, J.C. Espin Jaime<sup>2</sup>, E. González Martínez<sup>1</sup>, J.L. Palomo Ruiz<sup>1</sup>, G. Rubio Valladolid<sup>1</sup>

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<sup>2</sup>Hospital 12 de Octubre. Madrid. Spain, Child and Adolescent Psychiatry. Psychiatry Department, Madrid, Spain

## Objectives

Alcohol is the main drug consumed by Spanish population between 14 – 18 years. Tobacco is the second in prevalence. In third place is cannabis, and anxiolytic and hypnotic drugs are in the fourth place. Considering them all, the age when teenagers start using these drugs is from 13,8 – 15,2 years. So, it's a priority evaluating the drug use of our teenage patients. We propose a critical review of the information collected from the teenagers from our region

## Methods

We checked the information related to substance use in patients' (from 13 till 17 years old) clinical history, that came for the first time to a Mental Health Center during the first three months of 2017. We checked the information collected in the first and the second consultation. We included psychology and psychiatry consultations.

## Results

We obtained 80 patients. 65% of them were female and 35% men. In 51,2% of the cases it was registered in the history, if the patient had or not family history of mental health problems. Only in 16,3% of the patients it was checked if they had or not, drug use.

## Conclusions

We concluded that the specific collection of data, regarding the drug use, was done in few patients. We cannot conclude that this information was not asked during the consultation, as this is a retrospective analysis of clinical histories of teenage patients.

In any case, given the age of onset in substance use, we propose that information about drug use should be recorded independently.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.108

### Reducing risk of harm for children of parents with mental health and/or drug and alcohol issues: An evidence review.

J. Ross<sup>1</sup>

<sup>1</sup>University of New South Wales, National Drug and Alcohol Research Centre, Sydney, Australia

## Objectives

1) To synthesise the findings of systematic reviews examining the impact of parental mental health and/or drug or alcohol (MHDA) issues on parenting capacity. 2) To identify, describe and evaluate health system responses with the best evidence for improving child wellbeing, health and safety outcomes.

## Methods

Objective one was addressed using a systematic search of four electronic databases (PsychINFO, Medline, Embase, EBM Reviews: Cochrane Database of Systematic Reviews), following PRISMA guidelines. Objective two was addressed using hand searches of academic and grey literature and, a set of predetermined criteria to assess suitability for inclusion.

## Results

Five systematic reviews were identified and qualitatively synthesised due to heterogeneity. An association between mental disorder, and poorer parenting capacity and child outcomes was evident. Three categories of health system responses were identified, including those targeting: i) parents with MHDA problems (n = 7); ii) children of parents with MHDA problems (n = 6); or iii) parents with MHDA problems and their children (n = 9). The level of evidence of most studies in this non-systematic part of the review was poor, with many

involving pre/post testing and no control group. Good evidence exists for two interventions involving parents only, and one intervention involving parents and their children. Families with complex needs appear to respond well to home-based treatment supported by strong case management.

## Conclusions

Prevention and early interventions designed to develop parenting skills among parents with mental disorders may provide an important opportunity to substantially improve parent-child interactions and ultimately child outcomes.

## Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.109

### Prevalence of substance use and psychosocial influencing factors among secondary schools students in Dodoma, Tanzania

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<sup>3</sup>Sebastian Kolowa Memorial University, Mental Health, Tanga, Tanzania- United Republic of

## Objectives

This study aimed at determining the prevalence of substance use and psychosocial factors influencing drug use behavior among secondary school students in an urban setting in Tanzania.

## Methods

A self-administered structured questionnaire, the modified version of the Student Based Health Promotion Questionnaire (SBHPQ) was the tool used to collect data. A multistage cluster sampling was used to get the sampled 12 schools out of the initial 50 schools. The final sample analysed was 1496 students.

## Results

Respondents age range was 12 to 25 with mean of 17.22 ± 1.87(2SD).

The overall prevalence of substance use was 14.6%.

The commonest substances used were inhalants (7.6%), alcohol (6.8%), tobacco (3.7%) and cannabis (2.0%) (See fig 1).

The peak age of onset of substance use was 14-16 years (except tobacco) (Fig 2).

Quality of parent-youth relationship (OR=1.60, p>0.006, 95% CI=1.14 - 2.24), the youth-parent understanding (OR= 3.79, p> 0.024, 95% CI= 1.18 - 12.14), post-secondary career goals (OR=1.74, p> 0.004 and 95% CI=1.05 - 1.31) and academic performance (OR=1.20, p>0.005 and 95% CI = 1.05 - 1.37) were found to be independent predictors of substance use.

## Conclusions

Substance use among Tanzanian school youths is a significant concern and indicates a risky pattern. Importantly the study corroborates findings that the adolescent period is greatly influenced by positive parental factors which build adolescent's capacity to resist extreme peer orientation and avoid risky behaviours. This calls for culturally creative intervention strategies and policies that reaffirm both parental role-attachment and educators motivating role.



### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.110

#### Substance use habits in adolescents in supervised release program: a retrospective 10-year-period study

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<sup>1</sup>Ege University Faculty of Medicine, Child and Adolescent Psychiatry, Izmir, Turkey

#### Objectives

Supervised release is a modern execution method that permits the obligated people to pay the penalty in the social life, and commonly enforced in adolescents. The principal purpose of this study is to ascertain the process of substance use habits of adolescents with supervised release program within last 10 years from 2008 to 2017.

#### Methods

The files of 1327 cases who applied to Substance Dependence Outpatient Clinic of Ege University Hospital in last 10 years were scrutinized retrospectively. We divided this sample into two groups of 5-year-period such as 2008-2012 period and 2013-2017 period to be able to evaluate which kind of dependence is getting exacerbated or attenuated. Besides that, sociodemographic parameters from each cases were included in the study.

#### Results

In all, we detected that 97.1% (n=1289) of adolescents in our sample have used any type of substance, moreover the frequency of substance use was found significantly higher in 2013-2017 period than in 2008-2012 period (p=0,030). When the substance usage variability was reviewed, it was established that cigarette and ecstasy usages have been increasing (respectively p=0.001, p<0,001); whereas alcohol, the volatiles and cannabis usages among the teens have been decreasing within the last 10 years (respectively p<0.001, p<0.001, p=0.025). While the mean age of starting smoking in 2008-2012 period was detected as 13.9, it was 13.1 for 2013-2017 period.

#### Conclusions

Consistent with previous studies, substance use in adolescents in supervised release program is still a fundamental issue and requires more well-structured reformations intended to underlying sociodemographic and environmental handicaps.

### Poster session 6

26 July 2018, 13:00 - 18:30, Poster Area

P 6.111

#### Pattern of substance abuse among adolescents in a small town in Bangladesh

S. Waheed<sup>1</sup>

<sup>1</sup>Pabna Medical College, Psychiatry, Pabna, Bangladesh

#### Objectives

Substance abuse is a growing problem among adolescents globally. There is limited source of information about this problem in small town in a developing country like Bangladesh. But no consistent data is available in Bangladeshi population. So, the objective of the study was to identify different substances abused by adolescents in Bangladesh.

#### Methods

We selected all 53 urban adolescents, aged 10 to 17 years, who visited any of the psychiatric social workers in Mental hospital, Pabna, Bangladesh in the calendar month of August 2017. A written consent was taken from guardian of each. A semi-structured questionnaire was used to collect socio-economic data and pattern of substance abused.

#### Results

Among 53 respondents 51 (96.23%) were boys and 2 (3.77%) were girls. Among 53 respondents 45 (84.91%) were of lower class social status and 8 (15.09%) were of middle class background. All of them smoked cannabis either regularly or occasionally. Alcoholic beverages were rarely used as only 3 (5.66%) boys drank alcohol in their life. Other substances abused were codeine-containing cough syrup, sedative-soft drink cocktail, amphetamine (YaBa), and unrefined heroin (brown sugar). All of them abused at least one substance in the last Bangla New Year or the First day of Boishakh, corresponded to April 14, 2017.

#### Conclusions

Result of the study indicates that identification of the substances and related social factors of young urban population will pave the path to prevent substance abuse in the very beginning of their life. Further studies are required.

### Poster session 7

#### Posters in this session correspond to the following topics:

- P 7.001 - P 7.002 Community Care, Day Programs
- P 7.003 Culture Bound Disorders
- P 7.004 - P 7.011 Effects of Violence, Disasters, Civil Conflicts and Migration; Trauma Informed Care
- P 7.012 - P 7.018 Fighting Stigma
- P 7.019 - P 7.021 Forensic Psychiatry and the Role of the Legal System in Child Mental Health
- P 7.022 - P 7.024 Liaison Psychiatry
- P 7.025 - P 7.042 Mental Health Promotion and Education
- P 7.043 - P 7.045 New Disorders, Unclassified Yet
- P 7.046 - P 7.051 Refugees, Migration and Mental Health Issues
- P 7.052 - P 7.053 Safety of Treatments in Child and Adolescent Psychiatry
- P 7.054 - P 7.069 School Mental Health Services
- P 7.070 Traditional Medicine
- P 7.071 - P 7.076 Treatment Planning
- P 7.077 Children of Parents with Mental Disorders

### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.001

#### Primary Support Program in infant-juvenile population: A descriptive analysis

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#### Objectives

The Primary Support Program (PSP) was created in Catalonia in 2006 as a model of collaboration and support between primary care and mental health centers with the objective of improving the care of the psychological needs of the population. The aim of the present study is to describe the characteristics of the psychological consultations made by pediatricians and allied professionals and the interventions performed.

## Methods

A cross-sectional descriptive study was conducted between 2010 and 2017 in 12 Barcelona's primary care centers. All patients admitted in PSP were included. Clinical and therapeutic features such as diagnostic orientation and the type of intervention and follow-up were assessed.

## Results

6884 patients (59.8% males, ages 4-17 years) were attended by psychiatrists or clinical psychologists in the PSP. Descriptive statistics are collected in the following table:

		N	%			N	%
Type of intervention	Appointment with patient and family	1411	20.5	Main diagnostic orientation	Adjustment Disorders	1549	22.5
	Consultation-liaison	2719	39.5		Anxiety Disorders	1384	20.1
	Both	2754	40.0		Behavior Disorders	923	13.4
Type of follow-up after first appointment (4549 performed)	Discharge	2234	49.1		ADHD	682	9.9
	Referral to the Child and Adolescent Mental Health Services (CAMHS)	1460	32.1		Depressive Disorders	461	6.7
	Follow-up in the primary care center	655	14.4		Autism Spectrum Disorders	255	3.7
	Referral to other resources	200	4.4		Eating Disorders	207	3.0
					Somatization Disorders	131	1.9
Professionals with whom the consultation-liaison was made	Pediatricians	2311	85.0		Other	1292	19
	Psychoeducational services	111	4.1				
	Social services	103	3.8				
	General Practitioners	100	3.7				
	Nurses	92	3.4				

## Conclusions

PSP offers brief and specialized interventions in primary care centers. It is a good option to help primary care professionals manage and treat common mental health problems as well as increase the awareness of mental health conditions of patients among providers.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.002

### Engaging families, schools and youths in a Taiwanese Psychiatric Day Care Program

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<sup>3</sup>Tung De junior High School, Special education, Taoyuan City, Taiwan

#### Objectives

To understand the subjective learning experiences of youths and their parents in a psychiatric day care program at a psychiatric Center in Northern Taiwan.

#### Methods

Instead of just focusing on serious or persistent psychiatric symptoms, the new

view of recovery plans a rewarding, meaningful life based on individual ability, even though this patient still has to deal with or cope with the remaining symptoms. We did a cross sectional survey on the subjective learning experiences by services satisfaction rating and services ranked by satisfaction of youth and parents in a Taiwanese psychiatric day care program that engaged families and school system.

## Results

For parental stress index before the program, the pressure of the top three were feeling discouraged from caring for a youth with mental illness, not functioning, being contained. After an average of six months entering the program, Parents ranked the top five satisfaction of the service with the progress of patients as follows: mental stability, interpersonal interaction, self-confidence, daily lifestyle and schoolwork learning; whereas the youth ranked the top five satisfaction of the service with their progress were mental stability, self-confidence, daily lifestyle, schoolwork learning, and interpersonal interaction.

## Conclusions

Engaging families, school and youth in psychiatric care better meets the sustainable development goals and need of youth with mental illness.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.004

### The impact of war and conflicts on mental health among children in Mogadishu IDPs, Somalia.

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<sup>2</sup>Benadir University, Faculty Medicine and Surgery, Mogadishu, Somalia

<sup>3</sup>Jazeera University, Health Science, Mogadishu, Somalia

#### Objectives

To assess the Impact of civil war and conflicts on mental health among children in Mogadishu IDPs.

#### Methods

A cross-sectional study design was conducted children in Mogadishu IDPs from 1st February to 31st July 2017.

A total of 330 children were selected for the study, the sampling procedure of the study was systematic random sampling.

Results

The major impacts of civil war and conflicts on mental health among children were chronic PTSD characterized by sadness and detachment (31.1%), sleep disruption (25.3%), anxiety and symptoms of agoraphobia (14.6%) and Substances abuse (10.9%).

The common risk factors contributed to these mental illnesses were displacement and lack of shelter and severe traumatic experiences.

There is a strong significant association between impacts of war and conflicts on mental health and chronic PTSD, P value =0.01 (P.V<0.005).

Conclusions

Prolonged conflict and instability have largely impacted on the mental and psychological well-being of its people.

Impacts of war and conflicts on mental health were variable in scale and chronic PTSD was the leading impact in this study.



#### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.005

### Post-Traumatic Stress Disorder (PTSD) and occurrence of prodromal psychosis among junior public secondary school students in Abeokuta, Ogun State.

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<sup>3</sup>Federal University of Agriculture Abeokuta, Child Development and Family Studies, Abeokuta, Nigeria

#### Objectives

The aim is to determine the relationship between PTSD and Prodromal psychosis among students attending public Junior Secondary Schools in Abeokuta. The Prevalence of PTSD and Prodromal Psychosis as well as their likely psychosocial correlates will also be determined.

#### Methods

The study will be a cross-sectional observational study to be conducted among junior students of randomly selected public secondary schools in the Abeokuta metropolis. The necessary permission to participate in the study will be sought from respective school authorities as well as the Ogun state ministry of education. Subsequently, assenting students who return appropriately signed parental/guardian consent form will be administered a socio-demographic questionnaire as well as the PTSD module of the (MINI-KID) and the Prodromal Questionnaire- Brief Version (PQ-B). Criteria for inclusion will be ability to communicate fluently in English and having no prior history of mental or neurological illness.

#### Results

Results will be presented as frequencies (categorical variables) and means (continuous variables). Descriptive and inferential statistics will be employed as appropriate. Tests will be two-tailed and level of significance set at 5%. Statistical analysis will be done using SPSS version 20.

#### Conclusions

Experiences of traumatic events in early life is a considerable risk for subsequent development of psychosis. Screening for psychosis prodrome in high-risk groups with significant traumatic history might be a useful early intervention strategy for limiting the debilitating impact of full-blown psychosis in later life.

#### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.006

### Psychological profile of young Tunisians after the revolution: What evolution?

A. Guedria<sup>1</sup>, Z. Ghattassi<sup>1</sup>, I. Brahim<sup>1</sup>, S. Missaoui<sup>1</sup>, N. Gaddour<sup>1</sup>, L. Gaha<sup>1</sup>

<sup>1</sup>Fattouma Bourguiba University Hospital - University of Monastir, Psychiatry, Monastir, Tunisia

#### Objectives

To compare the psychological profile of schooled adolescents between the school years 2011/2012 and 2014/2015, and to discuss factors associated in these changes.

#### Methods

This is a comparative study including two groups of teenagers. The first group was composed of 533 adolescents schooled in two high schools in the governorate of Monastir, Tunisia during the school year 2011/2012. The second group included 339 adolescents of the same high schools during the school year 2014/2015. To collect data about psychological state, participants filled the Suicide Behaviors Questionnaire-Revised (SBQ-R), Beck Depression Inventory, Rosenberg Self-Esteem Scale and five questions extracted from Hamilton's scale of the anxiety. Data on sociodemographic status, health, family and social life were obtained through a structured form.

#### Results

Both groups were comparable according to the age and the gender. The results of this study revealed that after four years of the Tunisian revolution, the adolescents were more anxious ( $p < 0,001$ ), they had a lower self-esteem ( $p < 0,001$ ), and according to SBQ-R, they were more exposed to a risk of suicide ( $p < 0,001$ ). There was no significant difference in the depression score between the two groups.

#### Conclusions

The present study suggests that evolution within the Tunisian society after the revolution could have an impact on the psychopathology of the teenagers. In fact, changes in social and economic situation in countries experiencing periods of instability are usually associated with consequences in citizens' mental health, especially most vulnerable ones such as adolescents.

#### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.007

### The effect of Intimate Partner Violence (IPV) vs Non-IPV separated by partner during military duty on attachment among Indonesian women

V. Handojo<sup>1</sup>

<sup>1</sup>California Baptist University, College of Behavioral and Social Sciences, Riverside, USA

#### Objectives

to study the impact of intimate partner violence (IPV) vs Non-IPV group separated by partner during military duty on the attachment patterns of Indonesian women.

#### Methods

Using quasi experimental method, the study compared a-two groups: women exposed by IPV ( $n=35$ ), and a group of women who had not been affected by IPV but separated by partner during military duty ( $n=35$ ). The adult attachment scale before and after marriage were obtain using Experiences in Close Relationships-Revised scales.

#### Results

The result showed that there is a significant shift of attachment style on Avoidant dimension on the non-IPV group separated by partner military duty and slightly changes on the overall attachment IPV group, but relatively stable on the Anxiety dimensions. The study interpreted the findings as more supportive toward the prototype perspective rather than revisionist.

#### Conclusions

These findings may imply that abused women were experienced the repeated traumatic events may result in the formation of insecure attachment patterns which, consequently, may impact their attachment styles.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.009

### Migration and serendipity: two psychological core facets of body ecology

G. Lecocq<sup>1</sup>

<sup>1</sup>ILEPS, Psychology, Cergy, France

#### Objectives

The lineaments of a journey set the stage for two realities: the one enabling us to cling to the familiar and the other which takes us towards the unknown. They incarnate the two psychological core facets of body ecology which allow an individual to exist: self-discovery and self-exposure.

To ensure a safe encounter of the unknown, there is a means whereby a migrant in a foreign landscape can indulge with a fascination in the intercultural dimensions of incarnated knowledge. Being immersed in a different cultural context, the individual can in a psychological way share in unfamiliar cultural activities. Involving the body during the migration process enables the development of paradoxical cross-psychological skills. Then, the genuine learning of a foreign language cannot be dissociated from the carnal bond which allows an individual to feel the orality of a language before living it.

#### Methods

This proposal is an ethic and epistemological way to take care about migration and serendipity in applied psychology

#### Results

A geographical change is a good opportunity to experience an inner escape. Going to another place gives individuals the chance to forge a connection between psychological worlds and other cultural worlds. Training individuals about the world elsewhere is a responsible act which requires the development of original psychological processes: accept and understand that the person undergoing a preparation for the unknown will become an exotic person endowed with a new-found autonomy and indefinite abilities which stretch far beyond a cultural recognition.

#### Conclusions

Then, we'll conclude to explain how the epicentre of an inner geography allows a person to accept, today and tomorrow, that life is worth living, Here and Elsewhere.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.010

### Burden of post-traumatic amputations in children and adolescents at level 1 Trauma Center of India: a neglected psychosocial entity

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#### Objectives

Traumatic limb amputation is a serious injury resulting in prolonged hospital

stay, long-term disability, and psychosocial consequences. After traumatic events, a number of psychiatric disorders are experienced by the pediatric amputee and their primary caregivers that ultimately affect the overall rehabilitation of the child. Therefore, the present study is planned to explore Burden of Post Traumatic amputations in children and adolescents.

#### Methods

One year computerized data of amputations in pediatric and adolescent patients (0–18 years) from the hospital records were retrieved. Data was documented for age, gender, involved extremity, mechanism of injury, site of amputation and psychiatric ailments.

#### Results

23 amputee patients were identified below the age of 18 years. Majority of patients were male patients (82.6%). Lower limb amputation was noted in 65.2% of patients. Multiple sites of amputation was seen in 1 patient (4.4%). Road traffic injury was the commonest mode of injury (52.2%) followed by railway track injury (21.7%), Machine cut injuries (21.7%) and other (4.4%). Various psychiatric disorders were experienced by these children and adolescent following traumatic amputation.

#### Conclusions

A substantial proportion of children and adolescent with amputation had lower limb amputation with alarming sign of psychiatric disorders. Exploring the burden of post traumatic amputations in children and adolescents can help in planning policies and programs at institutional as well as at higher levels for prevention, treatment and distribution of resources to the young amputee population

## Poster session 7

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P 7.011

### The quality of life among informal/nonfamilial caregivers of childhood sexual abuse in South Africa.

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#### Objectives

Previous research has indicated that providing care to trauma survivors has both positive and negative effects on the quality of life (QoL) of caregivers. Negative effects that caregiving may have include: experiencing symptoms of vicarious trauma (VT), compassion fatigue (CF), secondary traumatic stress (STS), or burn out. In contrast, positive effects may include experiencing CF, posttraumatic growth (PTG), or vicarious resilience (VR).

#### Methods

Based in social constructivism, this qualitative study took a phenomenological approach to exploring the impact of providing care to childhood sexual abuse survivors (CSAS) on the QoL of life among informal non-familial caregivers in South Africa (n=15). Semi-structured interviews were conducted in two phases; the first phase consisted of verbal narratives, while the second phase consisted of answering open-ended interview questions.

#### Results

Results confirmed findings from previous research suggesting that providing care to CSAS has both positive and negative effects on the QoL of caregivers; however, negative effects were more persistent, making the caregivers more vulnerable to experiencing symptoms of VT, CF, STS, and burnout. Results also indicated that caregivers experienced positive effects; however, those experiences were minimum due to lack of education, training, social support, and coping skills.



## Conclusions

The results of this research indicate the amount of negative effects of caregiving tremendously outweighs the benefits, ultimately leading to a negative impact on the overall QoL of the caregiver and CSAS. This research not only bridges the gap regarding the available literature, it also lays the foundation for future research on the QoL of caregivers in South Africa.

## Poster session 7

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P 7.012

### Assessment of stigma in an Egyptian sample of children with attention deficit hyperactivity disorder (ADHD)

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#### Objectives

The purpose of the current study is to evaluate stigma associated with attention deficit hyperactivity disorder. In addition, researchers aimed to study mutual relationship between degree of stigma and severity of ADHD.

#### Methods

Forty children diagnosed as ADHD and forty healthy controls, matched for age and sex were included in the study. The patients group was further subdivided into those at initial diagnosis of the disease and those on treatment for more than one year. Both the patients and the controls were subjected to sociodemographic and social class assessment, Kiddie Schedule for Affective Disorder and Schizophrenia - Present and Lifetime (K-SAD-PL) and attention deficit hyperactivity disorder stigma questionnaire. The severity symptoms of the ADHD group was further assessed by Conners parent rating scale (CPRS).

#### Results

There was significant increase in all items of stigma questionnaire in ADHD patients versus controls; which include disclosure concern ( $p < 0.001$ ), negative self image ( $p < 0.001$ ) and concern with public attitude ( $p = 0.02$ ). Patients at initial diagnosis of ADHD and showed higher scores as regards negative self image in comparison to the other groups ( $p = 0.009$ ). Moreover, negative self image correlated positively with DSM-IV hyperactive impulsive symptoms of CPRS ( $p = 0.01$ ).

#### Conclusions

The present study revealed significant stigma perception in children diagnosed as ADHD. Therefore, changing the public attitude and increasing the awareness about ADHD might help reduce stigma associated with ADHD and possibly the burden of the disease.

## Poster session 7

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P 7.013

### Scholar integration for children with mental disorders: challenge or discrimination?

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#### Objectives

Integrating a child with psychiatric disorders in school is an intensely discussed topic by the mental health and education specialists.

Special school or normal public school? Special integration center?

Educational assistant and adapted curriculum?

Social stigma or help for teachers and child?

We tried to establish the connection between scholar difficulties reported by the parents and children and a possible psychiatric disorder not specified before the referral or a chronic disorder that was known.

#### Methods

We chose from the referred patients between 2014-2017 300 children and adolescents with scholar difficulties as related by parents, themselves or by the school.

Using scales and questionnaires – KID- SCID, ASEBA, WISC-IV, FAD, SDQ we chose those patients that had scholar difficulties due to psychiatric disorders and those who developed adjustment disorder due to scholar difficulties.

The statistical correlations were done using Spearman and Pearson quotients.

#### Results

The statistical analysis showed a correlation between the symptomatology intensity of the disorder and scholar difficulties, also between the difficulties in school due to inappropriate educational help and the adjustment disorder that appeared later. Marginalization between colleagues by the teachers as reported by the children was taken into account.

#### Conclusions

The mental health specialist together with the educational resources and assistance center will consider the child's cognitive development, his abilities and his social adaptability skills, accordingly with the legal system, without discrimination and avoiding marginalization for children and adolescent with mental disorders.

## Poster session 7

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P 7.014

### Irish adolescents and young persons recommendations for fighting stigma.

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#### Objectives

1. To establish the current mental health needs of young people between the ages of 12 – 25 years in the West of Ireland.

To identify the current resources for youth mental health care in the West of Ireland.

To explore the strengths and weaknesses of identified resources.

#### Methods

A mixed methods research design with a multi-pronged sampling strategy was used. The socio-ecological framework was the studies conceptual framework. A sample of 1121 persons of which 1006 were adolescents or young persons (AYP) participated in the study. Data were collected via surveys (n,925 respondents), interviews (individual & focus group n,31), focus group interviews (n,13) and written submissions (n,67). Computer software assisted data analysis. Findings were merged post analysis.

## Results

AYP recognised that stigma was either felt or had the potential to exist at many different levels from the intrapersonal level to the wider society. They perceived that for stigma to be minimised it needed to be tackled by parents in the home at a very early age, by their educators, by primary health care practitioners and by coaches/guides in their recreational settings. Policy changes to address potential stigmatising acute health services and employment associated stigma needed to be activated. At societal level they considered it was not about changing attitudes but creating positive attitudes from an early age.

## Conclusions

Young persons considered that stigma could be minimised through the adoption of a multi-sectoral approach which was informed by young people. Developing AYP resilience was considered the key to tackling stigma.

## Poster session 7

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P 7.015

### Social representation of disability in Hungary

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#### Objectives

The topic of this research addresses the social representation of disability, which is an understudied but very essential issue in Hungary. In this paper disability covers physical disability, deafness and blindness. Besides these, the distinction and similarity of social representations of disabled and healthy families are also discussed.

#### Methods

The sample consists of four age groups (18 to 24 years, 25 to 34 years, 35 to 44 years and 45 to 54 years) with 40-50 Hungarian people in each group. In the paper-and-pencil questionnaires the method of association network is used to get a representative view of people with physical or sensory disability and of families concerned with disability. People had to associate to words like "disability", "deaf person", "blind person" and to pictures describing families with or without a disabled person. Order of associations, polarity (positive or negative) and neutrality of associated phrases are marked by subjects. IRaMuTeQ and SPAD-T software are used to investigate the central core of social representations, the polarity and neutrality indexes of associations.

#### Results

More negative social representations are expected from the first, youngest age group. The eldest group's social representation of healthy/disabled families are expected to be more similar to each other.

#### Conclusions

The importance of this research undoubted for many reasons. Beyond that, no similar study has been conducted yet, further investigation of healthy and disabled family interactions is intended in our research, which requires a representative perspective in Hungary, how people have disability in mind.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.016

### Impact of a three-day mental health training programme on Nigeri-

### an secondary school students' perceptions of mental illness

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#### Objectives

Studies have established that children, like adults, have negative perceptions about mental illness. Schools provide a platform for creating awareness about mental illness. This study aimed to evaluate the impact of a mental health training programme on school students' perception of mental illness.

#### Methods

This was a quasi-experimental study carried out in Ado-Odo Ota Local Government Area, Ogun state, Southwest Nigeria. Two administrative wards that were about 2 kilometres apart were allocated into Control and Intervention groups respectively. A total of 205 secondary school students participated in the study. At baseline and immediate-post intervention, both groups completed a questionnaire that assessed their perception of mental illness. At 3 weeks post-intervention, only the intervention group completed the questionnaire and another which assessed their appraisal of the training programme. The Intervention group received a 5-hour training programme on mental health awareness.

#### Results

There was a significant positive change in the mean knowledge (5.2;  $p < 0.001$ ) and attitude (1.0;  $p = 0.004$ ) scores of participants in the Intervention group at immediate-post-training and this was sustained at 3 weeks post-training. Majority (98.8%) of the students noted that the training was useful to them as students, their school and their family.

#### Conclusions

Short duration of training with multiple number of training sessions appear to be effective in producing and sustaining positive changes in Nigerian school children's perception of mental illness.

## Poster session 7

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P 7.017

### Intellectually impaired children and Quality of life of parents. Comparison of QOL of mother and Father. Indian experience

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#### Objectives

To study effects of children's intellectual impairment on parents Quality of life. How mother and father are affected differently.

#### Methods

35 pairs of parents were given world health organisation's Quality of life instrument (Hindi version) Mothers filled a separate form and fathers filled separate form. Overall scores for mothers and fathers were calculated. Attempt was made to compare scores for each pair between mother and father as well to understand qualitative difference





## Results

Overall results indicated that primary Burden of care in India was unevenly distributed. Scores of WHO QOL were worse for mothers compared to fathers.

## Conclusions

Burden of care is distributed unequally in India. Mother has more responsibility for day to day care. Despite caring child she may not have equal say in decision making. Some mothers have suffered from blame and guilt. These add to their low self-esteem and overall poor Quality of life. Children and their functioning is very closely linked to mothers capabilities as a parent. Findings are discussed in further detail explaining Indian context and cultural beliefs

## Poster session 7

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P 7.019

### Psychiatric disorders, sociodemographic features and risk factors in children driving to committing crime

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#### Objectives

The aim of this study was to examine children and adolescents driving to committing crime who were brought to child psychiatry clinic for forensic evaluation because of the crimes they committed to. Additionally, evaluation of these children's psychiatric disorders, crime characteristics, sociodemographic data, risk factors driving to committing crime and forensic reports arranged by the physician were other aims.

#### Methods

In this study 204 children, who were brought to the clinic by security forces were included. In order to diagnose any psychiatric disorder, a structured interrogation schedule for affective disorders and schizophrenia for present and lifetime (K-SADS-PL) was applied all children and families and sociodemographic data form was completed.

#### Results

At least one psychiatric disorder was present in 47% (n =96) of children driving to committing crime. The most common disorders were Attention Deficit and Hyperactivity Disorder and Conduct Disorder. Almost none of them have been treated before. 45% of them dropped out their school, and 40% were smoking. Additionally, most of their parents who had low socio-economical level also had very low education level.

#### Conclusions

It was determined that being male, living in a low socioeconomic family environment, living in large families, using drugs, smoking, not attending school and having parents with low education level were significant risk factors. The most important interventions that should be taken in this subject are strengthening the educational infrastructure, providing these children included in compulsory education, follow-up and treatment of children with mental disorders and providing economic development of their families.

## Poster session 7

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P 7.020

### Aspects of The South African Child Justice System – what should

### happen and where it goes wrong?

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#### Objectives

Recognising the need for child-appropriate legislation, the Child Justice Act 75 of 2008 (CJA) was drawn up with the aim of acting in the best interests of the child. Prior to this, children in conflict with the law were dealt with under the Criminal Procedures Act 51 of 1977. Anecdotal evidence suggests that this landmark legislation may not be ideal in its implementation in terms of processes, procedures and upholding the spirit of the law.

#### Methods

We reviewed the processes and procedures of the Child Justice Act 75 of 2008 to describe the flow through the system for under 18-year olds. We identified potential conceptual challenges and barriers to the implementation of the CJA.

#### Results

Criminal capacity is assumed absent under age 10, and assumed present from age 14. The CJA legislates for expert assessment of criminal capacity in 10-14 year olds by a 'suitably qualified person' should the state wish to proceed to trial. Assessment includes the 'moral, emotional, psychological and social development' of the child. However, no national assessment standard exists, and the rationale and evidence to assume capacity at age 14 is unclear.

#### Conclusions

Despite well-intentioned legislation, the review identified conceptual and process challenges to the current implementation of the South African CJA. If anecdotal evidence is supported by empirical findings, results suggest that, as implemented, the CJA does not act in the best interest of children, and may unintentionally divert expert resources away from clinical services and rehabilitation of children in conflict with the law.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.021

### Assessing the credibility of children's allegations of sexual abuse in Southern Taiwan

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#### Objectives

This research addressed how child psychiatrists in Taiwan assess the credibility of children's testimony in forensic child sexual abuse (CSA) evaluations.

#### Methods

Data were collected from written forensic psychiatric reports of CSA victims who underwent forensic interview and forensic psychiatric evaluation at two hospitals in southern Taiwan from 2010 to 2017. All forensic reports must include the opinion as to credibility of testimony and, if possible, how they

determined the credibility.

## Results

Among the 96 cases in this study, 70 (72.9%) were judged as highly credible, 15 (15.6%) as low credibility, and 11 (11.5%) as indeterminable. Most of the psychiatrists (87.5%) determined the credibility based on children's cognitive function and verbal competence, while only a minority (22.9%) using statement analysis (e.g., Criteria-Based Content Analysis); and further, only one case was judged in consideration of the impact of post-traumatic stress disorder.

## Conclusions

The proportion of high credibility in the study was comparable with prior studies. The result was also consistent with one previous finding that psychiatrists expressed greater belief in children's abilities than did other groups. However, child psychiatrists in the study less often analyzed children's statements with structured method. A theme in this study was the emphasis on the need for training and experience in child assessment of testimony's credibility within forensic psychiatric evaluation for CSA in Taiwan.

## Poster session 7

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P 7.022

### A Study of Pediatric Consultation Liaison Psychiatry (PCLP) in a Rio's Pediatric Referral Hospital in Rio de Janeiro

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#### Objectives

To describe the types and amounts of activities in daily PCLP on a Pediatric Referral Hospital.

#### Methods

In twenty-four months period, PCLP the requests of several clinical pediatric hospital were analyzed.

#### Results

We note that we have completed forms 10 different medical specialties. There were encounters for diagnostic evaluations and for treatment. The maternal approach was a differential. Provide psycho-orientation and behavioral management recommendations; Preventing deterioration in patient's functioning;

#### Conclusions

The study will be useful for planning the PCLP staffing and improve efficiency and outcomes of the PCLP service.

## Poster session 7

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P 7.024

### Health-related quality of life in children and adolescents with perinatal HIV infection in Poland

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#### Objectives

The aim of the study was to evaluate health-related quality of life in children and adolescents with perinatal HIV infection.

#### Methods

56 children with perinatal HIV infection at the age of 6-18 years (PHIV+ group) and 24 healthy children perinatally HIV-exposed but uninfected (PHEU) and 43 healthy children of uninfected parents (HIV-nA) (two reference groups matched for age and sex), were assessed by the Pediatric Quality of Life Questionnaire (PedsQL 4.0. Generic Core).

#### Results

The perception of school functioning according to children and social functioning according to parents was worse in children PHIV+ (6-18 years), compared with PHEU group. In comparison to HIV-nA group, caregivers of PHIV+ children got lower results in the total score of HRQoL (school functioning, and psychosocial scale). Children PHIV+ with the final clinical C-class of HIV infection viewed their physical functioning as worse. Except for social functioning, their caregivers perceived all domains of functioning as more problematic. Higher logarithm of viral load at the start of the ARV treatment was associated with a lower score of child perceived social functioning, and psychosocial scale, and worse physical functioning as reported by caregivers.

#### Conclusions

School and social functioning of PHIV+ is worse compared to PHEU group. Lower total score of HRQoL as well as worse school, physical and psychosocial functioning is observed among PHIV+ children compared to HIV-nA group. More serious course of HIV infection and its severity before treatment is associated with worse multidimensional functioning and total score of HRQoL.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.025

### Effectiveness of mental health campaign delivered by mobile text messaging compared with handbills on help-seeking behaviour of adolescents in Ibadan

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#### Objectives

1. To assess the effect of mobile telephone delivered text messages on the Help-Seeking behaviour in adolescents.
2. To assess the effect of handbills on help seeking behaviour in adolescents.
3. To compare the effectiveness of the two campaign methods used.

#### Methods

A quasi-experimental study, carried out in 3 secondary schools in Ibadan, southwest Nigeria. The schools were randomly by allocated into two intervention groups (Group 1 received text messages while group 2 received hand bills) and one control group. Mental health information was presented to the two intervention groups as text messages and Hand bills, sent on the first and third week of the study period. Data collection instruments include: Sociodemographic Questionnaire (SHQ), General Help-seeking Questionnaire (GHSQ), Actual Help-seeking Questionnaire (AHSQ), and Barrier to adolescents Help-seeking Questionnaire (BAHSQ). Assessments were done at baseline and sixth week.



## Results

Total of 191 students participated in the study with a mean age of 14.22 years. Majority of the respondents (63%) preferred help from informal sources while 65% believed they could solve their problems themselves. Post intervention assessment showed a significant difference in the help seeking behaviour of the experimental groups over the control group with the text messaging group showing better improvement than the handbill group relative to the control group. The overall effect size was 0.754 which showed that the intervention resulted in an overall increase in help-seeking intentions of participants

## Conclusions

Mobile phone text message proved more effective than the use of handbills in improving the help-seeking behaviour of adolescents.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.026

### How do patients with schizophrenia and their families learn about the diagnosis?

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#### Objectives

The purposes of the present study were to investigate how patients with schizophrenia and their relatives learn about the diagnosis, their feelings and degree of satisfaction with the process of delivering that information, and to assess whether this process is in accord with the principles followed in general medicine.

#### Methods

Semi-structured interviews were conducted with 16 dyads of recently discharged patients who had a schizophrenia spectrum diagnosis and one of their relatives. We also designed the Delivering Difficult News Satisfaction Questionnaire (DDNSQ) to assess different aspects of the way the diagnosis was perceived.

#### Results

Twenty-six (86%) patients and their relatives reported having first learned about the diagnosis by reading their release form or during an incidental encounter with personnel. Most patients and their family members disagreed with the diagnosis and reported negative feelings about the way in which they learned about it. Only four (14%) patients and relatives understood why medications were prescribed.

#### Conclusions

Relatives who received the diagnosis accidentally (e.g., from the discharge letter) were more dissatisfied with the disclosure process and had poorer adherence to treatment. The standard principles of delivering bad news in medicine were not applied in most cases. Development of empirical-based guidelines for delivering difficult news in psychiatry is needed in order to improve the way of communicating the diagnosis to patients and relatives.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.027

### A contribution to improve intercultural, professional exchange within Europe: The exchange program of the European Federation of Psychiatric Trainees (EFPT)

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#### Objectives

The EFPT Exchange program is the first European short-term exchange program that has been developed for psychiatric trainees and has the aim to provide European psychiatric trainees with the possibility of intercultural professional experience with a simplified exchange procedure.

#### Methods

The program is run by trainees, for trainees, and provides observatory internships with an observer status of 2-6 weeks in a psychiatric training clinic. A total of two exchange phases take place annually, for which the interested trainees can apply. After each exchange a systematic online feedback is used where the satisfaction of the participants is evaluated online using a standardized questionnaire. In addition, demographic data, the nationality of the participants, the participating host countries and the number of applicants per exchange phase are analyzed using a database.

#### Results

The pilot phase in the spring of 2012 included 7 host countries Denmark, France, United Kingdom, Ireland, Croatia, Portugal and Spain. The program has grown to include 16 countries and 66 programs covering all major fields in psychiatry. By the end of 2017 a total of 188 psychiatric trainees had completed at least one exchange period in a foreign training institution through the EFPT Exchange Programme.

#### Conclusions

First empirical impressions suggest that this innovative EFPT exchange program contributes to the improvement of mobility, intercultural understanding and training quality within psychiatric specialist training.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.028

### Mapping child and adolescent mental health (CAMH) in Africa: perspectives of emerging mental health researchers and clinicians

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## Objectives

The study aimed to establish perspectives of child and adolescent mental health (CAMH) among emerging mental health researchers and clinicians in Africa, using a social ecological framework.

## Methods

Perspectives of 18 participants from 6 African countries (Ethiopia, Kenya, South Africa, Tunisia, Uganda and Zambia), whose professional background included psychiatry, psychology, early childhood development, occupational and speech-language therapy, were collected at an African CAMH conference. Data was generated using a secure online survey platform. The survey included qualitative open-ended questions about CAMH in Africa. Data was analysed using content analysis, by two independent coders, using a combination of manual coding and NVivo 11.

## Results

Using the social ecological framework, the following was highlighted: An increased need for political will from government to improve CAMH in Africa (health-related policy and environmental level), and addressing mental health stigma and discrimination through community awareness (community level). The need for specialised inpatient and outpatient facilities in CAMH on an organisational level were highlighted, particularly in the public health sector (institutional / organisational level), and the need for the development and nurturing of multi-sectoral and multi-disciplinary partnerships for CAMH advocacy and service delivery to advance services and the continuity of care (interpersonal level). The CAMH professionals recognised their own knowledge, attitudes, beliefs, and motivations for developing CAMH in their respective countries. Additionally, participants were hopeful about the transformation of CAMH in the continent.

## Conclusions

Governmental and community level awareness were prioritised by the participants in order to increase the resources and support offered by CAMH services in Africa.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.029

### Teachers training on ludic pedagogy and child development in the Brazilian backcountry

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<sup>1</sup>Projeto Quixote, Psychosocial Center, São Paulo, Brazil

<sup>2</sup>Amparando, Non-governmental organization, Rio de Janeiro, Brazil

#### Objectives

Amparando Association is a non-governmental organization whose social projects target children facing extreme poverty and social risk in an unhealthy location. The absence of essential public services makes it difficult for them to be placed in a social context.

To carry out the training of rural school teachers in ludic pedagogy and child development.

To produce teaching materials together with teachers

To promote mental health through a school program

#### Methods

Training of 20 rural school teachers

02 days of theoretical classes, seminars, construction of didactic material and pedagogical planning.

02 days of practical activities with application of play activities with children in the school environment

#### Results

20 teachers received training and applied it to 400 children

Lower rates of abstention and dropout by 06-month follow-up

Teachers reported better school environment and professional self-esteem

Best relationship between parents and school-community

#### Conclusions

Staff education is considered key to quality of early childhood education and care programs. Conducting teacher training programs with the purpose of promoting child development has a high multiplication power and reaches several groups at the same time (children, teachers and family members).

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.030

### Peer support for child and adolescent mental health clinicians

M. Keller<sup>1</sup>

<sup>1</sup>Paradise Valley Counseling and Consultation Center- P.C., Clinical Psychology, Phoenix, USA

#### Learning Objectives

1. Discuss theory and research on peer consultation groups
2. Identify high risk child, adolescent clinical issues
3. Discuss countertransference in working with children and families
4. Describe a model for peer consultation- countertransference groups
5. Provide opportunity for participants to discuss difficult cases using peer consultation model



### Workshop Description

This 75-minute interactional workshop will address clinical, educational, and research issues related to peer consultation- countertransference groups for professionals treating children and adolescents. Therapeutic work with children, adolescents, and families presenting with complex and high-risk symptoms, predispose clinicians to burnout, compassion fatigue, and vicarious traumatization. Clinicians experience feelings influenced by our patient's feelings and behaviors. Most theoretical orientations acknowledge that the relationship between patient and psychotherapist is a key variable in the process of change.

Psychodynamic approaches emphasize the complexities of both conscious and unconscious dimensions of therapy. Countertransference is used to describe the conscious and unconscious reactions of the therapist toward the patient. Children and adolescents presenting with autism spectrum disorders, ADHD, conduct disorder, mood and anxiety disorders, learning disabilities and substance use disorders can trigger reactions in the treating professional. When these children are part of a high conflict divorce or part of a chaotic family system, intense feelings of anxiety, anger, and helplessness may emerge in the treating professional.

Prolonged exposure to difficult patients produce chronic states of disequilibrium that increase the risk of clinical errors, boundary violations and injuries to therapist self-esteem. For these reasons, peer consultation groups provide invaluable social support, collegial learning, personal and professional growth. Therapist support groups give the therapist an opportunity to discuss complex cases, high risk situations and ethical dilemmas. Most importantly, peer consultation affords the child therapist a haven to discuss reaction to patients as well as personal issues that could affect treatment.

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### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.032

### Psychiatric comorbidity and quality of life in adolescents attended in mental health services.

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<sup>1</sup>University of Barcelona- Institute of Neurosciences, Clinical Psychology and Psychobiology, Barcelona, Spain

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<sup>4</sup>Hospital Clinic of Barcelona, Clinical Psychology and Psychiatry of Child and Adolescents, Barcelona, Spain

### Objectives

To identify self-perceived quality of life profiles in psychiatric patients and the effect the comorbidity plays in the negative impact of quality of life.

### Methods

In a group of adolescents (n=57; 74% boys; M=14.8, SD=1.47) assisted in several mental health child and adolescent centers. They have been applied

diagnosis interviews in order to identify clinical disorders and symptomatology. They were also assessed with a quality of life scale designed for adolescents assisted in mental health services (AQOL-MHS), assessing dimension of emotional regulation, self-concept, and adaptation to social context.

### Results

A low score in self-concept scale was related with disorders by substance use (Rho=.43; p<.010) and adjustment disorders (Rho=.36; p=.029). Self-concept and social context also show significant relation (Rho=.52; p<.001). More psychiatric disorders are related with less adaptation in social context and the less self-perceived quality of life.

### Conclusions

Psychiatric comorbidity has negative effects in self-perceived quality of life in adolescents. Nevertheless, only certain disorders as disruptive behaviors, adjustment disorders and the ones related with addictions its effect is more evident.

### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.033

### Dissemination of knowledge in the field of child protection in medicine among physicians - possibilities, limitations and methods

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<sup>1</sup>University of Ulm, Department of child and adolescent psychiatry and psychotherapy, Ulm, Germany

### Objectives

The Department of Child and Adolescent Psychiatry/Psychotherapy of the University of Ulm is developing the online-course "Child protection in the medical field – a basic training for all health professionals" (funded by the German Federal Ministry of Health), which counters the high need for further training in this field. 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. Dissemination of the course by graduates would offer the possibility to reach a broad target group with little time investment. The aim of this study is to examine how contents of the course can be effectively disseminated.

### Methods

Between January and March 2017 guideline-based interviews with physicians who completed the online-course were conducted and transcribed. Opinions and ideas about training and dissemination in this area were collected in the interviews. Subsequently, an interpretative-reductive analysis was performed.

### Results

A total of 25 physicians were interviewed. The majority is willing to disseminate the contents of the course to colleagues. The contents proved to be good, although too extensive for dissemination. Available materials developed for dissemination and the least possible expense would motivate physicians most to provide dissemination. Prepared presentations were indicated as the most helpful material for dissemination.

### Conclusions

For disseminating the contents of the course effectively to health professionals, methods and materials must be developed and provided, which are didactically useful and demand the least possible expense for the disseminating graduates.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.035

### What is the role of educational practices in school burnout ?

N. Meylan<sup>1</sup>, M. Rodrigues<sup>1</sup>, J. Meylan<sup>1</sup>, P. Gabola<sup>1</sup>, C. Moix Wolters<sup>1</sup>, M. Valls<sup>1</sup>

<sup>1</sup>University of Teacher Education, Development from childhood to adulthood, Lausanne, Switzerland

#### Objectives

If teacher support appears to have a protective role on school burnout, less is known about the role of other educational practices such as time and behavioral management in the classroom. The present study aimed to examine the associations between educational practices and school burnout, which was recently describe as a syndrome of exhaustion, cynicism and inadequacy at school (Salmela-Aro, 2011). Particularly, we hypothesized that dysfunctional educational practices are associated to higher levels of school burnout.

#### Methods

A total sample of 287 youths (girls = 146 ; boys = 132) aged from 14 to 19 years old (M = 16.08 ; SD = 1.01) fulfilled questionnaires assessing school stress, school burnout as well as perceived educational practices (e.g. time management, behavioral management, teacher motivation).

#### Results

Regression analyses show that low levels of the teacher support (beta = -.19 ; p < .01) and teacher motivation (beta = -.35 ; p < .001) are associated with higher risk of exhaustion and cynicism and that perception of less time spend teaching (beta = .13 ; p < .05) is associated with higher risk of exhaustion.

#### Conclusions

Results are discussed in terms of implications for future works but also with regard to the prevention of school burnout in adolescents. Research relating to the protective and/or risk factors in the development of school burnout in adolescence are important given their implications for future strategies of intervention and prevention.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.036

### Putting trauma on the map

E. O'Dowd<sup>1</sup>

<sup>1</sup>Latrobe Regional Hospital, Latrobe Valley Community Mental Health Services, Traralgon, Australia

#### Objectives

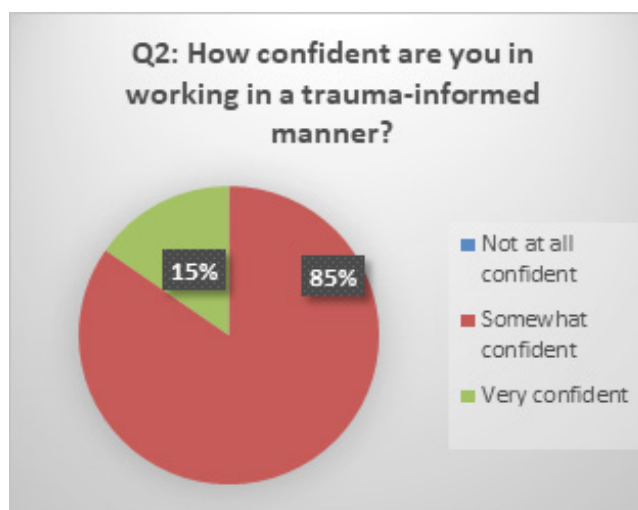
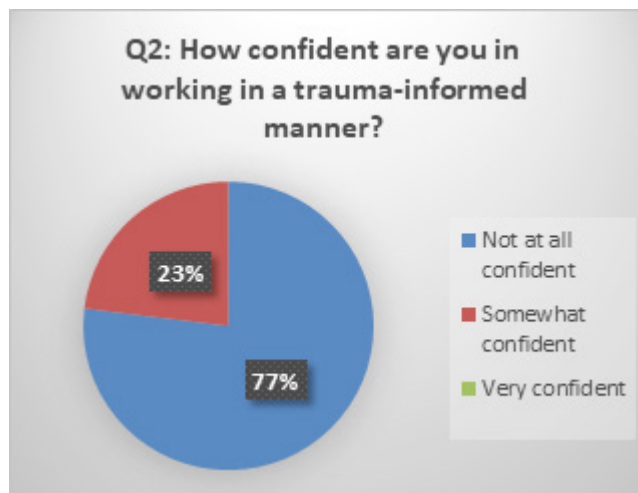
To demonstrate the impact of the "Putting Trauma on the Map" [PTOM] Innovation Bootcamp. In 2015 the Inner Gippsland Children and Youth Area Partnership [IGCYAP] brought together key stake holders to identify priorities and key approaches to becoming Trauma informed.

#### Methods

The Bootcamp brought together young people, foster carers, service providers including the Department of Education and Training, Child and Youth Mental Health Service, Department of Health and Human Services - Child Protection and NGO's

## Results

One of the ideas emanating from the Bootcamp included developing a shared understanding of developmental trauma. A standardised education package which would up skill child and adolescent helping professionals with the goal of moving towards a trauma informed community. 370 LRH Mental Health staff have completed Trauma Informed Practice training. 50 staff from other hospitals in Gippsland have also received Trauma Informed Practice training. The Faculty of Education and Arts at Federation University Gippsland Campus have developed Trauma Informed Practice training for academic and administrative staff. Courses embedding trauma informed practice curriculum have been integrated into the Bachelor of Community and Human Services, Master of Social Work and Education Studies degrees. Trauma informed practice training is now in the Faculty of Education and Arts Strategic Plan.



#### Conclusions

The Bootcamp provided a platform to recognise the varying levels of knowledge on complex childhood trauma among helping professionals. Key strategies to support the shared understanding of trauma have since been actioned.



**Poster session 7**

**27 July 2018, 07:30 - 13:00, Poster Area**

**P 7.038**

**I-M-PERFECT-ION: The impact of art therapy on the self-esteem of sheltered adolescents with multiple adverse experiences**

G. Sameve<sup>1</sup>, M. Satiadarma<sup>1</sup>, H. Satyadi<sup>1</sup>

<sup>1</sup>Universitas Tarumanagara, faculty of psychology, DKI Jakarta, Indonesia

**Objectives**

Today, art therapy is considered as one particularly helpful therapeutic modality for adolescents. It is, in fact, one treatment of choice to ensure that adolescents' self-esteem level does not experience a significant drop during this vulnerable, tumultuous developmental period. Given the various impacts that self-esteem may have on one's life outcomes, this study aims to find out the contributions which art therapy have on adolescents with unfavourable experiences that may have adverse effects on their self-esteem level.

**Methods**

Five impoverished adolescents who reside at one public-owned shelter in DKI Jakarta and have experienced interpersonal loss were recruited to participate in five weekly one-on-one art therapy sessions.

**Results**

The pre-post intervention comparative analyses that were conducted on four adolescents' human figure drawings, RSES (Rosenberg's Self-Esteem Scale) scores and observable behaviours indicate the existence of changes in their self-esteem level after the sessions. At least one difference, which indicates improved self-esteem level, is identifiable in every participant's human figure drawing at post-test. Three out of four participants acquired higher RSES score at post-test, whilst one participant's RSES score is 1-point lower at post-test. While all participants consistently display several behaviour indicators that reflect moderate self-esteem level, three participants displayed improvements in several behaviours at post-test.

**Conclusions**

Together, these findings lead to the conclusion that art therapy does have an impact on the self-esteem level of sheltered adolescents with multiple adverse experiences. The hypothesis that art therapy has a positive contribution on the self-esteem level of sheltered adolescents with multiple adverse experiences is also supported.

**Poster session 7**

**27 July 2018, 07:30 - 13:00, Poster Area**

**P 7.040**

**Profile of emotional status among international students at Alexandria school of medicine**

A. Seifeldin<sup>1</sup>

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**Objectives**

To assess emotional profile, among international students at Alexandria school of medicine

**Methods**

Self-administrative questionnaires were distributed among a random sample

from fourth and fifth year of medical school for international students. To assess emotional profile, Hamilton Anxiety scale for anxiety and Beck depression inventory for depression.

A self-administrative questionnaire to assess biological and social interaction with others, family relations plus academic achievement.

**Results**

On Hamilton scale and depression inventory, there was a correlation between the prevalence of the emotional status and several external factors. It is essential to emphasize that in the present study the prevalence of anxiety and depression are multi-factorial and intermingled.

**Conclusions**

It is recommended to help international students to enroll themselves in Arabic language courses to improve their communication skills in interacting, socializing with the locals and involve themselves in various organization and activities such as sports, charity and social programs.

**Poster session 7**

**27 July 2018, 07:30 - 13:00, Poster Area**

**P 7.042**

**Child & adolescent mental health certificate course: a capacity building initiative for pediatricians and general physicians in Pakistan**

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<sup>1</sup>Aga Khan University, Psychiatry, Karachi, Pakistan

**Objectives**

Reliable, accessible, and affordable Child and Adolescent mental health (CAMH) services are needed in Pakistan. There are only 4 trained Child & Adolescent Psychiatrists for a population of 200 million. Pediatricians and general physicians can be trained to fill this gap. A 2 week long blended learning CAMH training course has been developed as a strategy towards capacity building efforts. We aim to enable this cohort to identify and diagnose CAMH disorders, manage mild to moderate conditions and refer to specialists when needed. This will be the first group to begin a community of practice of non-specialist physicians trained in CAMH diagnosis and management.

**Methods**

This project is divided into 3 phases: curriculum development, training and evaluation. Experts in the field designed the curriculum in focus group meetings using broad themes informed by the Pakistani cultural context. We used a blended teaching and learning model to promote flexibility and autonomous learning. Classroom training will be delivered using case based discussions, role plays and reflection. An evaluation of knowledge, skills, and attitudes will be done to measure the overall quality of the course.

**Results**

We hypothesize a significant difference in scores on all assessment measures. Before and after participant knowledge scores will establish a difference in knowledge gain. Development of a community of practice of trained non-pediatric psychiatrists will be a longer term goal.

**Conclusions**

Pediatricians and general physicians can play an important role in managing the burden of child & adolescent mental health disorders if provided adequate skills training.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.043

### When eating healthy becomes unhealthy

I. De Oliveira<sup>1</sup>, S. Vaz Pinto<sup>1</sup>, R. Amaro<sup>1</sup>, C. Marques<sup>1</sup>

<sup>1</sup>Dona Estefânia Hospital- Central Lisbon Hospital Center, Child and Adolescent Psychiatry, Lisbon, Portugal

#### Objectives

Orthorexia nervosa is a poorly defined entity that results from a pathological obsession with food. It is characterized by a restrictive diet, ritualized patterns of eating and rigid avoidance of food believed to be unhealthy or impure. The diet becomes an escape from life and everyday activities are dominated by planning, buying and preparing "proper" meals, leading to impairment in important areas of functioning. Orthorexia is not yet formally recognized as a psychiatric disorder.

In this review, we tried to synthesize the most important information already available about this entity and to identify the major gaps that should be explored in order to optimize its treatment in clinical grounds.

#### Methods

We made a research on Pubmed using as key terms "Orthorexia", "Eating disorder", "Food regulation" and "Health".

#### Results

The average prevalence rate of orthorexia is 6.9 % for the general population and 35-57.8 % for high-risk groups (healthcare professionals, artists). Risk factors include obsessive-compulsive features, eating-related disturbances and higher socioeconomic status. Orthorexia may lead to nutritional deficiencies, medical complications and poor quality of life. It seems to be successfully treated with a combination of cognitive-behavioral therapy, psychoeducation and medication.

#### Conclusions

The diagnostic criteria of orthorexia remain unclear. Further studies are needed to clarify appropriate diagnostic methods and its place among psychopathological categories, since has been an on-going discussion whether it belongs to the group of eating disorders or the obsessive-compulsive disorders. The field also lacks data on therapeutic outcomes.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.044

### Can learning disability and attention deficit hyperactivity disorder co occur with behavioral dependence on smart phone: a case report

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<sup>2</sup>Apollo Gleneagles Hospital, Kolkata, India

#### Objectives

We present the case of an 18-year-old boy with undiagnosed childhood onset of attention deficit disorder, excessive smart-phone usage, frequent academic failures and school refusal. The aim is to identify co-morbid conditions and underlying vulnerabilities contributing to behavioural dependence on smart

phone usage.

#### Methods

Integrated Approach. Psychometric assessments and pharmacological intervention. Wechsler Adult Performance Intelligence Scale (WAIS-PR). This is the Indian adaptation of WAIS Performance Scale was administered. The Conners 3- Parent & Self rating measure, Beck Depression Inventory (BDII) Clinical interview conducted based Griffiths' conception of technological addictions, Goodman and DSM5 criteria for Gambling Disorder. Grade Level Assessment Device for children with learning problems in schools for Indian children and subtest of Wechsler Individual Assessment Test was administered.

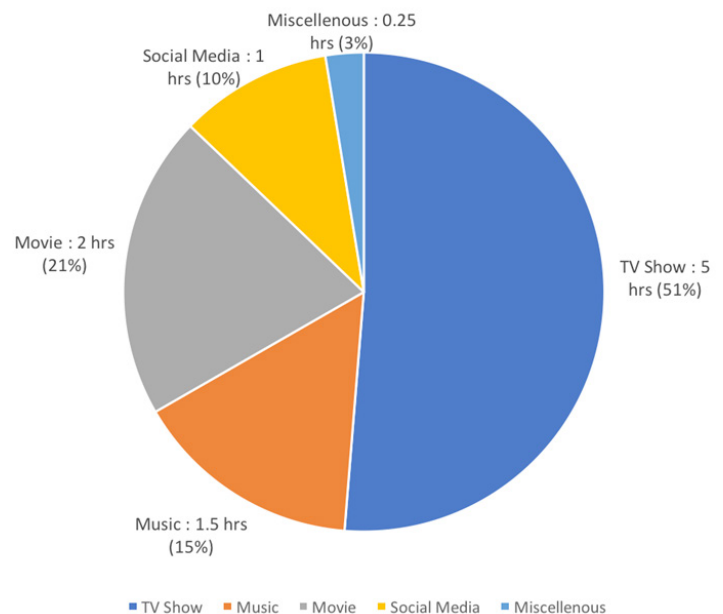
#### Results

Findings indicated child's Intelligence quotient is within the average range. There are clinically significant features of ADHD and Learning disability. Subjective level of distress reported was not clinically significant. Qualitative analysis and clinical interview was able to establish Griffiths components of loss of control, salience, mood alteration and conflict on using his smart phone for online video streaming, watching anime cartoon, Japanese television series, using social networking sites and music could be established

#### Conclusions

It is important to identify of co-morbid conditions to improve management as seen in this case where in neuro-developmental disorders, neuro-biological vulnerabilities of ADHD and specific leaning disability along with psycho-social factors contributed to the child's behavior dependence on using smart phone excessively

Average Mobile Phone Usage - 9.75 (hrs/day)



## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.045

### Examination of sluggish cognitive tempo symptoms in the patients with adhd who apply to a child psychiatry outpatient clinic

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### Objectives

Sluggish Cognitive Tempo (SCT) is a distinct disorder from Attention Deficit Hyperactivity Disorder (ADHD) and has unique symptom domains such as daydreams, absent-minded, lost in thoughts, easily confused, seems drowsy, thinking slowly, slow-moving and easily bored. In this study we aimed to determine the presence of SCT in the patients with ADHD in our outpatient clinic and find out the coexistence of SCT with each ADHD subtypes and how internalizing and externalizing symptoms were more commonly established in patients with higher SCT symptom levels.

### Methods

We enrolled 147 children between ages 6 to 15 who applied to Ege University Child and Adolescent Psychiatry outpatient clinic. Having excluded the patients with intellectual disability, we investigated the presence of SCT symptoms in those children with ADHD by both parent-rated SCT-CBCL scale of Child Behaviour Checklist and Barkley's Child Attention Survey and teacher-rated SCT-TRF scale of Teacher's Report Form. The patients were diagnosed according to DSM-4 criteria.

### Results

13.6% of patients with ADHD had higher levels of SCT symptoms and statistically associated with Inattention (IN) ( $p=0.001$ ) and Combined (C) ( $p=0.008$ ) subtype of ADHD but not with Hyperactivity/impulsivity (HI) ( $p=0.594$ ). Children who have externalizing symptoms had significantly lower SCT scores than those who do not have ( $p=0.020$ ).

### Conclusions

Consistent with previous studies, these findings confirm that SCT is much more relevant with IN and C-subtype of ADHD. Surprisingly, both the externalizing symptoms and internalizing symptoms had no significant co-occurrence with SCT. Also SCT is not related to whether or not the presence of parents' psychopathology.

### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.046

### Finding from a specialised child psychiatry unit to provide psychiatric care for refugee children in Turkey

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<sup>1</sup>Marmara University School of Medicine, Child and Adolescent Psychiatry, Istanbul, Turkey

### Objectives

Turkey is the leading refugee hosting country. Despite high prevalent rates of psychiatric disorders among refugee children, utilization of mental health services are not found to be as much as expected because of numerous barriers such as limited language skills, fear of stigmatization, and inability to achieve health system. It has been recommended to establish specialized mental health services to provide psychiatric care for refugee population. We aimed to describe socio-demographic variables and psychiatric diagnoses of children who have attended to our outpatient refugee mental health unit.

### Methods

All admission to refugee mental health unit of Marmara University, Child and Adolescent Psychiatry in the period of June 2017 to December 2017 were retrospectively evaluated.

### Results

33 children and adolescents have admitted to our service for psychiatric evaluation during the period. Of these individuals, 30.3% ( $n=10$ ) were females and 69.7% were males ( $n=23$ ). Mean age of our sample was 9.93 (18 months to

17 years). The maternal and paternal age were 34.1 years ( $SD=8.23$ ) and 39.4 years ( $SD=6.84$ ), respectively.

The most common psychiatric diagnoses were Major Depression, PTSD, and moderate to severe mental retardation with behavioural problems, with the same rates, respectively ( $n=6$ , 18.2%). They were followed by Anxiety Disorders ( $n=5$ , 15.2%), Attention Deficit Hyperactivity Disorder ( $n=5$ , 15.2%), Autism Spectrum Disorder ( $n=4$ , 12.1%), Oppositional Defiant Disorder ( $n=3$ , 9.1%), Conduct Disorder ( $n=3$ , 9.1%) and Speech disorder ( $n=1$ , 3.0%).

### Conclusions

Our findings showed that refugee children were suffering from numerous psychiatric disorders and ongoing psychiatric care is required.

### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.047

### Project Ciranda: ludic and educational activities for children in a refugee camp in Lebanon

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<sup>1</sup>Projeto Quixote, Psychosocial Center, São Paulo, Brazil

<sup>2</sup>Volunteer Vacations, Manager, Rio de Janeiro, Brazil

### Objectives

Project Ciranda was developed in partnership with Volunteer Vacations, a company that has researched, met, analyzed, catalogued and established partnerships with some of the most relevant NGOs in the world to be able to offer to individuals of various profiles a short-term experience in an humanitarian aid organization.

To catalog the main children's games of each country.

To promote cultural encounters and exchanges

To perform actions of humanization, seeking to alleviate the anxiety of children awaiting medical care.

### Methods

Realization of play and educational activities with children aged 3 to 10 years, by volunteers, for 7 days in a refugee camp in Lebanon

Development of a handout for volunteer training

Applying questions with volunteers after each day of activities

Conduct qualitative interviews with volunteers, children, parents and doctors in the refugee camp.

### Results

100 children were cared over 7 days of the running Project

There was a greater search for clinical appointments during the period due to children's desire to participate in the project

Mothers and doctors reported better outcome of care

Mothers and fathers reported learning new ways to play with their children

Volunteers suggested expanding the handout with more training prior to activities.

### Conclusions

Refugee children are considered a high-risk group for the development of mental illness. We apply a low complexity project with potential for mental health promotion through community empowerment.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.048

### Capacity building of field-workers who support unaccompanied asylum seeking (UAS) adolescents in Greece.

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#### Objectives

Approximately 3,000 adolescents are stranded in Greece and experience increased distress and uncertainty with regards to their future. To ensure that field-workers provide effective support to UAS adolescents we aimed at building their capacity through training and supervision.

#### Methods

50 field-workers from 10 shelters in Attica, over a course of a year, attended a specifically designed capacity building programme that included (a) training in clinical assessment and psychosocial support of UAS who experience various types of losses, grief and traumatic reactions, (b) clinical supervision, using a systemic group approach, through review of challenging cases and team and work-related issues. The programme was learner-based with participants identifying the domain of needed knowledge and skill acquisition.

#### Results

Key themes addressed in supervision sessions were: (a) the field-workers biased perceptions of, and stereotypic attitudes towards UAS, (b) unrealistic expectations and role blurring (e.g. "saviour", "parent", "buddy"), (c) impact of 'in transit' condition on UAS' mental health, (d) violence towards self and others, (e) organizational work culture issues. Evaluation of programme indicated increase in knowledge and sense of self-efficacy in supporting UAS.

#### Conclusions

On-going group supervision is a prerequisite to ensure quality support and must be blended with training adapted to the needs of field-workers. This project was funded by European Programme for Integration and Migration (EPIM, <http://www.epim.info/>)

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.049

### Surviving the triad of immigration, trauma and bereavement

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*<sup>2</sup>Dr. Behcet Uz Children Hospital, Child and Adolescent Psychiatry Unit, Izmir,*

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*<sup>3</sup>Dokuz Eylul University Hospital, Child and Adolescent Psychiatry Unit, Izmir, Turkey*

#### Objectives

Migration from one country to another is complex psychosocial process, resulting in prominent and permanent alterations within the identity and psyche of the individual. As pain arising from the losses brought by the process itself and anxiety caused by uncontrollable changes unite and are enmeshed, bereavement process is initiated. Individuals are unable to accept and internalize change, unless they are able to mourn for their losses. We aimed to discuss interactions between immigration and traumatic bereavement process, through this case presentation.

#### Methods

Case Report

#### Results

The case, 15 years old, had emigrated from Syria, in 2012. In 2015, as the case and her family attempted to flee from Turkey over Aegean Sea, in order to head for Greece, the boat they had been sailing with sank and as a result, she had lost 15 relatives, including her mother, aunt and cousins and their bodies were never found. Following this incident, the case had settled in a home with her father, located in Izmir and was referred to adolescent psychiatry unit in order to get psychiatric support. Through her follow up as her bereavement process continued, her guilty feelings about her being alive and her denial of her mother's death were particularly striking.

#### Conclusions

Process of migration might increase psychic vulnerability of a child, by causing him to put out many efforts to manage and overcome stress related to growing as well as exposing her to more stress caused by the requirement to continue living in a physically, socially and culturally novel context.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.051

### Sustainability in mental health support of refugee children in psychiatric outpatient service of a University Hospital Child Psychiatry Clinic

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#### Objectives

The purpose of the present study is to discuss the emerging medical and psychosocial needs of the refugee children and their families regarding the sustainability of the mental health services as a subspecialty Child Psychiatry clinic, in the University Hospital, Istanbul, Turkey. As a result of wars and conflicts, more than 65 million people are forced to flee and started to live far from their homes all over the world. Currently, Turkey hosts more than 3 million refugees coming from Syria and Iraq as a consequence of civil war in the territory. With more than three million refugees, Turkey has been the leading refugee hosting country in the world since 2014.

#### Methods

In Turkey, which is the leading refugee hosting country, there has been no specialized psychiatric care unit which hire professional and culturally oriented translator for the children services until now. There fore, we have started to provide specialized psychiatric care in our migrant clinic of child psychiatry department in the university hospital.



## Results

As a first expression, we realized that some of the diagnoses which are easily out of vision in the field services such as pervasive developmental disorders (autism) and sleep disorders are readily diagnosed in our specialized psychiatric service. We aim to diminish the previously documented barriers of communication by settling a culturally oriented translator and personalized psychiatric care establishment without ordinary appointment system.

## Conclusions

We will be discussing the emerging facilitating medical and psychosocial solution algorithms regarding the sustainability of the mental health services for refugee children and their families.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.052

### Fluoxetine induced temporomandibular joint dysfunction

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#### Objectives

To report a case of temporomandibular joint (TMJ) dysfunction secondary to fluoxetine use in a child patient

#### Methods

Case report

#### Results

10 years and 4 month -old girl who admitted to child psychiatry clinic with intense exam anxiety and difficulty in falling asleep. Fluoxetine 10 mg/d were started. It was learnt that during the day occasionally bilateral severe jaw and ear pain, restricted mouth movement had began 3-5 days after taking medication. Otolaryngology and physiotherapist were evaluated as normal for this complaint. Three weeks later after taking fluoxetine, in the psychiatric control appointment, it is interpreted as extrapyramidal side effect of fluoxetine. She had no other extrapyramidal side effect findings in her physical examination. Fluoxetine was stopped and her side effect complaints regressed in 3-4 days.

#### Conclusions

Antidepressant induced extrapyramidal symptoms represent an underrecognized but important clinical entity. Early recognition prevents adverse outcomes. To the best of our knowledge, this is the first report regarding this issue.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.053

### Safety tolerability and acceptability of transcranial direct current stimulation in children and adolescents

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#### Objectives

Transcranial direct current stimulation (tDCS) is a non-invasive brain-modulation technique widely used in adult populations (experimental and clinical), but disproportionately understudied in children. This reservation of using brain-modulation during childhood is likely explained by fears of potential side-effects. Our study aimed to address: 1) the short term safety and tolerability of tDCS by recruiting a clinical and healthy sample of children to compare side-effects with an adult reference group; and 2) to gauge the acceptability of tDCS use as a treatment by interviewing parents whose children participated in the clinical sample.

#### Methods

Fifty participants, twenty children age 6-17 and thirty adults age 18-45 received 10 minutes of tDCS, twice, separated by 1 hour interval in a randomized double blind protocol. In each session, the stimulation amperage (0, .5, 1, 2mA), and anode/cathode locations were randomly selected. The researcher conducting the outcome measures, and the participant were blinded to the amperage. Six parents who accepted to participate in the safety study were interviewed using a semi-structured interview. Data analyses were conducted using a Grounded Theory approach.

#### Results

No participants reported any significant adverse side-effects. Children tolerated tDCS in a similar manner as adults, and side-effects attenuate during the hour break between sessions, but aggregate during the second session. Participating parents greatly support the safety of tDCS as an alternative neuropsychiatric treatment option in children, especially to medication. Information about the procedure was crucial in their attitude toward tDCS.

#### Conclusions

tDCS is safe tolerable and acceptable among children and their parents.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.054

### Anxious school refusal: the challenge of access to care by minorities or immigrant groups

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#### Symposium Overview

School refusal is an increasingly common motive for consultation in child psychiatry. According to psychiatrists, situations leading to school refusal are extremely diverse, from anxiety feelings in the classroom to truancy, and may lead children to miss school occasionally or to give up their studies. If anxious school refusal usually refers to a child who refuses to go to school and expresses a huge anxiety or panic when forced to do so, the definition of this category remains unclear in the literature. It has stimulated diverse causal hypotheses (bullying, separation anxiety, social phobia...) and it is no longer categorized as a diagnosis as such in medical classifications.

In a social sciences perspective, this research symposium suggests that classifying causes might not be the biggest challenge. What if the real difference lies in the access to care? Our hypothesis is that some children, once attending a psychiatric department, will be diagnosed with « anxious school refusal » while other ones will give up their studies without receiving care and thus be considered as cases of « school dropout ». In a wide qualitative study, including 100 participants in France, we assessed the pathway to care of diverse adolescents including children of immigrants. Based on cross views of these teenagers and their parents as well as teachers and other education professionals, this symposium enlightens possible inequalities of health and of access to care that should be taken into account in order to help those adolescents to resume school.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.059

### The associations between alexithymia, metacognition and mental health problems: a sample of high school students in Istanbul, Turkey

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#### Objectives

To investigate the relationships between alexithymic traits, metacognition characteristics and accompanying mental and behavioral problems of the adolescents

#### Methods

This is a cross-sectional study. 570 participants aged between 15 and 17 were obtained from five high schools in Istanbul. All of the adolescents and their parents were informed about the aim and procedure of the study, and gave their informed consent. Sociodemographic Data Form, Toronto Alexithymia Scale (TAS-20), Metacognition Questionnaire for Children (MCQ-C) and Strength and Difficulties Questionnaire (SDQ) self report form were used. Participants who scored >59 on TAS-20 were considered as alexithymia group (11,05 % female, n=63; 8,07 % male, n=46) and ≤59 were considered as comparison group (47,02 % female, n=268; 33,86 % male, n=193). Independent sample t test, Pearson product moment correlation test and multivariate linear regression analysis were performed by SPSS (Statistical Package for Social Sciences) 21 programme.

#### Results

According to independent sample t test, total MCQ-C and SDQ scores of the alexithymia group were significantly higher compared to the comparison group ( $p < 0.05$ ). Pearson correlation coefficients indicate that there was a positive moderate relationship between TAS-20 and MCQ-C scores ( $r = .340$ ,  $p < 0.001$ ); a positive good relationship between TAS-20 and SDQ scores ( $r = .520$ ,  $p < 0.001$ ), and a positive weak relationship between MCQ-C and SDQ scores ( $r = .299$ ,  $p < 0.001$ ). Regression analysis indicated that MCQ-C and SDQ scores significantly predict the TAS-20 scores ( $p < 0.05$ ).

#### Conclusions

The results suggest that it is important to focus on metacognition characteristics and mental health problems of the adolescents with alexithymic traits in both academic and clinical field.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.060

### It hurts to be lonely! Conceptualising loneliness in adolescents

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<sup>2</sup>Nanyang Technological University, National Institute of Education, Singapore, Singapore

#### Objectives

Multi-dimensional measures and conceptualisations of adolescent loneliness are relatively limited. The objectives were 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, and geographical location (rural versus metropolitan); (iii) Test for associations between multidimensional loneliness and positive mental wellbeing.

#### Methods

A series of cross sectional surveys involving male and female adolescents (N = 2,000, N = 600, and N = 1,143) 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. These four dimensions are stable over time (N= 250) (all  $p < .01$ ). A structural equation 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.

#### Conclusions

Loneliness is linked with depression, recreational drug use, suicide ideation, parasuicide, self-harm, personality disorders and psychoses, eating disturbances, obesity, smoking and alcohol use. Up to 80% of adolescents report feelings of loneliness with 15-30% describing it as persistent and painful. The new 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. This has clinical and practical implications for professional groups represented by child and adolescent psychiatry, pediatric and clinical psychology services, researchers, and educators.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.061

### What factors can provoke children's help-seeking behaviors when they develop a feeling of unease?

S. Inoue<sup>1</sup>

<sup>1</sup>Okayama Prefectural University, Department of Nursing Science, Soja, Japan



### Objectives

This study was originally aimed at reducing stigma by children and adolescents toward people with mental illness. The present study therefore investigated the actual condition of children's attitudes toward such people and their help-seeking behaviors as seen among a sample of primary school students in Japan.

### Methods

We recruited participants from across Japan via an online service. Explanations were given to parents and their children to receive informed consent. An anonymous questionnaire was then sent to the children, who completed it and returned it by postal mail. A total of 350 school-aged children completed the questionnaire, which inquired on demographics, relationship behaviors with friends and teachers, and coping behaviors. A logistic regression model was applied to evaluate the relationships between variables. The Okayama Prefectural University Institutional Review Board gave the study ethical approval in 2016.

### Results

Ratios of respondents who reported familiarity with a certain disease were 76% for cancer, 40.9% for alcohol dependence, 36.9% for diabetes mellitus, 32.9% for depression, and only 3.7% for schizophrenia. A significant relationship was found between children not having regard for other people and not asking or telling someone when they felt uneasy (odds ratio [OR] 4.04, 95% confidence interval [CI]: 1.37–11.91), and their not willing to live with people who have a disability was also associated with not asking others when they felt uneasy (OR 3.88, 95%CI: 1.35–11.15).

### Conclusions

This study revealed that children's perceptions of their relationships with other people, including people with mental illness, relate to their help-seeking behaviors.

### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.062

### The context of school withdrawal among primary school students: qualitative analysis from interviews with schoolteachers

S. Inoue<sup>1</sup>

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### Objectives

School withdrawal is a known manifestation of children suffering from their facing challenges. This encompasses any type of difficulty children must deal with inside or outside of school. However, the background factors of school withdrawal appear to be changing in this decade. We aimed to reconfirm the concept of school withdrawal along with present-day children's conditions.

### Methods

In 26 primary schools, we conducted individual semi-structured interviews with 30 teachers who deal with students withdrawing from school. Each interview took approximately 30–60 minutes. Context analysis was applied to reconfirm the context of school withdrawal among 6 to 12 years old children in Japan. The Okayama Prefectural University Institutional Review Board gave the study ethical approval in 2016.

### Results

We revealed categories present throughout the developmental phases during childhood. As expected, the progression was from attachment to separation anxiety, relationships with friends, worries about academic achievement, and relationship with parents and family matters. However, students' concerns in relationships with friends were more about sparse communication in the real

world. Children tended to make friends through online games and by using their possessions, such as video game devices and comics.

### Conclusions

This study revealed that the current context of school withdrawal may have changed. Styles of friendships have changed. It seems important that teachers and supporters monitor children from different viewpoints and take a long-term perspective.

### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.063

### Changes in mental health service use among eight-year-old children: a 24-year time-trend study

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<sup>2</sup>Turku University Hospital, Department of Child Psychiatry, Turku, Finland

### Objectives

To study changes in children's mental health service use with four cross-sectional studies over a 24-year period

### Methods

Information was gathered on eight-year-old children who lived in the area of Turku University Hospital, Finland, at four time points: 1989 (n=986), 1999 (n=891), 2005 (n=930), and 2013 (n=942). The same study design, methods and school districts were used each year and the participation rates varied between 86% and 95%. The parents and teachers of children completed questionnaires concerning the child's psychiatric symptoms i.e. conduct problems, emotional problems and hyperactivity, and service use

### Results

There was continuous increase in actual use of services and in the considered need for services during the study period. In 1989 2.4% of children had used services and in 2013 this was 11.0% (OR 5.0, 95% CI 3.1-8.0). Among children, who had comorbid psychiatric problems, service use increased from 18.3% to 50.7% (OR 5.0, 95% CI 2.1-12.0)

### Conclusions

The increase in child mental health service use may reflect decrease of stigma, better public awareness of mental health problems and more attainable access to care. Although more children are using mental health services, there are still many children with psychiatric problems who are not in contact with services, and the future challenge is to find the ways to decrease this rate of unmet need

### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.064

### Changing in suicidal intention and suicidal attempts in pupils after a school-based suicide prevention programme

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<sup>7</sup>University of Eastern Piedmont, Department of Translational Medicine, Novara, Italy

## Objectives

The poster describes the First Suicide Preventive Programme with high level of evidence. The program was carried out in educational facilities of the Kyzylorda Oblast in October-November of 2015.

## Methods

The participants were pupils of grade 8-10 and first course of colleges. The programme was developed according SEYLE recommendation for such kind of intervention.

## Results

19 (0.5%) pupils reported a suicide attempt during the 12 months preceding the baseline, while 15 (0.4%) adolescents reported a suicide attempt during the 12-month follow-up period. The difference is not statistically significant, nevertheless it becomes greater if we consider the whole baseline sample, in which 43 (0.9%) adolescents reported at least a lifetime suicide attempt and 27 (0.6%) reported at least a suicide attempt during the past 12 months. The 15 suicide attempts at follow-up were all new cases, no one of the students that previously attempted suicide reported a new attempt.

## Conclusions

The research showed the practical effectiveness of the Programme. Such programmes can be started in the mandatory minimum of suicide prevention among Kazakhstan adolescences.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.065

### Prevalence of emotional problems and its correlation with class repetition among schooling adolescents in Ibadan south-west, Nigeria

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<sup>3</sup>University of Ibadan, Institute of Child Health, Ibadan, Nigeria

## Objectives

This study assessed the prevalence of emotional problems among repeating students and its correlates with class repetition.

## Methods

In this cross sectional study design, five schools were randomly selected from 29 public secondary schools in Ibadan Southwest Local Government Area of Oyo State. A total of one hundred and sixteen (116) students, comprising of 58 class repeaters and 58 non-repeating students were purposively selected. The Beck Depression Inventory (BDI-II) was utilized to assess for depression;

the Strengths and Difficulties Questionnaire (SDQ) to screen for behavioural problems; and the Rosenberg's self-esteem Scale was used to assess self-esteem levels. A socio-demographic questionnaire was used to obtain background information about the students.

## Results

The study results showed that the association of depression, behavioural problems and self-esteem with class repetition were strong in terms of statistical significance. Repeating respondents had a higher proportion in the depressed category of the BDHI (82.4% vs. 17.6%); and 73.9% vs. 26.1% in the borderline category of the SDQ compared to of non-repeating students. 67.3% of repeating students had low self-esteem compared to non-repeating students (32.7%).

## Conclusions

Significant emotional and behavioural problems occur among Nigerian repeating students and this could impact negatively on their academic attainments, socio-emotional development, behaviour, propensity to remain in school, and future employment possibilities. There is a need to establish a school mental health program/training of school counsellors to provide psychological support. These would improve students' classroom behaviour and academic performance, and bring about improvement in students' mental health wellbeing.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.066

### School refusal intervention: the Singapore experience

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## Learning Objectives

Singapore's twenty-five years of combined clinician experience in successful return of young persons to school since the mid-1980s— even in the case of severe school refusal—are featured. We highlight how Singaporean clinicians remain empathetic, open, firm, strong, and emotionally available—throughout the process. Singapore adapted the Kearney approach in the form of the School Refusal Protocol (SRP; created by the REACH community team). Using a case study, we apply the SRP to assess the reasons for school refusal, examine and work with family dynamics, conduct physical surveys of the home and school, and collaborate with young person, family, and school, to proceed with school return. Appropriate adaptations for different cultural contexts are discussed. Additional supplemental material will be available on the poster. We invite you to continue conversations on school refusal intervention with us.

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### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.067

#### Incorporating positive teacher language in the classroom: lessons learned from two schools in Singapore

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##### Objectives

The Responsive Classroom (RC), developed by the Northeast Foundation for Children, emphasizes the importance of respectful social interaction that will enhance teachers' and students' social and relational skills, and improve students' social and academic outcomes. A research study was conducted to evaluate the effects of Positive Teacher Language (PTL), a key component in the RC approach, to improve teacher-student relationships and to engage students in Singapore. The objective of this presentation is to share the lessons learned in our journey to support teachers to use PTL in their classrooms.

##### Methods

Two primary schools participated in this mixed method research study. Single-case designs were used to examine teachers' use of PTL and its impact on students' engagement. Semi-structured interviews were conducted with 12 teachers to explore the journey that they took to change their teacher talk and incorporate PTL.

##### Results

The teachers were of the opinion that PTL was a good intervention that would positively impact their students. However, the findings revealed that the task of unlearning formed teacher talk habits and learning the new PTL presented a steep learning curve for the teachers.

##### Conclusions

Teachers in Singapore are often responsible for teaching large classes and there is a strong emphasis on the competitive academic gains in the schools. These presented additional challenges to the teachers as they attempted to use PTL in their classrooms. Researchers will share the lessons learned from this study and provide recommendations to support teachers in their use of PTL in school.

### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.069

#### Kinetic School Drawings among students with low academic self-efficacy Comparison of grades

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##### Objectives

Past studies have revealed that learning difficulty causes lowering of learning motivation and school adaption in children. Academic self-efficacy is a type of Self-Efficacy (Bandura & Schunk, 1981) that refers to the subjective perception what is "possible" for routine learning such as class and homework (Sharma & Nasa, 2014). The present study examined which characteristics of the Kinetic School Drawing (KSD) technique project feelings of low academic self-efficacy in students.

##### Methods

Elementary school students (N = 166) completed questionnaires intended to assess their academic self-efficacy. The KSD technique was carried out in activities throughout the school (N = 166).

##### Results

The results suggested the following: (a) When drawing a self-figure, teacher, or friends, students in low grades with low academic self-efficacy tended to draw "self-figure looking forward with eyes without pupils," "a little big teacher," and "integrated drawings." (b) Students in middle grades with low academic self-efficacy tended to draw the characteristics of "a little small friend" and did not tend to draw the "teacher facing a horizontal" and "integrated drawings." (c) Students in high grades with low academic self-efficacy tended to draw the characteristics of a "partial self-figure looking backward without eyes," "small teacher and friends," and "non-integrated drawings."

##### Conclusions

The results revealed that the characteristics of KSD in children with low academic self-efficacy differed depending on grades and suggested that students in higher grades reflected secondary problems such as feelings of school maladaptation in KSD.

### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.070

#### Herbal treatment can regulate the stress due to the maternal separation in rats

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##### Objectives

This study aimed to observe the effect of a herbal prescription (Bunsimgjeum-gagam, BSGE) on the stress due to the maternal separation via in-vivo behavioral study.

##### Methods

Free radical scavenging assay, MTT-based cytotoxicity assay of SK-N-SH cell line, behavioral Observation, observing changes of body weight were conducted. In addition, quantitative analysis of the number of BrdU-positive cells per section in dentate gyrus (DG) was carried out in order to figure out the effect on which BSGE has the increase of neuron in dentate gyrus of hippocampus damaged by the stress due to the maternal separation.

##### Results

In free radical scavenging assay, BSGE had a superior free radical scavenging effect. And it showed a significant result with the high cell proliferation effect in MTT-based cytotoxicity assay ( $P < 0.01$ ,  $P < 0.001$ ). BSGE, in the behavioral Observation, was also efficacious against the decline of one's behavior and anorexia derived from the stress by the maternal separation. In the change of body weight, it showed that the BSGE is effective in the recovery of weight loss caused by heavy stress ( $P < 0.05$ ). Also, BSGE had an increasing effect, which

is similar to a normal state, on DG's neuron in hippocampus ( $P < 0.001$ ).

## Conclusions

It is found that the BSGE has an anti-stress effect and a proliferation effect of neuron in dentate gyrus of hippocampus, and it shows the potential of BSGE in the treatment for the various disorders derived from children's stress.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.071

### Supporting shared decision-making for children's complex behavioral problems: Development and user testing of an Option Grid treatment decision aid

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#### Objectives

There is a lack of research to guide collaborative treatment decision-making for children who have complex behavioral problems, despite the extensive use of mental health services in this population. We developed and pilot-tested a 1-page Option Grid™ treatment decision aid to facilitate shared decision-making between children, caregivers, and mental health providers for these situations.

#### Methods

An editorial team of parents, child psychiatrists, researchers, and stakeholders developed the scope and structure of the tool. Researchers included information about psychosocial and pharmacological treatment options using information based on the best available evidence. Using semi-structured qualitative interviews ( $n = 18$ ), researchers conducted user testing and field testing with parents, clinical prescribers, and clinic administrators. The researchers coded and synthesized the interview responses using mixed inductive and deductive methods.

#### Results

The Option Grid describes behavior therapy and four classes of medications, side by side. For each option, the Grid describes what the treatment option involves, how well the option works, and what problems might be associated with the option. Information is provided in lay language and natural frequencies (e.g., 60 in 100 children significantly improve behaviors following this option; 30 in 100 children have this side effect with this option). Parents, clinicians, and administrators felt the Option Grid had significant value although additional training and other support is required to successfully implement the Option Grid and achieve shared decision-making in clinical practice.

#### Conclusions

Parents, professionals, and researchers can partner to develop a user-friendly tool to enhance shared decision-making for children with complex behavior problems.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.072

### Flemish expertconsensus regarding multiple and complex needs in

## youth care: a Delphi study

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#### Objectives

Child psychiatry and related child serving agencies are challenged by an increasing case complexity. However, there is no agreed upon definition of multiple and complex needs (MCN) in children and adolescents and information about complexity in youth care is scarce.

The aim of this project is to formulate a consensus definition of MCN in children and adolescents, among experts in several child serving agencies. Also, we wish to add to the knowledge concerning the concept of complexity in youth care. Moreover, recommendations regarding identification and treatment of MCN throughout sectors of youth care are assessed.

#### Methods

A modified Delphi process is used to assess expert perceptions regarding definition and conceptualization of multiple and complex needs. A panel of at least 40 persons with expertise in complex cases is recruited in several child serving sectors. A review of the literature, in-depth interviews with youths with MCN and their parents, and focus groups with professionals were used to develop Likert statements, and open questions for the first round. An online survey tool (Qualtrics) is used to build and distribute questionnaires and collect answers.

#### Results

The expected outcome of this Delphi – study is an agreed upon definition of MCN in children and adolescents along with added insight into the determinants of complexity in child and youth care.

#### Conclusions

Our results will enrich the cross-sectoral knowledge with regard to the identification and treatment of MCN.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.073

### Looking before we YEEP: An evaluation of the experiences of healthcare transitions for young people with 22Q11DS.

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#### Objectives

To understand the experiences of a group of young people (Young Experts by Experience Panel, YEEP) with a rare genetic disorder, 22q11.2 deletion syndrome (22Q11DS) as they transition from child to adult services.

#### Methods

Following ethical approval, the YEEP was recruited via the national support organisation, 22Q Ireland. Shaped by the literature, a semi-structured interview schedule was devised and guided participatory action research conducted with YEEP members over 5 full days between May-Sept 2017.

#### Results





The overwhelming experience by YEEP members was of a difficult and stressful transition, with poor transfer of information between medical and mental health services. They experienced an overall lack of knowledge by the new service providers of their unique needs and disorder (22Q11DS), requiring multiple retelling of their story. Their key recommendations were to develop a 'Transition Toolkit' to assist in the process, alongside a transition training video professionals in health care and education to help optimise the process of transition in this group.

#### Conclusions

Optimum transition experience is critical to engagement with new services, management of the medical condition and overall quality of life. Individuals with 22Q11DS face particular challenges with transition, given that the majority experiencing mild intellectual disability, they have a highly increased risk of psychiatric disorders, along a variety of medical and educational problems. Transitional care should be planned and coordinated, with the young person central to the process, and assisted by the family and clinical teams. Transition training for professionals coupled with the transition Toolkit, should assist in this endeavor.

#### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.074

#### Leave of absence on an adolescent inpatient unit.

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#### Objectives

Leave of absence (hereafter leave) is a unit-approved process allowing a patient to be away from the ward for a quantified period of time, for example, to attend school or spend time with family. Leave may be used to assist with transition to life in the community and to provide a contained opportunity to apply coping skills. Given this, leave is thought to improve therapeutic outcomes, but empirical evidence is largely lacking. This study explored the use of leave on a 15-bed adolescent inpatient psychiatric unit in Melbourne, Australia. It was hypothesised that those taking leave would be less likely to be readmitted following discharge, a marker of improved outcome, compared to those who did not take leave.

#### Methods

A retrospective case file review was conducted on inpatient admissions (N=103), analysing demographic and clinical characteristics in regards to the use, purpose, and outcome of their first leave from the unit. A clinician survey of ward staff was also completed (N=8) to determine staff perspectives on leave.

#### Results

Over half of the adolescents took leave and those who did were more likely to have a longer length of admission and were less likely to have prior admissions than those who didn't take leave. A significant relationship between leave and readmission was not found. Staff survey responses indicated that leave was deemed beneficial for treatment purposes.

#### Conclusions

It was concluded that leave is a common practice, thought to assist in the treatment process, however the benefits of leave on readmission rates was not established.

#### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.075

#### The therapeutic consultations nowadays - concepts review

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#### Objectives

Thinking the current practice of psychiatry of child and adolescent, based on the conceptualization of therapeutic consultations developed by D. W. Winnicott.

#### Methods

Non-systematic review of the literature available.

#### Results

Winnicott, pediatrician and psychoanalyst of children, was worried about making significant each intervention, as well as recognising the therapeutic power of family environment. He observed the great importance of the first sessions, by giving attention to child needs and working them through playing. Winnicott said it was crucial the relational exchange between therapist and child and through of it the child could discover itself and express its difficulties. These consultations enabled a brief and unique opportunity of evaluation and intervention, that modified problems, that afterwards should be supported within family.

The practise of psychiatry of child and adolescent lives nowadays some struggles, as the growing demand of mental care at pediatric age, the diminished human resources, the time limitation of sessions, requires short and effective interventions, that could be found in these special form of consultations.

#### Conclusions

For Winnicott, children were the main focus of intervention: their problems, their ways of thinking, their playing were the major tools of intervention. Winnicott recognised that family should be able to provide a good environment capable of support the child needs, but did not worked directly with families.

At the present, the form of therapeutic consultations allied to family intervention should be the answer to growing demands on mental health of child and adolescents.

#### Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.076

#### Perspectives of youths, parents and professionals on a collaboration project between child and adolescent psychiatry and child welfare

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## Objectives

Our aim is to describe a benefits and pitfalls of an innovative collaboration project between child and adolescent psychiatry and child welfare, that aims to optimize care delivery for adolescent girls with multiple and complex needs. Multiple perspectives are included: youths in care, their parents, and professionals involved in the collaboration project. Doing so, we hope to offer guidance for cross-sectoral collaboration in service delivery for vulnerable populations.

## Methods

An intensive collaboration project between child psychiatry and child welfare is evaluated from different perspectives: in-depth interviews with 8 adolescent girls with multiple and complex needs in residential child welfare, in-depth interviews with 12 of their (step)parents, and focus groups with 45 professionals from child psychiatry, child welfare, and related sectors who are involved in the collaboration.

## Results

The benefits of an intensive collaboration program between child psychiatry and child welfare are identified by youths, their parents, and professionals alike: 1) tailoring (individualization, continuity); 2) lowering threshold towards therapy and ameliorating implementation; 3) continuity, 4) expanding the possibilities of service delivery at the individual and organization level. Several pitfalls are also identified: 1) agency for youths and parents; 2) openness towards organizations external to the collaboration project; 3) preserving privacy.

## Conclusions

Collaboration projects between child psychiatry and child welfare have the potential to better serve youths and their parents. However, several potential pitfalls have to be kept in mind. Being attentive to the perspectives of youths, parents and professionals can contribute to optimizing care for the most vulnerable families.

## Poster session 7

27 July 2018, 07:30 - 13:00, Poster Area

P 7.077

## Profile of children whose parents are hospitalized in a psychiatric unit in Brazil

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## Objectives

The children of patients with psychiatric disorders are a particularly vulnerable population for the development of psychopathology. The objective of this study was to investigate the characteristics of this population and the impact of parent mental health in children of inpatients from a psychiatric unit of a general hospital in southern Brazil.

## Methods

Offspring (4 to 17 years old) of psychiatric inpatients were interviewed face-to-face and assessed with the Strengths and Difficulties Questionnaire (SDQ). Interviews with caregivers and the hospitalized parents were also performed. The quality of life of the offspring, psychopathology of their hospitalized parents, and their current caregivers were investigated in order to evaluate any associations between these aspects and psychopathology in the offspring.

## Results

Thirty-four children of 25 patients were evaluated, 4 for 17 years old (average was  $10.8 \pm 4.19$ ). 58.8% of children was less than 12 years old and of female gender (52.9%). 82.4% have their mothers hospitalized. Their parents were mainly diagnosed with mood disorders (unipolar depression and bipolar disorder), and most of them were cared for by their mothers before the hospitalization. During the hospitalization, care was provided mainly by other relatives (41.2%) or by fathers (29.4%).

## Conclusions

These results could help us to understand a population that many often forget to attend to adequate public policies and standard protocols of action directed to this population that are urgently needed, especially for offspring of parents that are hospitalized in psychiatric in-patient units of general hospitals.

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# IACAPAP 2018

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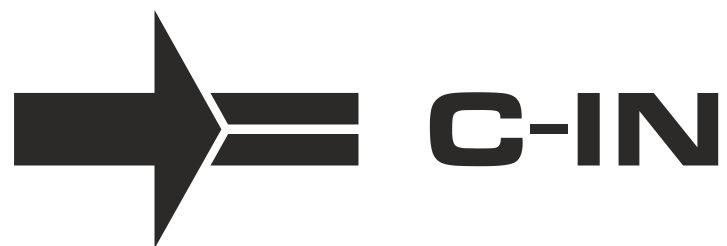
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