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Abstracts submitted and presented at the joint meeting of the 22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress and the 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry.

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The following collection of abstracts were submitted and presented at the joint meeting of the 22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress and the 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry.

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Table of Contents

Symposia, Workshop and Oral Presentations

Monday September 19

W01 The Bird That Wants to Fly: Hurt, Hope and Healing . . . 1

RS01 Pre- and Post-Natal Maternal Mental Health and Adverse Child Outcomes: Social-Biological Mechanisms . . . 1

AP01 Leaders Forum: the Future of Child and Adolescent Psychiatry I . . . 2

RS02 Tourette Syndrome and Tic Disorders in Asia: Focusing on Pharmacotherapy . . . 3

O01 Youth, Adaptation and Positive Mental Health . . . 3

AP02 The Impact of Stigma on the Health of Indigenous Children and Youth in Canada . . . 6

O02 ADHD Treatment . . . 7

W02 Movie Clips Used in Psychoeducation of Childhood Pathology- A Picture is Worth More than Oral Descriptions . . . 9

W03 'Reproductive Health' to Improve Mental Health in Refugee Girls. What Do We Know, What Can We Do and What is Needed? . . . 10

W04 Stigma: From the Inside Out . . . 10

O03 Suicidal Ideation and Behaviour in Rural and Urban Settings . . . 11

SG01 Pasifika!! A IACAPAP Study Group Journey Across the South Pacific and the Indian Oceans . . . 12

W05 Parental Mental Health: Who Will Help the Parents? . . . 13

W06 Pediatric Somatization: A Canadian Perspective on Clinical Management and Program Development . . . 14

W15 The 3rd YEAH IACAPAP Session: Practicing Child Psychiatry in the 21st Century . . . 14

RS03 Positive Mental Health and Resilience: Themes From the 2016 IACAPAP Monograph . . . 15

AP03 Specialist Training in Child- and Adolescent Psychiatry: Towards more Uniform Standards? . . . 15

O05 Supporting Families and Caregivers . . . 16

O06 Trauma and Treatment . . . 18

O07 Prevalence and Treatment for Eating Disorders . . . 20

W08 Embodied Stigma: Addressing Weight Bias Across the Weight Spectrum . . . 21

W09 Theory to Practice: Integrating Utilization Focused Evaluations into Treatment Programs . . . 21

W10 Who is in Charge: the Rights of an Adolescent in the Inpatient Hospital Setting, a Multicultural Perspective . . . 21

SG02 Technology Enabled Collaborative Care Models . . . 22

O08 Prediction and Prevention in CAMH . . . 22

O09 Prediction and Trajectories of CAMH . . . 24

RS04 Seamless Pathway to Care through School Mental Health Literacy and Go-To Educator Early Identification Approaches . . . 26

O10 Bridging Physical and Mental Disorders . . . 27

W11 Effective, High-Quality Inpatient Psychiatric Care for Youth through Outcomes, Benchmarking and Standards: National and International Perspectives . . . 29

RS05 AACAMH Symposium: Various Aspects of CAMH in Africa . . . 29

W12 Constructing Hope and Motivation in Parents & Adults With Complex Trauma History's: Phase A, The ITTM . . . 30

RS06 Using Advanced Imaging to Understand Mental Illness in Children and Adolescents . . . 31

O11 Psychopharmacology 32
AP04 Research on Childhood Sexual Abuse: Psychosocial, Neurobiological and Legal Perspectives. 33
SG03 Early Identification Initiatives in Youth Mental Health. 34
RS07 Sleep Mood and Suicide in Adolescent – Link Between Sleep and Psychiatry 34
W13 Recovery and Transitions in MH Services: Promoting a More Positive Journey and Resilience Framework From Youth to Adulthood 35
W14 Beyond Mountains; Experiential and Adventure Therapy with Adolescents. 36
O12 ADHD and Executive Function. 36
W16 It Really is All Fun and Games: Novel Assessment and Treatment Interventions for Selective Mutism 38
AP05 "Hope" Operationalizing the Concept of Hope 38
W17 Adventures in Mental Wellness 39
RS08 Trauma in Children and Adolescents with Sexual Abuse in India: A Current Update on Impact, Assessment, Clinical Management and Policy Framework 39
O13 Biological Correlates of Autism 40
O14 Mood Disorders. 41
AP06 Treatment Seeking and Behaviour Change in Transition-Aged Youth with Substance Use Problems: Practice Lessons From Research 44
O15 Mental Health Interventions in School - I 45
SG04 A School-Based Collaborative Model for Health and Mental Health Service Delivery in Aboriginal Communities 46
AP07 A Multi-Disciplinary Collaboration in Enhancing the Resilience of Hospitalized Children and Adolescents 46
W18 Implementing Feedback Informed Treatment in Counselling 47
O16 Involving Families in Caregiving in Child and Adolescent Mental Health 48
RS09 Assessment and Intervention to Address the Mental Health Needs of Children and Youth in Government Care - A Cross Boarder Perspective. 49

Tuesday September 20

W20 First Nation Teen Mental Health Forced Multiplier - Rotating Doctors, Minimal Psychiatry, Nurses Station Empty - Solved by Hybrid Model Tele-Mental Health. 50
RS10 Brain Stimulation in Paediatric Neuropsychiatric Disorders 51
W21 "You Want Me To Do What!?": Exposure and Response Prevention in Eating Disorder Treatment. 51
W22 Capacity Building and Therapeutic Consultation for Children and Families with Histories of Complex Trauma in Rural Communities Through TeleMental Health Services 52
W23 Innovative Approaches to Medical Education in Child and Adolescent Psychiatry – The Role of Technology 53
O17 Description and Treatment of Displaced and Refugee Children and Adolescents 53
RS11 Protective Factors and Suicidal Behaviour in Adolescence 55
RS12 Promoting Resilience in Latin America: Mental Health Research Initiatives in Chile 55
SG06 Pediatric Consultation-Liaison Psychiatry 56
AP08 A Pan-Canadian Perspective on Family Therapy and Family Therapy Training: Importance to Mental Health and Psychiatry. 57
O18 From Assessment to Treatment. 57

O20 Intervention in Support of Mother-child Interaction 60
O21 Psychotic Disorder 61
W24 Autism-Family as Co-Therapists (FACT): an Intervention Model From a Tertiary Care Centre in India 63
W25 The IACAPAP iCAMH: Train the Trainers 64
W26 Syrian Refugee Families in Canada: Collaboration and Clinical Experience in Mental Health Care 64
O22 Adolescent Treatment Issues 64
W27 Transitionitis Prevention: Successful Navigation of the Job Hunt NOS (Not Otherwise Specified) 67
O23 Mental Health Interventions in School - II 68
RS13 Best Practices in Stigma Reduction Impacting Youth – the Canadian Context. 70
SG07 IACAPAP Workgroup on Gender Issues. 71
AP09 Conducting Psychosocial Research with Children and Youth in Multicultural Western Societies: Is Culture Given Sufficient Attention?. 71
O24 Maternal Depression and Anxiety 72
O25 Biological Markers of Child Psychopathology and Development 74
O26 The Complexities of ADHD Diagnosis and Outcome. 75
SG08 High Conflict Divorce and Parenting: Promising Practices Across Systems 78
AP10 Rethinking Child Psychiatric Assessment: Quality of Care, Family Engagement, and System Outcomes 78
O27 Neurodevelopmental Disorders 79
AP11 Leaders Forum: the Future of Child and Adolescent Psychiatry II 80
RS14 IACAPAP Online Teaching, e-learning and Online Publishing Initiatives – a Challenge and Chance to Improve Worldwide Mental Health. 81
W30 Prescribing for Children and Adolescents: Perspective From Low Resource Country 82
W29 Insights From the Rearview Mirror: Linking Lived Experience of Recovery to Child and Adolescent Resiliency 82
SG09 Improvement in Child and Adolescent Mental Health Services: Regional Systems 83
W31 Just Do It! Presenting and Publishing Your Work in Child and Adolescent Psychiatry 83
RS15 From Community to Clinic and Back: What Population-Based Samples Can Tell Us About the Etiology of Childhood Psychopathology? 84
SG10 Suicide Prevention in Nunavut – How to Engage Youth in Becoming Visionaries?. 85
W32 The Body Remembers; the Brain Reacts: Clinical Applications of Understanding the Underlying Connections Between Eating Disorders and Trauma 85
SG11 Selective Mutism with or Without Co-Morbid Social Anxiety Disorder: Working Towards a Better Understanding of Young Children Who Do Not Speak 86
W33 Collaborative Team Training: Exploring the use of Simulation to Reduce Patient Trauma, Seclusion and Restraint in the Management of Acute Psychiatric Crisis 86
AP12 What's Right with Kids These Days?: Three Perspectives on How Youth Are Thriving and What We Shouldn't Do About It. 87
RS16 Cognitive Behavioral Therapy (CBT) and Skills Training for ADHD Throughout the Lifespan 88
W34 An Experiential Introduction to Expressive Arts Therapy Single Session Group (Designed for an Acute Care Inpatient Adolescent Psychiatry Unit). 88
O30 CAMH in Underserved Regions 89
O31 Commorbidity of ADHD. 91

RS17 Predictors for the Development of Childhood ADHD Symptoms 93
W35 Medical Malpractice Pitfalls in Child and Adolescent Psychiatry Practice 93
AP13 FIGHTING WEIGHT STIGMA: "Bodies at Risk" 94
O32 Mental Health Policy 95
W36 Introduction to the Short-Term Assessment of Risk and Treatability: Adolescent Version (START: AV): a Primer on Assessing and Managing Diverse Risks and Needs. 97
SG12 Neuroimaging in Child and Adolescent Psychiatry – Challenges, Implications and Research 97
RS18 Syrian Children Exposed to War: Opportunities for Community and School–based Interventions 98
W37 Psychodynamic Psychotherapy with Children and Adolescents: Seeking The Good, The Bad and The Beautiful! 99

Wednesday September 21

W38 Ethical Considerations of Medical Decision-Making Capacity in Pediatric Consult-Liaison Psychiatry 99
W39 Maximising Quality and Effectiveness of In-Patient Treatment in UK, Norway and Estonia: It's the Process that Counts 100
AP14 Combating Stigma in Child and Youth Mental Health: From Neurons to Neighbourhoods 100
O33 Treatment and Outcome of Autism 101
W41 Confronting Hiccups to Blackholes: Psychodynamic Understanding in Therapeutic Work with Children and Adolescents 102
W42 The CanREACH Pediatric Pharmacology Program Continuing Medical Education: History and Implementation Methods 103
RS19 Structural and Functional Imaging Studies in Far East Asian Children and Adolescents with Attention-Deficit Hyperactivity Disorder 103
O34 User's and Family's Perspective of Mental Health Services 104
RS20 Innovative Resources for Teaching Child and Adolescent Mental Health Worldwide 106
W43 Post Concussion Syndrome and Mental Health. 107
AP15 Borderline Intellectual Functioning and ID/IDD: Co-Morbid Conditions and Implications for Care 108
O35 Treatment of Anxiety Disorders. 109
O36 Issues in Developmental Child Psychiatry 111
W45 Child and Adolescent Psychiatry Delivered to the Inuit of Nunavut. A Discussion on Models of Care, Culture, Best Practices and Learnings 113
O37 Non-pharmacological Treatments of ADHD 113
RS21 What Works in Cognitive-Behavioral Interventions in Children with Externalizing Behavior Problems? Mediators of Treatment Outcome 115
RS22 Suicide, Child Protection and Child Mental Health Services in Arab Countries 116
O38 Prevalence and Characteristics of Stigma 117
W46 Progressive Psychiatric Rehabilitation of Youth with Complex Mental Problems 119
O39 Risk Factors and Outcome of ACE. 119
W48 Time 2 Talk - a Whole School Approach to Challenging Stigma and Raising Awareness About Mental Health and Emotional Wellbeing 121
SG13 Addressing the Potential Applicability of Pharmacogenomics in the Clinical Practice of Child and Adolescent Psychiatry. 121
W49 Internalized Other Interviewing as an Innovative Therapeutic Skill. 122

W50 The Mental Health and High School Curriculum Guide 122
W51 Engagement, Understanding, and Accountability: a Good Start to Working with Transitional-Aged Youth 123
O40 Prenatal Mood Disorder 123
RS23 Developmental Antecedents, Early Identification and Prevention of Severe Mental Illness in High Risk Youth 125
O41 Mental Illness Stigma in Families 126
O42 Psychological Treatment for Adolescents 127
SG14 Developing Models for Training in Child and Adolescent Psychiatry in Low and Middle Income Countries 128
W52 Applications of Motivational Interviewing in the Treatment of Adolescents with Eating Disorders 129
O44 Policy Development 129
O45 Measurement in Cultural Psychiatry 131
O46 Mental Health Interventions in School - III 133
RS24 ADHD: Cognitive, Intellectual and Mood Deficits 134
O47 Trends, Description and Prevention of ACE 135
O48 Supporting Families and Caregivers 137
O49 Mobile and e-health 139
W54 Brief, CBT-based Interventions for Anxiety and Depression in Children and Adolescents 140
SG15 The Youth Community Support Program; An Innovative Response to Complex Mental Health Needs 141
O51 Characteristics and Treatment of Child and Adolescents with Trauma 142
AP16 Fighting Stigma Towards Mental Illness: Cross-Cultural Perspectives Involving Constructs of Social Distance and Individualism-Collectivism 143
W55 Global Mental Health Research: Guidelines on How to Conduct a Successful International Research Project Studying Suicidal Behaviors 144
RS25 New Perspectives on Child and Adolescence Psychiatric Practices 145
RS26 Social Outcomes of Children and Adolescents with Neurodevelopmental Disorders 145
W56 Successful Medication Management System in a Non-Profit Organization in Alberta 146
SG16 Mental Health in the Lives of Indigenous Children Around the World: A Forum for Reflection and Discussion 146
O52 Prevention and Early Intervention 147
W57 Outside the Binary: Assessing and Treating Youth with Non-Binary Sexual and Gender Identities 149

Thursday September 22

W58 Building Resilience The Tilney Model 150
RS27 Discovering New Outlooks and New Ways of Promoting Resilence 150
W59 Adapting Cognitive Behavioral Therapy to Treat 4- to 7-year-old Children with Selective Mutism and/or Social Anxiety Disorder 151
O53 Stigma and Caregiver Support 151
RS28 A Pan-Canadian eHealth Research Symposium on the Treatment of Adolescent Anxiety and Depression 153
RS29 Levels of Assessment and Treatment of Emotionally Dysregulated Youth 154
RS30 Nature Disaster and Psychological Trauma 155

SG17 Requests to Provide Risk Assessments to Unaccompanied Minors: Do We Have A Standard of Care in Canadian Child and Adolescent Psychiatry? 156
O55 Measurement in Mental Health 156
W60 The Evidence-Based Multidisciplinary Evaluation of Preschool-Aged Children in an Outpatient Mental Health Clinic: Understanding the Essentials 158
O56 Media and CAMH 159
W61 Intervening with Families in High-Conflict Post-Separation Parenting 160
O57 Innovations in Psychiatry 161
RS31 The Study of Gamblers and Non Gamblers on Personality Mental Health and Stress 162
W62 Treatment Planning for Recovery: Beyond Categories and Dimensions 163
O58 Training and Literacy of School Caregivers 163
O59 Epidemiology in CAMH 166
W63 An Overview of Avoidant and Restrictive Food Intake Disorder (ARFID) 168
SG18 Accessing Children's Mental Health in Canada? 168
W64 HEADSTRONG: Fighting Stigma, Promoting Resiliency, Building Networks and Partnerships 169
O60 Self Harm 170
O61 Training Curriculum 171
O63 Psychological Correlates of Autsim 172
O64 Gender Issues 174
O65 Strengthening Youth 176
W65 Integrated Model of Practice Responding to Child Abuse: Sheldon Kennedy Child Advocacy Centre 178
W66 The Challenges and Rewards of Teaching Social and Emotional Skills in School Settings: the Lived Experience From Two Practitioners 179
RS32 Unpacking Youth Self-Harm and Suicide in WA: Emotion Dysregulation, Social Media and the Role of Gatekeepers and Health Professionals 179
W68 Attention Deficit Hyperactivity Disorder in Autism Spectrum Disorders: Assessment, Treatment and Case Examples 180
AP19 Just as Important as Sleep: The Crucial Role of Nutrition in Child and Adolescent Mental Health 181
SG19 Common Mental Health Problems in South Asian Children and Adolescents Living in the Greater Toronto Area 182
W69 Increasing Parental Involvement in the Treatment of Mental Health Issues in Children & Adolescents: Lessons Learned from Emotion-Focused Family Therapy 182
O67 Bullying 183
RS33 Non-Suicidal Self Injury in Youth: An International Research Perspective 186

Poster Presentations

P1 Posters, General Child and Adolescent Mental Health 187
P2 Posters, Psychiatric Disorders and Comorbid 211
P3 Posters, General Child and Adolescent Mental Health, and Psychiatric Disorders and Comorbid 245
P4 Posters, Principles of Treatment 274
Author Index 301

Symposia, Workshop and Oral Presentations

Mon Sept 19 | 09:00–10:30 | Acadia A

W01 The Bird That Wants to Fly: Hurt, Hope and Healing

Diane L. Kaufman

Arts Medicine for Health & Healing, Portland, OR, USA

Workshop Description: The Bird That Wants to Fly: Hurt, Hope and Healing workshop is on applying creativity and expressive arts to trauma recovery. Healing is a process and a journey taken one step at a time, one thought and feeling at a time which taken all together over and over, form a pathway upon which our life experience's may rest. The metaphors evoked in art can help us tap into our life story, and expand us into the larger story of humanity, and empower us to reflect upon what we can "do and be" with our one life here on earth, and, importantly, how we can continue to grow and transform despite the impact of violence in our lives. The workshop will begin with a review of the ACE Study and how trauma impacts brain and body. The "bird" within us all symbolizes the psyche who years to be free, to spread her wings and fly. The story, Bird That Wants to Fly, which was written at a Therapeutic Arts Alliance of Manhattan workshop will be shared as well as clips from the opera which it inspired. Participants will create art and poetry on the themes of recovery, rebirth and renewal.

Learning Objectives:

- Participants will have increased understanding of the ACE Study, how traumatic experience impacts brain and body, and how this influences choice of treatment intervention.
- Participants will have increased awareness and direct experience of how art, music and poetry in a therapeutic context can help facilitate healing from trauma.

References:

Kaufman, D., Chalmers, R., & Rosenberg, W., Chapter 9, Poetry Therapy; In Integrating Expressive Arts and Play Therapy: A Guidebook for Mental Health Pracitioners and Educators. 1st Edition; E. J. Green and A. A. Drewes (Eds.); John Wiley, Hoboken, New Jersey; November 2013

Kaufman, D, & Kalatsei, O.; The Bird That Wants to Fly, Create Space, March 2013

Mon Sept 19 | 09:00–10:30 | Acadia B

RS01 Pre- and Post-Natal Maternal Mental Health and Adverse Child Outcomes: Social-Biological Mechanisms

Carly A. McMorris, Catherine Lebel, Chantelle Magel, Jenna Thomas, Deborah Dewey, Gerald Giesbrecht, Nicole Letourneau

University of Calgary, Calgary, AB, Canada

Symposia Overview: **Background:** Pre- and post-natal maternal depression, anxiety and stress are risk factors for adverse outcomes in children, including birth complications, emotion regulation difficulties, and poor neurodevelopmental outcomes[1]. Children exposed to poor maternal mental health during gestation are at higher risk for developing later psychopathology, including behaviour difficulties, social-emotional issues, learning problems, and other childhood disorders, such as attention-deficit hyperactivity disorder (ADHD)[2,3]. Despite the abundance of evidence supporting poor maternal mental health as a risk factor for development, limited research has examined the underlying mechanisms that increase developmental risk for these children.

The **purpose** of this research symposium is to present new evidence on social-biological mechanisms that may explain the relationship between poor maternal mental health and adverse neurocognitive, emotion regulation, and behavioural outcomes in children from the Alberta Pregnancy Outcomes and Nutrition (APrON) study cohort, a longitudinal pregnancy cohort of women, their children, and their partners living in Alberta, Canada. The symposium will present results from our research on brain structure, child temperament, maternal cortisol levels, and paternal pre- and postnatal psychopathology as potential mechanisms.

Relevance: Results support previous research and provides new evidence that prenatal maternal mental health is associated with children's brain structure and temperament. This symposium highlights the importance of ensuring optimal maternal mental health throughout pregnancy, and the important role of fathers in children's development. Our findings suggest that paternal support and stress and anxiety management techniques, which could be enhanced through interventions and community support, may help mitigate the negative consequences of maternal mental health on child development.

Part 1: Dr. Catherine Lebel will present findings from her study that utilized magnetic resonance imaging (MRI) to investigate the association between exposure to prenatal and postpartum depression symptoms and brain structural development in preschool-aged children. Results indicated that higher maternal depressive symptoms, prenatally and postpartum, were associated with thicker frontal cortex in children; lower white matter diffusivity was related to postpartum depression only. The thinner cortex and lower diffusivity in children exposed to higher levels of maternal depressive symptoms suggest premature brain development, and a loss of plasticity.

Part 2: Ms. Chantelle Magel will present her research about the effects of maternal childhood sexual abuse on maternal hypothalamic-pituitary-adrenal (HPA) axis during pregnancy, and the implications for fetal development. A growing body of literature is showing that the maternal HPA axis is a key mechanism by which maternal experience becomes imbedded within fetal and child development. This presentation will describe changes in the maternal HPA axis associated with childhood sexual abuse and the effects of these changes on infant behaviour.

Part 3: Ms. Jenna Thomas will discuss her research related to the development of emotion regulation behaviours in infants'; specifically, whether exposure to maternal psychological stress during pregnancy predicts maladaptive infant emotion regulation strategies. She will also discuss the role of infant

temperamental negativity and maternal sensitivity in this relationship.

Part 4: Dr. Carly McMorris will present findings on the mediating role of paternal psychopathology pre- and postnatally on maternal mood disorders (e.g., anxiety and depression) and preschool children's neurodevelopmental outcomes.

Learning Objectives:

The learning objectives are: **1)** To provide an overview of the relevant literature that has examined links between maternal mental health and children's neural, cognitive, and behaviour outcomes; and **2)** To discuss and provide evidence related to various social-biological mechanisms, including alterations in brain structure, child temperament, maternal cortisol levels, and paternal psychopathology, that could underlie this relationship.

References:

1. Schetter, C.D. & Tanner, L. (2012). Anxiety, depression, and stress in pregnancy: Implications for mothers, children, research, and practice. Current Opinion in Psychiatry, 25, 141-148.
2. Huizink, A.C., de Medina, P.G.R., Mulder, E.J.H., Visser, G.H.A., & Buitelaar, J.K. (2002). Psychological measures of prenatal stress as predictors of infant temperament. Americian Journal of Child and Adolescent Psychiatry. 41, 1078-1085.
3. Van der Berg, B.R.H. & Marcoen, A. (2004). High antenatal maternal anxiety is related to ADHD symptoms, externalizing problems, and anxiety in 8- and 9-year olds. Child Development, 74, 1085-1097.

Mon Sept 19 | 09:00–10:30 | Glen 201-203

AP01 Leaders Forum: the Future of Child and Adolescent Psychiatry I

Bruno Fallisard[2], Gregory K. Fritz[1], Chris Wilkes[4], Norbert Skokauskas[3]

1. President, The American Academy of Child and Adolescent Psychiatry, Brown, MA, USA, 2. President, International Association for Child and Adolescent Psychiatry and Allied Professions, Paris, France, 3. Secretary General, World Psychiatric Association, Child and Adolescent Psychiatry Section, Trondheim, Norway, 4. President, Canadian Academy of Child and Adolescent Psychiatry, Calgary, BC, Canada

Symposia Overview: This is the fourth 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. All symposiums attracted large audiences and were well received. Since 2014 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. *We are living in changing times* with great opportunities and great challenges. Hence there is an urgent need for a regular Leaders' forum.

The symposium will be chaired by Professor Bruno Fallisard (President IACAPAP) and Prof. Norbert Skokauskas (Secretary General, World Psychiatric Association, Child and Adolescent Psychiatry section).

Part 1: IACAPAP Perspective on Current situation of CAMHS and the way forward

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 . However, country resources dedicated to CAMH are not in parallel with this important level of burden. This presentation will address how to change this situation and how IACAPAP can assist.

Part 2: The American Academy of Child and Adolescent Psychiatry: Who We Are

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 in order to best help children and their families.

Part 3: National Perspective from the Canadian Academy of Child and Adolescent Psychiatry

This presentation will focus on current facts known about the crisis regarding need versus supply of mental health services for Children and Youth considering the prevalence of Mental Health Disorders to be 1 in 5 Children and Youth having a diagnosable disorder complicated by the fact that in Canada, approximately 1.5 million Children&Youth living in poverty.

Part 4: World Psychiatric Association, Child and Adolescent Psychiatry section: **Global Collaboration for Child and Adolescent Mental Health**

The WPA 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.

Learning Objectives: 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.

References:

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Mon Sept 19 | 09:00–10:30 | Glen 204

RS02 Tourette Syndrome and Tic Disorders in Asia: Focusing on Pharmacotherapy

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Symposia Overview: Tourette syndrome (TS) is a neurodevelopmental disorder with multiple motor tics and one or more vocal tics which persist for over one year. TS is frequently comorbid with several neuropsychiatric disorders such as obsessive-compulsive disorder (OCD) and attention-deficit/hyperactivity disorder (ADHD). About 1 % of children are affected by TS, and the prevalence becomes much higher if all tic disorders are included.

Recently, several clinical guidelines of TS and tic disorders were published in Western countries. They proposed comprehensive treatment including psychoeducation, behavior therapy, and pharmacotherapy. Such a guideline should be established in Asia also.

"Collaboratory Asian Research on Tourette Syndrome (CARTS)" started in 2008, and has tried to share clinical and research experience toward fruitful collaborative research.

This symposium consists of three presentations by CARTS members from Japan, Korea, and China. The three presentations will shed light on TS and tic disorders in Asia focusing on pharmacotherapy, and contribute to improvement of their understanding and treatment forward Asian guideline.

Part 1: Topic from Japan is "pharmacotherapy for Tourette syndrome and tic disorders in Japan." Survey about pharmacotherapy for TS and tic disorders by Japanese expert physicians was performed, and 54 physicians responded to questions about preferable medications, doses, the most important factor in prescription, and so on. As the first line medicine for tics, aripiprazole was indicated most frequently, followed by risperidone. The most preferable combination of initial and maximum doses of aripiprazole was 3mg/day and 12mg/day.

Part 2: Topic from Korea is "multicenter open label pharmacotherapy for Tourette's disorder in Korea." Although aripiprazole is useful for tics in patients with Tourette syndrome (TS), and has fewer adverse effects compared to other antipsychotics, there are few studies about its tolerability profile for Korean children with TS. Our study was designed to assess the prevalence and characteristics of adverse effects resulting from the use of aripiprazole in multicenter open trial for 32 patients with TS. Among 32 patients, six patients (20%) discontinued aripiprazole because of the adverse effects. The most commonly reported adverse effects were sedation (n = 10, 28%) and nausea sense (n = 6, 20%). In the majority of cases, adverse effects were not severe. The severity and discontinuation rate suggests that aripiprazole is reasonably well tolerated for use in TS.

Part 3: Topic from China is "a proprietary herbal medicine (5-Ling Granule) for Tourette syndrome." The purpose of this study was to formally evaluate the efficacy and safety of 5-Ling Granule (5-LGr) for the treatment of patients with TS in comparison with tiapride and placebo. In this trial, 603 patients with TS aged 5–18 years were randomly assigned to treatment with placebo (n = 117), tiapride (n = 123, 200–400 mg/day) or 5-LGr (n = 363, 15–22.5 g/day) for 8 weeks. 5-LGr and tiapride treatment produced significantly greater improvement on the Yale Global Tic Severity Scale (YGTSS) overall scale and subscale for total tic Score (TTS) and impairment at endpoint than placebo. The incidence of overall adverse events was significantly fewer for patients on placebo and 5-LGr compared to tiapride.

Part 4: Learning Objectives:

1. to understand clinical features of TS and tic disorders, and treatment for TS in Asia
2. to understand current status of pharmacotherapy for TS and tic disorders, and suggestion for future research about the pharmacotherapy

References:

1) Murphy TK, Lewin AB, Storch EA, Stock S; American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI): Practice parameter for the assessment and treatment of children and adolescents with tic disorders. J Am Acad Child Adolesc Psychiatry 52(12): 1341-1359, 2013.
2) Pringsheim T, Doja A, Gorman D, McKinlay D, Day L, Billinghurst L, Carroll A, Dion Y, Luscombe S, Steeves T, Sandor P: Canadian guidelines for the evidence-based treatment of tic disorders: pharmacotherapy. Can J Psychiatry 57(3): 133-143, 2012.
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Mon Sept 19 | 09:00–10:30 | Glen 205

O01 Youth, Adaptation and Positive Mental Health

O01.1 Multidisciplinary Intervention for Youths with Mental Health Conditions – a 2 Year Study on Occurrences in Disruptive Behaviour

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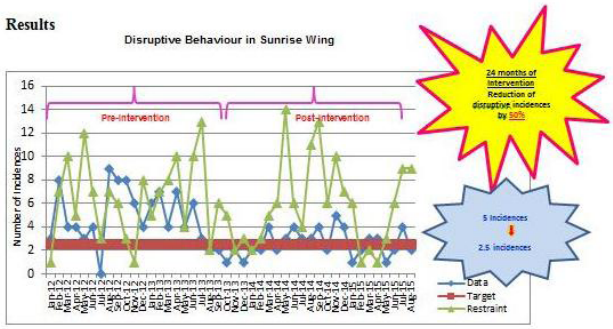
Introduction: The study aims to decrease the incidences of disruptive behaviour by 50% in the child and adolescent psychiatry inpatient unit in a state psychiatric hospital.

Methods: All the children and adolescents admitted underwent various multidisciplinary interventions such as "The Iceberg" and "The Green Place". Prior to the opening of "The Iceberg", the multidisciplinary team underwent training to be equipped with appropriate skills to guide patients in practicing self-directed behaviour to increase self-awareness and develop resiliency skills. "The Green Place" is a garden with a fish pond, to assist patients to cultivate their nurturing side. By feeding the fishes and watering the plants, patients learn to love the environment, themselves and others, and become more responsible with their actions.

Number of disruptive incidences on the Incident Reporting Information System (IRIS) was collected for 4 years; 2 years prior and 2 years post-implementation.

Results: Within 6 months of interventions, disruptive incidences decreased by 80%, beyond the targeted 50%. The program sustained for 2 years, averaging a 50% decrease in disruptive incidences. Physical restraint rates remained stable suggesting that incidences reduction resulted from the interventions implemented, instead of manual containment.

Conclusions: Other than decrease in disruptive incidences, each incidence prevented saved S$372.83. Intangible benefits included safety promotion, increased satisfaction, motivation, cohesion, reputation, and wiser resource distribution.



Learning Objectives:

- Multi-disciplinary team's effort to engage stakeholders for the project's success
- Much cooperation and understanding through this project, bonded the team closer, the team also had team cohesion activities to destress
- It was a challenge to include all inpatients after targeted achievement was finalized, as some incidences were unpreventable due to mental state of patients
- Targeting strengths and talents of staff invited enthusiasm with involvement in bringing down incidences, and the outcome pleased everyone

References:

1. Hayes, L., Giallo, R., & Richardson, K. (2010). Outcomes of an early intervention program for children with disruptive behaviour. *Australasian Psychiatry*, 18 (6), 560 – 566.
2. Ng, B., Kumar, S, Ranclaud, M., Robinson, E. (2001). Ward Crowding and Incidents of Violence on an Acute Psychiatric Inpatient Unit. Psychiatric Services, 52 (4), 521 – 525.
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4. Parent, J., Forehand, R., Merchant, M., Edwards, M., Conners-Burrow, N., Long, N., & Jones, D. (2011). The Relation of Harsh and Permissive Discipline with Child Disruptive Behaviors: Does Child Gender Make a Difference in an At-Risk Sample? *Journal of Family Violence*, 26 (7), 527 – 533.
5. Petitclerc, A., & Tremblay, R. E. (2009). Childhood Disruptive Behaviour Disorders: Review of Their Origin, Development, and Prevention. *Canadian Journal of* Psychiatry, 54 (4), 222 – 231.
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8. van der Merwe, M., Bowers, L., Jones, J., Muir-Cochrane, E., & Tziggili, M. (2009). Seclusion: a literature review. Department of Mental Health and Learning Disability, City University London. Retrieved online from, http://www.kcl.ac.uk/iop/depts/hspr/research/ciemh/mhn/projects/litreview/LitRevSeclusion.pdf

O01.2 Embracing Ubuntu: The Presence and Power of Developmental Assets in Zulu Youth

Kelly D. Schwartz

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Introduction: Contrary to a deficit-based approach, positive youth development (PYD) explores how personal and social environments can be studied to promote adaptive functioning (Damon et al., 2003; Lerner, 2002).

Methods: Zulu youth (N=511; *M*=16.3 years) from three rural South African township high schools completed the Developmental Assets Profile (DAP; Search Institute, 2005) that measured contextual assets (e.g., family, school, community). Risk and thriving behaviours were also measured.

Results: Although almost one in five reported (17%) contextual assets in the "low" range (e.g., community), many youth reported developmental assets in the "good" and "fair" ranges (e.g., personal, family, school). Tables 1 and 2 indicate that specific internal and external assets accounted for significant variance in school success, health behaviour, community engagement, and risk behaviour.

Conclusions: Amidst a cultural context of significant risk, Zulu youth reported developmental assets that predicted thriving and risk outcomes. Discussion will connect the presence and power of developmental strengths to North American and global applications.

Learning Objectives: To explore the presence and power of developmental assets to predict thriving and risk outcomes using an international sample.

References:

Damon, W., Menon, J., & Bronk, K. C. (2003). The development of purpose during adolescence. *Applied Developmental Science, 7*(3), 119-128.

Lerner, R. M. (2002). *Concepts and theories of human development (3rd* ed.). Mahwah, NJ: Erlbaum.

Search Institute. (2005). *Developmental Assets Profile: User manual*. Minneapolis: Author.

Table 1

Stepwise Regressions: DAP Context Assets Areas and Thriving Indexes

	Academic Success					
	Model 1			Model 2		
	B	*SE B*	*β*	*B*	*SE B*	*β*
School	.073	.040	.086	.010	.042	.012
Context Asset: School				.225	.054	.208**
R^2		.007			.045**	

	School Confidence					
	Model 1			Model 2		
	B	*SE B*	*β*	*B*	*SE B*	*β*
School	.012	.038	.015	-.075	.042	-.096
Context Asset: Personal				.252	.055	.243**
R^2		.000			.047**	

	Health-Seeking Behaviour					
	Model 1			Model 2		
	B	*SE B*	*β*	*B*	*SE B*	*β*
School	.115	.042	.113**	.029	.048	.034
Context Asset: Social				.223	.065	.191**
R^2		.018**			.044**	

	Community Engagement					
	Model 1			Model 2		
	B	*SE B*	*β*	*B*	*SE B*	*β*
School	-.182	.043	-.198**	-.243	.042	-.265**
Context Asset: Community				.391	.058	.310**
R^2		.039**			.131**	

** $p < .001$

O01.3 Handling Demands on Success- Aconceptual Model of Adolecents Coping with Every Day Life From a Gender Perspective

Marie E. Wilhsson

University of Halmstad, Halmstad, Sweden

Introduction: Stress among adolescents in Western societies is becoming an issue of increasing concern and the global trend of adolescents health shows a gradual deterioration that is independent of national differences and increases with age (Currier et al, 2012). Research shows that many adolescents report high levels of stress, associated with a change in expectations about performance and an increased focus on school results (Schraman et al, 2011; Moknes et al, 2014).

Methods: The aim of this study was to explore the main concern of adolescents to get a deeper knowledge on how they cope with demands in everyday life. Grounded theory was used as a method to generate a model.

Results: The core category "striving to be successful and to succeed" explains participants main concern in their everyday lives as a continuous process aiming for success in the present and to succeed throughout their lives. The category is what the participants describe as a race against time and can be divided into the two conceptual categories "struggling with time" and "separating life into different worlds", pronouncing how they struggle and cope with their main concern in order to obtain wellbeing. Our results show a difference between how girls and boys cope with their demands.

Conclusions: We show that girls and boys used different strategies to cope with stress in their everyday life. The results are based on adolescent's experiences and are therefore an important contribution for initiating interventions aimed at promoting adolescents mental health from a gender perspective.

Learning Objectives:

- The result is an important contribution for initiating interventions aimed at promoting adolescents mental health in school from a gender perspective.
- Knowledge about how girls and boys cope with demands in their every day life.

References:

Currie, C., Zanotte, C., Morgan, A., Currie, D., de Looze, M., Roberts, C., Samdahl, O., Smith, O., & Barnekow, V. (2012). *Social determinants of health and well-being among young people. Health behaviou in school-aged children (HBSC) study; international report from the 2009/2010 servey*. (Vol. Health Policy for Children and adolescents). Copenhagen: WHO Regional Office of Europe.

Moknsnes, K. U., Espnes, A. G., & Haugan, G. (2014). Stress, sence of coherence and emotional symptoms in adolescents. *Psykology & Health,* 29(1), 32-49.

Schraml, K., Perski, A., Grossi, G. & Simonsson-Sarnecki, M. (2011). Strsess symptoms among adolescents: The role of subjective psychosocial conditions, lifestyle, and self-esteem. *Journal of adolescence,* 34 (5), 987-996.

O01.4 Military Adolescents' Attitudes toward Relocating and Psychosocial Adjustment: The Importance of Peer Relationships

Amanda Bullock

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Introduction: Relocation is typical for adolescents from military families (Wiens & Boss, 2006). Relocating uproots adolescents from their peer relationships and increases adolescents' risk for psychosocial difficulties (Pittman & Bowen, 1994). While most research has focused on the influence of relocation frequency on adolescents' adjustment (Finkel et al., 2003), there is less research on adolescents' attitudes about relocating. Moreover, civilian-related research has suggested that adolescents who maintain close social relationships while relocating experience better adjustment (Oishi & Schimmack, 2010). However, it is unknown whether military adolescents peer relationships buffers the impact of relocation attitudes on adjustment. Accordingly, the present study examined: (1) the unique contributions of adolescents' relocation attitudes and peer relationship quality in predicting adolescents' psychosocial dysfunction; and (2) the moderating role of peer relationship between relocation attitudes and psychosocial dysfunction.

Methods: Participants were $N = 201$ adolescents (81 boys, 117 girls, 3 did not indicate) between 14 to 19 years of age ($M_{age} = 16.44$, $SD = 1.59$) from Regular Force Canadian Armed Forces families. Adolescents self-reported on their relocation attitudes, peer attachment quality, and psychosocial dysfunction.

Results: Hierarchical regression analyses showed that relocation attitudes, peer relationship quality, and the interaction between relocation attitudes and peer relationship significantly predicted psychosocial dysfunction. Specifically, negative relocation attitudes uniquely predicted greater dysfunction. Secure peer relationship uniquely predicted

lower dysfunction. Lastly, secure peer attachment buffered the impact of negative relocation attitudes on dysfunction.

Conclusions: The results suggest that maintaining secure peer relationships could improve adolescents' psychosocial adjustment during the relocation process.

Learning Objectives: By the end of the present study, the researcher will be able to identify the unique and interacting effects that influence the adolescents' psychosocial dysfunction from Canadian military families.

References:

Oishi, S., & Schimmack, U. (2010). Residential mobility, well-being, and mortality. Journal of *Personality and Social Psychology*, *98,* 980-994.

Pittman, J. F., & Bowen, G. L. (1994). Adolescents on the move: Adjustment to family relocation. Youth & Society, 26, 69-91.

Wiens, T.W. & Boss, P. (2006). Maintaining family resiliency before, during and after military separation. In Castro, C.A., Adler, A.B. & Britt, C. A. (Eds.), *Military Life: The psychology of serving in peace and combat [Four Volumes]*. Bridgeport, CT: Praeger Security International.

Mon Sept 19 | 09:00–10:30 | Glen 206

AP02 The Impact of Stigma on the Health of Indigenous Children and Youth in Canada

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1. The Hospital for Sick Children, Toronto, ON, Canada, 2. First Nations Child and Family Caring Society of Canada and Associate Professor, University of Alberta, Ottawa, ON, Canada, 3. Founder Waakebiness-Bryce Institute for Indigenous Health, Toronto, ON, Canada

Symposia Overview: This symposium focuses on the impact of stigma on the health of Indigenous children, youth and families in Canada. We review manifestations of stigma from the stress it generates in the day-to-day life of infants, children, youth and their parents to the development of mental and physical disorders. We review the history of that stigma in their relationships with the immigrant settlers and the history of the declining health of the aboriginal peoples. We describe the racial discrimination levelled against the Indigenous peoples and how that has led to discriminatory funding shortfalls directly impacting health and development for children and families. Recent changes including recognition of that racial discrimination by the Human Rights Tribunal of Canada provide hope that stigma and the health consequences of that inequality will begin to be corrected.

Part 1: Health parameters for aboriginal populations in Canada are widely recognized to fall far below those of other Canadian populations. This presentation reviews aspects of those findings that are attributable to stigma and stress. Stigma is related to the development of a myriad of physical and mental health disorders through its impact on resources, social status and respect, self-care and self-regulation. The stresses associated with stigma also disrupt family functioning and parenting and are seen as leading to adverse childhood experiences as described in the ACE studies. We describe manifestations of stigma in the daily lives of aboriginal families and children, examine how these cause toxic stress and lead to the development of health disorders. We also briefly describe preventive and therapeutic approaches intended to provide strength to families and communities to help them address issues of stress and health in their infants, children and youth.

Part 2: Dr. Dan's presentation discusses the medical history of Indigenous-Settler relations from first contact to the residential schools. Topics to be covered will include the definition of Indigenous people, their state of health at first contact, the treaty process, the Royal Proclamation of 1763, the concept of Aboriginal Title, the Red River Rebellion, the Indian Act, the North-West Rebellion, tuberculosis in residential schools, nutrition experiments in residential schools, and the overall health consequences of residential schools.

Part 3: First Nations children receive less funding for an array of public services on reserve and yet too often are judged by an uninformed public as if they get more. These cross-cutting inequalities have existed for decades despite the federal government knowing about the problem and having solutions to address it. In 2016, the Canadian Human Rights Tribunal issued a landmark decision finding the Canadian Government is racially discriminating against 163,000 First Nations children on reserve by providing flawed and inequitable child welfare services and failing to properly implement Jordan's Principle to ensure First Nations children can access other public services on the same terms as other children. The decision is widely viewed as an important precedent for addressing other areas of inequality.

Learning Objectives:

1. Participants will learn about the association between stigma, toxic stress, parenting and adverse health outcomes in the aboriginal populations in Canada.
2. Participants will learn about the history of stigma in the relationships between the indigenous peoples of Canada and the immigrant population.
3. Participants will learn about the manifestation of stigma, racial discrimination and adverse health outcomes as embedded systemically in Canadian health policies and practices.

References:

1. Blackstock, C., The Canadian Human Rights Tribunal on First Nations Child Welfare: Why if Canada wins, equality and justice lose, Children and Youth Services Review (2010), doi:10.1016/j.childyouth.2010.09.002
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Mon Sept 19 | 09:00–10:30 | Glen 208 - 209

O02 ADHD Treatment

O02.1 Correlations of Clinical Trial Outcomes Based on Symptoms, Functional Impairment and Quality of Life in Children and Adolescents with ADHD

Michael Huss[1], Alain Joseph[2], Vanja Sikirica[3], Mark Kosinski[4], Caleb Bliss[5], David R. Coghill[6]

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Introduction: To assess relationships between ADHD Rating Scale IV (ADHD-RS-IV; symptom-based measure), Weiss Functional Impairment Rating Scale–Parent (WFIRS-P)[1] and Child Health and Illness Profile–Child Edition (CHIP-CE:PRF; generic health-related quality of life [HRQoL] instrument)[2] outcomes in children and adolescents receiving medication for attention-deficit/hyperactivity disorder (ADHD).

Methods: Pearson correlation coefficients were calculated *post hoc* for changes in ADHD-RS-IV versus WFIRS-P total scores from baseline to last on-treatment assessment in randomized, placebo-controlled trials of guanfacine extended-release (GXR) with an atomoxetine (ATX) reference arm (SPD503-316),[3] and lisdexamfetamine (LDX) with an osmotic-release oral system methylphenidate (OROS-MPH) reference arm (SPD489-325).[4,5] CHIP-CE:PRF domain T-score changes from baseline were correlated with ADHD-RS-IV and WFIRS-P in SPD489-325.[4,5]

Results: Changes in WFIRS-P total score with pharmacological treatment generally correlated moderately with ADHD-RS-IV total score changes (Table 1). Published effect sizes of active treatments versus placebo were larger for ADHD-RS-IV than WFIRS-P outcomes (Table 2). Changes in CHIP-CE:PRF Achievement and Risk Avoidance correlated moderately with ADHD-RS-IV, and strongly with WFIRS-P changes. Correlation coefficients and effect sizes were both larger in these domains than Resilience, Satisfaction and Comfort (Tables 1 and 2).

Conclusions: Symptoms, functional impairment and HRQoL are related, but distinct constructs in children and adolescents with ADHD. Treatment goals should extend beyond symptom control.

Learning Objectives:

1. To appreciate the importance of investigating the interrelationships of symptoms (hyperactivity-impulsivity and/or inattention), day-to-day functional impairment and poor HRQoL in children and adolescents with ADHD.
2. To evaluate whether assessing functional impairment and HRQoL in clinical trials can provide information about the efficacy of ADHD medications that is not captured in symptom-based outcome measures.
3. To gain an understanding of the issues surrounding selection of HRQoL and functional impairment instruments for use as outcome measures in clinical trials of ADHD medications.

Table 1. Post hoc Pearson correlation coefficients for symptoms, functional impairment and HRQoL based outcome measures

	SPD503-316		SPD489-325	
Change in outcome measure total or domain score	**GXR (n=114)**	**ATX (n=112)**	**LDX (n=104)**	**OROS-MPH (n=107)**
ADHD-RS-IV with WFIRS-P	**0.56**	**0.38**	**0.51**	**0.49**
ADHD-RS-IV with CHIP-CE:PRF Achievement	N/A		−0.36	−0.48
ADHD-RS-IV with CHIP-CE:PRF Risk Avoidance			−0.44	−0.42
ADHD-RS-IV with CHIP-CE:PRF Resilience			−0.29	−0.01
ADHD-RS-IV with CHIP-CE:PRF Satisfaction			−0.25	−0.31
ADHD-RS-IV with CHIP-CE:PRF Comfort			−0.39	−0.31
WFIRS-P with CHIP-CE:PRF Achievement	N/A		−0.65	−0.59
WFIRS-P with CHIP-CE:PRF Risk Avoidance			−0.62	−0.62
WFIRS-P with CHIP-CE:PRF Resilience			−0.37	−0.24
WFIRS-P with CHIP-CE:PRF Satisfaction			−0.50	−0.44
WFIRS-P with CHIP-CE:PRF Comfort			−0.42	−0.33

Table 2. Published effect sizes for pre-specified analyses of active medications versus placebo

	SPD503-316[3]		SPD489-325[4,5]	
Change in outcome measure total or domain score	**GXR (n=114)**	**ATX (n=112)**	**LDX (n=104)**	**OROS-MPH (n=107)**
ADHD-RS-IV	0.76†††	0.32†	1.80***	1.26***
WFIRS-P	0.44††	0.28†	0.924***	0.772***
CHIP-CE:PRF Achievement	N/A		1.280***	0.912***
CHIP-CE:PRF Risk Avoidance			1.079***	0.948***
CHIP-CE:PRF Resilience			0.421**	0.398*
CHIP-CE:PRF Satisfaction			0.365*	0.349*
CHIP-CE:PRF Comfort			0.003NS	0.181NS

$^{\dagger}p < 0.05$, $^{\dagger\dagger}p < 0.01$, $^{\dagger\dagger\dagger}p < 0.001$, active versus placebo, SPD503-316

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$, active versus placebo, SPD489-325; NS, not significant

Positive effect sizes indicate greater improvement with active treatment than with placebo.

Studies funded by Shire Development LLC.

References:

1. Gajria K *et al. Health Qual Life Outcomes* 2015;13:184.
2. Riley AW *et al. Eur Child Adolesc Psychiatry* 2006;15 Suppl 1:I63-71.
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O02.2 Long-Term Safety and Efficacy of Guanfacine Extended-Release in Children and Adolescents with ADHD in Study SPD503-318

Michael Huss[1], Bryan Dirks[2], Joan Gu[2], Antoni Ramos-Quiroga[3]

1. Child and Adolescent Psychiatry, Johannes Gutenberg University Mainz, Mainz, Germany, 2. Shire, Lexington, MA, USA, 3. Department of Psychiatry (CIBERSAM), Hospital Universitari Vall d'Hebron and Universitat Autònoma de Barcelona, Barcelona, Spain

Introduction: Guanfacine extended-release (GXR) is a non-stimulant treatment for attention-deficit/hyperactivity disorder (ADHD). Here we report data from study SPD503-318 which evaluated the long-term safety and efficacy of GXR in children (6–12 years) and adolescents (13–17 years) with ADHD.

Methods: SPD503-318 was a phase 3, open-label, single-arm extension study for European participants of the GXR clinical trials SPD503-315[1] and SPD503-316.[2] Patients received dose-optimized GXR (1–7mg/day) for up to 2 years (7 weeks dose optimization; 95 weeks dose maintenance).

Results: Overall 215 participants (131 children; 84 adolescents) were enrolled; of these 133 (62.1%) completed the study. Most (73.8%) participants were male, with a mean (standard deviation [SD]) age of 11.7 (2.82) years. A summary of treatment-emergent adverse events (TEAEs) is shown in (Table 1). No serious TEAE was judged to be related to GXR. Overall, there were small changes from baseline to final assessment in mean (SD) supine pulse (-5.5 [12.98] bpm) and blood pressure (systolic, 0.6 [9.32] mmHg; diastolic, 0.2 [9.17] mmHg). Mean changes in height, weight and BMI were within the expected range of the included population. A decrease in ADHD-RS-IV total score was maintained throughout the 2-year study.

Table 1. Summary of overall TEAEs by age group (safety population*)

	6–12 years (N=131)		13–17 years (N=83)		Total (N=214)	
	n (%)	m	n (%)	m	n (%)	m
Any TEAE	111 (84.7)	643	66 (79.5)	290	177 (82.7)	933
Serious TEAE	8 (6.1)	11	2 (2.4)	2	10 (4.7)	13
Related TEAEs	86 (65.6)	232	46 (55.4)	96	132 (61.7)	328
TEAEs leading to discontinuation	4 (3.1)	4	3 (3.6)	3	7 (3.3)	7
TEAEs leading to dose reduction	41 (31.3)	70	16 (19.3)	22	57 (26.6)	92
TEAEs leading to death	0	0	0	0	0	0
Frequently occurring (≥10%) TEAEs by preferred term						
Somnolence	50 (38.2)	82	27 (32.5)	37	77 (36.0)	119
Headache	38 (29.0)	91	23 (27.7)	43	61 (28.5)	134
Fatigue	30 (22.9)	43	13 (15.7)	15	43 (20.1)	58
Nasopharyngitis	7 (5.3)	14	18 (21.7)	24	25 (11.7)	38
Dizziness	12 (9.2)	16	9 (10.8)	10	21 (9.8)	26

*Includes all participants who received at least 1 dose of any investigational product. n, number of patients with event; m, number of events.

Conclusions: The safety profile of long-term exposure to GXR was similar to that observed in previous short-term and withdrawal trials with GXR;[1–4] efficacy was maintained throughout the study.

Study funded by Shire Development LLC.

Learning Objectives:

1. To assess the long-term safety and tolerability of GXR in children and adolescents with ADHD
2. To assess the long-term efficacy of GXR in children and adolescents with ADHD

References:

1. Newcorn JH *et al. J Child Psychol Psychiatry* 2016; in press
2. Hervas A *et al*. *Eur Neuropsychopharmacol* 2014;24:1861–1872
3. Biederman J *et al*. *Pediatrics* 2008; 121:e73–e84
4. Sallee FR *et al*. *J Am Acad Child Adolesc Psychiatry* 2009; 48:155–65

O02.3 Work Experiences in Children Psychosocial Attention Centers: Difficulties of Establishing a Comprehensive Model for the Caring of Children Diagnosed with ADHD

Cinthia M. Cavalcante Ferreira[1], Maria Salete B. Jorge[2]

1. Universidade Federal do Ceará, Fortaleza, CE, Brazil, 2. Universidade Estadual do Ceará, Fortaleza, CE, Brazil

Introduction: The Attention Deficit Hyperactivity Disorder (ADHD) widely discussed, can be understood from different perspectives. Guided only by a biomedical view, some authors advocate the existence of the disorder just as a result of neurological disorders. Others, supported by discussions of a psychosocial and comprehensive model, see ADHD as a complex phenomenon composed by many other aspects. This academic discussion has created a demand to understand how mental health professionals have understood ADHD and cared for the children diagnosed.

Methods: In this sense, the present study is aimed to understand how mental health professionals from two Children Psychosocial Attention Centers (CPAC) in Fortaleza/Brazil have cared for children diagnosed with ADHD. To perform this study, interviews were conducted with thirteen professionals from both Centers. The analysis was based on phenomenological hermeneutics from Paul Ricoeur.

Results: Although CPACs have emerged as psychosocial and comprehensive care, knowledge and practices show alot of confusion. Along the way, it is interesting to listen to the speeches of professionals trying to work against the asylum model. They found many obstacles between the users expectations impregnated by the same model. This leads professionals to reflect further on their practices. In addition, It seems that "preaching" on the need of family involvement have not modified the way that parents look at child mental health care.

Conclusions: It is therefore urgent to promote a coherent articulation between knowledge and practice, and with this consistency, we expect a real effectiveness of comprehensive care to be experienced in mental health service.

Learning Objectives:

- To show how to implement an effective psychosocial treatment for children diagnosed with ADHD
- To show how to adress better involvements for parents and care givers through examples and hands on situations

References:

AMSTALDEN, A. L. F., HOFFMANN, M. C. C. L., MONTEIRO, T. P. M. A política de saúde mental infanto-juvenil: seus percurssos e desafios. Em: LAURIDSEN-RIBEIRO, E., TANAkA, O. y. (Orgs.). **Atenção em saúde mental para crianças e adolescentes no sUs**. São Paulo: Hucitec, 2010.p. 33-45.

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O02.4 Physical Monitoring in ADHD and the Introduction of a Novel Web Based Application

Cristal J. Oxley[1, 2], Penelope Lowe[1], Jessica Brunett[1], Rani Samuel[1], John T. Ayorinde[1], Dan Joyce[1, 2], Omer Moghraby[1, 2]

1. South London and Maudsley NHS Foundation Trust, London, United Kingdom, 2. Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom

Introduction: Assessment and monitoring of physical health parameters in young people, especially those prescribed stimulant medication in ADHD, is a key clinical responsibility. Adverse health outcomes have been widely reported in a number of mental illnesses in the literature. Adequate monitoring of physical health is therefore important including ascertaining the centiles of observations to put them into context and inform subsequent management.

Aim: Review current clinical practice in medication monitoring in patients with established diagnoses of ADHD (aged 5-18 years) against gold standard; identify areas for improvement and assess the impact of tailored interventions.

Methods: Retrospective audit of records (n=41) from three London services over a 10-year period, audited against NICE guidelines.

Targeted interventions include a novel web based application to calculate centiles of physical parameters.

Audit cycle completed by systematically reviewing caseload to audit all eligible cases over a 12 month period (n=33).

Results: Baseline: Blood pressure was recorded in 83% of cases, with centiles absent in all cases. Height and weight were recorded in 83% cases, with centiles in 37% cases.

Re-audit: Blood pressure was recorded in 79% of cases, 67% of which included centiles. Height and weight recorded in 97% and 94% of cases respectively, 82% of which included centiles.

Conclusions: A marked improvement was observed across several domains, particularly documentation of centiles and examination. Several areas were highlighted requiring further development. This novel app appeared to enhance ability to record important information.

Learning Objectives:

1. Comparison of current clinical practice with gold standard recommendations across three central London services.
2. Introduction of a novel web based application to support clinical management and documentation.
3. Assess clinical impact of tailored interventions to improve patient care and clinical service delivery.

References:

1. ADHD:NICE guidelines [CG72] (2008)
2. Coghill,D. "Practitioner Review: Quality of life in child mental health", J Child Psychol Psyc 2009;50:544-561.
3. Nigg, J.T. "ADHD and adverse health outcomes", Clin Psychol Rev. 2013;Mar;33(2):215–228.
4. Novel App url: https://danjoyce.shinyapps.io/ADHD_Project/

Mon Sept 19 | 09:00–10:30 | Macleod E1

W02 Movie Clips Used in Psychoeducation of Childhood Pathology- A Picture is Worth More than Oral Descriptions

Umesh Jain

University of Toronto School of Medicine, Department of Psychiatry, Toronto, ON, Canada

Workshop Description: Psychoeducation is a pillar of our work as child and adolescent psychiatrists. Education is empowerment whether it be to families, individuals or parents. Education leads to better decision making and incorporates the principals of informed consent. But many populations are seriously handicapped by the traditional forms of psychoeducation which relies heavily on face to face explanation. It is not cost effective, hard to measure learning and dissemination of information and may not reach populations who are not motivated (e.g. adolescents, reading disabled, parents with ADHD, parents with depression etc.). But, media has mastered the visual story and there are many examples that can be used within the mainstream content that has direct application to how we educate our patients and families. But if one is going to use media as an educational tool, there are a number of things that the mental health professional needs to know.
In this very visual workshop, various disease entities will be presented and examples from TV and movies will be shown that depict the clinical pathology, in some cases that are surprising. An open discussion will ensue as to how these clips can be used. In the same vein, clips will be shown that depict therapy strategies which can be used for treatment purposes and not just for diagnostic purposes. The first quarter of the presentation will be a literature review and overview followed by diagnostic applications from media, the third quarter on treatment applications and the final component on advances in the field.

Learning Objectives:

- To review the rules of using media content particularly copyright infringement for educational purposes
- To discuss the role of psychoeducation in the overall treatment and the role of media in that design

- To have a sense of the various media content that is available that covers many aspects of child and adolescent psychiatry
- To problem solve how media could be used in various case examples to explain diagnosis and therapy implications

References:

Pirkis J, Blood RW, Francis C, McCallum K. On-screen portrayals of mental illness: extent nature, and impacts. *J Health Commun* 2006; 11:523-41.

Bhugra D. Teaching psychiatry through cinema. *Psychiatric Bulletin* 2003; 27:429-430.

Akram A, O'Brien A, O'Neill A, Latham R. Crossing the line - learning psychiatry at the movies. *Int Rev Psychiatry* 2009; 21:267-8.

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Mon Sept 19 | 09:00–10:30 | Macleod E2

W03 'Reproductive Health' to Improve Mental Health in Refugee Girls. What Do We Know, What Can We Do and What is Needed?

Cecil Prins-Aardema

CKM/ Fier, Leeuwarden, Netherlands

Workshop Description: The world is facing its largest number of refugees of all time. Refugees are exposed to a variety of adverse experiences and risks before and during their flight, but also after arrival in the host country. These adverse experiences make them vulnerable to develop Mental Health problems. Worldwide 50% and in the EU approximately 25% of the refugees is formed by minors. In 2014 14% of the minors travelled unaccompanied. The knowledge about mental health problems in young refugees is limited, but shows females and unaccompanied minors are more frequently affected. 'Reproductive health' (or 'sexual health') is closely related to (mental) health and overall wellbeing. The 'Reproductive health' of (unaccompanied) girls and women is at risk and can (partially) explain the overrepresenation of (mental) health problems in this group. The lack of parental supervision makes them vulnerable to be exposed to (sexual) violence, - exploitation and human trafficking before and during their flight, but also after arrival in the host country. Most minors are placed in child welfare care after arrival. Many girls are placed in mixed groups, with an overrepresentation of boys (only 15% of the unaccompanied minors is female). Not seldom there is an unmet need for contraception, which puts them at risk for unintended and unwanted pregnancies.

Learning Objectives: This presentation gives an overview of what is known about the 'Reproductive health' of (unaccompanied) refugee girls and how it can be used as a 'port of entry' to improve Mental Health and overall wellbeing on an individual and group level. Clinical cases will be shared, with an invitation for discussion.

References:

ECAP editorial: a first assessment of the needs of young refugees arriving in Europe. http://www.escap.eu/care/organizing-the-knowledge-to-support-mental-health-care-for-refugee-children/ Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings http://iawg.net/resource/adolescent-sexual-and-reproductive-health-toolkit-for-humanitarian-settings/

Mon Sept 19 | 09:00–10:30 | Macleod E3

W04 Stigma: From the Inside Out

Monique C. Jericho, April S. Elliott

Alberta Children's Hospital, Calgary, AB, Canada

Workshop Description: Traditional medical training creates and reinforces the myth that providers do not experience emotional distress. Implicitly and explicitly, health care providers are indoctrinated into a culture that stigmatizes the expression of distress or need for support. The bias against both mental and emotional dis-ease is often inadvertently reinforced in our institutions of care in ways both overt and covert. Dissuasion from the acknowledgment and management of emotion contributes to high rates of burnout; which ironically perpetuates problematic patterns between health care providers and between providers and patients.

A culture which stigmatizes mental or emotional distress in it's own members is vulnerable to experiencing patients with mental health concerns in a similarly stigmatizing light. By supporting and educating health care workers about their emotional responses to their work, greater tolerance and understanding of mental health concerns expressed by their peers and by their patients is reinforced.

In this workshop participants will have the opportunity to engage in previously developed teaching modules designed to support skills in self-reflection and a dialogue about the emotional experiences of health care workers. Using a platform of well recognized psychotherapeutic models, these modules attempt to shift health care culture towards one of greater emotional awareness and expression. Participants will enhance their own resilience and develop skills which prepare them to educate other health care providers about emotional and mental experiences in the work place. By reducing stigma we wish to foster a rapprochement between health providers, greater interdisciplinary collaboration and enhanced patient care.

Learning Objectives:

1. To develop an enhanced appreciation of the connection between provider mental health awareness and stigma towards mental health in colleagues and patients.
2. To develop skills which enhance one's awareness and tolerance of emotional distress.
3. To develop skills in how to educate providers about mental and emotional experiences and wellness.

References:

1. Wallace, Jean. "Mental Health and Stigma in the Medical Profession". Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine 16. (2012): 3-18. print.
2. *Napier, A David et al*. "Culture and health". The Lancet. Vol. 384, No. 9954, p1607–1639, 1 Nov 2014
3. Fralick, Michael and Flegel."Physician burnout: Who will protect us from ourselves?". CMAJ. July 8, 2014 vol. 186 no. 10

Mon Sept 19 | 09:00–10:30 | Macleod E4

O03 Suicidal Ideation and Behaviour in Rural and Urban Settings

O03.1 Epidemiological Trends of Completed Suicide in Chilean Adolescents

Mario Valdivia, Daniel Silva

Department of Psychiatry and Mental Health, University of Concepcion, Concepcion, Chile

Introduction: Suicide has been a major public health concern in Chile, increased with OECD's statement that Chile is the country with the second largest increase in Suicide Mortality Rate (SMR) in the period 1990-2010 (90 %). In the same period the rise in adolescents SMR (10-19 years old) was 159%; making adolescent suicide even more concerning.

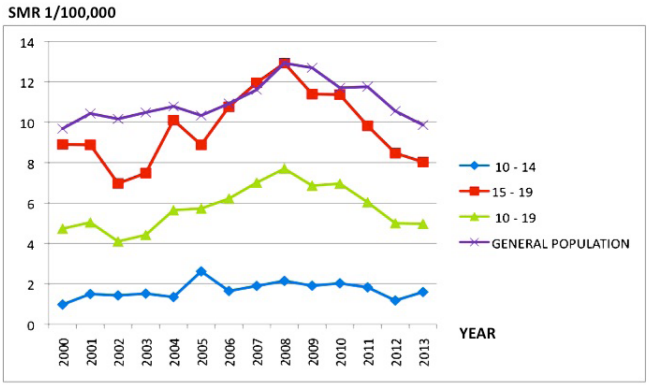
There are no publications in scientific literature addressing this age group. We analyze adolescent SMR between 2000-2013 and discuss their fluctuations.

Methods: We reviewed Chilean National Statistics Institute yearly vital statistics reports of the period; these reports include an account of every death in the country each year divided by sex, age group, and cause. We cross-reference that information with the Health Ministry Department of Statistics and Health Information database. We made statistical analysis of the information.

Results: Adolescent SMR changed from 4.73 (2000) to 4.97 (2013) 5.07% increase; in 15-19 years group there was a total decrease from 8.9 to 8.03 (9.77%), whereas in the 10-14 years there was an increase from 0.98 to 1.6 (63.26%). The10-19 and 15-19 groups had a steady increase in SMR from 2000 to 2008; followed by a steady decrease from 2008 to 2013.

Conclusions: Adolescent SMR remains at similar rates than at beginning of the century but the increasing trend reported those years seems to have reversed. We explore possible explanations to this event.

GRAPHICS 1: ADOLESCENT SUCIDE MORTALITY RATE (SMR) IN CHILE 2000-2013



Learning Objectives:

- To learn about the fluctuations in adolescent suicide mortality rate in Chile during this century
- To understand possible explanations to this changes

References:

Bustamante, F., Ramírez, V., Urquidi, C., Bustos, V., Yaseen, Z. and Galynker, I., 2015. Trends and most frequent methods of suicide in Chile between 2001 and 2010. *Crisis*.

Kölves, K. and De Leo, D., 2016. Adolescent Suicide Rates Between 1990 and 2009: Analysis of Age Group 15–19 Years Worldwide. *Journal of Adolescent Health*, *58*(1), pp.69-77.

O03.2 Characteristics and Dispositions of Children and Adolescents Presenting with Suicidal Behaviors to Rural and Urban Emergency Departments of Texas

Ankit A. Parmar[1], Jane Miles[1], Manish Aligeti[2], Brandon Oscarson[1], Graham Emslie[1]

1. University of Texas Southwestern Medical Center, Dallas, TX, USA, 2. Texas Tech University Health Sciences Center, Lubbock, TX, USA

Introduction: Suicide is the second leading cause of death for youth ages 10-24 [1]. Youth suicide rates are nearly twice as high in rural areas compared to urban areas [2]. Inpatient treatment is particularly important for suicidal patients as nearly 90% struggle with severe mental illness [3] [4]. Availability of resources in rural areas could impact clinical decision-making in channeling suicidal patients to appropriate level care.

Methods: We performed a retrospective chart review of patients (ages 5-18) presenting with suicidal behaviors to ED in a rural (Lubbock) and an urban city (Dallas) of Texas during a calendar year.

Results: As per table-1 (n=687), 52% of patients in rural area presented with suicide attempt compared to 44% in urban area (p-value 0.03). 50% of patients in rural area were referred to an inpatient facility compared to 68% in urban area (p-value <0.001). 14% patients from rural area went home without specific follow-up recommendations compared to 1% from urban area (p-value <0.001).

Conclusions: Patients from rural area were more likely to present after suicide attempt whereas more patients presented with ideations in urban area. Referrals to inpatient facilities were less common for suicidal patients presenting to rural area as compared to the urban, possibly exposing them to higher risk of morbidity and mortality. Inadequacy of acute mental health resources in rural areas could be a determinant in the higher rate of suicide in rural area.

Learning Objectives:

1. Comparison of clinical and demographic characteristics of children and adolescents with suicidal behaviors in a rural versus an urban emergency department (ED).
2. Compare severity of suicidal behaviors and primary dispositions in the rural and urban population

Category	Dallas (n= 466)	Lubbock (n= 221)	Statistical Significance
Mean Age (in years)	13.6	15.2	p value <0.001
Gender			P value 0.073
Male	187 (40%)	73 (33%)	
Female	279 (60%)	148 (67%)	
Race/ Ethnicity			p value <0.001
Caucasian	269 (58%)	98 (45%)	
Hispanic	107 (23%)	84 (38%)	
African-American	72 (15%)	12 (5%)	
Other	18 (4%)	27 (12%)	
Insurance			p value <0.001
Private Insurance	287 (62%)	60 (27%)	
Public Insurance	141 (30%)	126 (57%)	
No Insurance	38 (8%)	35 (16%)	
Presenting Complaint			P value <0.001
Suicide Attempt	207 (44%)	116 (52%)	
Suicidal Ideations	259 (56%)	109 (48%)	
Disposition			p value <0.001
Inpatient Facility	317 (68%)	110 (50%)	
Home with referrals	146 (31%)	79 (36%)	
Home with no referrals	3 (1%)	32 (14%)	

References:

1. Center for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2014). [Updated 2015.June.24] http://webappa.cdc.gov/cgi-bin/broker.exe
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3. Center for Applied Research in Mental Health and Addiction. (2007). Working with the Client Who is Suicidal: A Tool for Adult Mental Health and Addiction Services. British Columbia Ministry of Health. Retrieved from www.carmha.ca
4. AACAP (2001). Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behaviors. Journal of the American Academy of Child and Adolescent Psychiatry, 40 (7 supplement): 24S- 51S.

O03.3 Intent to Die Among Adolescent Students of Semi-Rural Communes of the Province of Concepcion, Chile

Mario Valdivia, Daniel Silva, Rafaella Dapelo, Esteban Arevalo

Department of Psychiatry and Mental Health, University of Concepcion, Concepcion, Chile

Introduction: Clinical guidelines state that any suicide attempt must be addressed seriously even though teens that attempt suicide often have motivations other than dying. However, several studies suggest that teens that have the intention of dying when attempting suicide are different from their peers who do not.

The aim of the present research is to characterize adolescent suicide attempters with and without the intention of dying.

Methods: We studied a sample of 439 high school adolescents in two semi-rural communes near Concepcion (Florida and Santa Juana) finding 86 teens that presented suicidal attempts at least once in their lives. The attempters were divided in two groups (with and without intention to die) and compared for sociodemographic, psychological and clinical variables with the Beck Depression Inventory, Beck Hopelessness Inventory, Family Functioning APGAR, Coppersmith Self-esteem Inventory, Substance Use Scale and sociodemographic inventory.

Results: 50 subjects (58.1%) wanted to end his life. When compared with their peers who did not want it, they differ only in the history of suicide in his family (p = 0.021). No significant differences in depressive symptoms, hopelessness, perceived family functioning, self-esteem, substance abuse or sociodemographic characteristics were found.

Conclusions: We didn't find any significant differential features to justify the differentiation of both groups, reinforcing the importance of providing clinical care to all teens suicidal attempters.

Learning Objectives:

- To describe the difference, if any, between the attempters that had dying as the finality of their attemp and the group that had other finalities
- To state the importance to provide propper care to all suicidal attempters

References:

Reyes-Tovilla, J.E., Yánez, H.D.H., Peralta-Jiménez, Y., Ramón-Frías, T., Juárez-Rojop, I., Pool-García, S., Velázquez-Sánchez, M.P., López-Narvóez, L., Fresán, A. and Tovilla-Zárate, C.A., 2015. Differences Between Patients that Made an Impulsive or Premeditated Suicide Attempt in a Mexican Population. *The International Journal of Psychiatry in Medicine*, *49*(1), pp.63-74.

Dickstein, D.P., Puzia, M.E., Cushman, G.K., Weissman, A.B., Wegbreit, E., Kim, K.L., Nock, M.K. and Spirito, A., 2015. Self-injurious implicit attitudes among adolescent suicide attempters versus those engaged in nonsuicidal self-injury. *Journal of child psychology and psychiatry*, *56*(10), pp.1127-1136.

Grøholt, B., Ekeberg, Ø. and Haldorsen, T., 2000. Adolescents hospitalised with deliberate self-harm: the significance of an intention to die. *European Child & Adolescent Psychiatry*, *9*(4), pp.244-254

Mon Sept 19 | 09:00–10:30 | TELUS 101-102

SG01 Pasifika!! A IACAPAP Study Group Journey Across the South Pacific and the Indian Oceans

Suzanne H. Dean[1], Paul Robertson[3], Allister Bush[4], Kumudu Rathmayaka[5]

1. Victoria University, Monash University, Melbourne, Australia, Hughesdale, VIC, Australia, 2. NSW Institute of Psychiatry, Sydney, NSW, Australia, 3. The University of Melbourne, Melbourne, VIC, Australia, 4. Capital & Coast District Health Board, Wellington, New Zealand, 5. NSW Institute of Psychiatry, Sydney, NSW, Australia

Study Group Description: The Oceania Region embraces the far-flung and often remote islands of the South Pacific, as well as the larger countries of Australia, New Zealand and Papua. In 2013, Phase 1 of a IACAPAP Study Group, a partnership between Olayinka Omigbodum and regional organisations, was held in Melbourne. Pasifika Phase 2 followed in 2015 in

Vanuatu, hosted by the Royal Australian and New Zealand Faculty of Child and Adolescent Psychiatry, collaborating with local medical associations. This Forum in Calgary consolidates a Pasifika Phase 3, in which outcomes in training and communication can be reviewed and evaluated. Pasifika meetings so far have brought together representatives of psychiatry, psychology, paediatrics, nursing, general medicine and others, to share experiences in working with children, adolescents and families in Island communities. In the South Pacific mental health needs not well recognised and relevant training scarce. Training now established in Vanuatu pilots an approach that could translate to Fiji, PNG, the Solomon Islands, Australia and New Zealand. A range of other innovative professional support processes have also begun, one partnering with Sri Lanka (using training resources such as iCAMHS and MOOC). This Forum provides further opportunities for participants to share challenges, hopes, fears and achievements, to learn from each other, to evaluate progress, and to discuss and facilitate further initiatives that could enhance the mental health of families, children and adolescents across the South Pacific and South Asia communities. Participants can also explore together creative ideas that can contribute to improved communication and advocacy across the Oceans.

Learning Objectives:

1. To learn of the range of challenges confronting the peoples of the South Pacific that impact upon the mental health of their young, upon the resources available for child and adolescent mental health services and upon professional training and continuing education in this region.
2. To discover and evaluate what the Pasifika IACAPAP Study Group has been doing to explore how health services can include mental health services for children and adolescents, and to learn of progress made in expanding training and peer support for those working in this field.
3. To consider what further might be planned to enhance professional communication and support, as well as to enhance training opportunities in child and adolescent mental health, across the South Pacific and Indian Oceans.

Mon Sept 19 | 09:00–10:30 | TELUS 108-109

W05 Parental Mental Health: Who Will Help the Parents?

Suzanne M. Blackwell, Shannon McIntosh

Alberta Health Services, Calgary, AB, Canada

Workshop Description: The Mental Health Strategy for Canada advocates strongly for mental health care of children/youth in a family-centered care model. Despite this vision, parental mental health is seldom conceptualized and implemented as part of this frame work even though it has a significant impact on child/youth well-being and affects treatment outcomes. The current mental health systems' segregation of mental health services for youth and adults seems to perpetuate the stigma related to parents with mental illness. The Parent Consultation Clinic (PCC) is an innovative service incorporated within Alberta Health Services' Child and Adolescent Addictions and Mental Health Program, Calgary Zone offers a starting point for positively influencing a stigma-free approach to mental health service provision.

If parental mental illness is left untreated it can have a negative impact on the parent's ability to follow through with the treatment recommendations offered to support the mental health needs of their children. Our presentation will explore the concept of parental mental health as unique from adult mental health and will review the research that a gap exists in servicing parents who present with mental health concerns who also have children struggling with mental health issues. We will also provide case examples that demonstrate the positive impact of treating parental mental health in collaboration with child mental health in supporting a comprehensive and stigma-free family centered care model.

Learning Objectives:

1. How to identify parents in need of mental health intervention. How to embed parental mental health into Child and Youth Mental Health Services.
2. How to decrease the stigma of mental health within the parent mental health population. How to help parents that feel isolated. How to help connect parents to community supports and long term mental health services.
3. How to help parents talk to their children regarding mental health.

References:

1. Beardslee, W., Salt, P., Versage, E., Gladstone, T., Wright, E., & Rothberg, P. (1997).
2. Sustained change in parents receiving preventive interventions for families with depression. American Journal of Psychiatry, 154(4). 510-515.
3. Beardlsee, W., Gladstone, T., Wright, E., & Cooper, A. (2003). A family based approach to the prevention of depressive symptoms in children at risk: Evidence of parental and child change. Pediatrics, 111(2). 119-131. Retrieved from http://www.pediatrics.org/cgi/content/full/112/2/e119.
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5. Brown, J. & Ritchie, J. (1990). Nurses' perception of parent and nurse roles in caring for hospital children. Children's Health Care. 19(1). 28-36.
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Mon Sept 19 | 09:00–10:30 | TELUS 111

W06 Pediatric Somatization: A Canadian Perspective on Clinical Management and Program Development

Andrea Chapman[1], Claire De Souza[2], Tyler Pirlot[3], Ruth Russell[4], Janice Cohen[5]

1. BC Children's Hosptial, Vancouver, BC, Canada, 2. Sick Kids, Toronto, ON, Canada, 3. Alberta Health Services, Calgary, AB, Canada, 4. McGill University Health Centre, Montreal, QC, Canada, 5. Children's Hospital of Eastern Ontario (CHEO), Ottawa, ON, Canada

Workshop Description: Somatization can be a challenging, resource-intensive, and rewarding condition to treat. The Canadian Pediatric Consultation-Liaison Psychiatry group (PCLP) has collaborated, at multiple pediatric hospital sites across Canada, to address barriers and facilitators to effective care in treating patients with somatization, and their families. This workshop, based on the PCLP experience, focuses on clinical skills and program development. A discussion of clinical management will be structured around four typical phases of somatization; 1) initial confusion, 2) understanding the mind-body connection, 3) appropriate therapies, and 4) functional recovery. Key ingredients of care include common language, consistent communication across providers and active collaboration with families. Presenters from different sites across Canada will review/share "lessons learned", principles of treatment, specific clinical skills (individual and group based), and on-line resources that we have developed (e.g. handbooks, brochures and videos for families, educators, and health care professionals). Program development information includes the results of a needs assessment within a hospital, system-wide collaborative clinical pathways, and examples of leveraging expertise to provide community support. The interactive discussion among the participants will foster sharing of further clinical treatments and tools, and will promote a broader network of clinicians interested in pediatric somatization.

Learning Objectives:

1. Develop an awareness of effective principles of care and treatment strategies in pediatric somatization.
2. Enhance knowledge of specific clinical skills and tools, as well as on-line resources for children/families and professionals, in order to improve clinical care.
3. Learn strategies for program development targeting pediatric somatization.
4. Promote collaboration among a broader network of clinicians specializing in pediatric somatization.

References:

1. Garralda, ME. Unexplained Physical Complaints. *Child Adolesc Psychiatr Clin N Am*. 2010;19(2):199-209
2. Spratt, EG. Somatoform Disorder. *Medscape* http://emedicine.medscape.com/article/918628-overview. Updated: Mar 4 2014
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4. Sibler, TJ. Somatization Disorders: Diagnosis, Treatment, and Prognosis. *Pediatrics in Review* 2011; 32:56-64
5. Kinsman, S. Caring for Adolescents with Somatic Concerns. *Adolescent Health Update*. 2004;16:1-9
6. Krasnik, CG. et al. Conversion Disorder in Children and Youth. *Surveillance Studies in 2012*

Mon Sept 19 | 11:00–12:30 | Acadia B

W15 The 3rd YEAH IACAPAP Session: Practicing Child Psychiatry in the 21st Century

Norbert Skokauskas[1], Daniel Fung[2], Myron Belfer[3], Hesham Hamoda[3], Jeff Hunt[4]

1. Centre for child and adolescent mental health, Trondheim, Norway, 2. Institute of Mental Health, Singapore, Singapore, 3. Harvard Medical School, Boston, MA, USA, 4. Alpert Medical School, Brown, MA, USA

Workshop Description:

Norbert Skokauskas

YEAH for IACAPAP: the future and the past

Daniel Fung, Institute of Mental Health, Singapore

Back to the Future: renewing Old ways of dealing with the Young

Myron Belfer *Harvard Global Partnerships for Psychiatry Observership Program*

Hesham Hamoda,

Academia: Let the Force Awaken!

Jeff Hunt

Traditional and integrated CAP training pathways in the U.S

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 session and it will focus on the successful career development in Child and adolescent mental health, with sub themes on leadership, management, professional development and policies.

The meeting will produce immediate and long-term results. The participants are expected to leave the meeting not only with a better understanding of on leadership, management and policies, but also with ideas for future research and collaboration in the area.

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 YAEH would help to improve care for children with mental health problems across the world.

Learning Objectives:

By the end of the meeting participants will be able

- To put into practice acquired personal development, management, and leadership skills
- To recognize the benefits of international collaboration
- To initiate and implement YEAH initiatives

References:

Skokauskas N., Belfer M (2011). Global child mental health:, International Psychiatry, (8) 2: 45-48.

Mon Sept 19 | 11:00–12:30 | Glen 204

RS03 Positive Mental Health and Resilience: Themes From the 2016 IACAPAP Monograph

Matthew Hodes[1], Bruno Falissard[2], Yi Zheng[3], Peter Szatmari[4], Graham Emslie[5]

1. Imperial College London, London, United Kingdom, 2. Universite Paris-Sud, Paris, France, 3. Beijing Anding Hospital, Beijing, China, 4. University of Toronto, Ontario, ON, Canada, 5. UT Southwestern Medical Center, Dallas, TX, USA

Symposia Overview: The aim of this symposium is to provide an opportunity for discussion of selected chapters from the IACAPAP Monograph that link closely to the Congress themes of positive mental health and resilience in children and adolescence. Positive mental health and wellbeing suggest happiness and good function, and resilience is related as it may be taken to imply invulnerability to adversity enabling previous good health and functioning to persist. Varied applications of the resilience concept are illustrated: potential resilience to psychosocial adversity (children left behind), neurodevelopmental difficulties (autism spectrum disorder), and the potential for psychiatric treatments to ameliorate disorder and increase resilience (treatment for depression).

Part 1: Positive mental health – what is it, how is it recognised and can it be achieved?

This talk problematizes the concept of positive mental health. It is argued that psychiatrists have become so fascinated by diseases and disorders that they have lost the "person", and so this gap has been filled by notions of happiness and well-being. However this gives rise to further confusion as there is no accepted definition of happiness. Some conceptual methodological issues are outlined.

Part 2: Increasing resilience in children in left behind following parental migration

Globally many millions of children are separated from parent(s) and cared for by grandparents(s) or other relatives. Emerging findings suggest that they experience increased levels of psychological distress and poorer social function including lower scholastic attainment. This presentation outlines the phenomenon and suggests mechanisms for increasing the children's resilience to enable them to cope better with the separation.

Part 3: Resilience and Developmental Health in Autism Spectrum Disorder (ASD)

Szatmari attempts to apply the concept of resilience to ASD, a neurobiological disorder, as an adversity in the context of which some youngsters will achieve better than expected progress and even "recover". He outlines the meaning of what a "good outcome" might mean for young people with ASD and demonstrates considerable heterogeneity of outcomes seen over time.

Part 4: Psychopharmacological treatment for depression in children and adolescents: promoting recovery and resilience

Emslie summarises key issues in the psychopharmacological treatment of depression, addressing their benefits. He goes on to describe how for some vulnerable individuals drug treatments and psychological treatments, alone or combined, may prevent depression and promote resilience.

Learning Objectives: To provide an opportunity for discussion of selected chapters from the IACAPAP Monograph related to positive mental health and resilience in children and adolescence.

References:

Hodes M & Gau SS-F (2016) Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents. Academic Press.

Mon Sept 19 | 11:00–12:30 | Glen 204

AP03 Specialist Training in Child- and Adolescent Psychiatry: Towards more Uniform Standards?

Henrikje Klasen[1], Brian Jacobs[2], Sabri Herguner[4], Elizabeth Barrett[3], Nafouel Gaddour[5]

1. De Jutters; Center for Youth Psychiatry; The Hague and Leiden University MC, 2506 AL Den Haag, Netherlands, 2. King's College London, London, United Kingdom, 3. Our Lady's Hospital for Children, Dublin, Ireland, 4. Necmettin University, Konya, Turkey, 5. University of Monastir, Monastir, Tunisia

Symposia Overview: Academically the past decades have seen enormous progress in child- and adolescent psychiatric diagnostics as well as in management with evidence based treatments now existing for most disorders. However, implementation of best practice still frequently lags behind and the aetiology of many disorders remains poorly understood. High quality training of future child and adolescent psychiatrists (CAP) is crucial not only to deliver good care, but also to bring the field forward scientifically.

However, CAP training remains very diverse, which is particularly noticeable in Europe, where historical roots of the field vary considerably from country to country. At a time of globalization and migration practitioners increasingly use the opportunities to choose their workplace freely throughout the EU and worldwide. In this symposium we explore the effort of inter-country collaboration and standardization of CAP training from several perspectives: Starting from the development of UEMS training requirements in 2014 we move to the recent CAP-STATE study which gives a detailed longitudinal perspective to CAP training in 36 European countries. Finally we regard training standardization from the perspective of emerging CAP services in Africa.

Part 1: Developing a European-wide child and adolescent psychiatry curriculum framework and a framework for training – Brian Jacobs

Child and adolescent psychiatry is a cross-cutting specialism. In Europe, it overlaps in several but not all countries with neurology and with paediatrics. Traditional therapeutic orientations, the framework for training as well as the practice of medical specialties also showed marked variation.

Given this situation, the challenge is to nudge countries through their aspirations to provide good care for patients using common themes for content and to develop a model of delivery towards which they can work.

Part 2: The development of child- and adolescent psychiatry training in Europe – 10 years on: Sabri Herguner

The recent CAP-STATE study by the ESCAP Research Academy examined the CAP training schemes in 36 European countries in great detail. It is in part a follow-up of a similar study 10 years previously (Karabegliroglu et al 2006). An overview of the developments and trends in child psychiatry training during this time span is given.

Part 3: Standardization of CAP Training? One size fits all? – Elizabeth Barrett

A number of themes emerging from the CAP-STATE study are discussed in greater detail. These include the development of new training schemes, psychotherapy training, financial support for training, standards for trainers and the relationship between adult and child psychiatry, which is particularly important in the context of transition of adolescents to adult services.

Part 4: What's the optimal training for child and adolescent psychiatry? African Experiences - N. Gaddour***, T. Brahim, H. Slama**

Some African countries individualized CAP with an independent residency. Rotations in CAP, psychiatry and paediatrics as well as theoretical teaching are required. Relevance of these trainings, often inspired by the ones carried out in developed countries, to local context is often questionable. A passionate debate on whether general psychiatry training should be a mandatory pre-requisite. It seems that throughout Africa, only countries that separated pathways created a critical mass of human resources

Learning Objectives:

To understand the issues contected to training future child and adolescent psychiatrists and the risks and benefits of standardization and harmonization.

References:

Child and adolescent psychiatry training in Europe: differences and challenges in harmonization. Karabekiroglu K; Dogangün B; Hergüner S; von Salis T, Rothenberger A. Eur Child Adolsc Psychiatry 2006; 15(8):467-75

Mon Sept 19 | 11:00–12:30 | Glen 205

O05 Supporting Families and Caregivers

O05.1 Family Challenges in Raising Children in Indonesia

Yapina Widyawati

Atma Jaya Catholic University, Jakarta, Indonesia

Introduction: Each stage in children development has the challenges that parents should carry. The success of child rearing to the fullest quality of life depended on many factors. One of the factors was context or their ecological system.

Methods: The method of this research was quantitative with open-ended questionnaire. The participants were 107 from all Indonesian provinces. They were government staffs who work on family and child development affairs.

Results: Results identified challenges in each life stage of the children. For example in the early childhood stage, some parents have minimal knowledge on stimulation in every child development aspects. Other issues rose when the children enter middle and late childhood such as peer pressure, academic stress and also lower economic status. Other challenge might come from extended family such as from the grandparents.

Conclusions: Although the western theory in child development could be implemented but raising the family in Indonesia might be different. In this challenging situation, support from the government, religious support system, and the community were needed.

Learning Objectives: This study aim was to identify the challenge in Indonesian family in raising their children. It was also to examine the social support from the government, religious support group, and also from the community.

References:

Santrock, J. W. (2011). *Life-Span Development*. New York: McGraw Hill.

O05.2 Family Climate and Children's Positive and Negative Affect: the Mediating Roles of Hope and Loneliness During Childhood

Malka Margalit

Tel-Aviv University and Peres Academic Center, Tel -Aviv, Israel

Introduction: Positive and negative emotions were considered as two separate activation systems that were considered as indicators of wellbeing, affecting behavior and adjustment. The objectives of this study are to examine personal (hopeful thinking), social (loneliness) and familial (cohesion and adaptation) factors as their predictors. Earlier studies explored the important role of hope and loneliness in explaining the wellbeing of adolescents and young adults with and without high-prevalence disabilities (such as learning disabilities and ADHD). Studies also showed that hope of these individuals can be enhanced through prolonged as well as focused interventions. The current study focused attention on the affective wellbeing among elementary school children, as predicted by the climate of their families and mediated by their personal and interpersonal resources

Methods: . The sample consisted of 524 children (308 boys and 216 girls) from fourth to six grades, students in 29 elementary schools in the central part of Israel. Hierarchical multiple regression and Hayes' mediation analysis (PROCESS, Preacher & Hayes2008) were used.

Results: . The results confirmed the distinctive contribution of family climate variables, and the unique mediating roles of hope as a protective factor and loneliness as a risk factor in predicting differently the two measures of emotional adjustment

Conclusions: . This study has important psychotherapeutic implications, emphasizing the value of promoting hopeful

thinking and coping with loneliness. They call for developing hopeful intervention, adapted to children's needs, as well as sensitizing families and schools to the importance of hope and to developing procedures that may enhance communities of hope.

Learning Objectives:

- To learn the important mediating role of hope theory
- To preset the relations between mediation as a theoretical construct and therapy/intervention as clinical implication of the research.
- Hopeful communities: the construct and implications

References:

Forgas, J. P. (2013). Don't worry, be sad! On the cognitive, motivational, and interpersonal benefits of negative mood. *Current Directions in Psychological Science, 22*(3), 225-232.

Preacher, K., & Hayes, A. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*(3), 879-891.

Margalit, M. (2010). *Lonely children and adolescents: Self perceptions, social exclusion and hope*. New York: Springer.

Preacher, K., & Hayes, A. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*(3), 879-891.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*(4), 249-275.

Watson, D., Wiese, D., Vaidya, J., & Tellegen, A. (1999). Two general activation systems of affect: Structural findings, evolutionary considerations and psychobiological evidence. *Journal of Personality and Social Psychology, 76*(5), 820-836.

O05.3 Caregiver Stress, Child-rearing Attitudes, Self-Esteem, and Child Development

Muhammad K. Mughal[1], Carla Ginn[1], Robert Perry[2], Karen Benzies[1]

1. University of Calgary, Calgary, AB, Canada, 2. Calgary Urban Project Society (CUPS) Health, Education and Housing Centres, Calgary, AB, Canada

Introduction: Early adversity influences both caregivers and their children, and cultivating caregiver's abilities to mitigate the effects of toxic stress is essential in supporting early brain development of children. Calgary Urban Project Society (CUPS) Health, Education and Housing Centres, is a community based organization with a goal of moving individuals and families out of poverty and helping them thrive. Objectives of the CUPS One World preschool program (hereafter referred to as CUPS One World) include improving early childhood development and school readiness through strengthening children's environmental resources, providing access to centre-based early learning and increased caregiver psychosocial resources.

Methods: In this study, we examined the effects of caregiver stress [Parenting Stress Index – Short Form (PSI-SF)] on child-rearing attitudes [Adult-Adolescent Parenting Inventory-2 (AAPI-2)], and child development [Battelle Developmental Inventory (BDI)]. The relationship between caregiver self-esteem [Rosenberg Self-Esteem Scale (RSE)] and caregiver stress was also explored. We performed a K-Means cluster analysis and Chi-Square tests using SPSS. Three clusters were formed for caregivers using PSI-SF intake scores: high, moderate, and low stress.

Results: Highly stressed caregivers had lower self-esteem, and poorer caregiving attitudes, affecting personal-social and adaptive behaviors in children. Moderately stressed caregivers had moderate self-esteem, better caregiving attitudes than highly stressed caregivers, and less negatively affected personal-social and adaptive behaviors in children. Caregivers reporting no stress had high self-esteem, and positive parenting attitudes toward their children.

Conclusions: In this vulnerable population, caregiver stress significantly affected child-rearing attitudes. Strategies to decrease stress in parenting programs with vulnerable families have potential to improve children's developmental outcomes.

Learning Objectives:

1) To examine the relationships between caregiver stress on self-esteem and parenting attitudes and behaviours in vulnerable population?
2) To explore the effects on parental stress on child development in low socioeconomic, high-risk families?

References:

Mackler, J. S., Kelleher, R. T., Shanahan, L., Calkins, S. D., Keane, S. P., & O'Brien, M. (2015). Parenting stress, parental reactions, and externalizing behavior from ages 4 to 10. *Journal of Marriage and Family, 77*(2), 388-406. doi: 10.1111/jomf.12163

Benzies, K., Edwards, N., Tough, S., Nagan, K., Mychasiuk, R., Keown, L. A., & Donnelly, C. (2011). Effects of a two-generation preschool programme on receptive language skill in low-income Canadian children. *Early Child Development and Care, 181*(3), 397-412. doi: 10.1080/03004430903424579

Benzies, K., Mychasiuk, R., Kurilova, J., Tough, S., Edwards, N., & Donnelly, C. (2012). Two-generation preschool programme: immediate and 7-year-old outcomes for low-income children and their parents. *Child & Family Social Work*, doi: 10.1111/j.1365-2206.2012.00894.x

Benzies, K., Tough, S., Edwards, N., Nagan, K., Nowicki, B., Mychasiuk, R., & Donnelly, C. (2009). Effects of a two-generation Canadian preschool program on parenting stress, self-esteem, and life skills. *Early Childhood Services, 3*(1), 19-32.

Benzies, K., Harrison, M. J., & Magill-Evans, J. (2004). Parenting stress, marital quality and child behavior problems at age 7 years. *Public Health Nursing, 21*(2), 111-121. doi: 10.1111/j.0737-1209.2004.021204.x

O05.4 Feasibility of Home-Based Intervention Module for Specific Learning Disorder in Indian Context

Anamika Sahu, Rachna Bhargava, Rajesh Sagar, Manju Mehta

All India Institute of Medical Sciences, Delhi, AN, India

Introduction: Specific Learning Disorder in the last decade has gained recognition as a disabling condition among children by parents and teachers in India. However, due to limited trained resources, majority of the children do not receive any remedial training. Therefore, present study is planned to evaluate feasibility of home-based intervention module for specific Learning Disorder

Methods: Home based intervention was developed after reviewing existing literature and focus group discussions (FGD) with parents of children with and without SLD (6 FGDs) and teachers, special educators and mental health professionals (3 FGDs). Subsequently, a total of 20 children diagnosed with

SLD (age range from 7 to 12 years) and their parents (either both or single parents) comprised the sample of the study. Parents were assigned 6 months home-based intervention for learning disorder. Different methods measuring treatment feasibility were used included child's performance growth, parent's compliance to intervention and feasibility questionnaire

Results: Out of the 20 cases, majority of children were male (80%), mean years of education was 4.7± 1.5 and 35% had co morbidity (ADHD). Majority of parents completed all visits (70%) and almost 75% parents practiced learning tasks regularly as per instructed time. Improvement in child's motivation, behavioural problems, reduction in errors was found after post assessment of intervention. Parents also perceived changes in child's academic performance. Additionally, parents also found home based intervention module as interesting, brief and each nature of learning task.

Conclusions: An organized approach that included implementation of strategies through collaboration with families was found to be beneficial.

Learning Objectives: Parents are the primary caregiver for children and have great potential for contributing to the academic success of their children. With adequate support, parents will shown to be effective participants in the academic intervention process.

References:

Chien, W. T., & Lee, I. Y. (2013). An exploratory study of parents' perceived educational needs for parenting a child with learning disabilities. *Asian nursing research*, *7*(1), 16-25

Karende, S., Mehta, V., & Kulkarni, M. (2007). Impact of an education program on parental knowledge of specific learning disability. *Indian Journal of Medical Sciences, 61*(7), 398-406.

Mon Sept 19 | 11:00–12:30 | Glen 206

O06 Trauma and Treatment

O06.1 Prevalence of Trauma Symptoms in Primary School Children 2 Years After Typhoon Haiyan

Paulin Grace G. Morato[1, 2], Chetwyn Chan[1], Vinci Cheung[3]

1. The Hong Kong Polytechnic University, Kowloon, Hong Kong, 2. University of Santo Tomas, Manila, Philippines, 3. Hong Kong Shue Yan University, Hong Kong, Hong Kong

Introduction: Children are particularly vulnerable to disaster trauma. While most are resilient, symptoms are still present in a significant number of children years after. It has been 2 years since Typhoon Haiyan but there are no known published studies on the prevalence of trauma symptoms in affected children. Also, there is dearth of disaster-related studies in developing countries where the situation is different from developed countries where most published researches are done. This study aims to determine the mental health status of primary school children in Estancia, Iloilo, one of the areas badly hit by Typhoon Haiyan.

Methods: The survey using the translated Children's Mental Health Checklist (CMHC) was conducted in 11 public schools in the district of Estancia. Using census sampling, a total of 3,826 questionnaires were distributed to the parents or guardians of all registered Grades 1 to 3 public school students in the district.

Results: A total of 2,525 questionnaires were returned with a 66% overall response rate. Initial analysis show 14% of the respondents had a score >35 and are recommended to undergo further mental health consultation and intervention. It was also found that scores of children who were in Estancia during the onslaught of typhoon were not significantly different from those who were not.

Conclusions: Results confirm findings of previous published literature on the presence of trauma symptoms several years post-disaster. The need for long-term programs focused on psychological recovery post-disaster is emphasized.

Learning Objectives: To know more about the mental health status of children in a developing country post-disaster.

References:

Kronenberg, M.E. et al. (2010). Children of Katrina: Lessons learned about postdisaster symptoms and recovery patterns. Child development, 81(4), 1241-1259.

Wang, C., Chan, C.L., & Ho, R.T. (2013). Prevalence and trajectory of psychopathology among child and adolescent survivors of disasters: A systematic review of epidemiological studies across 1987-2011. Social Psychiatry and Psychiatry Epidemiology, 48(11), 1697-1720.

O06.2 Mental Health Factors Associated with Resilience in a Natural Disaster: the Calgary 2013 Flood

Erin Hetherington, Sheila McDonald, Muci Wu, Suzanne Tough

University of Calgary, Calgary, AB, Canada

Introduction: The objective of this study was to determine sociodemographic, maternal mental health, and child factors that mitigate perceived distress associated with a natural disaster.

Methods: Data from a longitudinal birth cohort study in Calgary, Canada was used. In June, 2013, Calgary was hit by devastating flooding that resulted in the evacuation of over 75000 people. A subsample of 923 mothers whose children had turned 3 by the time of the 2013 flood completed a survey on the impact of the flood on their family. Bivariate statistics were conducted to identify socio-demographic factors, maternal mental health, relationship factors and child factors associated with higher levels of distress related to the flood.

Results: Socio-demographic factors that were associated with lower distress from the flood included: being married, having a higher income, being born in Canada, and being white/Caucasian. Maternal mental health protective factors included lower depressive symptoms, lower stress, lower anxiety higher social support and higher optimism. For example, women with higher levels of anxiety had over twice the risk of experiencing distress due to the flood compared to those with lower levels of anxiety (OR: 2.6 95%CI: 1.63 to 4.16, $p<0.001$). Having a child with delayed development was also associated with greater perceived impact of the flood.

Conclusions: Families with pre-existing stresses are more vulnerable to the influence of a natural disaster, potentially because coping mechanisms are already stressed and cognitive and biologic resiliency may be low. Targeted strategies may optimize the use of scarce resources post natural disaster.

Learning Objectives:

1. To inform participants on the sociodemographic factors associated with increased distress in families with young children impacted by a natural disaster.
2. To inform participants on the maternal mental health and child factors associated with increased distress in families with young children impacted by a natural disaster.

References:

1. McDonald SW, Lyon AW, Benzies KM, McNeil DA, Lye SJ, Dolan SM, et al. The All Our Babies pregnancy cohort: design, methods, and participant characteristics. BMC Pregnancy Childbirth. 2013;13

O06.3 Trauma-Informed Care: Integrating Adverse Childhood Experiences Into Child and Youth Mental Health and Addictions Programming

Ryan Clements[1], Jennifer Kuntz[1], Brian Marriott[1], Sandra Cheung[1], Andrea Perri[1], Avril Deegan[1], Adrienne Hotz-Oman[1], Alan McLuckie[2]

1. Alberta Health Services CAAMHPP, Calgary, AB, Canada,
2. University of Calgary, Calgary, AB, Canada

Introduction: Research underlines the importance for children's mental health specialists to include Adverse Childhood Experiences (ACEs) in their programming due to the risk posed by ACEs for negative health and mental health outcomes (Dube et al., 2001; Felitti et al., 1998; Spinhoven et al., 2010). Recognizing the priority for trauma-informed practice, Alberta Health Services', Child and Adolescent Addiction, Mental Health and Psychiatry Programs (CAAMHPP) are integrating ACEs into programming. We aim to share qualitative program evaluation reports from CAAMHPP clinicians regarding their experiences implementing ACEs.

Methods: We will report on program evaluation findings at CAAMHPP including surveys and focus groups with three inpatient and three outpatient programs regarding barriers and facilitators to implementing ACEs.

Results: Although the qualitative program evaluation is ongoing, emergent findings reveal several themes: 1) knowledge of ACEs and best-practices for assessing ACEs may be key to effective trauma-informed care, 2) the importance of training to effectively implement ACEs, 3) clinicians are interested and supportive to implement ACEs to optimize trauma-informed care, 4) the importance of balancing ACEs with identifying patient's resilience and coping, 5) the value of balancing objective measures of ACEs with patient's subjective experiences.

Conclusions: Trauma-informed care is recognized as a priority area in the provision of mental health and addictions services to young people and their families. Albertan Health Services CAAMHPP are leaders regarding the implementation of ACEs in child and youth mental health and addiction programs. These emergent findings may help inform other mental health services and clinicians striving to provide optimal trauma-informed care.

Learning Objectives:

1.) Understand how ACEs are associated with health risk behaviours and health outcomes.
2.) Understand key barriers and facilitators to implementing ACEs within child and youth mental health and addictions programming.
3.) Understand some needs of clinical staff implementing ACEs within child and youth mental health and addictions programming.

References:

Dube, S.R., Anda, R.F., Felitti, V.J., Chapman, D.P., Williamson, D.F., & Giles, W.H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span. *JAMA, 286* (24), 3089-3096.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A., Edwards, V.…Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245-258.

Spinhoven, P., Elzinga, B.M., Hovens, J.G.F.M., Roelofs, K., Zitman, F.G., van Oppen, P., & Penninx, B.W.J.H. (2010). The specificity of childhood adversities and negative life events across the life span to anxiety and depressive disorders. *Journal of Affective Disorders, 126*, 103-112.

O06.4 Progressive Counting: User Friendly Trauma Treatment for Kids

Marjorie E. Robb

Children's Hospital of Eastern Ontario, Ottawa, ON, Canada

Introduction: Children and adolescents who have undergone traumatizing experiences can develop PTSD, or can present with a wide range of symptoms stemming from the psychological and neurobiological changes resulting from trauma. Appropriate treatment for these children can be difficult to obtain. When basic principles of trauma-informed care do not lead to symptom resolution, specific trauma treatments may be required. Young people may be hesitant about engaging in treatments which they anticipate will be long and emotionally painful. Therapists often feel ill-equipped to treat these youth, and may be reluctant to develop expertise in trauma treatment because of fears of upsetting patients or becoming overwhelmed themselves. Specific trauma treatment methods may be expensive to learn and may lack acceptability to clients.

Methods: A case series of children and adolescents with a range of traumatic experiences ranging from developmental trauma to single-episode trauma were treated with Progressive Counting (PC), an empirically supported method for traumatic memory processing. Principles of a phase model of trauma-informed care were applied and PC was used at the appropriate phase of treatment. The CDI-2, MASC, Problem Rating Scale and Outcome Rating Scale were used as measures.

Results: Progressive Counting showed a high degree of patient acceptability and was considered to be safe, easy to do, and effective by children and youth of a range of ages. Child and parent feedback indicated symptomatic improvement.

Conclusions: Progressive Counting is an effective, safe, efficient and easy to use intervention to help persons process traumatic memories.

Learning Objectives:

1. List three benefits of the use of Progressive Counting for treatment of young people who have experienced trauma.

2. Describe when memory processing should be considered in the treatment of young people who have experienced trauma.
3. List four types of specific treatment for the processing of traumatic memories

References:

1. Greenwald, R. *Progressive Counting within a Phase Model of Trauma-Informed Treatment*. Routledge, 2013.
2. Foa e, Hembree E, Rothbaum B. *Prolonged Exposure Therapy for PTSD*. Oxford University Press, 2007.
3. Greenwald, R. *Child Trauma Handbook*. Haworth, 2005.

Mon Sept 19 | 11:00–12:30 | Glen 208-209

O07 Prevalence and Treatment for Eating Disorders

O07.1 Prevalence of Eating Disorders, Perceived Socio-Cultural Stress and Ideal Body Image in Adolescents - a School Based Study From India

Darpan M. Kaur[1], Lavanya T. Seth[2]

1. Associate Professor, Department of Psychiatry, MGM Medical College, Navi Mumbai, Mumbai, MH, India, 2. MGM Medical College, Navi Mumbai, Navi Mumbai, MH, India

Introduction: Epidemiological studies on eating disorders can have implications for adolescents, health care providers and policymakers. [1] Currently, there is paucity of literature on eating disorders and perceived socio-cultural stress and ideal body image in adolescents from developing countries such as India.[2,3]

Methods: Cross sectional, questionnaire based survey conducted in high school set up. Students in age ranges of adolescents between 10 to 19 years were provided with the predesigned data collection form, informed consent documents and self-rated scales. Eating disorder scale, Perceived Socio-cultural pressure scale and Ideal Body Stereotype Scale (Revised) was distributed to the adolescents for self-rating.[4] Confidentiality and anonymous nature maintained. Sample size calculated of 1407 Complete forms were statistically analyzed using SPSS, regression analysis, t test and chi square tests. Institutional Ethics Committee approval was obtained and informed written consent was taken.

Results: 40.65% were male and 59.35% were female. Females were significantly more likely to have an Eating Disorder. The prevalence of high level eating disorder was 3.6%, perceived socio-cultural pressure was 4.3% and ideal body image stereotype was 36.3%. 36.6% respondents resorted to binge eating and 4.3% binged for 6 or 7 days of the week. The study found a significant association between Eating Disorders and Perceived Socio-cultural Pressure and a positive correlation between Eating Disorder and BMI.

Conclusions: The findings of this study suggest the need for early detection, intervention and preventive program for eating disorders with a school-liasion model. Further collaborative multicentric prevalence based and intervention based studies across hospital, clinic and community settings are needed.

Learning Objectives:

(a) To estimate the prevalence of eating disorders in adolescents.
(b) To study perceived socio-cultural stress in adolescents.
(c) To assess ideal body image in adolescents.
(d) To explore relation between perceived socio-cultural stress, ideal body image and eating disorders in adolescents.

References:

1. Growing Through Adolescence.World Health Organization Europe and NHS Scotland 2004. (http://ec.europa.eu/health/ph_projects/2004/action3/docs/2004_3_7_1_en.pdf)
2. Mammen P et al.Prevalence of eating disorders and psychiatric comorbidity among children and adolescents.Indian Pediatr.2007May;44(5):357-9.
3. Shroff H et al. Body image and eating disturbance in India: media andinterpersonal influences. Int J Eat Disord. 2004 Mar;35(2):198-203
4. EricStice.Eating disorder and its available scales. (http://homepage.psy.utexas.edu/homepage/group/sticelab/scales/)

O07.2 A Household Built on Skills: A DBT-informed Approach to Multi-family Group Therapy

Gisele Marcoux[1], Lana Bentley[1], Gina Dimitropoulos[2]

1. Calgary Eating Disorders Program (AHS), Calgary, AB, Canada, 2. University of Calgary, Calgary, AB, Canada

Introduction: Families play an important role in promoting recovery of their children with eating disorders. Multi-family Therapy (MFT) has been internationally recognized as an intervention for this cohort. Traditional models of MFT do not provide skills to manage intense emotions that may arise during the weight gain process and the cessation of symptoms. To address this issue, we integrated Dialectical Behavioural Therapy principles into MFT (MFT-S).

Methods: The self-report Family Assessment Measure: General Scale (FAM-III) assesses family functioning in seven clinical parameters. It was disseminated at three different time points (beginning/end of the 4-day intensive, final follow-up). A mixed between analysis of variance was conducted to assess FAM-III changes over time.

Results: The sample consisted of 11 female eating disorder clients and families. Preliminary findings yielded statistically significant improvements in Task Accomplishment (p=.013), Communication (p=.008) and the Overall Rating (p=.032). The categorical functioning changes with fathers and mothers will also be discussed.

Conclusions: A new MFT-skills based intervention may lead to changes in some areas of family functioning (Task Accomplishment, Communication). The limitations of this evaluation will be discussed including measurement issues and difficulties engaging fathers in research. Potential clinical and research implications will be discussed.

Learning Objectives: The objectives of this oral presentation are to: 1) provide preliminary data on adolescent patients and their families participating in MFT-skills; and 2) to demonstrate the applicability of DBT with children, adolescents, and parents.

Mon Sept 19 | 11:00–12:30 | Macleod E1

W08 Embodied Stigma: Addressing Weight Bias Across the Weight Spectrum

Shelly Russell-Mayhew, Gina Dimitropoulos, Monica Sesma-Vazquez, Angela S. Alberga, Kristin M. von Ranson

University of Calgary, Calgary, AB, Canada

Workshop Description: Obesity and eating disorders have traditionally been treated as distinct domains. Weight stigma, or a preconceived negative judgment about a person's body weight, is prevalent across the weight spectrum amongst people of various shapes and sizes. Stigmatizing beliefs and attitudes about people living with obesity and eating disorders are rampant in today's 'fat phobic' and 'thin praising' culture. Internalized weight stigma is associated with negative consequences that include maladaptive eating behaviours, low self-esteem, depression, anxiety, and other psychological and interpersonal issues. This workshop aims to present research evidence regarding weight stigma as it pertains to both obesity and eating disorders, engage in interactive activities, and generate practical suggestions to create more effective, non-weight-stigmatizing messaging, communication and strategies regarding weight-related issues in day-to-day health care practice. We will begin by presenting evidence on the prevalence and consequences of weight bias across the spectrum of weight-related issues and efforts underway to bridge both fields. Participants will then be invited to work interactively in small groups encouraging self-reflection about their professional roles in creating and implementing an integrated approach to health and wellbeing across weight status. Participants will acquire communication skills regarding language choices when speaking about weight-related issues. We will end with a discussion of practical strategies to use in interacting with patients of all weights.

Learning Objectives:

1. To describe the pervasiveness and negative consequences of weight bias among people living with obesity and eating disorders
2. To reflect on personal and professional attitudes and behaviours related to health, weight and wellbeing and identify areas of strength and needing improvement
3. To generate practical strategies to address health and wellbeing across the weight spectrum

References:

1. Alberga, A.S., Russell-Mayhew, S., von Ranson, K., McLaren, K., Ramos-Salas, X., & Sharma, A.M. (Accepted 2016). Future research in weight bias: What next? *Obesity.*
2. Dimitropoulos, G; Freeman, E.V.; Domingo, A; Muskat, S., & McCallum, L. (Accepted 2015). "You don't have Anorexia, you just want to look like a celebrity": Perceived stigma in individuals with anorexia nervosa. *Journal of Mental Health.*
3. Russell-Mayhew, S., & Grace, A. (2015). A call for social justice and best practices for the integrated prevention of eating disorders and obesity. *Eating Disorders: The Journal of Treatment & Prevention.* doi:10.1080/10640266.2015.1113829

Mon Sept 19 | 11:00–12:30 | Macleod E2

W09 Theory to Practice: Integrating Utilization Focused Evaluations into Treatment Programs

Jeffrey D. Couillard

Enviros, Calgary, AB, Canada

Workshop Description: Traditional research methodologies are slow, cumbersome, expensive and rarely useful for the clients and staff tasked with the data collection and day to day engagement within the study. Utilization Focused Evaluation forces evaluators to work with programs and clients to ensure that the research project is designed to first and foremost be useful at the front line level. This workshop explores the implementation of a UFE at a wilderness based addictions treatment program, and highlights the successes and challenges with integrating academic research into the day-day operations of a 24/7 treatment program. Made possible by a generous grant from Alberta Health, the Enviros Base Camp Research and Evaluation Project is showing not only excellent data results, but that evaluation can be designed to be useful for practitioners on the ground.

Learning Objectives: Participants will learn the fundamentals of utilization focused evaluation, as well as how to navigate the many challenges of implementing a robust outcome and evaluation system within a program or organization.

Mon Sept 19 | 11:00–12:30 | Macleod E3

W10 Who is in Charge: the Rights of an Adolescent in the Inpatient Hospital Setting, a Multicultural Perspective

Jordan S. Cohen[1], Tyler Pirlot[1], Kazumasa Kimura[2], Junichiro Ota[3], Kiwamu Tanaka[4], Yoshihiro Nakadoi[5], Kiwamu Tanaka[6]

1. Cumming School of Medicine, University of Calgary, Calgary, AB, Canada, 2. Medical Corporation Shinshinkai Tama-Aoba Hospital, Tokyo, Japan, 3. Junichiro OTA, Mental Health and Welfare Center, Okayama City, Okayama City, Japan, 4. Tokyo Metropolitan Children's Medical Center, Tokyo, Japan, 5. Shikoku Medical Center for Children and Adults, Zentsuji City, Japan, 6. Hyogo Prefectural Kofu Hospital, Kobe, Japan

Workshop Description: Introduction: The United Nations (UN) Convention on the Rights of the Child clearly advocates for the rights of children and adolescents both in the community and in inpatient care facilities. In caring for an adolescent one must consider both chronological and developmental age when choosing a treatment. Thus, one must consider the individual rights of an adolescent in making decisions when hospitalized as to the voluntary nature of their hospitalization, their ability to consent/refuse to treatment irrespective of their involvement of a guardian.

Methods: Through an interactive workshop experience participants will become familiar with the medical, legal and ethical perspectives surrounding the rights of adolescents in both Canada and Japan. All participants will be sharing the unique aspects of the care received by adolescents in hospitals in their own culture. Small groups will be utilized to firstly discuss the challenges that exist around adolescents rights

in their systems of hospital care and then develop ideas to improve local or national challenges using a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) approach. Information collected will be archived and made available to participants for future utilization.

Learning Objectives:

1. Review the clinical and legal concepts around the rights of an adolescent in an acute care setting (mature minor, involuntary hospitalization, and capacity).
2. Discuss the challenges encountered in the clinical treatment of a mature adolescent in the multiples systems of care (e.g. child welfare, educational, forensic).
3. Develop an approach to dealing with a mature adolescent back in your home clinical setting that advocates for their rights, considering key ethical principals and respecting the cultural environment.

References:

1. Helmut Remschmidt and Myron Belfer. Mental health care for children and adolescents worldwide: a review. World Psychiatry. 2005 Oct; 4(3): 147–153.
2. Can a child provide consent? Canadian Medical Protection Association Journal. *Originally published March 2014 / Revised May 2014 P1401-3-E.*
3. Treatment decisions regarding infants, children and adolescents. C Harrison; Canadian Paediatric Society (CPS), Bioethics Committee. Pediatric Child Health 2004;9(2):99-103. Posted: Feb 1 2004 Reaffirmed: Feb 1 2016

Mon Sept 19 | 11:00–12:30 | Macleod E4

SG02 Technology Enabled Collaborative Care Models

Tony Pignatiello[1, 2], Katherine Boydell[1, 2, 4], Chetana Kulkarni[1, 2, 3], Greg Lodenquai[1, 2, 3]

1. Hospital for Sick Children, Toronto, ON, Canada, 2. University of Toronto, Toronto, ON, Canada, 3. George Hull Centre, Toronto, ON, Canada, 4. Black Dog Institute, Randwick, NSW, Australia

Study Group Description: Use of technology in the delivery of child and youth mental health care has become increasingly integrated into daily practices. In Ontario, for example, live interactive videoconferencing has played a significanat role in changing the landscape and levelling the playing field in addressing issues of access to care and maldistribution of limited specialist resources. In addition to provision of direct clinical care, there are consultative and collaborative care models that focus on supporting primary care by buidling capacity, such that evidence based care can be delivered within clients' home communities. This study group will examine 3 extant and emerging models of care delivered via technology based platforms: 1) direct consultations with community pediatricians and family physicians; 2) program consultations and professional development with community children's mental health agencies; 3) ECHO (Extension for Community Health Outcomes). Brief summaries, followed by discussions of enablers and challenges to successful design, implementation, and evaluation of each model will be presented. Demonstration of use of technology to engage as well as deliver service will enhance information on these models which are demonstrating high degree of user friendliness, engagment and satisfaction; knowledge and competency enhancement; and development of communities of practice. Challenges include communication and administrative issues which can be addressed by flexibility, responsiveness, and ongoing quality improvement measures.

Learning Objectives:

1) Identify current and emerging technologies and platforms used in the delivery of children's mental health services and knowledge translation
2) Comparae and contrast alternate models of consultation, collaborative care, and professional development that have demonstrated evidence of successful engagement via technologies
3) Identify enablers and challenges impacting successful design, implementation, and evaluation of technology assisted care models

References:

1. Arora S., Thornton K., Murata G., Deming P., Kalishman S., Dion D., Parish B., Burke T., Pak W., Dunkelberg J., Kistin M., Brown J., Jenkusky S., Komaromy M., Qualls C. Outcomes of hepatitis C treatment by primary care providers. N Engl J Med. 2011; (9): 364-387.
2. Arora S., Thornton K., Komaromy M., Kalishman S., Katzman J., Duhigg, D. Demonopolizing medical knowledge. Acad Med. 2014; (89):30–32.
3. Pignatiello A., Boydell K., Teshima J., Volpe T., Braunberger P., Minden D. Transforming Child and Youth Mental Health Care via Innovative Technological Solutions.Healthcare Quarterly. 14 (special Issue 2)2011: 92-102. (2011) Or http://www.longwoods.com/content/22368 downloaded May 25, 2011.
4. Boydell K.M., Hodgins M., Pignatiello A., Teshima, J., Edwards H., Willis, D.Using Technology to Deliver Mental Health Services to Children and Youth: A Scoping Review. Journal Can Acad Child Adolesc Psychiatry. 2014 May; 23(2): 87–99.

Mon Sept 19 | 11:00–12:30 | TELUS 101-102

O08 Prediction and Prevention in CAMH

O08.1 Behavioral Problems in Preschool Children: Developing Early Intervention Programs

Marina M. Rocha, Cibelle A. Amato, Alessandra L. Oddone, Gabriela Z. Pinheiro

Universidade Presbiteriana Mackenzie, Sao Paulo, SP, Brazil

Introduction: Undertanding developmental and behavioral problems in early childhood and the variables associated with them, as well as carriong out preventive and remediative intervention programs focused on this age group, are demands with clear priority to facilitate an healthy development and to promote psychological well-being. This study aimed to track behavioral and develpmental problems in preschool children of Brazilian poor community using the CBCL / 1.5-5 (Child Behavior Checklist for ages 1.5 to 5).

Methods: Participants were 200 parents of children aged between 30 and 47 months the attended day care centers in the city of Barueri/SP - Brazil. All parents of children that attended these educational day care institutions were invited to respond to the CBCL during a meeting. If they had difficulty filling out the form by themselves, research assistants were available to support.

Results: Descriptive analysis of the sample allowed the caracterization of the most comum problems faced by the children and their families. The association between risk factors, such as poverty, presence of parental psychopathology, high number of people living in the same house and behavioral problems was confirmed.

Conclusions: The results found in this study confirm literature data on behavior problems and risk factors. Informations given by the parentes allowed the development of early intervention programs based on the empirical demand found.

Learning Objectives: Future work should examine the impact of interventions suggested on the development of children and on the quality of life of the families.

References:

Achenbach, T. M., & Rescorla, L. A. (2000). *Manual for the ASEBA Preschool Forms & Profiles.* Burlington, VT: University of Vermont, Reseach Center for Children, Youths, & Families.

O08.2 Adverse Childhood Experiences and Other Correlates of Adult Sexual Offending Behaviour: A Exploratory Study

Sujata Satapathy, Vandana Choudhary, Rajanikanta Swain, Renu Sharma, Ananya Mahapatra

All India Institute of Medical Sciences (AIIMS), New Delhi, DL, India

Introduction: A moderately large body of literature in West has emphasized adverse childhood experiences (Leveson, et.al., 2015), childhood sexual abuse (Jespersen, et.al, 2009), empathy deficits (Gracia, et.al., 2008), and psychiatric symptoms (Calzada, et.al., 2011) are relevant factors of adult sex offending. The majority of male sexual offenders report at least one adverse childhood experience and nearly half report four or more (Levenson et al., 2014; Reavis et al., 2013). Despite India has a major problem with sexual crimes against women and children, the lack of meaningful research highlights a serious lacuna in knowledge and skills required to manage mental health factors that underlie criminal activities (Sarkar, 2013), thus create hindrances in planning any intervention for relapse prevention.

Methods: A purposive sampling of 40 literate adult males medically confirmed for sexual offenses were administered Rape Empathy Scale, Interpersonal Reactivity Index, Adverse Childhood Experiences Scale, Aggression Questionnaire and SCL-90 after informed written consent.

Results: The findings suggested significant correlation ($p<0.05$) among the measured variables and contributed significantly to their sexual offenses. While a majority of the accused had one or more adverse childhood traumatic experiences, underlying psychiatric illnesses were also found. The findings were discussed in light of relevant theoretical frameworks.

Conclusions: The findings of the study are important in reiterating on important risk factors and associated psychosocial profile of rape accused in India and would help in developing appropriate relapse prevention CBT intervention.

Learning Objectives:

This study attempted to

- ascertain the correlation of adverse childhood experinces, aggression, empathy, and psychiatric symptoms with adult sexual offenses
- compare psyhcitric symptoms, aggression, and empathy between accused with and without adverse childhood experiences

References:

Sarkar J, Dutt AB. Forensic psychiatry in India: Time to wake up. J Forensic Psychiatry & Psychology 2006;17:121–30.

Levenson J S, Willis GM, and Prescott DS. Adverse Childhood Experiences in the Lives of Female Sex Offenders. Sexual Abuse: A Journal of Research and Treatment 2015, Vol. 27(3) 258–283

O08.3 Impact of Risk Factors on Behavior Problems Indicators According to the Parents' and Child's Reports

Deisy R. Emerich[1], Marina M. Rocha[2], Jessica A. Silva[1], Edwiges F. Silvares[1]

1. Universidade de Sao Paulo, Sao Paulo, SP, Brazil, 2. Universidade Presbiteriana Mackenzie, Sao Paulo, SP, Brazil

Introduction: Identifying the relationship between risk factors and children's behavioral problems allows you to plan effective intervention and prevention programs. The goal of this study was to identify the presence of behavioral problems in children based on their parents' reports and clinical assessment and to analyze which risk factors may be associated with these difficulties.

Methods: Participants were 25 children, 6 to 11 years old (M=8.7; SD=1.28), and their primary caregivers. They were refered for psychological treatment. Caregivers were asked to evaluated their children's problems (CBCL6-18), their own problems (ASR) and to give information about family living situation (number of people living in the same house, number of children, presence of marital discord, family income, and presence of parental psychopathology) to calculate the Family Adversity Index. The children gave information about their own behavior during a semistructured interview (SCICA).

Results: High family adversity index was correlated with high scores on Internalizing Problems (CBCL) and Total Problems on the child self-report (SCICA). The presence of Externalizing, Internalizing and Total Problems on both CBCL and SCICA was specifically associated with the presence of marital discord. Caregivers with with Internalizing Problems scores (ASR) were more likely to report more Internalizing Problems on the child assessment (CBCL).

Conclusions: These results corroborate to data pointing that multiple factors are associated with the presence of psychopathology in childhood and that public policies are needed to reduce risk factors in order to promote mental health.

Learning Objectives: Present data about the marital discord factor impact on behavioral problems indicators suggests the need for preventive programs focused on this aspect of the marital relationship to avoid the occurrence of behavioral problems during child's development.

References:

Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth & Families

Achenbach, T. M., & Rescorla, L. A. (2003). *Manual for the ASEBA Adult Forms & Profiles)*. Burlington, VT: University of Vermont, Research Center for Children, Youth & Families.

McConaughy, S. H., & Achenbach, T. M. (2001). *Manual for the Semistructured Clinical Interview for Children And Adolescents* (2° edição ed.). Burlington, Vermont: University of Vermont.

O08.4 Social and Economic Impacts of Using an Integrated Model to Address Child Abuse

Jenny Ofrim, Bonnie Johnston

Sheldon Kennedy Child Advocacy Centre, Calgary, AB, Canada

Introduction: The cost of child abuse is staggering. The minimum cost of child abuse in Canada is estimated to be $20.53 billion annually. Building a compelling vision for a new approach to child abuse is critical to the Sheldon Kennedy Child Advocacy Centre's model of integrated practice. A number of key features set the Centre's integrated practice model apart from other Child Advocacy Centres, or traditional service delivery models.

Methods: KPMG and the SKCAC conducted a forecast Social Return on Investment on the integrated practice model demonstrated at the Centre.

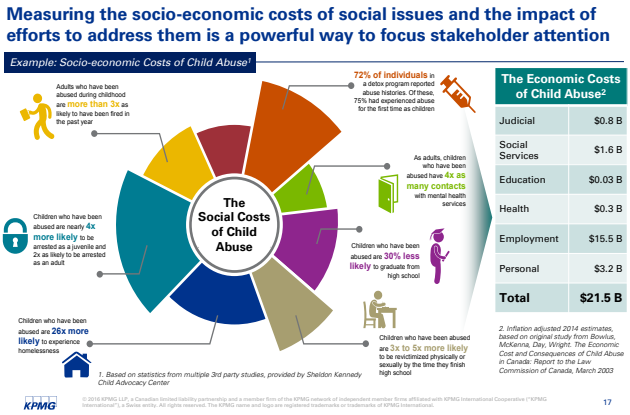
Results: Findings indicated that within one unit alone, productivity improvements amount to approximately $550,000 annually across stakeholders.

The impact study undertaken helped to identify benefits in the following categories:

- Improvements in productivity across each of the Centre's partner agencies (e.g. police, child and family services, health services, etc.).
- Improvements in the effectiveness/quality of service delivery.
- Mitigation of long-term impacts/costs of abuse for children, families and support systems.
- Policy and practice leadership in the prevention and response to child abuse.

Conclusions: In partnership with KPMG, the Centre will define what integrated practice is, how it works at the SKCAC, as well as its strategic partnership with KPMG. Participants will learn about the recent social impact study, the results and the approach that other organizations can take to measure the social impact of integrated responses to child abuse.

Learning Objectives: Participants will learn: how a social impact study can be applied in the context of a multi-dimensional issue, such as child abuse, which transcends multiple branches of government. Ultimately, participants will leave the session with a better understanding of how they can demonstrate the social and economic impact of their integrated practice.



References:

KPMG (2015). The Sheldon Kennedy Child Advocacy Centre: Social Return on Investment Study

Mon Sept 19 | 11:00–12:30 | TELUS 108-109

O09 Prediction and Trajectories of CAMH

O09.1 Early Language Difficulties and the Trajectories of Behavioral and Emotional Disorders Across Childhood

Richard O'Kearney[1], Shaun G. Yew[2]

1. The Australian National University, Canberra, ACT, Australia,
2. The National University of Singapore, Singapore, Singapore

Introduction: The presence of a language difficulty at school entry is associated with higher levels of behavioural and emotional problems throughout childhood and moderates the influence of child, parent and peer factors on the typical shape and rate of growth of these problems. Here we examine whether early language difficulties are also associated with the likelihood that the child's trajectory of behavioural and emotional symptoms will belong to clinically relevant profiles.

Methods: Using growth mixture modelling we estimated for a nationally representative cohort (n=3236) latent classes of the growth in behavioural and emotional symptoms measured at ages 4-5, 6-7, 8-9, 10-11, 12-13 and 14-15. Logistic regression was used to estimate the predictive value of having an early language difficulty (n=439) for relative membership of the trajectories.

Results: For boys, a language difficulty significantly increased the chances of being in the persistently highest trajectory of conduct problems and in the highest, increasing trajectory of emotional symptoms relative to the low trajectories of conduct (OR = 2.73; 1.77 to 2.80) and emotional problems (OR = 2.82; 1.76 to 2.82). For girls, a language difficulty significantly increased the chances of being in the persistently highest trajectory of conduct problems compared to the low trajectory (OR=3.51; 1.09 to 3.77) but did not predict the likelihood of membership of a more problematic trajectory of emotional problems (OR = 1.38; 0.60 to 3.34).

Conclusions: The finding are considered in relationship to direct and moderating influences that an early language difficulty may exert in the development of conduct and emotional disorders.

Learning Objectives:

- new knowledge of the impact of langauge difficulites on emotional and behavioural development.
- understand the use of latent class analysis for identifying clinically important profiles of symptoms across development

References:

Yew, Goh S., & O'Kearney, R. (2015**).** The role of early language difficulties in the trajectory of conduct problems cross childhood. *Journal of Abnormal Chid Psychology, 43; 1515-25*

Yew, Goh, S. & O'Kearney, R. (2015). Early language impairments and the developmental pathways of emotional problems across childhood. *International Journal of Language & Communication Disorders,* 50(3), 358-373.

Yew, Goh. S. & O'Kearney, R. (2013). Emotional and behavioural outcomes for children with specific language impairment: meta-analyses of controlled prospective studies. *Journal of Child Psychology and Psychiatry,* 54(5), 516-524.

O09.2 Latent Profiles of Adolescents from Dissolved Families: Predicting Depressive Symptoms in Emerging Adulthood

Laura M. Di Manno[1], Jacqui A. Macdonald[1, 2, 3], George J. Youssef[1], Craig A. Olsson[2, 3, 4]

1. School of Psychology, Faculty of Health, Deakin University, Burwood, VIC, Australia, 2. Murdoch Children's Research Institute, Centre for Adolescent Health, The Royal Children's Hospital Melbourne, Parkville, VIC, Australia, 3. Department of Paediatrics, The University of Melbourne, Parkville, VIC, Australia, 4. Centre for Social and Early Emotional Development, Faculty of Health, Deakin University, Burwood, VIC, Australia

Introduction: Adolescents from divorced families are at increased risk for depressive symptoms compared to those from intact families. However, less is known about differential risk that occurs among those within divorced families. Identifying constellations of factors associated with risk can help account for heterogeneity.

Methods: Participants were 449 adolescents whose parents had separated/divorced (Male=49.7%; Female=50.3%) from the Australian Temperament Project, a longitudinal cohort study. Latent Class Analysis was performed to identify qualitatively different groups based on clustering theoretically relevant depressive risk/protective factors. Class differences on depressive symptoms in emerging adulthood were then examined.

Results: A three-class model was favoured (See Figure 1). An 'Adjusted' class (n=295) was characterized by the lowest mean depressive symptom score (z=-0.165; 6% severe/extremely severe). A 'Moderate symptom' class (n=128) was characterized by moderate risk on multiple factors, and scored highest on depressive symptoms (z=0.339; 19% severe/extremely severe). A 'High symptom' class (n=26) was notably elevated on externalizing behaviors and was subsequently low on depressive symptoms (z=0.024; 4% severe). Post-hoc testing revealed severe antisocial behaviour at emerging adulthood in this class.

Figure 1

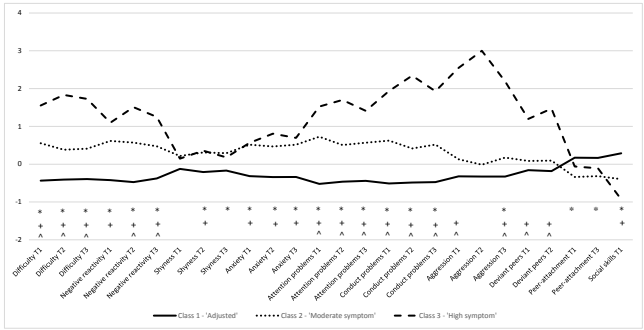


Figure 1. *Psychosocial classes of adolescents from dissolved families identified using continuous indicators in LCA.*
Note: LCA=Latent Class Analysis. Scores were standardised for ease of interpretation. Higher scores are indicative of high level of measurement construct.
*Significant difference between LC1 and LC2 (p=<.05)
+Significant difference between LC1 and LC3 (p=<.05)
^Significant difference between LC2 and LC3 (p=<.05)

Conclusions: This is the first study identifying latent classes of depressive risk/protective factors that differentiate adolescents from divorced families. Profile membership predicted differences in mental health concerns in emerging adulthood. Findings are relevant for targeted prevention strategies aimed at psychopathology arising from family dissolution.

Learning Objectives:

- To identify underlying classes among adolescents (13-18 years) from dissolved families, using multiple individual and environmental depressive risk and protective factors.
- To estimate class differences on depressive symptoms at emerging adulthood (19-20 years).

References:

Amato, P. R. (2001). Children of divorce in the 1990s: an update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology, 15*(3), 355.

Amato, P. R., & Keith, B. (1991). Parental divorce and the well-being of children: a meta-analysis. *Psychological Bulletin, 110*(1), 26.

Di Manno, L., Macdonald, J. A., & Knight, T. (2015). Family dissolution and offspring depression and depressive symptoms: A systematic review of moderation effects. *Journal of Affective Disorders, 188*, 68-79.

O09.3 Joint Trajectories of Depression and Perfectionism Across Adolescence and Childhood Risk Factors

Tracy Vaillancourt, John Haltigan

University of Ottawa, Ottawa, ON, Canada

Introduction: Although depression is strongly linked to perfectionism, a maladaptive personality style that is associated with suicide, nothing is known about their joint development across adolescence or about early predictors of high-risk joint trajectories.

Methods: We examined the co-development of symptoms of depression and perfectionism across adolescence (age 12 to 17; N=700) and non-age-overlapping antecedent risk factors (age 10 and 11) of joint trajectory membership.

Results: Results indicated that most adolescents (75.8%) followed a trajectory of low depression symptoms (low stable), while 15.7% followed an increasing trajectory (increasing), and 8.5% followed a trajectory that began high and decreased over time (high decreasing). More girls than boys were found in the increasing and high decreasing trajectories.

Adolescents followed 3 distinct trajectories of perfectionism: 41.6% were in a low stable group, 40.5% in a moderate increasing group, and 19.9% in a high increasing group. 8% of adolescents followed a high-risk dual trajectory of increasing depression and high increasing perfectionism. This trajectory was predicted by being bullied, anxious, and relationally aggressive, when compared to the low-risk dual trajectory. These same predictors along with family functioning and family income also differentiated the joint high decreasing depression/high increasing perfectionism group from the low risk group, which comprised of 3.8% of the sample. Conditional probability results suggest that developmental progression was better characterized as depression leading to perfectionism rather than the reverse.

Conclusions: Considering that depression and perfectionism are both linked to suicide risk, it seems important to intervene early, before co-occurring pathways become entrenched and potentially destructive.

Learning Objectives: Describe the developmental course of depression and socially prescribed perfectionism and early risk-factors.

O09.4 Investigating Differences in Prevalence of Risk of Current Mental Health Problems of Australian Adolescents by Socio-Demographic Characteristics

Julia Dray[1, 2, 3], Jenny Bowman[1, 2], Megan Freund[1, 3], Libby Campbell[1, 2, 3], Rebecca K. Hodder[1, 2, 3], Christophe Lecathelinais[1, 2], Karen Gillham[2, 3], John Wiggers[1, 2, 3]

1. University of Newcastle, Callaghan, NSW, Australia, 2. Hunter New England Population Health, Wallsend, NSW, Australia, 3. Hunter Medical Research Institute, Hunter Region Mc, NSW, Australia

Introduction: Internationally, and in particular in Australia, recent population level prevalence data on the general mental health status of adolescents, and more specifically how such prevalence varies for groups of adolescents, is limited. The study aimed to assess the prevalence of mental health problems, and explore differences in risk of current mental health problems by socio-demographic factors.

Methods: An online cross sectional survey of students aged 12-16 years (N=6793) was conducted. Four mental health outcomes were measured using the self-report Strengths and Difficulties Questionnaire (SDQ): total SDQ score, internalising problems, externalising problems and pro-social behaviour. Associations between each mental health outcome and five sociodemographic characteristics (age, gender, Aboriginality, remoteness of residential location and socio-economic status) were investigated using backwards stepwise regression.

Results: Overall prevalence of 'very high risk' of current mental health problems across all students as measured by the total SDQ score was 19%. Other major findings included Aboriginal students were at higher risk than non-Aboriginal students for all four SDQ outcomes; females were at higher risk than males for total SDQ and internalising problems particularly at ages 14-15 years; males were at higher risk than females of externalising problems particularly at ages 12 and 16 years; and males were at higher risk than females for pro-social behaviour problems.

Conclusions: Findings of differential risk of current mental health problems between sociodemographic subgroups support the need for tailored interventions to address adolescent mental health problems, specifically for groups of adolescents experiencing higher prevalence of mental health problems.

Learning Objectives:

1. An understanding of the need for up to date data on the prevalence of mental health problems in adolescents.
2. A summary of findings of variation in prevalence of mental health problems in a group of Australian adolescents, when examining prevalence by age, gender, and Aboriginality.
3. The need for evidence-based interventions targeted at groups of adolescent experiencing higher prevalence of mental health problems.

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2. Braddick, F., Carral, V., Jenkins, R., & Jané-Llopis, E. (2009). Child and adolescent mental health in Europe: Infrastructures, Policy and Programmes. Luxembourg: European Communities
3. Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., et al.,(2011). Child and adolescent mental health worldwide: evidence for action. *The Lancet, 378*(9801), 1515-1525. doi: http://dx.doi.org/10.1016/S0140-6736(11)60827-1

Mon Sept 19 | 11:00–12:30 | TELUS 111

RS04 Seamless Pathway to Care through School Mental Health Literacy and Go-To Educator Early Identification Approaches

Stan Kutcher[1], Robert Milin[3], Andrew Baxter[2], Yifeng Wei[4]

1. Dalhousie University, Halifax, NS, Canada, 2. Alberta Health Services, Calgary, AB, Canada, 3. University of Ottawa, Ottawa, ON, Canada, 4. IWK Health Centre and Dalhousie University, Halifax, NS, Canada

Symposia Overview: We will demonstrate how school-based mental health literacy and early identification approaches embedded in the school-based pathway to care model have made substantial improvements on the understanding of mental health and mental disorders; decreased stigma and enhanced help-seeking efficacy among students and educators alike in Canadian secondary schools.

Part 1: Adolescent years are a critical period for the promotion of mental health, and prevention and early identification of mental disorders. Mental health literacy as a component of the school-based pathway to care model that is contextually applied, and best evidence supported provides the foundation for these approaches.This presentation describes a framework that engages students, teachers, student service providers, parents/families, health care providers and the wider community to address youth mental health needs through various programs and create linkages between the school, community and health providers.

Part 2: This presentation describes a Randomized Controlled Trial (RCT) in 24 high schools with 534 students attending an embedded mental health literacy program, Mental Health & High School Curriculum Guide, in usual classrooms in the

region of Ottawa, Canada. It found significant improvements in stigma (p = .001), and knowledge (p < .001) over time (pre-post) for students receiving the curriculum. No significant change was found for students in the control condition. A meaningful relationship was found between increased knowledge and positive attitudes towards mental health (p < .001). This is the first large RCT to demonstrate the effectiveness in mental health literacy of an integrated, manualized mental health educational resource for high school students on knowledge and stigma. Findings also support the applicability by teachers, and suggest the potential for broad-based implementation in high schools.

Part 3: This presentation reports how Alberta secondary schools implemented the Mental Health & High School Curriculum Guide as a mental health literacy resource and Go-To Educator Training program for early identification through multi-agency collaborations. A cross-sectional study (pre/post) on the curriculum guide resource among students (n=45) showed improved knowledge (p <.013) and attitude towards mental health (p <.001) overtime. Research on the Go-To program among educators (n=1398) also showed improved knowledge (p <.0001), however stable attitudes towards mental health (p >.32) overtime.

Part 4: This presentation describes how Nova Scotia secondary schools applied the train-the-trainer approach to deliver the Mental Health & High School Curriculum Guide in 8 school boards, while in Ontario (Toronto and Durham regions) how teachers received direct training and delivered the curriculum resource in the classroom. Cross-sectional (pre, post, and 3 month follow-up) evaluation of Nova Scotia educator trainers and Ontario students demonstrated significant improvements in both knowledge and attitudes overtime as shown in the table.

Table 1: Impact of the Curriculum Guide

Province	Study type	Year	Participants	Increased Knowledge		Improved Attitudes	
Nova Scotia	Program evaluation	2012-2014	218 Educators	Yes	p<0.0001, d=1.85	Yes	p<0.0001, d=0.51
Ontario (Durham)	Cross-sectional study	2013	409 Students	Yes	p<0.001, d=0.9; p<0.001*, d=0.73*	Yes	p<0.001, d=0.25; p<0.007*, d=0.18*
Ontario (Toronto)	Cross-sectional Study	2013-2014	175 Students	Yes	p<0.0001, d=1.11; p<0.001*, d=0.91*	Yes	p<0.001, d=0.66; p<0.001*, d=0.52*

*: Three-month follow-up

Learning Objectives: To discuss a school-based pathway to care model that can be applied in different settings to address adolescent mental health needs; to share how two mental health literacy and early identification programs have improved mental health related outcomes through robust research and evaluation

References:

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Mon Sept 19 | 14:00–15:30 | Acadia A

O10 Bridging Physical and Mental Disorders

O10.1 Psychiatric Comorbidity in Children with Physical Health Conditions

Mark Ferro, Jessica Zelman, Rana Qadeer

McMaster University, Hamilton, ON, Canada

Introduction: The study aimed to: 1—Estimate the prevalence of psychiatric comorbidity in children with physical health conditions; 2—Identify sociodemographic, clinical, parental factors associated with psychiatric comorbidity; and, 3—Examine the influence of psychiatric comorbidity on psychosocial outcomes.

Methods: Sixty children (6-16 years) newly-diagnosed with asthma, diabetes, epilepsy, food allergy, or juvenile arthritis were recruited from outpatient clinics at a children's tertiary care centre. Psychiatric disorder was assessed using the Mini International Neuropsychiatric Interview (MINI) to parents and children ≥11 years. Psychiatric disorders assessed were: major depressive, anxiety (generalized, separation, phobias), attention-deficit hyperactivity, oppositional defiant, and conduct. Parents and children (≥11 years) also completed measures of quality of life, self-concept, family functioning, parenting stress, and parental psychopathology. Physicians completed a checklist assessing condition severity.

Results: The mean age of children was 11.1 (3.3) years and 41% were male. Based on parent-reported MINI, the prevalence of psychiatric comorbidity was 57.1%. Among children ≥11 years (n=33), the prevalence was 14.3% (child-report) and 54.8% (parent-report). Agreement between children and parent was low (κ=0.15). No sociodemographic, clinical, or parental factors were found to be associated with psychiatric comorbidity. Psychiatric comorbidity negatively impacted the following aspects of quality of life: psychological well-being (p=0.006), autonomy (p=0.026), peer support (p=0.001), and school environment (p=0.001). Similar results were found for self-concept: social competence (p=0.003), behavioural conduct (p=0.013), and global self-worth (p=0.002).

Conclusions: Psychiatric comorbidity among children with physical health conditions is common. Health professionals are encouraged to adopt family-centred approaches in

routine screening for psychiatric disorder in this vulnerable population.

Learning Objectives: This research highlights the burden of psychiatric comorbidity in a sample of children with common physical health conditions and exposes the lack of agreement between child and parent reports in assessing symptoms of psychiatric disorder. In addition, psychiatric comorbidity exerts a compounding negative effect on psychosocial outcomes in children with physical health conditions. These findings support the need for the consideration of multiple perspectives within a family-centred care framework to assess psychiatric disorder in children with physical health conditions. Routine screening within the clinical setting and integration of pediatric physical and mental health care is imperative to support children and families achieve the best possible health outcomes.

O10.2 Study of Somatoform Disorders in Children and Adolescents From a Tertiary Care Child Psychiatry Centre in India

Kuppili Pooja Panchal, John Vijay Sagar Kommu

National Institute of Mental Health and Neurosciences, Bangalore, KA, India

Introduction: There are few studies on pediatric somatoform disorders from India (1). Hence this study was undertaken to assess the socio-demographic and clinical profile in children and adolescents diagnosed with Somatoform disorder at a tertiary care centre.

Methods: The present study included retrospective chart review of case files of children and adolescents who met the ICD-10 criteria for Somatoform disorder (F45.0 – F45.9) and were registered under the Child & Adolescent Psychiatry department during the period April 2012 to January 2016. Reversible anonymization, limited access and disclosure of the data were ensured to maintain confidentiality.

Results: A total of 17 cases were identified with a male to female ratio of 1 : 1.12. Mean age of the patients at consultation was 13.4 years (SD-2.7). Majority of patients had an insidious onset and multiple prior consultations. Mean duration of illness was 22 months (SD-20). Pain was the most frequent somatic symptom. Co-morbid disorders were noted in 59%. Underlying psycho-social stressors are the rule then exception with parental psychopathology and parent-child relationship problems being the most common stressors.

Conclusions: Somatoform disorders are often under-diagnosed and misdiagnosed in children and adolescents. These conditions are often insidious in onset and caregivers seek multiple consultations before visiting mental health professionals. Children and adolescents undergo many unnecessary investigations and are treated with multiple medications. Education of public about the Somatoform disorders, early intervention and prompt therapeutic intervention will alleviate the significant distress of children and their caregivers.

Learning Objectives: To stress the importance of early diagnosis and intervention for children with Somatoform disorder.

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O10.3 The Relationship between Physical and Mental Disorders in a Pediatric Population

Gabrielle Chartier[1], David Cawthorpe[2]

1. University of British Columbia, Vancouver, BC, Canada, 2. University of Calgary, Calgary, AB, Canada

Introduction: Few studies examine comorbidity in a pediatric population. Most focus has been on studies of specific disorders in relatively small samples. The present study extends our understanding of the relationship between mental disorder and physical (somatic/biomedical) disorders with a population-based study approach.

Methods: Using an informatics approach, a dataset containing physician billing data for 235,968 (51% male) individuals up to 18 years old spanning sixteen fiscal years (1994-2009) in Calgary, Alberta, was compiled permitting examination of the relationship between Physical (Somatic/Biomedical) Disorders and Mental Disorders, based on the International Classification of Diseases.

Results: All major classes of ICD somatic and biomedical disorders had odds ratios with confidence intervals above the value of 1.0, ranging from 1.08 (Perinatal Conditions in 4-6 year olds) to 4.95 (Respiratory Conditions in 0-3 year olds). Distinct major class ICD disorder patterns arise in comparing all children with adults and specific age strata for those under 19 years of age.

Conclusions: This study represents the first evidence reported in a population-based data set of the effect of the presence or absence of mental disorders on each major class of ICD diagnoses related to a physical disorder. The focus on the early intertwinements between somatic and mental disorders in a pediatric population may help to target strategic areas for future research.

Learning Objectives:

1. To explore the prevalence of different medical disorders in relation to psychiatric disorders in a children population.
2. To evaluate, from a population-based perspective the health care utilisation.
3. To explore the interplay between psychiatric and somatic symptoms and diagnosis.

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Mon Sept 19 | 14:00–15:30 | Acadia B

W11 Effective, High-Quality Inpatient Psychiatric Care for Youth through Outcomes, Benchmarking and Standards: National and International Perspectives

Lila Amirali[3, 4], Stephanie L. Greenham[1, 2], Kelly (Kalwinder) S. Saran[5, 6], Mario Valdivia[7, 8], Waqar Waheed[9, 10]

1. Children's Hospital of Eastern Ontario, Ottawa, ON, Canada, 2. Univeristy of Ottawa, Ottawa, ON, Canada, 3. Montreal Children's Hospital, Montreal, QC, Canada, 4. McGill University, Montreal, QC, Canada, 5. BC Children's Hospital, Vancouver, BC, Canada, 6. University of British Columbia, Vancouver, BC, Canada, 7. Concepción General Hospital, Concepción, Chile, 8. University of Concepción, Concepción, Chile, 9. Alberta Children's Hospital, Calgary, AB, Canada, 10. University of Calgary, Calgary, AB, Canada

Workshop Description: Inpatient psychiatric services provide acute and tertiary hospital-based care for children and youth with severe and complex mental health needs. Inpatient beds are in high demand and increasingly are being used to manage children and youth in acute crisis (Blader, 2011; Gandhi et al., 2016). Emerging data, however, indicates that there is little consistency across inpatient providers in access to inpatient care, models of care, and staffing resources (Greenham & Persi, 2014). Although draft standards for child and youth inpatient care exist in one Canadian province (ONCAIPS, 2015), no national standards have been adopted like in the UK (QNIC 8th ed.) and other countries that would help address inequities in access and quality of inpatient care. The proposed workshop, co-lead by inpatient clinicians and administrators from several different programs, will give participants the opportunity to learn about different efforts to integrate outcome management strategies within inpatient service delivery models, and how they might embed standards and performance measurement to improve effectiveness of care. The supporting international literature behind existing draft standards will be presented, as will an analysis of Canadian inpatient benchmarking data. Comparisons with Chilean inpatient care will be highlighted. Strategies for risk assessment and management including medico-legal issues, complex case management, and the development of care pathways will also be discussed in relation to effective, high quality inpatient care.

Learning Objectives:

1. To learn about evidence-based standards for child and youth inpatient mental health care
2. To learn how child and youth inpatient psychiatric services compare internationally
3. To learn strategies for integrating outcome management, risk assessment and management, complex case management, and the development of care pathways

References:

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3. Greenham, S.L., & Persi, J. (2014). The state of inpatient psychiatry for youth in Ontario: Results of the ONCAIPS benchmarking survey. *J Cdn Acad Ch Adol Psychiatry, 23*(1), 31-7.
4. ONCAIPS (2015) *2015 ONCAIPS Collaborative Provincial Child & Adolescent Inpatient Mental Health Standards*. Ontario Network of Child and Adolescent Inpatient Psychiatry Services.
5. Quality Network for Inpatient CAMHS Service Standards (8th edition)., Royal College of Psychiatrists. Downloaded Feb. 26, 2016 from http://www.rcpsych.ac.uk/pdf/QNIC%20Standards%20Cycle%2015.pdf

Mon Sept 19 | 14:00–15:30 | Glen 201-203

RS05 AACAMH Symposium: Various Aspects of CAMH in Africa

Naoufel Gaddour[1], Joyce Nalugya[3], Yewande Oshodi[2], Hela Slama[1]

1. University of Monastir, Monastir, Tunisia, 2. University of Lagos, Lagos, Nigeria, 3. University of Makerere, Kampala, Uganda

Symposia Overview: Child and Adolescent Mental Health in emerging in Africa and faces many challenges. One of the objectives of AACAMH is to strengthen capacities on the continent and to create a string network of different professionals. This session will give different aspects of CAMH practices in Africa.

Part 1: Cannabis use in adolescence and bipolar disorder: A case report and review of the literature

M Attia, H Slama, S Braham, N Gaddour, M Nasr

The link between cannabis and mood disorders is not well documented. According to some authors there is a higher risk of developing a mood disorder in cannabis users especially in adolescence.

A case report on a bipolar disorder that appeared after cannabis use is followed by a general discussion on this topic.

Part 2: Hidden Mental Health Problems Among Children Identified Through Research- A Case Of Middle Child Age Alcoholism

Nalugya J, Tumwine J, Skylstad V, Nankabirwa V, Ndeezi G, Engebresten IM

Of 765 enrolled mother-child pairs in the PROMISE EBF study (2006-2008), Promise Saving Brains in Uganda saw 543 (71%) child-caretaker pairs again when the children had reached 5-7 years. Children scoring with a moderate and severe symptom load on SDQ were 127/543 (23%). There were no differences in basic demographic data between SDQ-high and SDQ-low children with respect to child and maternal age and schooling or socio-economy. 11/124 (8.9%) SDQ-high children and 1/28 (3.6%) SDQ – normal children had alcohol use disorders.

Part 3: Anxiety, Depression and Substance abuse in Secondary School Students in Lagos, Nigeria.

Oshodi Y, Campbell A, Lacko SE, Onifade P, Akinsola O, Odukoya O, Adeyemi J, Thornicroft G.

2675 students participated to the study aiming at estimating prevalence of mental health problems with CES-DC, SCARED, and MINI . Mean age 14.66 (±1.32SD).

A probable diagnosis of anxiety disorder was (48.6%) and for depression (48.7%). The commonest abused substance ever was Alcohol, followed by tobacco and sedative hypnotics. Prevalence using the MINI found depression in 14.2 %, Panic

disorder (3.3%), Social phobia disorder (5.3%), Specific phobia disorder (4.0%), Separation anxiety disorder (5.2%). None of the schools visited had guidance counselors working in full capacity as a school counselor.

Part 4: Profile of children and adolescents followed at the Child Psychiatry Clinic of Monastir and Mahdia after a suicide attempt

Slama H; Brahim T; Maatouk H; Boussaid N; Hajji K; Wenness S, Gaddour N ; Nasr M

Main results of this descriptive study conducted in Monastir and Mahdia from 2006 to 2015 show that 137 suicidal patients (age 12,9 years, sex ratio F/M of 2.5) were seen.

Number of suicide attempts increased from 2006 (5.45%) to 2014 (18.18%) with a peak in 2012 (21.18%)(After revolution). Divorce (18%). family conflicts (80%), low SES (54%), family history of psychiatric problems (41%) were common.

The most used method in the suicide attempt was ingestion of drugs (76%) followed by ingestion of toxic substance (18%). Depression (36%), adolescence related problems (18%) were the most frequent diagnoses while suicide attempt was a reaction to the stressor without any underling disorder in 40%.

Learning Objectives: better knowledge about child and adolescent mental health in Africa

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Mon Sept 19 | 14:00–15:30 | Glen 204

W12 Constructing Hope and Motivation in Parents & Adults With Complex Trauma History's: Phase A, The ITTM

Valerie Copping

The Intergenerational Trauma Treatment Model, Guelph, ON, Canada

Workshop Description: Popularly depicted as a rare, lightning-bolt experience, trauma is a universal phenomenon, regardless of the singular aspects and repercussions of each person's traumatic experiences, whether classified as major or minor, "big T" or "little t", by the individual, or by others on their behalf. In its infinite variants, it is likely to occur at least once, if not many times, in any individual's lifespan. More than a distinct event, or even a series of distinct events, *trauma is a process* that has shifting, yet on-going, effects for self-formation. The negative consequences of even one traumatic event challenge the individual's well-being, but often just as much that of their "inner circle" of family, caregivers, and close friends. When the impact of trauma is carried, unresolved, from childhood into adulthood, autonomy, inter-relatedness, and personal competency, and their related behaviours, can reasonably be expected to suffer. This workshop discusses how unresolved complex trauma--or recurrent trauma--in childhood affects the critical parent-child-clinician relationship in terms of building, or strengthening, the three bases of intrinsic motivation. The workshop will then focus on delivering a range of tangible and advanced CBT intervention methods for demonstrating how correlated treatment of parent and child, the keystone of the Intergenerational Trauma Treatment Model (ITTM), can effectively address, and thereby improve, the diminished hope and motivation of both, allowing for the completion of treatment with improved and lasting outcomes.

Learning Objectives:

1: To deliver the first Phase (Phase A) of the ITTM's innovative and evidenced in -practice- and -research, methods to professionals, practitioners and students.

2: To provide and guide each participant's development and practice of the advanced CBT diagrammatic strucutres designed and utilized in Phase A of the ITTM.

3: To directly experience the benefits of the ITTM's theoretical framework and its interventions.

4: To have each participant leave with a set of handouts and diagrams required to deliver the specialized methods to construct or strengthen the intrinsic motivation platforms of adults and parents (and their children) who suffer from the effects of unresolved complex trauma histories.

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Mon Sept 19 | 14:00–15:30 | Glen 205

RS06 Using Advanced Imaging to Understand Mental Illness in Children and Adolescents

Yi-Ling Chien[1], Susan S. Gau[1], Chia-Jui Tsai[3], Hesham Hamoda[2]

1. Department of Psychiatry, National Taiwan University Hospital and College of Medicine, Taipei, Taiwan, 2. Department of Psychiatry, Boston Children's Hospital and Harvard Medical School, Boston, MA, USA, 3. Department of Psychiatry, Taichung Veterans General Hospital, Taichung, Taiwan, 4. Graduate Institute of Clinical Medicine, College of Medicine, National Taiwan University, Taipei, Taiwan

Symposia Overview: Chair: Heshman Hamoda

Susan Shur-Fen Gau Gau

Imaging intermediate phenotype and the role of emotional dysregulation on brain function in neurodevelopmental disorders are not well studied. Moreover, despite extensive research on brain function of individuals with schizophrenia, little is known about the patients with first-episode schizophrenia. This symposium will focus on improving our understanding of brain function in in children and adolescents with mental illness using advanced imaging methodology. The four presentations will cover the imaging findings on children and adolescents with autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD) and 1st episode schizophrenia.

Part 1: Dr. Chien compared the white matter integrity assessed by using the diffusion spectrum images (DSI) between 40 unaffected siblings of ASD probands and 39 typically developing controls (TDC) using the tract-based automatic analysis and the threshold free cluster weighted scores for analysis. Unaffected siblings showed reduced mean generalized fraction anisotropy (mGFA) on bilateral frontal-aslant tracts, right superior longitudinal tract 2, right corticospinal tract, frontostriatal tracts, thalamic radiation (left ventral, right dorsal), and corpus callosum (splenium), and increased mGFA of the precuneus. Findings support that altered tract integrity could serve as endophenotypes for ASD research.

Part 2: Prof Gau tested the imaging intermediate phenotype of neuroanatomy and its intrinsic functional connectivity in 20 male youths with ASD, 20 unaffected brothers, and 54 TD males based on voxel-based morphometry and seed-based resting-state fMRI analysis. The findings of atypical gray matter volume in the midcingulate cortex, reduced midcingulate-right inferior frontal gyrus connectivity, and increased iFC between the mid-cingulate cortex and bilateral middle occipital gyrus shared among ASD probands and unaffected brothers suggest that atypical neuroanatomy and its associated iFC may be an endophenotypic marker for ASD.

Part 3: Dr. Tsai explored brain structures underpinning emotion dysregulation (ED) in brain structure as analyzed by using voxel-based morphometry among 83 youth with ADHD (aged 7 to 18 years) with ED, 65 youths with ADHD without ED, and 138 TDC without ED. ADHD without ED had significantly greater GM volumes than ADHD with ED in the left para-hippocampal gyrus, left superior frontal gyrus and right mid-cingulate gyrus. Findings suggest that the conflicting reports on the atypical neuroanatomy of ADHD may substantially originate from their comorbid ED status in the study samples.

Part 4: Dr. Hamoda tested the "cognitive dysmetria" hypothesis that impairments in cognition and behavior in patients with first-episode schizophrenia (FESZ) can be explained by disruptions in the cortico-cerebellar-thalamic-cortical circuit assessed by the diffusion tensor tractography in 26 patients with FESZ compared to 31 healthy controls. The findings of decreased FA in the right thalamus-right ACC, right-thalamus-right LOFC pathways, and right thalamus-right VLPFC tract (also increased axial diffusivity) in the FESZ group support the cognitive dysmetria hypothesis in schizophrenia.

Learning Objectives:

1. To improve our understanding of structural and functional connectivity in several brain regions as imaging endophenotype for ASD research.
2. Emotion dysregulation is common in ADHD and the conflicting reports on the atypical neuroanatomy of ADHD may substantially originate from their comorbid ED status defined by the subscales of the CBCL.
3. To understand the role of Thalamo-Cortical Connections in Patients with First-Episode Schizophrenia.

References:

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Mon Sept 19 | 14:00–15:30 | Glen 206

O11 Psychopharmacology

O11.1 Cardiac Arrhythmias and Methylphenidate: a Pharmacoepidemiological Approach in Vigibase®

Sophie Fregevu[2], Alexis Revet[1, 2], François Montastruc[2], Guillaume Montastruc[3], Geneviève Durrieu[2], Jean-Louis Montastruc[2]

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Introduction: We received a spontaneous adverse drug reaction (ADR) notification in a 45 year-old patient who suffered from palpitations 2 months after methylphenidate introduction for ADHD. Rhythmic holter found 3,429 ventricular extrasystoles (VE) with a normal cardiac examination. Three months after methylphenidate withdrawal, the number of VE was 395 and palpitations' sensations disappeared. After 10 months, cardiac evaluation was strictly normal.

Methods: This "serious" case report led us to investigate in VigiBase®, the WHO pharmacovigilance database (including more than 12 million ADRs), a putative association between cardiac arrhythmias and methylphenidate. The case non-case approach (disproportionality analysis) comparing methylphenidate to all other drugs was used.

Results: After reviewing the cases, 109 cardiac ADRs (0.5 % of methylphenidate ADRs) were selected, i.e. 92 arrhythmias, 21 VE and 1 atrial fibrillation (more than 1 ADR per patient). Out of them, 87% were "serious" (with 16 deaths). They mainly occurred in men (85%). Mean age was 18.7 years [7-75]. Methylphenidate was prescribed in 44% for ADHD (unknown indication in 48%). A significant association was found between methylphenidate and ventricular arrhythmias [ROR = 1.4 (1.3-1.7)] or tachycardia [ROR = 2.0 (1.9-2.2)]. The association for ventricular arrhythmias was significantly more marked in children [ROR = 4.8 (3.9-5.8)] than in adults [ROR = 1.8 (1.4-2.4)].

Conclusions: The present pharmacoepidemiological study described significant associations between occurrence of cardiac arrhythmias (and increase in heart rate) and methylphenidate exposure[1], which are more marked in children[2], justifying a rational prescription and a regular cardiac surveillance during treatment.

Learning Objectives:

1. A clinical and pharmacoepidemiological description of a significant associations between occurrence of cardiac arrhythmias (and increase in heart rate) and methylphenidate exposure.
2. Importance of pharmacovigilance and pharmacoepidemiology for the good utilization and prescription of medications (methylphenidate in this case).

References:

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2. Bucchorn R, Christian W: Ventricular arrhythmias in children with attention deficit disorder-a symptom of autonomic imbalance? Cardiol Young 2014; 24(1): 120-125

O11.2 The Association Between Methylphenidate Treatment and the Risk for Fracture Among Young ADHD Patients: a Nationwide Population-Based Study in Taiwan

Vincent C. Chen[1, 2], Yao-Hsu Yang[1, 2], Kuo-You Huang[3], Roger S. McIntyre[4], Tzu-Chin Lin[5]

1. Chiayi Chang Gung Memorial Hospital, chiayi, Taiwan, 2. Chang Gung University, Taoyuan, Taiwan, 3. Department of Speech, Language Pathology and Audiology, Chung Shan Medical University, Taichung, Taiwan, 4. Mood Disorders Psychopharmacology Unit, University Health Network, University of Toronto, Toronto, ON, Canada, 5. Department of Psychiatry, Chung Shan Medical University and Hospital, Taichung, Taiwan

Introduction: Attention-deficit hyperactivity disorder (ADHD) is associated with higher risk for fracture. Whether the medical treatment for ADHD would mitigate the risk remains unclear. The present study aimed to investigate the effect of methylphenidate treatment on the risk for fracture, as well the moderational role of treatment duration.

Methods: We utilized data from the Taiwan National Health Insurance Research Database (NHIRD).Selected cases of ADHD between 1996 and 2013 were followed until the end of 2013. Cases less than 18 years old were identified from the database with a new primary diagnosis of ADHD (ICD-9:314) between 1996 and 2013. A total of 6201 cases with ADHD were included as the study cohort.The cumulative duration of methylphenidate treatment were calculated for each case. The cases were divided into 3 groups according to the duration of methylphenidate treatment (0, 1-180, and more than 180 days). All groups were followed for first diagnoses of fracture (ICD-9 codes 800 to 829). Cox proportional hazards models were applied, adjusting for sex, age, residence, seizure, asthma, intellectual disability, autism, and hypnotics.

Results: Compared to the group without methylphenidate treatment, the risk for fracture was lower among the group treated for more than 180 days. The adjusted hazard ratio was

0.76 (95% Confidence interval: 0.62-0.93). The group treated for 180 days or less had no significant difference on the risk for fracture.

Conclusions: Methylphenidate treatment was associated with lower risk for fracture among ADHD patient. The association was evident only in the cohort with exposure gradient >180 days.

Learning Objectives: Methylphenidate treatment is associated with lower risk for fracture among ADHD patient. The association is evident only with long term treatment.

References:

1. Sadock, B.J., V.A. Sadock, and P. Ruiz, *Attention Deficit/Hyperactivity Disorder.* KAPLAN & SADOCK'S Synopsis of Psychiatry, 11th edition,2015
2. Chou, I.C., et al., *Attention-deficit-hyperactivity disorder increases risk of bone fracture: a population-based cohort study.* Dev Med Child Neurol, 2014. **56**(11): p. 1111-6.
3. Guo, N.W., et al., *Fracture risk and correlating factors of a pediatric population with attention deficit hyperactivity disorder: a nationwide matched study.* J Pediatr Orthop B, 2015.

O11.3 Antidepressants in French Children and Adolescents: What Prescribing Tendencies? What Side Effects? What Experience for Patients?

Alexis Revet[1], Vanessa Rousseau[2], Bertrand Olliac[3], Jean-Louis Montastruc[2], Jean-Philippe Raynaud[1], Laure Mesquida[1], François Montastruc[2]

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Introduction: Antidepressants are among the most frequently prescribed psychoactive drugs in child and adolescent psychiatry (CAP)[1]. However, their utilization and their risk-benefit ratio are less documented in this population than in adult[2].

Methods: We realized a descriptive analysis of the notification of reported adverse drug reactions (ADRs) in child and adolescents in the French Pharmacovigilance database for the 5 most used antidepressants in France from 1985 to 2015 (504 notifications).

We enriched these quantitative results with a qualitative approach, based on a semi-structured interview of children and adolescents about their experience of antidepressant.

Results: We observed more notifications in girls (53,5% vs. 44,2%); the most notified antidepressant was paroxetine (31,0%), which is not authorized in France (off-label use); we noticed a clear augmentation of the notifications of ADRs from 2004 to 2007, following the alert by the FDA (Food and Drug Administration) on suicidal risk. Our qualitative interviews enabled us to provide some additional information on how the young patients have experienced the prescription of antidepressants.

Conclusions: There is still a gap between the prescription and the knowledge concerning the antidepressants in CAP.

References:

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Mon Sept 19 | 14:00–15:30 | Glen 208-209

AP04 Research on Childhood Sexual Abuse: Psychosocial, Neurobiological and Legal Perspectives

Paul D. Arnold[1], Warren Binford[2], Gina Dimitropoulos[3], Frank MacMaster[1]

1. Mathison Centre for Mental Health Research & Education, Calgary, AB, Canada, 2. Willamette University College of Law, Salem, OR, USA, 3. Faculty of Social Work, University of Calgary, Calgary, AB, Canada

Symposia Overview: Childhood sexual abuse impacts the individuals harmed for the remainder of their lives – with regards to mental health, occupational outcome, legal entanglements, general health, and neurobiology. With the rise of the Internet, many child sex abuse victims now experience a second stage of abuse when images of their abuse are distributed online. Emerging evidence has begun to detail the negative impact of "hands on" abuse (e.g., changes in functioning, brain development). However, many gaps in our knowledge remain. Furthermore, very little is known about the psychosocial or neurobiological impact of the second stage of "hands off" sex abuse. The missing data has significant legal ramifications. For example, some legal systems limit recovery to crimes resulting in physical (or economic) harm which makes restitution difficult when such harm has not been demonstrated. Other systems allow recovery, but are asking experts to disaggregate the harm caused by the hands on abuse from the harm caused by the hands off abuse so that different perpetrators are held liable only for the harm they specifically caused the victim. In this symposium, we will present research-informed perspectives from psychology, social work, neurobiology, and law on the growing problem of both "hands on" and "hands off" sexual abuse. We will use a new, integrative research project under development by our group as a framework for a dynamic discussion with the audience. The audience will be engaged and encouraged to provide their perspectives, expertise, and ideas for future research directions in the critical area of childhood sexual abuse and its impacts in the 21st century.

Part 1: First, Professor Warren Binford will explain the limits of the current legal systems in providing support and resources to victims of "hands off" child sex abuse online. She will identify gaps in the system, especially with regard to victim support and explain why more robust, multi-disciplinary research is critical.

Part 2: Second, using an ecological framework, Dr. Dimitropoulos will provide a review of empirical evidence regarding developmental, psychological, familial, and societal factors that may contribute to risk and resilience in children and ado-

lescents exposed to online childhood sexual abuse. She will discuss clinical implications including potential assessment approaches and interventions for frontline workers.

Part 3: Dr. Frank MacMaster will present the known effects of early childhood sex abuse on brain development based on neuroimaging studies, and discuss the likely impact of revictimization through online sexual abuse on adolescent brain development.

Part 4: Dr. Arnold will provide a brief overview of a new proposed research project integrating research including legal, psychosocial, neurobiological and genetic risk factors interact to influence risk and resilience to childhood sexual abuse.

Learning Objectives:

1. To learn about the legal and psychosocial aspects of child sex abuse including gaps in the system and potential assessment approaches.
2. To learn about the effect of child sex abuse on brain development.
3. To gain insight into varying research perspectives and how these can be applied to future research and novel clinical approaches for survivors of child sex abuse.

References:

1. Warren Binford, *A Global Survey of Country Effort to Ensure Compensation for Child Pornography Victims*, 12 Ohio State Journal of Criminal Law 37 (Spring 2015).
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Mon Sept 19 | 14:00–15:30 | Macleod E1

SG03 Early Identification Initiatives in Youth Mental Health

Kathleen MacDonald[1, 2], Srividya Iyer[2, 1]

1. Douglas Mental Health University Institute, Montreal, QC, Canada, 2. McGill University, Montreal, QC, Canada

Study Group Description: Youth aged 11-25 have the highest incidence of mental illness[1], yet often encounter circumventive pathways to care, complicated referral processes or long wait lists. These types of obstacles are significant as the reduction of treatment delays, especially during this critical period of adolescence, has been associated with better outcomes[2, 3]. Early identification initiatives serve to bridge the gap between mental health services and youth seeking help. Many such initiatives have been developed over the past few decades, primarily in the field of early intervention for psychosis[4-6]. These initiatives, including school-based outreach, GP education, or mass media campaigns, are cost- and resource-extensive programs. Yet, the evaluation of such programs has demonstrated mixed results, and many questions emerge when trying to scale up such programs in the global context of youth mental health.

This Special Interest Study Group will provide an opportunity for delegates to brainstorm and share perspectives on what mental health providers should be doing to ensure that youth are accessing their services as early on in their help-seeking process as possible. Previous approaches from international initiatives will be discussed. In addition, delegates will learn about early identification approaches being implemented across a variety of contexts in Canada, through ACCESS Open Minds – a research initiative aiming to transform youth mental health service delivery. Innovative mobile and web technologies (including apps and online chat platforms) intended to increase access to mental health services will also be described and discussed.

Learning Objectives: The primary learning objective for this Study Group will be the dissemination of past and novel approaches to early identification in mental health and their implications for the future of youth mental health service delivery.

From a research perspective, one key objective will be to discuss and consider the more formal methods (e.g, RCTs) which have been implemented across various countries and whether these can serve as models in other clinical environments.

Many approaches to early identification happen outside the realm of research settings. Hence, from a clinical perspective, a key objective will be to share experiences and consider various ways that mental health professionals and services can reach out to youth in need. These examples may include increasing links with community organizations, youth hubs, peer support workers, e-mental health, and more.

References:

1. Kessler, R.C., et al., *Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement.* Archives of general psychiatry, 2012. **69**(4): p. 372-380.
2. Birchwood, M., *Early intervention in psychosis: the critical period*, in *The recognition and management of early psychosis: a preventive approach*, P.D. McGorry and H.J. Jackson, Editors. 1999, Cambridge University Press: Cambridge, UK. p. 226-256.
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4. Power, P., et al., *The Lambeth Early Onset Crisis Assessment Team Study: general practitioner education and access to an early detection team in first-episode psychosis.* The British Journal of Psychiatry, 2007. **191**(51): p. s133-s139.
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Mon Sept 19 | 14:00–15:30 | Macleod E2

RS07 Sleep Mood and Suicide in Adolescent – Link Between Sleep and Psychiatry

Colin M. Shapiro[3, 1], Azmeh Shahid[3, 1], Yu Jin Lee[2], Chhavi Kaushik[3]

1. Youthdale Treatment Centres, Toronto, ON, Canada, 2. Seoul National University, Seoul, Korea, 3. Toronto Western Hospital, University Health Network, Toronto, ON, Canada

Symposia Overview: Sleep and psychiatric disorders are inextricably linked. This symposium aims to focus on recent

discoveries and advances in this area and how these relate to the stigma of depression.

Part 1: Background: Despite the importance of depression there is to date no commercially available technological support to diagnose depression and guide treatment.

Methods: We have developed for the first time a system that automatically and objectively diagnoses depression by using biological markers extracted from the EEG. This will be described.

Results: On 28 adults and 25 youth we achieved a detection rate of 92% for controls and 83% for depressed adults, while for children we reached a detection rate of 100% for controls and 75% the for depressed group. These results are preliminary with refinement of the technique we anticipate that our method will bring an important advance to the diagnosis of depression.

Conclusion: This computerized diagnostic technique will complement the current method of depression diagnosis and the biological focus of this technique can lead to the elimination of stigma in psychiatry.

Part 2: Background: Sleep disturbances are commonly associated with psychiatric disorders, particularly depression, in adolescents. Our objective is to evaluate the association of sleep problems, depression, and risk of suicide in adolescents.

Methods: A retrospective chart review of polysomnographic (PSG) studies and psychiatrist evaluations of106 adolescents aged 7-16 years during their admission to an involuntary adolescent psychiatric inpatient facility.

Results: Over 95% of cases had a sleep problem. Adolescents with many co-diagnosed psychiatric disorders had greater frequencies of insomnia, decreased sleep efficiency, and arousals form SWS ($p<0.05$).

Conclusion: This study highlights the utility of PSG studies in the identification and management of adolescents with respect to sleep and mood problems and those at risk of suicidal behaviour and psychopathologies. The incorporation of sleep in the diagnosis and treatment of depression can help reduce the stigma.

Part 3: Background: Sufficient sleep is critical for the mental and physical health of adolescents, with sleep being particularly important for their emotion regulation, cognition, attention, psychosocial development, and physical growth. The current study aims to determine the associations of insufficient sleep with suicide attempts and self-injury in a large, school-based Korean adolescent sample.

Methods: A sample of 4145 middle- and high-school students (grades 7-10) completed a battery of self-report questionnaires on sleep, depression, self-injury and suicide attempts.

Results: Longer weekend catch-up sleep duration was associated with greater suicidal ideation, higher depression scores suicide attempt and self-injury during the past year.

Conclusion: The present results suggest that weekend catch-up sleep duration--which is an indicator of insufficient weekday sleep--might be associated with suicide attempts and self-injury in Korean adolescents.

Learning Objectives:

1. To obtain a better understanding of the role of sleep in reducing the stigma of depression in children and adolescents
2. To understand the tight link between sleep and depression
3. To understand the tight link between sleep and suicide

References:

AUGUSTINAVICIUS J.L.S., ZANJANI A., ZAKZANIS K.K., SHAPIRO C.M. Polysomnographic features of early-onset depression: A meta-analysis. Journal of Affective Disorders. 2014;158:11-8.

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Kang SG, Lee YJ, Kim SJ, Lim W, Lee HJ, Park YM, Cho IH, Cho SJ, Hong JP. Weekend catch-up sleep is independently associated with suicide attempts and self-injury in Korean adolescents. Compr Psychiatry. 2014 Feb;55(2):319-25.

Mon Sept 19 | 14:00–15:30 | Macleod E3

W13 Recovery and Transitions in MH Services: Promoting a More Positive Journey and Resilience Framework From Youth to Adulthood

Omer S. Moghraby[1, 2], Duncan Harding[2, 1]

1. South London & the Maudsley NHS Foundation Trust, London, United Kingdom, 2. Kings College London, London, United Kingdom

Workshop Description: Managing and navigating transitions is often difficult for young people, especially those with mental health difficulties.Services may not be adequately equipped to manage the expectations and changing needs of families or young people. In the United Kingdom,paediatric mental and physical health services are arbitrarily cut off at the age of 16-18 years, usually with a stark difference in what is available in adult services. It is not clear how thresholds are drawn up or on what evidence they are based.This can lead to potential gaps in services for young people in what is often a significant phase of their life. Despite Governments publishing policies and guidelines to encourage development of such services, a widespread view persists among both patients and clinicians that the period of transition remains an unsatisfactory experience and process.

This interactive workshop aims to address the issue of managing transition through examples of clinics and services that were set up locally (within existing budgets). It will consider the practical steps taken and how this could be implemented in any resource setting.

We will also introduce the concept of Recovery(and Discovery) in this context, and how this can be a useful common framework of understanding between young person and adult services, preparing young people and their families for the future, and acting as a safe pathway for transitional mental health care.

Finally we will consider what if any factors or outcome measures may be helpful in identifying young people who may more likely require adult mental health services.

Learning Objectives: In this interaction workshop we aim to help provide participants with a pragmatic framework around how to set up transitions clinics. Also to use the concept of 'recovery' and 'discovery' in young people, to promote greater resilience in the families and young people who may be transitioning into adult mental health services or discharged back to the community setting.

We will introduce the concept of recovery and its relevance in transitions. We will teach an innovative approach to transitions, incorporating recovery as a common framework of understanding, a language that both CAMHS and adult services understand, to improve the young persons experience as they move into adult care. We present on examples of how this has been set up around the Maudsley using neurodevelopmental disorders as an example.

We will pose questions and tasks for small group discussion for participants to consider relevant local issues and barriers to access of care, discuss how clinicians could be supported in predicting who would benefit from which service, case vignettes to work through and how they might set up something positive (and different) tomorrow.

References:

Singh, Swaran P. "Transition of care from child to adult mental health services: the great divide." Current opinion in psychiatry 22.4 (2009): 386-390.

Singh, Swaran P., et al. "Transitions of care from child and adolescent mental health services to adult mental health services (TRACK study): a study of protocols in Greater London." BMC Health Services Research 8.1 (2008): 135.

Schraeder, Kyleigh E., and Graham J. Reid. "Who Should Transition? Defining a Target Population of Youth with Depression and Anxiety That Will Require Adult Mental Health Care." The journal of behavioral health services & research (2016): 1-15.

"Transition from children's to adults' services for young people using health or social care services" UK National Institute of Clinical and Healthcare Excellence guidelines [NG43] February 2016

Fletcher, Tia R., Shonta Hazel, and Shinaz Jindani. "The Maze to Recovery: Navigating Your Way through Resources for At-Risk Clients." (2016).

Mon Sept 19 | 14:00–15:30 | Macleod E4

W14 Beyond Mountains; Experiential and Adventure Therapy with Adolescents

Jeffrey D. Couillard, Kelly Waters-Radcliffe

Enviros, Calgary, AB, Canada

Workshop Description: Experiential Therapy, often known as "adventure" or "wilderness" therapy, is a unique and powerful combination of psychosocial interventions grounded in strengths-based and solutions focused theories. By engaging clients (particularly adolescents) in kinesthetic activities with embedded challenge and risk, it's possible for the practitioner to engage even the most resistant young person. This workshop focuses on the core principles of experiential work, along with tips and tricks for facilitating in a wide range of settings (from the local park, the classroom or in the backcountry). This workshop is a very hands-on and experiential process whereby participants "learn by reflecting on doing".

Learning Objectives: Learning objectives of this workshop include introducing participants to the 5 Principles of Experiential Therapy, including how to design activities and interventions that meet psychosocial or treatment objectives. Participants will also be introduced to a range of portable activities that they can use in their own practice.

Mon Sept 19 | 14:00–15:30 | TELUS 101-102

O12 ADHD and Executive Function

O12.1 The Impairment of Executive Function in Preschool Children with ADHD in Chinese

Jinsong Zhang[1], Lan Shuai[1], Huifeng Zhang[2], Tengfei Lu[2]

1. Department of Medical Psychology, Xinhua Hospital Affiliate to Shanghai JiaoTong University School of Medicine, Shanghai, China, 2. Department of Child and Adolescent Healthcare, Xinhua Hospital Affiliate to Shanghai JiaoTong University School of Medicine, Shanghai, China

Introduction: Attention Deficit/hyperactivity Disorder (ADHD) is one of the most commonly diagnosed neuro-developmental disorders, characterized by developmentally inappropriate levels of hyperactivity, impulsivity, and/or inattention. The impairments in neuropsychological executive functions (EF) are taken as the main etiological factors of ADHD. While few researches is focused on the preschoolers with ADHD.

Methods: There were fifty-three health preschool children(48 to 72months), one hundred and fifty-eight children with ADHD (48 to 72months) were recruited by clinical interview and Diagnostic Infant and Preschool Assessment(DIPA). Behavior Rating Inventory of Executive Function-preschool version (BRIEF-P) and Developmental Neuropsychological Assessment(NEPSY) were used to assess EF including response inhibition, working memory, emotional control and plan/organization.Data analysis was evaluated by co-variance MANCOVA, IQ entered as the covariate.

Results: No significant age difference were found between Normal Control group and ADHD group. ADHD Children performed significantly poor than NC on BRIEF-p and NEPSY-II on all of BRIEF-P subscales, respectively inhibit ($F=101.84$, $p<0.001$), shift($F=3.98$, $p<0.05$), emotional control ($F=28.33$, $p<0.001$), working memory ($F=78.68$, $p<0.001$), plan/organization ($F=43.55$, $p<0.001$), inhibitory self-control ($F=84.76$, $p<0.001$), mental flexibility ($F=18.149$, $p<0.001$), metacognition ($F=71.10$,$p<0.001$) as well as total score ($F=80.08$,$p<0.001$). For NEPSY-II tasks, the significant differences between the two groups were on the tasks including statue ($F=9.36$, $p<0.01$), affect recognition($F=7.24$, $p<0.01$), comprehension of instruction ($F=14.82$, $p<0.001$), block construction($F=7.75$, $p<0.01$), visual-motor precision ($F=10.40$, $p<0.01$) and matrices($F=15.239$, $p<0.001$), which indicated that the ADHD children were lower on the above dimensions than health children.

Conclusions: With the evaluation by BRIEF-p and NEPSY-II, preschool children with ADHD could demonstrate impairments of executive function on many aspects from early period.

Learning Objectives: ADHD are taken as with impairments in executive functions (EF). Few researches are focused on the

preschoolers with ADHD. We aimed to find the character of EF deficits in preschool children with ADHD in this research.

References:

1. Ursula Pauli-Pott, Silke Dalir, Tanja Mingebach, Alisa Roller, and Katja Becker. Do different ADHD-related etiological risks involve specific neuropsychological pathways? An analysis of mediation processes by inhibitory control and delay aversion. Journal of Child Psychology and Psychiatry. 2013 Jul;54(7):800-9. doi: 10.1111/jcpp.12059. Epub 2013 Mar 2.
2. Bonillo A, Araujo Jimenez E A, Jane Ballabriga M C, et al. Validation of Catalan version of BRIEF-P [J]. Child neuropsychology : a journal on normal and abnormal development in childhood and adolescence, 2012, 18(4): 347-55.
3. Korkman, M., Kirk, U., & Kemp, S.L. (2007a). NEPSY II. Administrative manual. San Antonio, TX: Psychological Corporation.

O12.2 Meta-Analysis of Organizational Skills Interventions for Children and Adolescents with Attention- Deficit/Hyperactivity Disorder

Aida Bikic[1], Brian Reichow[2], Spencer A. McCauley[2], Karim Ibrahim[2], Denis G. Sukhodolsky[2]

1. University of Southern Denmark, Odense, Denmark, 2. Yale University, New Haven, CT, USA

Introduction: In addition to problems with attention and hyperactivity, children and adolescents with ADHD present with poor organizational skills that are required for managing materials and time demands of academic projects. Organizational skills training (OST) is a behavioral intervention that has been increasingly used to address these deficits in children with ADHD. We conducted a systematic review and meta-analysis of OST in children with ADHD.

Methods: Methods for this review were registered with PROSPERO (CRD42015019261). We included randomized controlled trials published in English in peer-reviewed journals comparing OST with another psychosocial treatment, no treatment control, or waitlist control. Two authors independently screened 1071 records obtained from database searches and hand searched relevant journals.

Results: Eight studies involving 605 children with ADHD (345 treatment, 260 control) were included in meta-analysis. Overall effect sizes for teacher- and parent-rated outcome measures of organizational skills were d=0.54 and d=0.96, respectively. Overall effect sizes of teacher- and parent-rated symptoms of inattention were d=0.36 and d=0.59, respectively. There was also an effect size of d=0.39 on the teacher rated academic performance.

Conclusions: OST leads to moderate improvements in organizational skills of children with ADHD as rated by teachers and large improvements as rated by parents. More modest improvements were observed on the ratings of symptoms of inattention and academic performance. The review also notes methodological limitations of studies to date including relatively small samples of the majority of studies, heterogeneity of the outcome measures, and lack of attentional control comparison conditions.

Learning Objectives:

- Organizational skills are compromized in children with ADHD.
- Organizational training improves organizational skills, inattention and academic performance.
- Methodological limitations of studies to date.

References:

Abikoff, H., et al., *Remediating organizational functioning in children with ADHD: immediate and long-term effects from a randomized controlled trial.* J Consult Clin Psychol, 2013. **81**(1): p. 113-28.doi: 10.1037/a0029648

Pfiffner, L.J., et al., *A two-site randomized clinical trial of integrated psychosocial treatment for ADHD-inattentive type.* J Consult Clin Psychol, 2014. **82**(6): p. 1115-27.doi: 10.1037/a0036887

Molina, B.S., et al., *Feasibility and preliminary efficacy of an after-school program for middle schoolers with ADHD: a randomized trial in a large public middle school.* J Atten Disord, 2008. **12**(3): p. 207-17.doi: 10.1177/1087054707311666

Langberg, J.M., et al., *Materials Organization, Planning, and Homework Completion in Middle School Students with ADHD: Impact on Academic Performance.* School Ment Health, 2011. **3**(2): p. 93-101.doi: 10.1007/s12310-011-9052-y

O12.3 Quantitative Analysis of Home-based Daily Routine Interventions for Supporting Executive Function in Children

Pierre Séguin

Brili, Inc., Toronto, ON, Canada

Introduction: Learning differences such as ADHD and ASD cause numerous difficulties for suffers and their families. In many cases performing daily routines independently can be a serious challenge (Zental et al.; Abikoff et al.).

Some ADHD symptoms as hyperactivity, inattentiveness, and impulsivity can be reduced with medications. However, children with ADHD may have a lack organization skills (DuPaul & Stoner.; Zental et al.) and difficulties with time management (Mash & Barkley). In this situation, activity schedules and special interventions may improve children's behavior and performance (Spriggs et al).

The majority of studies were based on interventions and techniques aiming to improve organization skills for better academic performance (Langberg et al.). However, there is a significant lack of studies that analyze outcomes of interventions targeting improvements in home-based daily routines.

Methods: This research specifically aims to address this using newly available data resulting from children's real-world daily routines. The technology capturing these data is Brili, a routine assistance app for mobile devices and wearables that guides children through daily life activity sequences defined by their parents. Since its launch in 2015, it has been adopted by thousands of families worldwide.

Results: The results of the research include such practical information as:

- parents' average estimates for the duration of basic routine tasks;
- average actual time spent by children on these tasks, by age;
- level of accuracy of parent's estimates;
- calculations of effective durations for basic tasks and routines;

Conclusions: Some premises for the implementation of successful routines may be done based on obtained data.

Learning Objectives:

1. Analyze likelihood that parents provide enough time to complete basic routine tasks;
2. Demonstrate actual time spent by children on basic tasks by age;
3. Propensity to use extrinsic reward system ;
4. Observe common traits of successful routines;
5. Assess impact of assistive technologies on everyday life.

References:

1. Pfiffner, L. J., Mikami, A. Y., Huang-Pollock, C., Easterlin, B., Zalecki, C., & McBurnett, K. (2007). A randomized, controlled trial of integrated home-school behavioral treatment for ADHD, predominantly inattentive type. *Journal of the American Academy of Child & Adolescent Psychiatry*, *46*(8), 1041-1050.
2. Zentall, S. S., Harper, G. W., & Stormont-Spurgin, M. (1993). Children with hyperactivity and their organizational abilities. *The Journal of Educational Research*, *87*(2), 112-117.
3. Abikoff, H., & Gallagher, R. (2008). Assessment and remediation of organizational skills deficits in children with ADHD. *Attention deficit hyperactivity disorder: Concepts, controversies and new directions*, 137-152.

Mon Sept 19 | 14:00–15:30 | TELUS 111

W16 It Really is All Fun and Games: Novel Assessment and Treatment Interventions for Selective Mutism

Susan Baer, Rosalind Catchpole, Tamara Salih

University of British Columbia; British Columbia Children's Hospital, Vancouver, BC, Canada

Workshop Description: Selective mutism (SM) is a debilitating anxiety disorder affecting children's ability to communicate outside of their families. Untreated, SM has significant negative consequences on a child's academic and social development, and delays in treatment can lead to entrenchment of mutism and worsening prognosis. Research on treatment for selective mutism has lagged behind that of many other anxiety disorders, leaving it characterized as 'difficult to treat' or best with a 'watch and wait' approach. Fortunately, emerging research and clinical experience paints a much more optimistic picture that emphasizes early intervention and provides guidance on strategies that enable children to speak successfully across settings. This interactive workshop will focus on how to conduct a comprehensive assessment and develop and implement an effective treatment plan for SM including psychological and pharmacological treatments. This interactive workshop will provide attendees with a review of the behavioral model of SM and behavioral treatment strategies, as well as when and how to incorporate medication into the treatment plan. Particular focus will be given to tools to engage and empower parents and professionals to be able to carry out exposures in community settings. In addition, strategies to work with school personnel and parents together to create effective community treatment teams will be discussed. Using videos and demonstrations, participants will see the strategies 'come to life'

Learning Objectives:

- Participants will become familiar with the behavioural model of SM and factors that can maintain or worsen SM.
- Participants will understand the elements in a comprehensive treatment program
- Participants will learn a model for considering when to incorporate medication into the treatment plan.

References:

Bergman RL, Gonzalez A, Piacentini J, Keller ML. Integrated behavior therapy for selective mutism: A randomized controlled pilot study. *Behav Res Ther*. 2013;51(10):680-689.

Oerbeck B, Stein MB, Wentzel-Larsen T. A randomized controlled trial of a home and school-based intervention for selective mutism - defocused communication and behavioural techniques. *Child and Adolescent Mental Health*. 2013;18(1):39-45.

Roslin BD. *Adapting parent-child interaction therapy for selective mutism: A test of generalization across settings*. ProQuest Information & Learning; 2014.

Mon Sept 19 | 16:00–17:30 | Acadia B

AP05 "Hope" Operationalizing the Concept of Hope

Myron L. Belfer[1], Kristy L. Stark[2], Kathryn Goetzke[3]

1. Harvard Medical School/Boston Children's Hospital, Boston, MA, USA, 2. Harvard Graduate School of Education, Cambridge, MA, USA, 3. iFred, Baltimore, MD, USA

Symposia Overview: The concept of "hope" emerged as a focus on academic discussion in the 1960s embedded in theology, and philosophy. In the 1970s "hope" becamse of interest to psychologists and there was considerable interest in measuring hope with the development of "hope" scales. Recently "hope" has been a focus of interest in medicine, notably oncology where "hope" has been seen to be an important factor in the trajectory of illness and the wellbeing of patients. A current area of particular interest has been the operationalization of "hope" in programs designed ot address the needs of youth impacted by disasters and those dealing with suicide.

Part 1: The first paper will provide an overview of the research related to "hope" with a focus on youth. The background for the consideration of "hope" will be provided citing literature from referred journals. The intent is provide the audience with the evidence-base for considering hope as an indepenendt variable capable of being manipulated and taught.

Part 2: The second paper will provide the background and development of the "iDream8" program launched in Chengdu, China following the 2008 Sichuan earthquake. The unique opportunity provided youth using the "hope" framework is provided. "iDream8" is also a model for using distance learning and mentoring. The program has evaluation data.

Part 3: The third paper focuses on the devleopment of a school-based program to teach "hope" in the schools as way to mitigate the risk of suidice in youth. The program, Schools for Hope, was developed under the auspices of iFred a non-profit organization headquarted in Baltimore, MDThe program has a well developed curriculum and evaluation data.

Part 4: Learning Objectives:

1. Gain an understanding of "hope" as an independent variable distinguishable from resilience or optimism.

2. Learn how "hope" can incorporated in programs to address the needs of youth facing adversity and impacted by suicidal ideation.

References:

Valle MF, Huebner ES, Suldo SM (2006) An analysis of hope as a psychological strength. J School Psychology 44: 393-406.

Day L, Hanson K, Maltby J, Proctor C, Wood A (2010) Hope uniquely predicts objective academci achievement above intelligence, personality, and previous academic achievement. J Res Psychol 44: 550-553.

Shorey HS, Little TD, Snyder CR, Kluck B, Robitschek C (2007) Hope and personal growth initiative: A comparison of positive, future-orietn constructs. Personality Individual Differences 43:1917-1926.

Mon Sept 19 | 16:00–17:30 | Glen 201-203

W17 Adventures in Mental Wellness

Sheldon Franken

Delta School District / Inquiry Adventures, Vancouver, BC, Canada

Workshop Description: Adventures in Mental Wellness is the use of experiential emotional and/or physical risk taking to promote positive change. We will explore activities that will engage clients in thinking about and taking action in regards to their mental wellness. These activities are best done in a group setting (i.e. therapeutic or educational group, family, community, etc…); though, many of the activities can easily be adapted to be used in individual situations as well. Often adventures based practices are perceived to be limited to outdoor education settings. However, this presentation will demonstrate how adventure based practices can be meaningful tools within your current professional practice environment. The majority of this presentation will be experiential and hands-on. We will also take some time to review the literature and research in regards to adventure based therapeutic practices and its potential impact on mental health. You will leave this presentation with a set of new tools to help in the primary care of clients with mental health challenges. So, come ready to be active and participate in a variety of adventure-based mental wellness activities.

Learning Objectives:

- Increase the tools Mental Health practitioners have available to engage their clients
- Recognise how kinestectic learning can have a tremendous impact on the engagement, retemtion, and practice of mental wellness concepts
- Become more familiar with the experintial model of facilitation and debriefing
- Learn in what setting adventure based prtactices have been found to be effective
- Recognize how adventure based prevention and intervention strategies can compliment the practice of CBT

References:

Susan Lim -Head Counsellor, Delta School District, slim@deltasd.bc.ca

Shelley Hymel - UBC Professor, Faculty of Education, shelley.hymel@ubc.ca

Peter Dubinsky - Director of Instruction, Burnaby School District, 604-296-6900 ext. 661015

Michelle Cianfrone, Project Manager, Health Literacy, BC Mental Health and Substance Use Services, 604 707 6392 Michelle.Cianfrone@bcmhs.bc.ca

Mon Sept 19 | 16:00–17:30 | Glen 204

RS08 Trauma in Children and Adolescents with Sexual Abuse in India: A Current Update on Impact, Assessment, Clinical Management and Policy Framework

Sujata Satapathy, Vandana Choudhary, Renu Sharma, Rajesh Sagar, Ananya Mahapatra

All India Institute of Medical Sciences (AIIMS), New Delhi, DL, India

Symposia Overview:

Context: The research in child and adolescent mental health in last 3 decades almost reached a consensus regarding the direct relationship of trauma associated with sexual abuse to a sequelae of adverse physical, behavioural and mental health consequences which profoundly affect their overall development and mental health (Levine, 1990). Depending upon age, sex, socio-economic status, the type and severity of abuse, and availability of parental and social support, often such psychological trauma has lingering traumatic effect till adulthood (Cahill, 1991). Emerging from shrouds of much secrecy and silence, Child Sexual Abuse (CSA) remains the grey area demanding much more rigorous culture specific research and clinical efforts for effective treatment, stigma reduction and resilence building in India.

Aim and Relevance: The review of Indian reaserch literature in this regard is very much limited to few descriptive reports and highlights the need for new development and cultural adaptation of assessing tools and the intervention modules. The aim of the symposium is to provide a synthesis of current research and clinical practice in addressing psychological trauma resulting from psychosocial adversities in children and adolescents with sexual abuse. The symposium includes current status of CSA statistics and review of existing research evidence, few hospital based studies to understand the impact of CSA and brings out the variations in clinical practices. The government and non-government initiatives in policy and programme level would also be presented. The symposium would also present the challenges, emerging needs and future direction in CSA research in India, specially in relation to stigma reduction and resilence building.

Conclusion

- Lack of trained manpower, resource crunch, availability of culture specific psychological treatment models, stigma, under-reporting, etc are key challenges in dealing with children experiencing and witnessing such traumatic adverse life situations in India.

Part 1: Stigma & Impact of CSA

- Immediate and long term impact on Child, Impact on Parents and Family: A cuurent review
- Misconceptions and Associated Stigma in CSA in India
- A pilot study CDD with/without CSA

Renu Sharma, Child Psychologist 12 Min

Part 2: CSA and common mental disorders

- Factors predicting occurrence of psychiatric symptoms

- Adverse psychiatric outcomes: Anixety and depressive spectrum of disorders and behavioural disorders: An exploratory study
- Treatment challenges

Dr Ananya Mahapatra, Senior Resident, Psychiatry 12 Min

Part 3: Interviewing and Assessing the Impact of Trauma in a tertiary hospital

- Rapport Building and Interviewing
- Commonly used Objective & Projective Measures
- Links to Management
- The development of a multi-dimensional trauma scale for CSA

Vandana Choudhary, Ph. D Scholar, Clinical Psychology 12 Min

Part 4: The Clinical Practice of Psycho-social-behavioural management of CSA

- Treatment Approaches and practice in CSA at hospital level
- Approaches in dealing with CSA at community set up
- Challenges in practice & Emerging needs
- Sujata Satapathy, Asst. Prof, Clinical Psychology 15 Min
- New Directions in Policy and Prevention of CSA
- Existing Policies in CSA
- Prevention efforts
- Future directions: Resileince building

Dr Rajesh Sagar, Prof. Psychiatry 15 Min

Learning Objectives:

- The key objectives of the symposium is to provide and present:
- various aspects of trauma and stigma related to child sexual abuse in India
- findings on psychiatric and psychosocial impact of CSA tracing the role played by etiological factors
- an update of Indian research literature: findings on CSA and dissociative disorders
- a review of existing and commonly adopted assessment tools in practice
- psychological treatment approaches and clinical practice with children and adolescents in community & hospital set ups
- initiatives in policy framework and preventive measures

References:

Levine HB (ed): Adult Analysis and Childhood Sexual Abuse. Hillsdale, NJ, Analytic Press, 1990

Cahill C, Llewelyn SP, Pearson C: Long-term effects of sexual abuse which occurred in childhood: a review. Br J Clin Psychol 1991; 30:117–130

Mon Sept 19 | 16:00–17:30 | Glen 205

O13 Biological Correlates of Autism

O13.1 Cortical Thickness as Neural Correlate of Autism-Associated Gene Variants

Yi-Ling Chien, Susan S. Gau, Yu-Chieh Chen, Issac W. Tseng

National Taiwan University Hospital, Taipei, Taiwan

Introduction: Contactin Associated Protein-Like 2 (CNTNAP2) and Oxytocin receptor (OXTR) are well known candidate genes for autism spectrum disorder (ASD). Evidence has shown that carriers of common variants of CNTNAP2 may have altered brain connectivity; whereas, OXTR variant rs2254298A was associated with amygdalar volume and cortical volume of insula that was related to autistic traits. Whether these two gene associated with cortical development is not yet studied.

Methods: This study recruited 122 patients with ASD and 118 typically-developing controls. All the participants underwent brain MRI imaging. Cortical thickness was analyzed by FreeSurfer software with 74 automatic parcellation. Five SNPs of CNTNAP2 and one SNP of OXTR that has been reported to be associated with ASD were genotyped. Main effect of each SNP and group*SNP interaction were examined for each region.

Results: Preliminary analysis showed that some candidate SNPs may be associated with specific region of cortical thickness. For CNTNAP2, rs779475 is significant for group*SNP interaction on the cortical thickness of left subparietal sulcus, while rs2710126 has a main effect on the right posterior transverse collateral sulcus (p=0.0023) and right subcentral gyrus (central operculum) and sulci (p=0.005). As for OXTR, rs2254298 has a main effect on the cortical thickness of right anterior occipital sulcus (p=0.0219) and right sulcus intermedius primus (of Jensen) (p=0.0019), without group*SNP interaction.

Conclusions: Our findings suggest that autism-associated genes, CNTNAP2 and OXTR, might have a potential role in cortical development in individuals with ASD and in typically-developing controls as well. These findings need validation in independent samples.

Learning Objectives: ASD-associated genes, CNTNAP2 and OXTR, might be associated with the cortical thickness

References:

Dennis et al. Altered structural brain connectivity in healthy carriers of the autism risk gene, CNTNAP2. Brain Connect. 2011;1(6):447-59.

Saito et al. Neural correlate of autistic-like traits and a common allele in the oxytocin receptor gene. Soc Cogn Affect Neurosci. 2014 Oct;9(10):1443-50

O13.2 Diffusion Tensor Imaging in young children with Autism Spectrum Disorders

Sowmyashree M. Kaku, Rose D. Bharath, Satish C. Girimaji, Shoba Srinath

National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, KA, India

Introduction: Diffusion Tensor Imaging (DTI) is a magnetic resonance imaging technique that measures physical movement of water molecules in tissue. Multiple studies have used

DTI to understand white matter structure using measures like Fractional Anisotropy (FA) and Mean Diffusivity (MD) in children with Autism Spectrum Disorders (ASD). Researchers have found decreased FA and increased MD in widespread brain regions in ASD. In this study, we measured FA and MD from DTI of children with ASD and explored their relationship with symptom severity.

Methods: 32 subjects with autism (mean age-4.6 years) were recruited for the study from the Child and Adolescent Psychiatry services at a tertiary care centre in India. Childhood Autism Rating Scale (CARS) was applied and severity scores were calculated for each subject. DTI data were acquired using a 3T scanner. FSL, including TBSS, was used to process and analyse DTI data. General Linear Model was used for correlating severity scores with FA and MD.

Results: Increased FA and increased MD values also correlating with CARS scores were seen in brain regions linked to speech and language function, attention deficit, gaze abnormalities and motor execution.

Conclusions: Our study is one of the few studies where structural connectivity was explored in children aged <5years. The findings of our study, at the preliminary level, validate the established evidence of long and short range cortical connectivity dysfunction in autism and also found positive correlation of altered connectivity with symptom severity.

Learning Objectives:

- Understanding the brain structure in young children with autism during periods of brain development
- Understanding brain connectivity across severity spectrum in children with autism

References:

1. Ben Bashat D, Kronfeld-Duenias V, Zachor DA, Ekstein PM, Hendler T, Tarrasch R, et al. Accelerated maturation of white matter in young children with autism: a high b value DWI study. Neuroimage [Internet]. 2007 Aug 1 [cited 2016 Mar 1];37(1):40–7. Available from: http://www.sciencedirect.com/science/article/pii/S1053811907003813
2. Kumar A, Sundaram SK, Sivaswamy L, Behen ME, Makki MI, Ager J, et al. Alterations in Frontal Lobe Tracts and Corpus Callosum in Young Children with Autism Spectrum Disorder. Cereb Cortex [Internet]. Oxford University Press; 2009 Dec 17 [cited 2016 Jan 21];20(9):2103–13. Available from: http://cercor.oxfordjournals.org/content/early/2009/12/17/cercor.bhp278.full
3. Barnea-Goraly N, Kwon H, Menon V, Eliez S, Lotspeich L, Reiss AL. White matter structure in autism: preliminary evidence from diffusion tensor imaging. Biol Psychiatry [Internet]. 2004 Feb [cited 2015 Dec 10];55(3):323–6. Available from: http://www.sciencedirect.com/science/article/pii/S000632230301151X

O13.3 Vitamin D Status in Indian Children with Autism Spectrum Disorder- a Pilot Study

Salah Basheer, Satish C. Girimaji, Shoba Srinath, Rita Christopher

National Institute of Mental Health and Neurosciences, Bangalore, KA, India

Introduction: Vitamin D deficiency has been proposed to contribute to the pathophysiology of Autism Spectrum Disorder (ASD)[1]. The aim of this study was to investigate the potential role of Vitamin D in Indian children with ASD.

Methods: 34 children (3 to 12 years of age) with ASD (DSM 5 criteria), were recruited from Child and Adolescent Psychiatry services, National Institute of Mental Health and Neurosciences, Bangalore. 29 typically developing children of same age group were recruited as controls. Childhood Autism Rating Scale 2 (CARS 2) was applied to the ASD group. Serum levels of 25 hydroxy (OH) Vitamin D were measured using Enzyme Linked Immune Assay (ELISA).

Results: Significant correlation between daily sun exposure and Vitamin D level was found (p=0.014). There was no significant difference in daily sun exposure between the groups. Vitamin D deficiency (<15 ng/ml) was found in 29.4 % of Children with ASD and 13.8 % of controls. Correlation between CARS 2 score and serum Vitamin D level was found to be non-significant.

Conclusions: Even though higher proportion of children with ASD had Vitamin D deficiency there was no significant difference between the 2 groups. This finding might be due to the high prevalence of Vitamin Deficiency in Indian children[2]. Larger studies are required to validate this finding.

Learning Objectives:

1) To develop an understanding of the various confounding factors to be considered in doing Vitamin D research in neurodevelopmental disorders like Autism Spectrum Disorder.
2) To develop an understanding on the need to validate scientific evidences in different communities.

References:

1. Wang T, Shan L, Du L, et al. Serum concentration of 25-hydroxyvitamin D in autism spectrum disorder: a systematic review and meta-analysis. *Eur Child Adolesc Psychiatry*. 2015. doi:10.1007/s00787-015-0786-1.
2. Harinarayan C V, Ramalakshmi T, Prasad U V, Sudhakar D. Vitamin D status in Andhra Pradesh : a population based study. *Indian J Med Res*. 2008;127(3):211-8.

Mon Sept 19 | 16:00–17:30 | Glen 206

O14 Mood Disorders

O14.1 Social Cognition in Adolescents with Major Depression – Preliminary Results From the SAD Youth Study

Stefan Lüttke[1], Tobias Renner[2], Annette Conzelmann[2], Annette M. Klein[3]

1. University of Tübingen, Department of Clinical Psychology and Psychotherapy, Tübingen, Germany, 2. University Hospital Tübingen, Child and Adolescent Psychiatry Unit, Tübingen, Germany, 3. University Hospital Leipzig, Child and Adolescent Psychiatry Unit, Leipzig, Germany

Introduction: An increasing number of studies suggests that depression is associated with an impaired social cognition, that is, depressed patients exhibit deficits in reading other peoples' mind [1]. Studies have hitherto focused on social cognition deficiency in depressed adults [2]. The SAD youth study is the first to investigate the link between Theory of Mind (ToM) and depression in adolescents in a complex model [3]. It is assumed that deficits in ToM in MDD develop throughout

life-span and, therefore, are already present in depressed youth. Moreover, we suggest that impairments in emotion processing as well as an altered inhibition ability influence depressed adolescents' ToM.

Methods: Right now, 11- to 18-year old current depressed adolescents and adolescents without a lifetime diagnosis of mental disorder are being examined (N = 200). Both, affective and cognitive components of ToM are measured using Cambridge Mindreading Face-Voice Battery [4] and picture sequence stories [5], respectively. With regard to emotion processing, the ability to recognize emotions (Geneva Emotion Recognition Test, [6]) as well as participants' emotional response to emotional and neutral videos (E.Vids, [7]) are investigated. Inhibitory ability is tested using a Go/No-go-paradigm and an interference task (Emotional Stroop). Potential influencing factors on ToM development such as parental factors (psychopathology, education, socio-economic status), life events, attachment, empathy, and intelligence are assessed additionally.

Results: The talk presents and discusses preliminary results from the SAD youth study.

Conclusions: none, ongoing study

Learning Objectives:

- importance of social cognition in the onset of MDD in adolescents
- links between parental factors, childhood trauma, attachment and emotion processing and social cognition in depressed youth

References:

1. Weightman, M.J., T.M. Air, and B.T. Baune, *A review of the role of social cognition in major depressive disorder.* Front Psychiatry, 2014. **5**: p. 179.
2. Bora, E. and M. Berk, *Theory of mind in major depressive disorder: A meta-analysis.* Journal of Affective Disorders, 2016. **191**: p. 49-55.
3. Lüttke, S., *A theory of mind model of depression.* In prep.
4. Golan, O., S. Baron-Cohen, and J. Hill, *The Cambridge Mindreading (CAM) Face-Voice Battery: Testing Complex Emotion Recognition in Adults with and without Asperger Syndrome.* Journal of Autism and Developmental Disorders, 2006. **36**(2): p. 169-183.
5. Zobel, I., et al., *Theory of mind deficits in chronically depressed patients.* Depression and Anxiety, 2010. **27**(9): p. 821-828.
6. Schlegel, K., D. Grandjean, and K.R. Scherer, *Introducing the Geneva emotion recognition test: an example of Rasch-based test development.* Psychological assessment, 2014. **26**(2): p. 666.
7. Blechert, J., M. Schwitalla, and F.H. Wilhelm, *Ein Video-Set zur experimentellen Untersuchung von Emotionen bei sozialen Interaktionen: Validierung und erste Daten zu neuronalen Effekten.* Zeitschrift für Psychiatrie, Psychologie und Psychotherapie, 2013. **61**(2): p. 81-91.

O14.2 Can We Detect Vulnerability to Depression in Healthy Siblings of Depressed Adolescents? a Cross-Sectional Study Using a Social Cognition Perspective

Gabrielle Chartier[1], Linda Booij[2, 5], Patricia Garel[2, 4], Catherine Herba[2, 3]

1. University of British Columbia, Vancouver, BC, Canada, 2. CHU Ste-Justine, Montreal, QC, Canada, 3. Université du Québec à Montréal, Montreal, QC, Canada, 4. Université de Montréal, Montreal, QC, Canada, 5. Concordia University, Montreal, QC, Canada

Introduction: Major depression (MD) affects more than 15% of Canadians throughout their life. At least half of first depressive episodes appear before adulthood. A negative cognitive bias is present among individuals who suffer from major depression. This bias is also reported among individuals at high risk of major depression (e.g. children of depressed mothers). When present, a negative cognitive bias may predispose individuals to major depression. Very little research has evaluated whether siblings of depressed individuals show evidence of cognitive vulnerability.

Methods: 84 adolescents (28 adolescents treated for MD, 26 healthy siblings and 30 controls), aged between 12 and 20 years old, were recruited and assessed using validated measures of bio-psycho-social vulnerabilities. Social cognition processes was assessed using the movie for assessment of social cognition (MASC). ANCOVA analysis was used between groups.

Results: The MASC presented a significant difference between groups ($F_{1,2}$=5,45, p=0,006). Siblings presented significantly higher error rate than controls (p=0,004) and a similar trend was observed toward the depressed group, i.e. siblings presented significantly higher error rate than their depressed sibling (p= 0,089). No clear difference was present between depressed adolescents and the control group.

Conclusions: Siblings differ significantly from the control group in regard to their interpretation of social situations. They present an higher rate of errors in a social cognition task than controls or depressed adolescents. Cognitive vulnerability in siblings of youth with MD may be an early sign of vulnerability to depression. Those findings would gain to be confirmed by longitudinal studies in a larger population.

Learning Objectives:

1. To review the role of a negative cognitive bias in the development of depression
2. To understand the gains of social cognition measurements to research, and potentially to clinical practice
3. To consider the healthy sibling as a potentially high risk population to develop depression.

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O14.3 Understanding the Role of Positive Affect, Dampening, and Emotional Clarity in Predicting Depressive Symptoms

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Introduction: Low emotional clarity, positive affect, and dampening responses to positive affect have been found to predict depressive symptoms (Flynn & Rudolph, 2010; Gohm & Clore, 2002; Raes et al., 2012; Stange et al., 2013; Wood et al., 2003). Surprisingly, few studies have considered how these variables *interact*. Thus, the present study examined the interactive effects of positive affect, dampening, and emotional clarity to predict depressive symptoms.

Methods: Participants were 111 undergraduates (64% Female; 59% Caucasian; Mean Age = 18.25) recruited for a large-scale longitudinal study of Bipolar Disorder. Participants completed measures of positive affect, dampening, and depression at baseline (T1) and emotional clarity and depression at a one year follow-up (T2).

Results: When controlling for depression symptoms at T1, there was a significant three-way interaction; such that individuals who engaged in dampening of positive emotions and reported low levels of positive affect (T1), where more likely to experience depression symptoms at a 1 year follow-up (T2) if they also had low emotional clarity (T2).

Conclusions: These findings suggest that positive affect, dampening, and emotional clarity all play a role in determining depression outcomes and those who have deficits in all three areas are at an increased risk. This is the first study to examine the interaction between these variables and suggests that emotional clarity may play a key role in the relationship between positive affect and depression for those who use dampening.

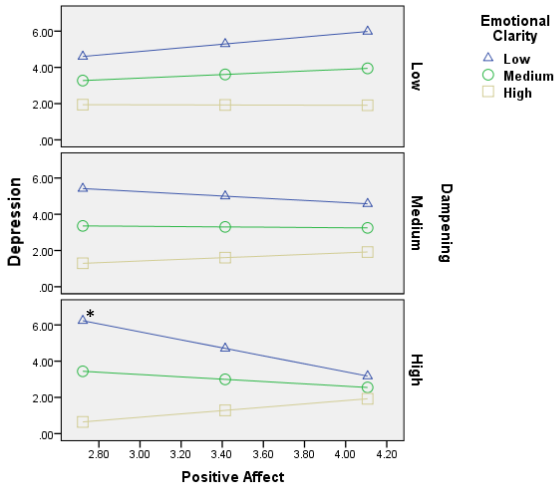

Figure 1. Three-way interaction between Positive Affect, Dampening of Positive Affect, and Emotional Clarity predicting Depressive Symptomatology.

* $p < .05$

Learning Objectives: To understand the interactive effects of positive affect, dampening responses to positive affect, and emotional clarity to prospectively predict depressive symptomatology.

References:

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O14.4 Patient and Family Perspective on Factors that Promote Recovery in Adolescent Depression in Singapore: a Qualitative Study

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KK Women and Children's Hospital, Singapore, Singapore

Introduction: Adolescent depression is "one of the most overlooked and undertreated psychological disorders within this period of development" (Evans et.al, 2002) and there is currently a lack of local research. In 2014, the World Health Organisation highlighted the prevalence of depression in adolescents is 4-8% and the third most common cause for death in this age group is suicide which "constitutes a crisis in our society" (Stanard, 2000). Hence there is a need to increase focus on assessment, treatment and recovery of adolescent depression.

Methods: The purpose of this study is to increase the understanding of factors which contribute to the recovery of adolescent depression from both the patient and family's perspective. This is done through a semi-structured interview with the formerly depressed young adults and families regarding their adolescent experience with depressive symptoms, help-seeking process and treatment for this disorder. 9 patients aged 14-18 are recruited in this study. Of which, there are 2 males and 7 females. Within this sample, there were 6 Chinese, 2 Malays and 1 Indian. The interviews are transcribed and analysed using the grounded theory approach.

Results: From both the patients and parents' perspective, the primary emerging themes that promote adolescent depression recovery are improving interpersonal relationships and supportive attributes displayed by friends, parents, schools and professionals. These are contrary to our initial hypothesis that increasing self-awareness through therapy and medication are imperative to the adolescent's recovery.

Conclusions: Exploring the facilitators and barriers to recovery will help shape future management of adolescents with depression in the Singapore context.

Learning Objectives:

1) Improving interpersonal relationships and supportive attributes displayed by friends, parents, schools and professionals are primary themes that facilitates the recovery of the adolescent's depression as compared to therapy and medication.
2) According to both patient and parent's perspective, insensitve and negative comments directed toward the adolescent about the illness are flagged as barriers to the recovery of adolescent depression.

References:

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Mon Sept 19 | 16:00–17:30 | Glen 205

AP06 Treatment Seeking and Behaviour Change in Transition-Aged Youth with Substance Use Problems: Practice Lessons From Research

Joanna Henderson[1], Kristin Cleverley[1], Gloria Chaim[1], Ilana Goodman[1], Amy Cheung[2]

1. Centre for Addiction and Mental Health/University of Toronto, Toronto, ON, Canada, 2. Sunnybrook Health Sciences Centre/University of Toronto, Toronto, ON, Canada

Symposia Overview: Despite the high prevalence of substance abuse and co-occurring mental health concerns during emerging adulthood (CCSA, 2007; SAMHSA, 2011) little research has examined treatment seeking and other behavior change processes during this period of transition. While the developmental status of youth during this phase can vary considerably, movement towards autonomy characterizes this time for many youth (Arnett, 2004). Even for youth who are making the transition optimally, this stage of development can present challenges. For youth with substance use and mental health problems these challenges can be exacerbated. Notably, coincident with this developmental shift, health and social services may require a mandatory service transition from adolescent-focused services to adult services, where services may not be well suited to the needs of transition-aged youth. Moreover, many emerging adults lose their connection to the treatment system during such transitions: many others are never initially connected. Accordingly, understanding emerging adults' treatment needs and factors affecting their treatment seeking behaviour is important to enhancing treatment engagement and, ultimately, outcomes. Audience members will be engaged in discussions about the unique needs of transition-aged youth, their treatment seeking behaviour, and implications for service delivery.

Part 1: Transition-aged youth with substance use problems experience poor outcomes in adulthood across multiple areas of functioning (SAMHSA, 2011). Despite this, research regarding the perceptions of emerging adults with substance use problems about their adulthood transitions, as well as their treatment motivation is scarce. Accordingly, this presentation explores: 1) how transition-aged youth with substance use problems conceptualize their transition to adulthood; 2) how they perceive the relationship between their substance use and developmental status; and 3) how different psychosocial aspects of emerging adulthood relate to motivation to change and treatment motivation. In particular, this presentation will discuss emerging adults' perceptions that substance use serves as a barrier to developmental progress, legitimizes slower progress to adulthood, and in contrast, promotes maturation. In addition, this presentation will explore findings that emerging adults' perceptions of responsibility towards others are related to their motivation to change their substance-related behaviour and to their treatment motivation. The implications for practice will be discussed.

Part 2: Substance abuse among transition-aged youth often strains their relationships with family. Moreover, these relationships may already be under pressure as emerging adults drive towards autonomy (Arnett, 2004). Where emerging adults are struggling with substance use and/or mental health problems, parental efforts to address these problems may be experienced by transition-aged youth as threats to autonomy. Regardless, parents often pursue treatment services and promote treatment-seeking by their youth. Notably, very little research has explored the importance of family as a moderator for changing substance use or treatment seeking. Using a self-determination lens (Wild, Cunningham, & Ryan, 2006), this presentation will discuss how emerging adults perceive parental involvement in motivating them to 1) change their substance use behaviours, and 2) to seek treatment. As will be discussed, youth perceive complex and evolving relationships with their parents along their journey to enter treatment, particularly with regards to treatment initiation. Implications for supporting youth-parent engagement will be discussed.

Learning Objectives:

1) Increased knowledge about the unique needs of transition-aged youth.
2) Understand factors affecting treatment seeking behaviour in transition-aged youth with substance use problems.
3) Gain new strategies for addressing treatment-related needs of emerging adults.

References:

Arnett, J.J. (2004). Emerging adulthood: The winding road from the late teens through the twenties. New York: Oxford University Press.

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Mon Sept 19 | 16:00–17:30 | Macleod E1

O15 Mental Health Interventions in School - I

O15.1 School Psychiatry - a Swedish Branch of Child and Adolescnet Psychiatry with Haydays 1920-1970, Now Tested Again

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Introduction: In Sweden, child and adolescent psychiatry started within pediatrics and education. The first out-patient department openend in 1915 in the Stockholm Public Schools.Observations had shown that children with learning problems were at risk devloping behavioral problems and bad achievements establishing school psychiatry a branch of child and adolescent psychiatry. The school psychiatric teams (the shcoolpsyhiatrist, the psychologist, the school social worker, the special pedagogue and the school nurse) worked with the following pupils: Children with mental retardation; with IQ 70-90; with specific learning disorders; with behavioural disorders; with talented children and original children (today Asperger syndrome). The idea behind school psychiatry was to promote child mental health. The work was often succesful and i.e. AD/HD was rare. A modern trial has proved the ideas still working.

Methods: In a case/control study all 6 year-old children (186 in total) to start the preschool year in a small Swedish city was by lot divided in two groups. In the experimental group, they followed a speical curriculum and teaching adjusted individually to each pupil's capacity. The focus was on phonological awareness to train concepts and to promote social competence. During the first three school years reading, writing and math was monitored and children lagging behind had special support.

Results: At end of grade three, the experimental group showed better achievements in reading, writing and mathematics. No child in this group had AD/HD (DSM-IV) according to parents and teachers.

Conclusions: The old ideas from Swedish school psychiatry seem to be useful also today.

Learning Objectives: Sweden had a public schoool and a school-psychiatry from 1946-1970 when all children passed a "school-maturity test" = a neuropsychiatric/psychological test to measure their cognitive capacity and their abilities to learn to read and write and their social competence as well. Children were differentiated into different classes such as "school-maturity classes", classes for slow learners (IQ 70-90), average classes, special classes for children with dyslexia and dyscalculia etc. The effect on learning and mental health was good. Very few chidren showed AD/HD-behavior. In 1970 the public school changed to be an inclusive school and school psychiatry was looked upon as unmodern. The bulk of knowledge almost disappeared. In a school project over the past 12 year, the old concepts have been tested in a modern way by indivdualized teaching, identifiying children "at risk" and working with a mental health concept in parallell to individual teaching strategies supporting children lagging behind. Of special interset is that no AD/HD according to ratings from both parents and teachers was found in the experimental group at end of grade 3. This supports Rosemary Tannocks proposal from 2001 to consider AD/HD as a "teaching problem" rather than a behavioural disorder.

References:

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O15.2 Enhancing Social-emotional Competence in Preschool Children in Pakistan: Effects of Promoting Alternative Thinking Strategies Curriculum

Ayesha Inam[1], Naeem Tariq[2]

1. National Institute of Psychology Quaid-i-Azam University, Islamabad, Pakistan, 2. Children, Youth and Families Foundation (CYFF), Islamabad, Pakistan

Introduction: Evidence on growing trend of mental health issues in children in the context of socio-political instability in Pakistani society calls for remedial efforts at early childhood stage. The study presents the finding of effectiveness trial of Promoting Alternative Thinking Strategies (PATHS) curriculum to enhance social-emotional competence and reducing behavioral problems in preschool children.

Methods: A quasi-experimental non equivalent control group design was used for the effectiveness trial. 101 school children of two private sector school systems in Pakistan were selected. The sample was further divided in intervention and control groups. Pretesting was done for both intervention and control groups using Kusche Emotion Inventory, Social Competence Scale- Teacher Ratings and Child Behavior Checklist. Preschool teachers were trained for implementation of PATHS curriculum. Intervention group was taught PATHS curriculum for one school year in preschool while control group didn't receive any intervention.

Results: Findings revealed that children in intervention group exhibit better emotion recognition and social competence skills and less behavioral problems at post test compared to control group. However, non significant differences were observed for identification of correct emotion valance. Results were discussed in comparison with other effectiveness trials in different English and non-English speaking cultures with similar findings. Family monthly income and strength of students in class emerged as important covariates of the study.

Conclusions: Implications of the study have been viewed in the light of usefulness of evidence based prevention programs for mental health of preschool children in developing countries like Pakistan.

Learning Objectives:

- To assess impact of school based learning programme on social-emotional competence of young children
- To evaluate the effectiveness of PATHS programme in a non english speaking culture

References:

Achenbach, T. M., & Rescorla, L.A. (2000). *Manual for the ASEBA preschool forms and profiles*. Burlington, VT: University of Vermont, Department of Psychiatry.

Conduct Problems Prevention Research Group. (2010). The effects of a multi-year randomized clinical trial of a universal social-emotional learning program: The role of student and school characteristics. *Journal of Consulting and Clinical Psychology, 78,* 156-168. doi: 10.1037/a0018607.

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Kuscháe, C. A. (1984). *The understanding of emotion concepts by deaf children: An assessment of an affective education curriculum* (Unpublished doctoral dissertation). University of Washington, USA.

O15.3 Acceptability and Efficacy of Openminds: a Sustainable Model of Mental Health Literacy Education in Schools

Praveetha Patalay[1], Jennifer Annis[1], Robbie Newman[2], Dominic Main[3], Helen Sharpe[4], Mary Parkes[1], Kelly Clarke[1]

1. University College London, London, United Kingdom, 2. Imperial College London, London, United Kingdom, 3. Kings College London, London, United Kingdom, 4. University of Edinburgh, Edinburgh, United Kingdom

Introduction: Mental health education in schools in the UK, when available, is usually delivered by third parties which is expensive and hence not sustainable. In this context, OpenMinds (a programme of mental health workshops delivered by medical students in secondary schools) was developed in 2008 and has since spread to several British universities/cities. We aim to examine the acceptability and effectiveness of OpenMinds.

Methods: Mental health literacy (including identification, stigma and help seeking behaviour) of medical students and school pupils was assessed before and after participation in the OpenMinds programme. In addition, mental health knowledge and mental-health teaching efficacy was assessed in medical students. Acceptability was examined by survey questions to all participants and qualitative interviews of medical students and school staff. Pre and post data were collected from approximately 40 medical students drawn from 3 universities participating in the programme and from 400 secondary school pupils (aged 13-15 years) who received OpenMinds sessions in schools.

Results: There were significant increases in mental health literacy and teaching efficacy in the medical students. Data from school pupils are currently being entered and will be presented and discussed. Analysis of both qualitative interviews and surveys support high acceptability of the programme.

Conclusions: Preliminary evidence indicates that OpenMinds is an acceptable and effective programme of mental health education in secondary schools, with benefits for schools and the facilitating university medical students. We will discuss the implications of the results and the plans for ongoing dissemination of the OpenMinds programme.

Learning Objectives: Understand the model of OpenMinds

- a unique, sustainable programme of mental health literacy education in secondary schools.
- Examine the efficacy and acceptability of this programme

Mon Sept 19 | 16:00–17:30 | Macleod E2

SG04 A School-Based Collaborative Model for Health and Mental Health Service Delivery in Aboriginal Communities

Don Andrews[1], Tamara Gordon[2], Mark Reckord[3]

1. Independent Schools Advisory Committee (ISAC) - (A consortium of Private and Charter Schools focusing on Mental Health & Rehabilitation issues.), Calgary, AB, Canada, 2. Calgary Board of Education, Calgary, AB, Canada, 3. Alberta Health Services, Calgary, AB, Canada

Study Group Description: This will be a presentation of a cross-sectoral model of mental health service delivery intervention for schools and families in Aboriginal communities. The discussion will focus on the model itself, opportunities it creates and challenges it faces. The model being discussed is COPE. COPE is an acronym for Community Outreach of Pediatrics and Psychiatry in Education. COPE is currently a working model that brings Health, Child and Family Services, and Education together in assessing and treating Mental Health issues in schools. COPE has been in existence in Calgary and area since 1997 and has been extended over the past four years in a First Nations community. The discussion will focus on transitioning this successful model and adapting it to a First Nations school community.

Learning Objectives:

- Understand the complexity and opportunities within school-based cross-sectoral collaboration.
- Explore the challenges created by the current Federal, Provincial and First Nations model for mental health service delivery in schools and community.
- Consider the conditions required for effective service delivery.

References:

COPE Annual Report 2015

RCSD Annual Report 2015

Mon Sept 19 | 16:00–17:30 | Macleod E3

AP07 A Multi-Disciplinary Collaboration in Enhancing the Resilience of Hospitalized Children and Adolescents

Eva C. Ihle, Cristina Benki, Oliver Jacobson

University of California, San Francisco, San Francisco, CA, USA

Symposia Overview: The participants in this session will discuss their roles in the innovative collaboration toward enhancing resilience in hospitalized youngsters, underway at the University of California, San Francisco, Benioff Children's Hospital. All presenters represent specialty services that work cooperatively to support well-being. These complementary presentations on the topic of innovative interventions will demonstrate the efficacy of our multi-disciplinary approach as determined by observations of patients' mental status, patients' subjective reports of distress, and reports from patients' parents. Patients respond positively to pharmacologic and non-pharmacologic (psychotherapy and music therapy)

interventions. Our multi-disciplinary collaborative care model appears to ease total suffering, support well-being, and enhance resilience.

Part 1: The first presentation highlights the role of pediatric psychiatrists in recognizing the etiologies of the psychological distress that often accompanies medical illnesses and developing strategies for managing this distress. Pediatric consultation-liaison psychiatrists diagnose psychiatric disorders that preceded hospitalization or arose secondary to the other medical conditions affecting the patient, as well as determine how the medical condition or its treatment affects the patient's psychological functioning. Pediatric psychiatrists can offer pharmacologic interventions such as antidepressants that treat mood symptoms and have dual efficacy for pain management. Medications to treat acute agitation can be helpful in managing the patient's distressing stress responses. Managing distress through pharmacologic interventions supports the patient during hospitalization by mitigating the symptoms of psychiatric illness that complicate medical illness.

Part 2: The second presentation addresses the dynamic nature of pain, anxiety, stress, and trauma and demonstrates how psychological assessment and intervention is needed to support the comprehensive treatment of youngsters dealing with chronic pain. Anxiety is one disorder most commonly linked to chronic pain[1]. In children fear, anxiety, and trauma (including medical trauma) amplify pain through increased arousal of the nervous system. The attitude and modeling of the parent also can play a large role in how the child perceives and manages their pain[2]. Psychotherapeutic interventions include increasing safety, relaxation training, hypnosis, and longer-term empirically supported treatments for anxiety and traumatic stress[3]. Parent training and behavior management is often included in treatment to scaffold parents' efforts to support their ill child. Because of the transactional nature of anxiety, stress, and pain, psychological assessment and treatment enhance resilience and lead to better treatment outcomes for youngsters dealing with chronic pain

Part 3: The final presentation provides an overview of music therapy, specifically focusing on the pediatric medical setting. Objectives for music therapy include pain management, relaxation, emotional expression, legacy making, family support, communication, motivation for movement, speech fluency, and developmental stimulation. Interventions illustrated through several case studies include instrument playing, composition/improvisation, songwriting, and rhythmic auditory stimulation for gait training. The effects of these interventions include reduced pain scores, decreased anxiety/stress for the patient and family, and increased communication/social interaction. Music therapy is a complementary service in the interdisciplinary team, and provides respite from the stress, pain, and discomfort of a hospital stay. Music therapy provides an opportunity for the child to be a child, to find insight and meaning from their hospitalization, and to support the entire family.

Learning Objectives:

1) Increase understanding of the dynamic nature of pain, anxiety, stress, and trauma and the need for multi-disciplinary interventions to enhance the resilience of hospitalized youngsters
2) Identify important treatment considerations for youngsters dealing with the stressors of hospitalization
3) Learn one model of collaboration between specialists who all support emotional well-being

References:

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2) Peterson, C.C. Palermo, T.M. (2004). Parental reinforcement of recurrent pain: The moderating impact of child depression and anxiety on functional disability. *J Pediatr Psychol.* 29*:* 332-41.
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Mon Sept 19 | 16:00–17:30 | Macleod E4

W18 Implementing Feedback Informed Treatment in Counselling

Sandy Berzins[1, 2], Robbie Babins-Wagner[1, 2]

1. Calgary Counselling Centre, Calgary, AB, Canada, 2. University of Calgary, Calgary, AB, Canada

Workshop Description: This workshop will describe strategies being used in a community counselling agency to improve client outcomes. This involves the implementation of a clinical-based response system – routine outcome measurement and translation of evidence from practice to program design and system change. Monitoring client outcomes over time can be an effective way of improving therapy effectiveness by identifying individuals who are deviating from predicted treatment response, then taking steps to modify service delivery for these clients. A "signal system" can work alongside feedback informed treatment (FIT) and prevent treatment failure. In practice this requires considerable commitment; client status has to be measured at each visit so a predicted outcome pathway can be calculated and utilized at subsequent therapy sessions.

In order to successfully implement FIT, key components must be in place. Outcome measures must be collected at each therapy session. For example, we use the outcome questionnaire (OQ-45) to measure client distress; the session rating scale (SRS) assesses therapeutic alliance. Stages of change information is also collected at the first session. This information provides immediate feedback and a mechanism to initiate therapy 'course correction' if needed. Leaders must be strongly committed to the process, and change management principles taken into account for clinicians. It helps to identify the therapists' stage on the innovation adoption curve, so early adopters can be selected to pilot the new processes. Considerable time needs to be allowed to incorporate new processes into practice. Practical examples that can be used by other agencies will be provided.

Learning Objectives:

1) To describe the development of an outcome measurement program and

2) To identify strategies that are useful for implementation of an outcome measurement program.

References:

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Nelson P, Warren J, Gleave R, Burlingame, G. (2013). *Youth Psychotherapy Change Trajectories and Early Warning SystemAccuracy in a Managed Care Setting.* J. Clin.Psychol. 69:880–895, 2013

Cannon, J. *Expected Change Trajectories for the Youth Outcome Questionnaire Self-Report: Identifying Patients at*

Risk for Psychotherapy Treatment Failure. PhD thesis for Brigham Young University, June 2008

Mon Sept 19 | 16:00–17:30 | TELUS 101-102

O16 Involving Families in Caregiving in Child and Adolescent Mental Health

O16.1 Competency-Based Curriculum Education in Mental Health Nursing

Mahvash Salsali[1], Mehrnoosh Pazargadi[2], Jamileh Mohtashami[2], Homan Manoochehri[2]

1. Tehran University of Medical Sciences, Tehran, Tehran, Iran,
2. Shahid Beheshti University of Medical Sciences, Tehran, Iran

Introduction: The important problems in providing quality of care and safety services to patients with rapid changes in health care settings as well as information technology, require educational revision. Competency-based curriculum education in mental health nursing focuses on the set of skills that students should achieve. This study reviewed characteristics of competency-based curriculum in psychiatric nursing.

Methods: Methods: A literature review about a competency based curriculum in psychiatric mental health nursing was carried out by searching databases including Iran Medex, Iran Doc, and Pub Med with key words such as competency-based education, competency based curriculum, and competency-based curriculum in psychiatric mental health nursing. No time limitation was considered.

Results: Results: Outcomes revealed that over 30 literatures have been done about nursing curriculum, but just several studies were done regarding competency-based curriculum and just a few about competency-based curriculum in psychiatric mental health nursing.

Conclusions: Conclusion: Competency based curriculum development is one of the essential steps to facilitate teaching-learning process. The revision of curriculum may decrease theory-practice gap and pave the way for graduates to have essential competences for their roles.

Learning Objectives: What is the purpose of nurse training programs to train skillful and knowledgeable employees?

The training programs are expected to create required skills to carry out clinical services and to ensure development of knowledge bases as the foundation of providing services in complicated clinical situation.

References:

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O16.2 Advanced Practice Family Nursing: Making a Difference in Child and Adolescent Family Therapy

Christie L. Orr-Brown[1], Carol Ewashen[1], Carolyn Pada[2], Ann Boerner[1], Joanne Schultz Hall[3]

1. University of Calgary, Calgary, AB, Canada, 2. Alberta Health Services, Calgary, AB, Canada, 3. Calgary Family Therapy Centre, Calgary, AB, Canada

Introduction: Family centered care is pivotal to evidence-based advanced practice family nursing, however there is minimal research documenting what constitutes effective advanced practice nursing for families including a child or adolescent receiving family therapy. To address this evidence gap, a qualitative case study research project (Yin, 2009) was conducted.

Methods: Using the Yin (2009) case study research method, case study vignettes from actual family therapy sessions involving a child or adolescent were comparatively analyzed using the Calgary Family Assessment and Intervention Model (Wright & Leahey, 2013) and the HIPS & PIPS framework developed by Dr. Karl Tomm (Tomm, St. George, Wulff, & Strong, 2014) to identify what constitutes effective advanced practice family nursing; and, to illustrate the fit with family centered best practices.

Results: Clinically derived case study vignettes demonstrated effective family centered therapeutic assessment and intervention in child and adolescent family therapy while highlighting the unique challenges. Interventive interviewing opened space for families to reframe conflictual issues. Family-centered best practices of collaborative, strengths based, and family driven intervention were evident. The repertoire of therapeutic options and ideas related to effective intervention for families with children and adolescents was expanded

Conclusions: This case study research empirically demonstrates what constitutes effective family-centered therapeutic assessment and intervention including the unique contribution of advanced practice nurses practicing family therapy involving a child or adolescent.

Learning Objectives: To demonstrate what constitutes effective advanced practice family nursing with families including a child or adolescent. To critically appraise the unique contribution of advanced practice family nurses to family therapy.

References:

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Wright, L., & Leahey, M. (2013). *Nurses and Families: A Guide to Family Assessment and Intervention* (6 ed.). Philadelphia: F.A. Davis Company.

Yin, R. K. (2009). *Case Study Research: Design and Methods* (4 ed. Vol. 5): SAGE Publications.

O16.3 Affiliate Stigma, Family Support, Caring Difficulties and Depression in Caregivers with Developmental Delayed Children

Chien-ho Lin[1], Susan Shur-Fen Gau[2]

1. Department of Psychiatry, Chimei Medical Center, Tainan, Taiwan, 2. Director of the Department of Psychiatry, National Taiwan University Hospital, Tainan, Taiwan

Introduction: Parents of children with developmental delay (DD) may have increased risk for depression. This study examined the affiliate stigma, caring difficulties, and family support on parents with children of development delay, and the relationship of these factors with depression.

Methods: Caregivers of children with DD who received early intervention program in southern Taiwan were invited to participate this study. A total of 224 family caregivers (age range 25-75) were recruited. All participants were asked to complete Affiliate stigma, and caring difficulties questionnaire, and family Apgar questionnaire. The Mini-international Neuropsychiatric Interview (MINI) was used to evaluate the participants' mental health.

Results: Affiliate stigma, caring difficulties both increased risk for depression. Good family support reduced risk. However only affiliated stigma, and family support are significant predictor in multiple regression analysis.

Conclusions: Affiliate stigma had negative impact to mental health of parents with DD children. Good family support may relieve risk. To develop an effective program for the psychiatric disorders among caregivers of DD children is urgent.

Learning Objectives: Affiliate stigma may cause caregivers of children with development delay depressed. Good family support may reduce caregiver's risk to depression.

Mon Sept 19 | 16:00–17:30 | TELUS 108-109

RS09 Assessment and Intervention to Address the Mental Health Needs of Children and Youth in Government Care - A Cross Boarder Perspective

Christina D. Tortorelli[1], Bart Klika[2], Roxanne Goldade[3]

1. Calgary and Area Child and Family Services, Ministry of Human Services, Government of Alberta, Calgary, AB, Canada, 2. University of Montana, Missoula, MT, USA, 3. Community Pediatrics, Calgary, AB, Canada

Symposia Overview: The mental health needs of children and youth in government care are becoming increasingly noted in professional and research domains. The provision of

early intervention, treatment and support to the young person and their caregivers requires a comprehensive approach across a multi-disciplinary team. In Alberta, led by a collaboration between child protection and community pediatricians, with support of the Ministry of Human Services and Alberta Health Services, we have developed a model for such provision of care. Our cross border colleagues in Montana are evaluating a similar piece of work - a partnership between their child protection agency, city-county health department, and a local medical home. In this presentation, representatives from each site (Alberta & Montana) will share case study data about the state of the mental health issues for this population and how each program addresses mental health needs through coordinated care. Future directions for practice and research will be shared with the hope of careating a valuable national/international discussion to disseminate knowledge and experience wit the overall goal of improving outcomes for this vulnerable population.

Part 1: Presentation of the ICD 10 Codes (International Classification of Diseases) data of over 500 children and youth in government care, seen in specialized pediatric clinics in Alberta. Linking this information to other data sets of a similar nature to describe the complexity and magnitude of mental health diagnoses in this population.

Part 2: Through case studies, the very real story of children and youth in government care, we will demonstrate the impact of collaborative intervention for the child, youth, caregiver, educators and case teams involved in care, planning and decision making.

Part 3: A focus on key learnings, next steps and the need for an intensive national/international conversation about the best appraoch for this hgh risk population given knowledge of brain development and the related imipacts of sub-optimal environments for child development, trauma experiences and grief and loss complicated by being placed asaw from the parental/family home.

Learning Objectives:

- Participants will understand the mental health needs of children and youth in government care in Alberta, Canada, and Missoula, Montana.
- Participants will understand the essential elements of coordinated care required to address the health needs of children and youth in government care.
- Participants will learn evalutaion strategies for tracking mental health outcomes for children and youth participating in foster/kinship child health programs.

References:

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Healey, Cynthia V., Fisher, Philip A. US National Library of Medicine: Children in foster care and the development of favorable outcomes. 2011;33(10):1822-1830.

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Tue Sept 20 | 09:00–10:30 | Acadia A

W20 First Nation Teen Mental Health Forced Multiplier - Rotating Doctors, Minimal Psychiatry, Nurses Station Empty - Solved by Hybrid Model Tele-Mental Health

Amit Mathur

University of British Columbia, Vancouver, BC, Canada

Workshop Description: Review of current model of mental health care delivery to remote First Nations comparative to Livecare hybrid model of multidisciplinary primary and psychiatric health delivery. Learners will analyze and evaluate clinical evidence-based outcomes from 4 years of experience in First Nations healthcare delivery and management.

Current Model Outcomes:

- Episodic care with rotating doctors, nurses who don't stay in the nursing station and minimal access to psychiatry
- National access to psychiatry crisis - exacerbated in remote First Nations
- Poor or no primary care follow up to address whole person care
- Poor or no mental health assessment and diagnosis for children with autism, ADHD, learning disabilities or fetal alcohol syndrome
- Lack of engagement of elders and in-community knowledge workers who can provide cultural continuity
- Overall lack of coordination of primary, psychatric care and allied professionals as patient support team
- Provincial/Fed provided care delivery experienced by First Nations as nominal

Livecare Hybrid Model Outcomes:

- Stabilized care with a family doctor with an in-community trained telemedicine assistant
- Culturally sensitive doctors who take time to address and understand patient needs
- Utilization of urban doctors and psychiatrists who have pockets of time to dedicate to remote FN teens and families
- Coordinated timely access to psychiatric assessments and diagnosis engaged with primary care physician to address other health issues affecting mental health
- Mental health team managed by HUB office to coordinate and expedite intervention across professional spectrum
- Mental health team truly engages with FN knowledge intervention workers (elders)
- FN empowered, controlled and cost effective health care delivery

Learning Objectives:

- By the end of the workshop, participants will acquire an understanding of the importance of culturally sensitive care and FN knowledge worker engagement in teen mental health treatments.
- By the end of the workshop, participants will be able to identify the relationship between healthcare continuity

and budget implications, using Livecare's tele-mental health projects to compare with their delivery model.

- By the end of the workshop, participants will learn how to coordinate a virtual whole team approach to tele-mental health delivery in First Nations.

References:

1 First Nations Mental Wellness Continuum Framework - Summary Report http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_mental/2014-sum-rpt-continuum/index-eng.phpFirst

2. Health Canada loses half of nurses sent to remote First Nations http://ipolitics.ca/2015/06/01/health-canada-loses-half-of-nurses-sent-to-remote-first-nations

3. Rural Canada, Access to Healthcare http://publications.gc.ca/Collection-R/LoPBdP/BP/prb0245-e.htm

Tue Sept 20 | 09:00–10:30 | Acadia B

RS10 Brain Stimulation in Paediatric Neuropsychiatric Disorders

Frank P. MacMaster[1], Adam Kirton[1], Paul E. Croarkin[2], Stephanie Ameis[3], Ernest Pedapati[4]

1. University of Calgary, Calgary, AB, Canada, 2. Mayo Clinic, Rochester, MN, USA, 3. University of Toronto, Toronto, ON, Canada, 4. University of Cincinnati, Cincinnati, OH, USA

Symposia Overview: For children and adolescent psychopathology, the response to current front line interventions are not universal, nor are they necessarily durable. Despite a clear need, there has been a trend towards disinvestment in the development pipeline for psychiatric disorders. In 2014, for example, only two new drugs with central nervous system indications, but not specifically psychiatric illness, were approved by the US Food and Drug Administration (FDA). The clinical use of non-invasive brain stimulation has emerged to fill this gap and has led to several promising and evidence-based treatment protocols in adult neuropsychiatric disorders. There is great interest in the potential adaptation of non-invasive brain stimulation modalities such as TMS and tDCS for the study and treatment of neuropsychiatric disorders in youth which may confer certain advantages over pharmacotherapy alone. This session will focus on the safety and development of transcranial magnetic stimulation (TMS) and transcranial direct current stimulation (tDCS) in children and adolescents for the clinical treatment of neuropsychiatric disorders. We present several important considerations in the transition of these technologies from the adult population to be considered before the routine use in the child and adolescent population. Current enthusiasm must be tempered with the need for safety assessments, long-term follow up data, and physiological and ethical considerations. A collaborative safety registry study may be one useful approach and will be discussed in an interactive fashion. Four researchers focused on noninvasive brain stimulation research in children and adolescents will give brief, structured presentations to both inform and catalyze interactive discussion. The session will provide ample time for interactive discussions with an emphasis on forming future collaborations. Dr. Frank P. MacMaster will chair and guide the discussion.

Part 1: Dr. Adam Kirton will discuss the fundamentals and basic principles of brain stimulation and its use in children and adolescents.

Part 2: Dr. Stephanie Ameis will discuss clinical and imaging findings of brain stimulation in children and adolescents with Autism Spectrum Disorder

Part 3: Dr. Paul Croarkin will discuss clinical and imaging findings of TMS and tDCS in youth with depression.

Part 4: Dr. Ernest Pedapati will discuss clinical and imaging findings of brain stimulation in pediatric obsessive compulsive disorder, ADHD, and tic disorder, including the use of novel stimulation protocols in youth.

Learning Objectives:

1. To learn about the fundamentals and safety of brain stimulation in children and adolescents.
2. To learn about the use of brain stimulation in autism in youth.
3. To learn about the use of brain stimulation in depression in youth.

References:

Suggested further reading

1. Desarkar P, Rajji TK, **Ameis SH,** Daskalakis ZJ. Assessing and Stabilizing Aberrant Neuroplasticity in Autism Spectrum Disorder: The Potential Role of Transcranial Magnetic Stimulation. Front Psychiatry. 2015 Sep 9;6:124.
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3. **Pedapati E,** DiFrancesco M, Wu S, Giovanetti C, Nash T, Mantovani A, Ammerman R, Harris E. Neural correlates associated with symptom provocation in pediatric obsessive compulsive disorder after a single session of sham-controlled repetitive transcranial magnetic stimulation. Psychiatry Res. 2015 Sep 30;233(3):466-73
4. **Pedapati, E. V**., Gilbert, D. L., Horn, P. S., Huddleston, D. A., Laue, C. S., Shahana, N., & Wu, S. W. (2015). Effect of 30 Hz theta burst transcranial magnetic stimulation on the primary motor cortex in children and adolescents. Front Hum Neurosci, 9, 91. doi: 10.3389/fnhum.2015.00091
5. Rajapakse T, **Kirton A.** Non-invasive brain stimulation in children: Applications and future directions. Transl Neurosci. 2013 Jun;4(2).
6. Yang XR, **Kirton A,** Wilkes TC, Pradhan S, Liu I, Jaworska N, Damji O, Keess J, Langevin LM, Rajapakse T, Lebel RM, Sembo M, Fife M, **MacMaster FP.** Glutamate alterations associated with transcranial magnetic stimulation in youth depression: a case series. J ECT. 2014 Sep;30(3):242-7.

Tue Sept 20 | 09:00–10:30 | Glen 201-203

W21 "You Want Me To Do What!?": Exposure and Response Prevention in Eating Disorder Treatment

Norman Kim

Center for Change and Reasons Eating Disorder Center, Brooklyn, NY, USA

Workshop Description: There is growing consensus that the marked co-occurrence of eating disorders and anxiety is not just diagnostic overlap, but rather that it represents a shared underlying diathesis, which can have multiple phenotypic manifestations. One can certainly see this overlap in the core phenomenology of eating disorders: obsessiveness and com-

pulsivity, fear and avoidance, hypervigilance and sensitivity, and somatic symptoms. This overlap is also evident in the fact that anxiety symptoms almost always precede eating disorder symptoms, that anxiety disorders are the most common comorbid diagnoses present in eating disorders, and that anxiety symptoms remain long after weight restoration and eating disorder symptoms remission. Ongoing advances in our understanding of the neurobiology and genetics of Eating Disorders and Anxiety further support a more transdiagnostic approach to their conceptualization and treatment.

One such application is the use of Exposure and Response Prevention (ERP). Exposure and Response Prevention is an empirically validated treatment approach based in learning theory that targets conditioned fear responses that result in avoidant and compensatory behaviors. ERP is predicated upon developing new non-fear associations using graded exposures to feared stimuli.

We will present the rationale for using ERP in eating disorder treatment as part of a transdiagnostic approach, and present techniques for using in vivo and imaginal exposures in eating disorder treatment to help patients habituate to feared situations in the safety of planned, structured exposures. We will review how to apply our understanding of neuropsychological functioning and anxiety in service of providing safety in the midst of threat.

Learning Objectives:

1. Identify the elements of exposure and response prevention.
2. Understand the rationale and methodology of using exposure and response prevention in eating disorder treatment.
3. Identify methods for developing and using in vivo and imaginal exposures for use in eating disorder treatment.

References:

1. Friederich, H. C., Wu, M., Simon, J. J., & Herzog, W. (2013). Neurocircuit function in eating disorders. *International Journal of Eating Disorders*, *46*(5), 425-432.
2. Koskina, A., Campbell, I. C., & Schmidt, U. (2013). Exposure therapy in eating disorders revisited. *Neuroscience & Biobehavioral Reviews*, *37*(2), 193-208.
3. Steinglass, J. E., Sysko, R., Glasofer, D., Albano, A. M., Simpson, H. B., & Walsh, B. T. (2011). Rationale for the application of exposure and response prevention to the treatment of anorexia nervosa. *International Journal of Eating Disorders*, *44*(2), 134-141.

Tue Sept 20 | 09:00–10:30 | Glen 204

W22 Capacity Building and Therapeutic Consultation for Children and Families with Histories of Complex Trauma in Rural Communities Through TeleMental Health Services

Susan Dundas, Janine Lawford, David Willis, Jaclyn Kerr

The Hospital for Sick Children, Toronto, ON, Canada

Workshop Description: Developmental Trauma is a diagnosis that was developed by researchers in trauma. Chronic maltreatment or repeated traumatization has pervasive effects on the development of mind and brain and is related to increased instances of a broad range of sequeale which cannot be accounted for by a single diagnosis such as PTSD. Therefore, treating each problem or cluster of symptoms piecemeal, rather than as part of a larger integrated understanding of the impacts of trauma, reduces that likelihood of positive treatment outcomes.

The Tele-Link Mental Health Program has provided psychiatric assessment, capacity enhancement and education services to rural, remote, and underserviced communities in Ontario for over 15 years. Initially, a consultative model of service was created to meet clinical needs. It became apparent that this model was not adequate for children with complex trauma histories. Therefore, a new multidisciplinary therapeutic consultation model was developed to address these emerging needs.

The workshop will review the model developed in the Tele-Link Mental Health program through discussions of the program, the development and key components of the multidisciplinary therapeutic consultation, and the current epidemiological data that has been analyzed to date, as well as future directions/plans for the team's research. The objective of this workshop to is to provide a rationale for a therapeutic consultation model for working with children and youth with complex trauma histories and help increase participants understanding on the components needed to implement such a model of psychiatric care.

Learning Objectives:

1. Learners will become familiar with best practice guideline for working with children and youth who have experienced trauma and understand the need for a developmentally appropriate trauma diagnosis.
2. Learners will increase their understanding of Telemedicine as a service delivery model, increase their ability to ensure culturally sensitive practices, and discuss implications regarding professional competencies and training requirements of practitioners consulting to rural and remote communities which service children with Complex Trauma histories.
3. Learners will understand the epidemiological patterns that have emerged in children and youth with Complex Developmental Trauma within rural, remote, and underserviced communities in Ontario and their potential implication for practitioners in these communities, as well as in urban centres. Learners will be able to identify key components of the Tele-Link Mental Health Program, and the Complex Developmental Trauma multidisciplinary model of therapeutic consultation, capacity building, teaching, and knowledge transfer.

References:

1. D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & Van Der Kolk, B. (2012) Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. American Journal of Orthopsychiatry, 82, 187-20.
2. Ford, J.D., & Courtois, C.A. (Eds.). (2013). Treating complex traumatic stress disorders in children and adolescents: scientific foundations and therapeutic models. New York, NY: The Guillford Press.
3. Pignatiello, A., Boydell, K.M., Teshima, J., Volpe, T., Braunberger, P.G., & Minden, D. (2011). Transforming child and youth mental health care via innovative technological solutions. Healthcare Quarterly, 14 Special Issue, 93-102.

4. Van der Kolk, B. (2005). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. Psychiatric Annals; 35, 401-408.

Tue Sept 20 | 09:00–10:30 | Glen 205

W23 Innovative Approaches to Medical Education in Child and Adolescent Psychiatry – The Role of Technology

Waqar Waheed[2, 5], Chetana A. Kulkarni[1, 3, 4]

1. University of Toronto, Toronto, ON, Canada, 2. Alberta Children's Hospital, Calgary, AB, Canada, 3. Hospital for Sick Children, Toronto, ON, Canada, 4. The George Hull Centre for Children & Families, Toronto, ON, Canada, 5. University of Calgary, Calgary, AB, Canada

Workshop Description: Innovations in delivering medical education in child and adolescent psychiatry may be considered to service not only local needs but also the needs of potential target audiences in areas physically removed from the centers of academic activity. There is an ever-increasing volume of learning modalities available. For clinician-consumers of medical information, preferred routes of accessing information are influenced by the day-to-day (or intra-day) variations in clinical settings, travel patterns and activities outside of work. When we assume the roles of medical education providers, we aim to ensure we are reaching our target audiences as effectively as possible. The purpose of this workshop is to examine innovative technologies for delivering medical education and to review several in slightly more detail. (Bullock and Webb 2015, Rose 2015, Hilty 2016). This workshop will encourage audience participation and interaction which will be facilitated by technology, thus providing hand on opportunities for active learning about the use of technology in education. Participants are encouraged to attend with an internet-enabled mobile device or laptop in order to fully participate. The use of hashtags #IACAPAP2016 (for general conference information) and #TechinCAPed (for session related information) will be encouraged.

Learning Objectives: By the end of this workshop, participants will be able to:

- Discuss the range of technological options available for delivery of effective medical education;
- Summarize several popular and readily-available technological innovations that may be useful in medical education;
- Apply strategies to expand their potential audience of learners and reach them more efficiently.

References:

Bullock, A. and K. Webb (2015). "Technology in postgraduate medical education: a dynamic influence on learning?" Postgrad Med J 91(1081): 646-650.

Cheston, C.C., Flickinger, T.E. and Chisolm, M.S. Social media use in medical education: a systematic review. Acad Med 2013; 88(6):893-901.

Hilty, D. M. (2016). "Technology in Psychiatric Education: The Technology Innovation Column." Acad Psychiatry.

McDonald, K. and Smith, C.M. The flipped classroom for professional development: part 1. Benefits and strategies. J Contin Educ Nurs 2013; 44(10):437-8.

Rose, S. (2015). "Teaching old dogma with new tricks and technology: educational paradigm shifts in graduate medical education." Clin Transl Gastroenterol 6: e78.

Tue Sept 20 | 09:00–10:30 | Glen 206

O17 Description and Treatment of Displaced and Refugee Children and Adolescents

O17.1 Pscho-social Profile of Syrian Refugees in Egypt

Amira G. Seifeldin[1, 2, 4], Shehab-Eidin N. Abdelrahman[2], Elisa A. Calpona[4], Madiha M. Shokri[2]

1. Alexandria University, Alexandria, Egypt, 2. National Health Insurance Hospital, Alexandria, Egypt, 3. schema Mental Heaith Center, Alexandria, Egypt, 4. Unicef Syrian Refugees Middle East, Cairo, Italy

Introduction: Post traumatic Stressors are the result of interaction between the stress events and stress response which lead to fear and capacity to cope with stress. Post traumatic Stressors are the result of interaction between the stress events and stress response which lead to fear and capacity to cope with stress. During the last decade, violence activities attack the Middle East mainly in Iraq, Syria, Libya, Yemen and Palestine where the large number of refugees in Europe and the nearby accepting countries will, increase the load on them.

Methods: Syrian refugees in Egypt are 421.000 allocated in three cities: Cairo 220.000, Alexandria 131.000 and in Damietta 65.000 refugees. Child Mental Health association in collaboration with UNICEF Egypt started developing infra-structure persons to work with Syrian refugees to adjust them on the Egyptian life style. CBT training program was conducted one in Cairo and three in Alexandria each for six days. The first three days to provide knowledge and the other 3 days to help trainees to be involved.

Results: Children aged from 4 to 18 years got services in 4 areas. The total number were 4096, those getting care were 2320 either getting CBT or awareness sessions.

The management plan of CMH association consists of three levels: Awareness, CBT sessions, and Psycho-pharmacologic therapy.

Conclusions: Syrian refugees in Egypt started to be a large sector receiving care, nearly 50% of their children refused to go to school. Emotional problems are the highest, followed by behavioral one, the least common are learning disabilities and social isolation.

Learning Objectives:

- More support for Syrian refugees
- More integration at the Egyptian society is needed.

References:

http://data.unhcr.org/syrianrefugees/country.php?id=8

O17.2 A File Study From an Ecological Approach of Refugee Children Having Been Referred for Psychiatric Care

Geertrui Serneels, Julia Villanueva

Solentra vzw, Brussel, Belgium

Introduction: Worldwide, more than 30 million children have fled their country with or without their families and are dealing with the consequences of atrocities. Figures concerning how many of these children need additional specialized attention for dealing with these atrocities are difficult to obtain. Often, their situation is evaluated through a Western frame of reference, pathologizing their situation and focusing on their trauma and weakness.

Methods: We analyzed 95 case files of children being referred to our organization for psychological or psychiatric help. Therapy was offered to the children and their families and process diagnosis was conducted from an ecological and culture sensitive approach.

Results: Distress and difficulties in these children's daily functioning, is often approached from an individual trauma approach, pathologizing them as individuals. However, a process diagnosis from a more ecological and culture sensitive approach shows us this approach is too simplistic to encompass the complexity of their distress. The impact on their entire family as a system of the experienced traumatic events, the migration and uprooting, the acculturation difficulties, the mourning process, reinventing their family and societal role are only several factors of the complex dynamics their development and wellbeing is influenced by.

Conclusions: The lack and at the same time necessity of approaching mental healthcare difficulties and distress of refugee children through an ecological and culture sensitive approach, focusing on what is happening to these children instead of what's wrong with them.

Learning Objectives: Exploring a cultural sensitive and ecological approach towards mental health of refugee children and their families.

O17.3 Competence and Psychopathology Among War Displaced Children and Adolescents in Duhok, Kurdistan Region of Iraq

Abdulbaghi Ahmad[1], Tahireh Abaychi[2]

1. Department of Neuroscience, Child and Adolescent Psychiatry, Uppsala, Sweden, 2. Mental Health Center, Duhok, Iraq

Introduction: To identify trauma-related mental health problems among the children and adolescents in the camps of refugees and Internally Displaced People (IDP) in the Kurdistan region of Iraq 6 months after their escape from the Islamic State (IS) war in Iraq and Syria.

Methods: A crisis intervention program for children and adolescents (CIPCA) was applied for the first time on 6750 displaced Yezidi children and adolescents in the IDP camps in Duhok governorate in the Kurdistan region of Iraq. Through training of trainers (ToT) 30 health professionals were trained by the Founder during one week. Every two trainars trained further 30 IDP teachers to certified group leader. Every two certified group leaders conducted a single one-hour group intervention for 30 children and adolescents in order to prevent posttraumatic psychopathology. The caregiver filled the Child Behavior Checklist (CBCL) for every respondent.

Results: Completed CBCL forms were found for 800 children and adolescents, similarly distributed girls and boys. High scores were found on the total problem scale, with no significant gender differences. Ther results are to be presented in relation to age, cultural characteristics and trauma relation.

Conclusions: High socio-emotional behavior problem cores were found with no siginificant gender differences among the war displaced Yezidi children in Iraqi Kurdistan.

Learning Objectives: Socioemotional behavior problems show no gender differences among the Yezidi displaced children 6 months after IS war in Iraq.

References:

1 Ahmad A. Crisis intervention program for children and adolescents (CIPCA) to prevent posttraumatic psychopathology, preliminary report. *Duhok Med J* 2014;8(2):1-11.

2 Ahmad A. War-displaced children in Iraqi Kurdistan. IACAPAP Bulletin. 2015; 42:13-15.

3 Ahmad A. Crisis intervention program for children and adolescents in Iraqi Kurdistan (CIPCA). The Swedish Psychiatry Journal (in Swedish language) 2015;2:51-52.

O17.4 Crisis Intervention Program for Children and Adolescents (CIPCA) to Prevent Posttraumatic Psychopathology, Preliminary Report

Abdulbaghi Ahmad

Department of Neuroscience, Child and Adolescent Psychiatry, Uppsala, Sweden

Introduction: Despite devastating psychopathology after childhood trauma, no evidence-based prevention has been identified. After the Islamic State war in Iraq and Syria, a group intervention program is provided to the internally displaced and refugee children, in attempt to prevent posttraumatic psychopathology.

Methods: Crisis Intervention Program for Children and Adolescents (CIPCA) is developed by the author. Three instruments (Crisis Expression Guidelines, Crisis Screening Instrument, and Modified Family Map) are delivered through Training of Trainers (ToT) to help the displaced and refugee children (6-11 and 12-18 years) within a one-hour group session (10-30 children) express thoughts and emotions related to the war crises to be replaced by positive alternatives.

Results: In a pilot project supported by WHO in collaboration with the local health authorities, 37 professional women and men working with children received training and trained 300 teachers to provide CIPCA to 67500 school children in the temporary camps in the region. Screening revealed 15.2% of the participating children need individual assessment.

Conclusions: CIPCA is applicable as a cost and time effective crisis intervention to displaced children of war. Further expansion of the program is planned. Follow-up will evaluate the preventive effect of CIPCA.

Learning Objectives:

1. CIPCA is a time and cost effective crisis intervention for war displaced children nad adolescents.

2. CIPCA might be effective early intervention to prevent posttraumatic psychopathology during childhood.
3. Early crisis intervention through CIPCA might be applicable in all crises during childhood.

References:

1 Ahmad A. Crisis intervention program for children and adolescents (CIPCA) to prevent posttraumatic psychopathology, preliminary report. *Duhok Med J* 2014;8(2):1-11.

2 Ahmad A. War-displaced children in Iraqi Kurdistan. IACAPAP Bulletin. 2015; 42:13-15.

3 Ahmad A. A crisis intervention program for displaced children in Iraqi Kurdistan (CIPCA). The Swedish Psychiatry Journal (in Swedish language) 2015; 2:51-51.

Tue Sept 20 | 09:00–10:30 | Glen 208-209

RS11 Protective Factors and Suicidal Behaviour in Adolescence

Jean-Marc Guile[1], Lalou Tisseyre[3], Sébastien Garny de La Rivière[2],

1. SFPEADA, Paris, France, 2. Université Picardie Jules Verne, Amiens, France, 3. Université du Québec à Montréal, Montréal, QC, Canada

Symposia Overview: Research in Child and Adolescent Psychiatry has unveiled a number of risk and protective factors that may increase or reduce the worsening of suicidal behaviours in adolescence. In keeping with the current literature on protective factors, this symposium will present on the recent studies performed on factors preventing relapse within the French Quebec University network on psychopathologies associated with Adolescent suicidal behaviours. The symposium will focuse on two of them, Borderline Personality Disorder (BPD) and Disruptive Mood Dysregulation Disorder.

Co-chair : JM Guilé, R Labelle

Part 1: Protective factors against suicidal behaviour in adolescence

Réal Labelle, MPs, PhD Jean-Jacques Breton, MD, MSc, FRCPC

Objectives: To examine whether protective factors moderate the impact of stressful events on depression and suicidal behaviour in adolescents.

Part 2: Protective factors associated with suicidal behaviour in adolescents with borderline personality disorder

Sébastien Garny de la Rivière, MD ; Jean-Marc Guilé, MD, MSc, FRCPC; David Cohen, MD, PhD; Priscille Gérardin, MD, PhD

Objectives: To compare the protective factors profile of suicidal adolescents with borderline personality disorder (BPD) to the profile of suicidal adolescents without BPD, and to explore the association of protective factors with suicidal behaviours among adolescents with BPD.

Part 3: Suicidal behaviour and disruptive mood dysregulation disorder

Xavier Benarous, Angele Consoli MD, PhD, David Cohen Md PhD, Johanne Renaud, MD, MSc, FRCPC, Jean-Jacques Breton, MD, MSc, FRCPC, Jean-Marc Guilé, MD, MSc, FRCPC

Objectives: To review clinical studies exploring the association between suicidal behaviour and disruptive mood dysregulation disorder (DMDD).

Objectifs d'apprentissage :

- Increase awareness on the role of protective factors in adolescent suicidal behaviours
- Increase knowledge on the impact of protective factors on suicidal behaviours of BPD adolescents
- Consider protective factors in evaluating suicide behaviours in adolescents

Tue Sept 20 | 09:00–10:30 | Macleod E1

RS12 Promoting Resilience in Latin America: Mental Health Research Initiatives in Chile

Matias Irarrazaval[1, 2], Muriel Halpern[1], Beatriz Ortega[3], Carolina Garcés[4], Marcela Larraguibel[1], María Elena Montt[1], Fernanda Prieto[1, 2]

1. University of Chile, Santiago, Chile, 2. MIllennium Institute for Research in Depression and Personality, Santiago, Chile, 3. Hospital del Salvador, Valparaiso, Chile, 4. Hospital Gustavo Fricke, Viña del Mar, Chile

Symposia Overview: Mental health disorders represent almost one-quarter of the total burden of disease in Latin America and the Caribbean, and between 14 and 20 percent of young people experience one of these disorders at a given point in time. Yet there is a significant imbalance in the nation's efforts to address such disorders.

An efficient mental health approach is vital to being able to both provide a timely response and reduce this burden.

While research on promotion and prevention of mental disorders is limited, there is evidence showing that preventive interventions and mental health promotion can influence risk and protective factors and reduce the incidence and prevalence of mental disorders.

A number of promotion and preventive programs are now available, that should be considered for broad implementation. Interventions before the disorder occurs offer the greatest opportunity to avoid the substantial costs to individuals, families, and society.

Despite this evidence, there are currently few initiatives in Latin America responding to this need. Current knowledge is still mainly based on research in high-income countries, although new interesting research projects are emerging in developing countries, such as Chile. This symposia aims to present some initiatives in mental health promotion and prevention in Latin America, that can help to understand the implementation barriers, such as cultural adaptation, mental disorders stigma and the paradigm shift of prevention in mental health.

Part 1: A Pilot Randomized Controlled Trial of a Preventive Intervention Program for Depression in Chilean families

This presentation will review the acceptability and feasibility of the adaptation of the *Beardslee Preventive Intervention Program for Depression* (PIP) in Chilean families, which is an intervention that promotes resilience and prevents behavioral problems in children with depressed parents.

A pilot-RCT community based adaptation of the PIP was implemented in Santiago, Chile, and qualitative/quantitative

results are presented, describing the implementation barriers of a resilience promotion program in Latin America.

Part 2: Encouraging Early Prevention of Mental Disorders in Primary Healthcare

This presentation will describe the results of a collaborative mental health initiative, the Child Psychiatry Support Program (API), between Primary Healthcare Centers and tertiary level mental health services in Valparaíso, Chile. The objective of the program is to promote early prevention, diagnosis and treatment of mental disorders in children and adolescents.

A longitudinal, prospective, quasi-experimental study was developed, with a 12 months follow-up. There was a decrease in the number and rates of mental health referrals, and improvement in the satisfaction of the Primary Health teams.

Part 3: *Volantín* **(Kite) Program: A Resilience Promotion Program for Chilean School-Aged Children**

The last part will present the preliminary results of acceptability and efficacy of *Volantín* a resilience promotion program, based on emotion regulation and problem solving skills, in Chilean school-aged children. The program was adapted and tested for its acceptability and applicability in a sample of 31 students aged 8-9 years, with pre and post intervention assessment. The program had a high level of acceptance and was effective in reducing anxiety symptoms, and is a promising intervention for resilience promotion in schools.

Learning Objectives:

To review and discuss:

1) Research in resilience promotion and mental disorder prevention in child and adolescents in Latin America.
2) The importance of evidence based mental health promotion programs for Latin American children.
3) The effectiveness of a preventive program for children with depressed parents based on promotion of resilience, positive family functioning and communication.
4) The effectiveness of a collaborative program in child and adolescent mental health, applied in primary health care centers, in order to promote early prevention, early diagnosis and treatment of mental disorders, and reduce chronicity and referrals to tertiary health care level.
5) The acceptability and efficacy of the VOLANTIN resilience promotion program, and the analysis of its outcomes in a school-aged sample of Chilean children.
6) Implications of research in resilience promotion and mental disorder prevention for mental health and policy in Latin America.

References:

Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2013) A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries. *BMC Public Health*, *13*(1), 835.

Beardslee, W. R., Wright, E. J., Salt, P., Drezner, K., Gladstone, T.R., Versage, E.M., & Rothberg, P. C. (1997) Examination of children's responses to two preventive intervention strategies over time. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(2),196–204. http://doi.org/10.1097/00004583-199702000-00010

Holt, W. (2010) The Massachusetts Child Psychiatry Access Project: Supporting Mental Health Treatment in Primary Care. *The Commonwealth Fundation*, 41(1378):21.

Vallance, A.K. (2011). Managing child and adolescent mental health problems in primary care: taking the leap from knowledge to practice. *Primary Health Care Research & Development*, 12(4):301-309.

Tue Sept 20 | 09:00–10:30 | Macleod E2

SG06 Pediatric Consultation-Liaison Psychiatry

Claire M. De Souza[1], Ruth Russell[2], Janice Cohen[4], Polina Anang[3], Diana Sam[3]

1. Hospital for Sick Children / University of Toronto, Toronto, ON, Canada, 2. Montreal Children's Hospital / McGill University Health Centre, Montreal, QC, Canada, 3. Health Sciences Centre / University of Manitoba, Winnipeg, MB, Canada, 4. Children's Hospital of Eastern Ontario / University of Ottawa, Ottawa, ON, Canada

Study Group Description: The literature cites difficulties with coordination of Pediatric Consultation-Liaison Psychiatry (PCLP) services and variability in funding, service structure and service delivery. There are limited opportunities for dialogue about experiences in PCLP whether about clinical issues, administrative concerns or academic initiatives. Offering opportunities for collaboration, support and mentorship are important in order to recruit and sustain the workforce. During CACAP 2010, a Special Interest Study Group (SISG) in PCLP brought together colleagues from across Canada. This facilitated the development of a Steering Committee in PCLP in Canada**.** The group membership is interdisciplinary and comprises clinicians, researchers, educators and administrators working in child and adolescent Consultation-Liaison psychiatry services across Canada. The group meets monthly via phone conference and collaborates on academic presentations. There has been a SISG in PCLP each year since 2010 at CACAP which has enhanced collaboration across sites, and has facilitated the development of a directory for colleagues in PCLP in Canada. During the SISG in PCLP, participants introduce themselves along with their goals for attending. A brief history is provided regarding the Steering Committee. Discussion centers on challenges and innovations in clinical care, administration, research, and education, either in small or large groups depending on the number of participants. The SISG concludes with a discussion of next steps and further development of a collaborative network in PCLP.

Learning Objectives:

By the end of this special interest study group, the participant will be able to

1) develop a network of colleagues in the field of Pediatric Consultation Liaison Psychiatry (PCLP) for sharing expertise in clinical care, administration, teaching and research
2) reflect on challenges in the field of PCLP and innovations developed by colleagues
3) consider opportunities for collaboration with colleagues in the field

References:

DeMaso DR, Martini D, Cahen L et al. Practice Parameter for the Psychiatric Assessment and Management of Physically Ill Children and Adolescents. *JAACAP 2009*; 48(2):212-233.

Shaw RJ and DR DeMaso (2006). Clinical Manual of Pediatric Psychosomatic Medicine – Mental Health Consultation with Physically Ill Children and Adolescents. Washington DC: American Psychiatric Publishing Inc.

Shaw RJ and DR DeMaso (2010). Textbook of Pediatric Psychosomatic Medicine. Washington DC: American Psychiatric Publishing Inc.

Shaw R, Wamboldt M, Bursch B, Stuber M: Practice patterns in pediatric consultation-liaison psychiatry: a national survey. *Psychosomatics 2006;*47:43-49.

Tue Sept 20 | 09:00–10:30 | Macleod E3

AP08 A Pan-Canadian Perspective on Family Therapy and Family Therapy Training: Importance to Mental Health and Psychiatry

Alan McLuckie[1], Karl Tomm[1], Jaswant Guzder[2], Sharon Bond[3], Normand Carrey[4], Amy Jones[4]

1. University of Calgary, Calgary, AB, Canada, 2. Jewish General Hospital/McGill University Department of Psychiatry, Montreal, QC, Canada, 3. McGill University, School of Social Work, Montreal, QC, Canada, 4. IWK Health Centre/Dalhousie University Dept. of Psychiatry, Halifax, NS, Canada

Symposia Overview: In 1960 Nathan Epstein established Canada's first family therapy training centre in Montreal, which continues today as a partnership between the Jewish General Hospital and McGill University's Faculty of Social Work. Epstein also inspired future leaders in the field, including Dr. Karl Tomm who in 1973 established what would later become the Calgary Family Therapy Centre, partnered with the University of Calgary's, Department of Psychiatry and Faculty of Social Work. On Canada's East Coast, psychiatrists and social workers from Dalhousie University and the IWK Health Centre also partnered to develop a family therapy training program. Today, these three multidisciplinary training programs represent the leading educational centres in Canada for family therapy training of Psychiatry Residents, social workers and other allied mental health professionals. Family therapy and family-based interventions are recognized as important tools in assessment and treatment protocols for children, youth and families affected by mental health difficulties.

This Academic Perspectives Symposium brings together psychiatrists and social workers from these training centres to reflect on the importance of family therapy for child and youth mental health (CYMH) and the unique challenges of training. These presenters will share views on their various orientations of working with families and trainees, identify how family therapy can challenge the stigma related to CYMH issues and traditional CYMH services, share the benefits and challenges of multi-disciplinary training, and speak to how in the diverse cultural landscape of Canada, family therapy may be well aligned to the needs of immigrant and/or culturally diverse families.

Part 1: Drs. McLuckie and Tomm will present their perspectives on the approach to family therapy offered at the Calgary Family Therapy Centre (CFTC), as well as outline the nature of the multidisciplinary family therapy provided at CFTC.

Part 2: Drs. Guzder and Bond will present their perspectives on the approach to family therapy offered in a Child Psychiatry program and at the McGill Couple and Family Clinic (MCFC), as well as outline the nature of their multidisciplinary family therapy training programs.

Part 3: Dr. Carrey and Ms. Jones will present their perspectives on the approach to family therapy offered by the IWK Health Centre's Family Therapy Team, as well as outline the nature of the multidisciplinary family therapy provided at IWK/Dalhousie Department of Psychiatry Family Therapy Training Program.

Learning Objectives:

1. To understand the importance of family-based interventions for the treatment of child and adolescent mental health difficulties
2. To understand three perspectives on family assessment and family therapy.
3. To understand the importance of strengthening Psychiatry Resident training programs in relation to family-based and relational psychotherapies.

Tue Sept 20 | 09:00–10:30 | Macleod E4

O18 From Assessment to Treatment

O18.1 Developing Culturally Sensitive Service Provision for Children and their Families in Mental Health Settings. The Intercultural Consultation at Toulouse

Gesine Sturm[1, 2], Sylvie Bonnet[2], Jean-Philippe Raynaud[3, 2]

1. University of Toulouse Jean Jaures, Toulouse, France, 2. Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Hôpital la Grave, Toulouse, France, 3. Université Paul Sabatier, Faculté de médecine de Toulouse, Toulouse, France

Introduction: Public services, as the Medical and Psychological Centres (CMP) provide substantial parts of Mental Health Care for Children and Adolescents in France. In Toulouse, as in most cities in France, the profile of the consulting families is undergoing profound changes, with increasing cultural diversity and a growing number of immigrant populations who require specific culturally sensitive interventions. Preliminary research in the Toulouse region showed that lack of cultural sensitivity results in weak therapeutic alliances with the families, provoking disruptions in Health Care, and indicating the need to better integrate these families into existing Health Care services.

Methods: In order to overcome these difficulties, we propose collaborative short-term interventions with families, professionals from the CMP and the interpreter service. Within our "intercultural consultation" we try to understand family dynamics and intergenerational relations in the context of transnationalism and cultural environments of hyperdiversity; and propose a space where parents may voice their perception of the child's difficulties.

Results: We will describe the setting we propose, illustrate our work with a case-study and discuss first results in terms of improved therapeutic alliance and engagement of the families into the therapeutic project for their children.

Conclusions: The introduction of a specific short-term culture-sensitive approach to families in intercultural situations may be a useful strategy for cultural competent service provision in Child Mental Health Care, provided that it is completely integrated into existing services and embedded into a

collective process of reflexion on cultural complexities within the service providing team.

Learning Objectives: We propose a reflection on possibilities to enhance cultural sensitive service provision in the field of Child Mental Health Care.

References:

Bonnet-Samitier, Sylvie. 2012. « Vers une prise en compte de l'altérité par la médiation transculturelle en C.M.P. La question de l'alliance dans un cadre de soin thérapeutique pour migrant. Mémoire du Diplôme Universitaire de Psychiatrie ». Paris: Paris 13.

DelVecchio Good, Marie-Jo, et Seth Donal Hannah. 2015. « "Shattering culture": perspectives on cultural competence and evidence-based practice in mental health services. » *Transcultural Psychiatry* 52 (2): 198-221.

Measham, Toby, Felicia Heidenreich-Dutray, Cécile Rousseau, et Lucie Nadeau. 2014. « Cultural Consultation in Child Psychiatry ». In *Cultural Consultation - Encountering the Other in Mental Health Care*, 71-87. h

Sturm, Gesine, Sylvie Bonnet-Samitier, Françoise Gouzvinski, Anne Pinquier, et Jean-Philippe Raynaud. 2016. « Améliorer l'alliance thérapeutique avec enfants et familles en situation interculturelle : le dispositif interculturel du CMP du SUPEA à l'hôpital la Grave, Toulouse. » *L'Autre* (in press).

Sturm, Gesine, Zohra Guerraoui, Sylvie Bonnet-Samitier, Françoise Gouzvinski, et Jean-Philippe Raynaud. 2016. « Adaptations within a child and adolescent psychiatry department to the needs of children and families with complex migration experiences: The Toulouse University Hospital's intercultural consultation. » *Transcultural Psychiatry* (in press)

O18.2 Progress Monitoring in Mindfulness-Based Addictions Treatment: Preliminary Results

Keith C. Russell[1], Lee Gillis[2], Jeff Wilson[3], Jeff Coulliard[3]

1. Western Washington University, Bellingham, WA, USA, 2. Georgia College, Milledgeville, GA, USA, 3. ENVIROS, Calgary, AB, Canada

Introduction: This projects explores the results and preliminary outcomes of a project implementing progress monitoring (see Lambert, 2015) in two addiction treatment programs operating in Alberta Province by ENVIROS (see www.enviros.org). The goals of the programs are to increase client's levels of self-awareness regarding addiction, increase and strengthen client's personal volition and self-determination, and to support clients in building supports for a healthy recovery (including within family and community systems).

Methods: Base Camp (adolescents) and Shunda Creek (young adult males) uniquely integrate mindfulness practice throughout addictions treatment through adventure that consist of one- to five-day experiences and trips that are referred to as "mindfulness in action" (see Russell, Gillis and Heppner, 2015). A progress monitoring system was implemented in each program and the preliminary results of this initiative are presented in this paper (see Gillis, Kivligan & Russell, 2015).

Results: The results of this utilization-focused evaluation (see Patton, 2008), suggest that clients in each of the programs showed significant reductions in their presenting symptomology and clinicians are actively engaging in utilizing client feedback in treatment planning at the individual and group level to inform client progress. The growth and development of mindfulness skills related to treatment outcome is promising and warrants further study.

Conclusions: Though this is an applied, exploratory study using two different programs, the findings suggest that progress monitoring is a promising consideration in addictions treatment due to it's potential "to improve the quality of mental health services, as well as be accountable for the services we provide" (Wompold, 2015, p. 461).

Learning Objectives:

1. Explore the role that progress monitoring plays in utilization-focused evaluation in an applied setting.
2. Demonstrate how mindfulness-based practice in addictions treatment can effectuate outcome.
3. Present preliminary results from two addictions treatment programs implementing these strategies to highlight their potential.

References:

Lambert, M. J. (2015). Progress feedback and the OQ-System: The past and the future. Psychotherapy, 52, 381–390. http://dx.doi.org/10.1037/pst0000027.

Gillis, H. L., Kivligan, D., & Russell, K. C. (2016). Which Comes First Engagement or Outcome? A Time Series Analysis of Group Treatment for Young Adult Substance Use Disorder. *Psychotherapy,* http://dx.doi.org/10.1037.pst0000047.

Patton, M. (2008). *Utilization-focused Evaluation.* Sage Publications: Thousand Oaks, CA.

Wompold, B. E. (2015). Routine Outcome Monitoring: Coming of Age--With the Ususal Developmental Challenges. *Psychotherapy, 52,* 4, 458–462.

O18.3 Efficacy of Mindfulness-Based Psychotherapies for Children and Adolescents: What is the Empirical Evidence?

Maisha M. Syeda

University of Calgary, Calgary, AB, Canada

Introduction: Mindfulness-based psychotherapies (MBP) have become a popular form of treatment in contemporary psychology (e.g., Baer, 2006). MBP integrate traditional psychotherapeutic approaches with mindfulness practices to reduce acute psychological or physical symptoms or serve as relapse prevention strategy (Bishop et al., 2004). Last decade has seen a significant increase of MBP in children and adolescents to treat internalizing and externalizing psychopathologies (Burke, 2009). That being said, we have limited understanding about their empirical efficacies, and whether or not they could be generalized to different populations, settings, and mental health issues in children and adolescents. Thus, a systematic review of the literature was conducted to address this empirical limitation.

Methods: The published articles, written in English, reviewed were collected by the author through searches in different psychological, psychiatric and medical electronic databases. Examples of search terms included "mindfulness", "MBCT", "MBSR", "children", and "adolescents". Approximately 20 studies were found in accordance to a pre-determined criteria.

Results: Prelimiary results suggested that children and adolescents perceived MBP to be feasible and acceptable. Generally, MBP were beneficial in improving attention, externalizing behaviors, anxiety and academic performance. However, limited research in MBP had adopted well-design, standard-

ized formats for treatments (e.g., waitlist controls, adequate screening of elevated psychological, follow-up evaluations) to develop a firm research evidence base for this treatment approach.

Conclusions: MBP appear to be promising to address various externalizing and internalizing concerns in children and adolescents, but future research is warranted to determine whether we have robust research-based evidence to recommend and implement this treatment to children and adolescents.

Learning Objectives:

- To inform clinicians and researchers about the empirical status of a popular and emerging psychotherapy in child and adolescent mental health-mindfulness-based psychotherapies.
- To provide future directions to researchers and clinicians in regards to mindfulness-based psychotherapies in efforts to move the field forward and better serve our clients and their families.

References:

Baer, R. A. (2006). Mindfulness training as a clinical intervention: A conceptual and empirical review. Clinical Psychology: Science & Practice, 10, 125-143. doi: 10.1093/clipsy.bpg015

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Andeson, N. C., Carmody, J., Segal, Z. V., et al. 2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11, 230-241*. doi: 10.1093/clipsy/bph077

Burke, C. A. (2009). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal of Child and Family Studies, 19,* 133-144. doi: 10.1007/s10826-009-9282-x

Felver, J. S., Doerner, E., Jones, J., Kaye, N., & Merell, K. W. (2013). Mindfulness in school psychology: Applications for interventions and professional practice. *Psychology in Schools, 50,* 531-574. doi: 10.1002/pits.21695

Cotton, S., Luberto, C. M., Sears, R. W., Strawn, J. R., Stahl, L., Wasson, R.S., . . . Delbello, M. P. (2015). Mindfulness-based cognitive therapy for youth with anxiety disorders at risk for bipolar disorder: a pilot trial. Early Intervention in Psychiatry, 13, 1-9. doi: 10.1111/eip.12216

Semple, R. J., Lee, J., Rosa, D., & Miller, L. F. (2010). A randomized trial of mindfulness-based cognitive therapy for children: Promoting mindful attention to enhance social–emotional resiliency in children. *Journal of Child and Family Studies, 19,* 218 – 229. doi: 10.1007/s10826-009-9301-y

Semple, R. J., Reid, E. F. G., & Miller, L. (2005). Treating anxiety with mindfulness: An open trial of mindfulness training for anxious children. *Journal of Cognitive Psychotherapy, 19,* 379– 392.

Saltzman, A., & Goldin, P. (2008). Mindfulness based stress reduction for school-age children. In S. C. Hayes & L. A. Greco (Eds.), *Acceptance and mindfulness interventions for children adolescents and families* (pp. 139 – 161). Oakland, CA: Context Press/New Harbinger.

O18.4 Evaluation of an Anti-Stigma Intervention Program for Caregivers of Adolescents with Mental Illness in Alexandria, Egypt

Ahmed L. Moustafa

High Institute of Public health, Alexandria University, Alexandria, Egypt

Introduction: In the Middle East's collectivistic communities, stigma is an essential barrier to seeking and receiving mental health services, and to integration into the community. Despite this, research from low- and middle-income countries is relatively absent concerning effective interventions to reduce mental-health-related stigma, especially in caregivers.

Methods: A 2- group RCT for a randomly selected 125 participants out of the stigma-suffering caregivers of adolescents with Mental illness using Devaluation & Discrimination Questionnaire. Mental health-related knowledge, attitude and behavior were assessed using: Mental Health Knowledge Schedule (MAKS), Attitudes to Mental Illness Questionnaire (AMIQ), and Reported and Intended behavior scale (RIBS), respectively. An anti-stigma intervention program (IP) was implemented for one group (n=58) in a 3-session series: psycho-education, contact, countering stigma using CBT. A discussion group was the attention placebo control (APC) (n=67). Evaluation was carried out twice; immediately and 6 months later.

Results: 80% provided 6-month follow-up data, showing enduring improvements. MAKS: significant improvement in both the IP group (t/z:-9.9, 95%CI: -3.9 to -2.2, p=<0.001) and the APC group (t/z:-7.8, 95%CI: -3.2 to -1.9, p=<0.001). AMIQ: significant improvement in the IP (t/z:-6.3, 95%CI -2.2 to -0.9, p=<0.005) vs. APC (t/z:-2.3, 95%CI: -0.7 to 0.1, p=0.3). RIBS: significant improvement in the IP (t/z:-4.8, 95%CI: -0.9 to -0.2, p=<0.001) vs. APC (t/z:-1.8, 95%CI: -0.7 to 0.2, p=0.1)

Conclusions: The intervention proved effective in significant reductions of stigma through changing mental health knowledge, attitudes and behavior, both immediately and after 6 month. Further long-term follow-up to test for persistent effect is suggested

Learning Objectives:

1. To highlight improvement in MI-related knowledge, attitude and reported/intended behavior among caregivers with stigma as a result of the intervention, immediately and after 6 months, indicating need for such programs.
2. To review the design, implementation and evaluation of an anti-stigma intervention program among caregivers with stigma.

References:

1. **DDQ:** Link BG. Stigma as a barrier to recovery: Understanding labeling effects in the area of mental disorders: an assessment of the effects of expectations of rejection. Am Sociol Rev. 1987; 52(1): 96-112.
2. **MAKS**: Evans-Lacko S, Little K, Meltzer H, Rose D, Rhydderch D, Henderson C, et al. Development and psychometric properties of the Mental Health Knowledge Schedule. Canadian Journal of Psychiatry. Can J Psychiatry. 2010; 55(7): 440-8.
3. **AMIQ**: Luty J, Fekadu D, Umoh O, Gallagher J. Validation of a short instrument to measure stigmatised attitudes towards mental illness. Psychiatr Bull. ‎2006; 30(7): 257-9.
4. **RIBS**: Evans-Lacko S, Rose D, Little K, Flach C, Rhydderch D, Henderson C, et al. Development and psychometric properties of the reported and intended behaviour scale (RIBS): a stigma-related behaviour measure. Epidemiol Psychiatr Sci. 2011; 20(3): 263-71.

Tue Sept 20 | 09:00–10:30 | TELUS 101-109

O20 Intervention in Support of Mother-child Interaction

O20.1 A Descriptive Case Study of an Intervention to Ameliorate the Effects of Long Term Hospitalisation on an Infant's Attachment Processes

Jean E. Hawken[1], Nancy T. Emmanuel[2], Sandra D. Ayres[1]

1. Lady Cilento Childrens Hospital, Brisbane, QLD, Australia, 2. Brisbane, QLD, Australia

Louisa (pseudonym) was an infant with gastroschesis short gut syndrome who had been hospitalised from birth.

When I first met her she was surrounded by medical technology and attended to by numerous clinical staff who visited her bedside to monitor the equipment. As Louisa had been rejected by her parents, there was no one to assume parental responsibilities and speak for her. A baby needs a loving relationship with a mother figure to contain their primitive fears through early infancy (1). I observed Louisa's behaviour over a period of time and became concerned for her psychological health. (2). After consultation with colleagues we devised a strategy of introducing a neutral person who would visit her at least four times a day. This was met with initial resistance from various staff and disciplines as it implied the delivery of care was deficient. A need for ongoing staff education about an infant's needs for a reduction in stimulation and a valuing of emotional attachment was identified (3). The strategy of placing a nuetral person in this infants life was successful in creating a bond until a foster mother took over. The deleterious effects on an infant's emotional wellbeing is well documented and there is a need to improve care for abandoned infants (4).

Learning Objectives:

- Can the emotional needs and clinical imperitives be reconciled? (shared wisdom)
- Preparing a significant person to take on this role in an infant's life
- Some strategies in overcoming institutional barriers to the intervention

References:

1. Winnocot DW 1964, The Child, The family, and the Outside World. Perseus Publishing Cambridge Massachusetts.
2. Zeanah CH Jr (ED) 2009, Handbook of Infant Mental Health (third ed). Guildford Press NY.
3. Menzies Lyth I 1988, Containing anxiety in institutions, Selected Essays Volume 1. Free Books London.
4. Osofsky JD & Fitzgerald HE (EDS) 2000, WAIMH, Handbook Of Infant Mental Health, Vol Four. John Wiley & Son NY

O20.2 Action Team on Triadic Attachment and Child Health (ATTACH): Results of a Parental Reflective Function Intervention

Nicole Letourneau[1], Martha Hart[1], Lubna Anis[1], Carol Ewashen[1], Karen Benzies[1], Carlene Donnelly[2]

1. University of Calgary, Calgary, AB, Canada, 2. Calgary Urban Project Society, Calgary, AB, Canada

Introduction: Parents suffering from violence, depression and addictions create a toxic stress environment for their children leaving parents unable to respond sensitively to them (Center on the Developing Child, 2010). Secure attachment is also influenced by *parental Reflective Function (RF)*; parents' capacity to understand and thus regulate their own feelings/behaviour toward their child (Shai & Fonagy, 2014). Few RF interventions exist and typically focus on mothers' understanding of their own psychological caregiving representations but do not promote learning RF skills via practice and ignore co-parents (Cassidy, 2011; Suchman 2010). Building on this research we have developed and pilot tested a RF intervention called ATTACH, designed for high-risk mothers and their co-parents.

Methods: The ATTACH project was community-based, employing integrated knowledge transfer via partnering with Calgary Urban Project Society (CUPS), an inner city agency serving vulnerable families. The sample was drawn from CUPS parenting program that did not cover RF. ATTACH completed two 10-12 week pilot studies (randomized controlled trial & quasi-experiment) with 20 families**.**

Results: Data are currently being analyzed. Attrition was very low (<5%); several factors explained high retention: (1) developing strong therapeutic alliances between mothers and ATTACH facilitators (2) offering a nurturing environment.

Conclusions: Understanding associations between parental RF and child development, and determining the effectiveness of programs like the ATTACH, contributes to IACAPAP's vision of promoting infant-mental health.

Learning Objectives: This paper will describe effects of two funded ATTACH pilot studies on mothers' RF and maternal-child interactions.

References:

Ainsworth, M. D. S. (1982). *Attachment: Retrospect and prospect*. Basic books.

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Cassidy, J., Woodhouse, S. S., Sherman, L. J., Stupica, B., & Lejuez, C. W. (2011). Enhancing infant attachment security: An examination of treatment efficacy and differential susceptibility. *Development and Psychopathology*, *23*(1), 131.

Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood (National Scientific Council on the Developing Child)*. Center on the Developing Child, Harvard University: Boston, MA.

Shai, D., & Fonagy, P. (2014). Beyond words: Parental embodied mentalizing and the parent-infant dance. *Mechanisms of social connection: From brain to group*, 185-203.

Suchman, N. E., DeCoste, C., Leigh, D., & Borelli, J. (2010). Reflective functioning in mothers with drug use disorders: Implications for dyadic interactions with infants and toddlers. *Attachment & human development*,*12*(6), 567-585.

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O20.3 Relational Play Therapy (RPT) from a Cross Cultural Perspective: An Egyptian Experience

Suaad S. Moussa, Reham M. Kamel, Doaa R. Ayoub, Sandra W. Elseesy

Faculty of Medicine- Cairo University, Cairo, Egypt

Introduction: RPT is a model that offers a secure base for both mothers and children, as well as, a space for mothers to deal their feelings. It aims at enabling mothers to experiment with new ways of relating to their children.

Methods: RPT brings together ideas from attachment theory, drama therapy and behavioral psychology. It comprises three components: a Mothers Talk Group: runs parallel to a Children Play Group (each for 45 to 60 minutes), followed by a Relationship Play Therapy Session (20 – 30 minutes), where mothers and therapists join the children. A graded set of games and exercises, with both children and mothers, is used to increase intimacy and attachment security in gradual steps.

The manual followed was developed by the Cheswold House Team, Doncaster, UK

Results: Mother-child problems included child rejection, over-involvement, ambivalence and being very harsh. Nearly all mothers reported being easily provoked and aggressive; holding high expectations not congruent with child development; feeling hopeless and frustrated and unable to control child's behavior

Children received diagnoses of ADHD, ODD, separation anxiety, depression and trichotillomania.

At the end of the group:

Mothers reported better parenting skills and better relation with all off-springs not only the child in therapy

Children improved significantly regarding verbal, motor and social skills

Conclusions: RPT proved to be effective in solving relational problems and improving children's skills as well.

Cultural differences as extended families set up, illiteracy and limited economic resources necessitated few alterations. However, regarding the essence of therapy, similarities transculturally was the rule.

Learning Objectives:

- To assess the effectiveness of a model addressing the needs of mothers and children with relationship difficulties
- To highlight cultural considerations

References:

Broughton, S et al. 1995. Manual for Relational Play Therapy. South Yorkshire: Doncaster Royal Infirmary, Doncaster

Tue Sept 20 | 09:00–10:30 | TELUS 111

O21 Psychotic Disorder

O21.1 Symptom Content Study of Perceptual Abnormalities in Individuals at Clinical High Risk

Yun Lu[1], Catherine Marshall[1], Kristen S. Cadenhead[2], Tyrone D. Cannon[3], Barbara A. Cornblatt[4], Thomas H. McGlashan[5], Diana Perkins[6], Larry Seidman[7], Scott Woods[5], Ming Tsuang[9, 2], Carrie Bearden[10], Daniel Mathalon[11], Jean Addington[1]

1. Mathison Centre Hotchkiss Brain Institute, Department of Psychiatry, University of Calgary, Calgary, AB, Canada, 2. University of California San Diego, San Diego, CA, USA, 3. Department of Psychology, Yale University, New Haven, CT, USA, 4. Department of Psychiatry, Zucker Hillside Hospital, New York, NY, USA, 5. Department of Psychiatry, Yale University, New Haven, CT, USA, 6. Department of Psychiatry, University of North Carolina, Department of Psychiatry, University of North Carolina, Chapel Hill, NC, USA, 7. Department of Psychiatry, Harvard Medical School at Beth Israel Deaconess Medical Center and Massachusetts General Hospital, Boston, MA, USA, 8. Department of Psychology, Emory University, Atlanta, GA, USA, 9. Institute of Genomic Medicine, University of California, La Jolla, CA, USA, 10. Departments of Psychiatry and Biobehavioral Sciences and Psychology, University of California, Los Angeles, CA, USA, 11. Department of Psychiatry, University of California, San Francisco, CA, USA

Introduction: Perceptual abnormalities (PAs) have been reported in patients with psychiatric disorders as well as in healthy populations. The prevalence of PAs in children and adolescents is especially high. There has been a growing interest in studying attenuated psychotic symptoms, including PAs, in those who are at clinical high risk (CHR) for developing psychosis. Up till now, few studies have explored the phenomenology of PAs in CHR individuals.

Methods: The study sample consisted of 441 CHR individuals who met the criteria for attenuated psychotic symptoms syndrome (APSS). CHR status was determined with the Structured Interview for Prodromal Syndromes (SIPS). The content of PAs were coded as being present or absent using the Content of Attenuated Positive Symptoms codebook.

Results: Among the 441 participants, 406 (92.06%) endorsed PAs. The most frequently endorsed content of PAs was seeing vague figures (56.1%), followed by hearing indistinct noises (40.8%). The most common modality were auditory (84.2%) and visual (80.7%). Auditory PAs occurring alone were more common than visual PAs and tactile PAs. Participants with PAs in visual modality were more likely to report distinct noises ($p=.003$), but were less likely to report voices with negative content ($p=.001$).

Conclusions: This is the first study that explicitly investigate the symptom content of PAs in a large CHR sample. This study will improve our understanding of the development of PAs and ultimately contribute to our understanding of the development of psychosis.

Learning Objectives:

1. To study the phenomenology of perceptual abnormalities in CHR.

2. To study the clinical significance of perceptual abnormalities in CHR.

References:

Addington, J., Cadenhead, K. S., Cornblatt, B. A., Mathalon, D. H., McGlashan, T. H., Perkins, D. O., Cannon, T. D. (2012). North American Prodrome Longitudinal Study (NAPLS 2): overview and recruitment. *Schizophrenia Research*, *142*(1-3), 77–82.

Ford, J. M., Morris, S. E., Hoffman, R. E., Sommer, I., Waters, F., McCarthy-Jones, S., Cuthbert, B. N. (2014). Studying hallucinations within the NIMH RDoC framework. *Schizophrenia Bulletin*, *40*(SUPPL. 4), 295–304.

Marshall, C., Falukozi, E., Albertin, M., Zhu, H., & Addington, J. (2011). The development of the Content of Attenuated Positive Symptoms Codebook for those at clinical high risk of psychosis. *Psychosis*, *4*(3), 191–202.

McGlashan, T., Walsh, B., & Woods, S. (2010). *The Psychosis-Risk Syndrome: Handbook for Diagnosis and Follow-Up*. Oxford University Press.

O21.2 8-10 Years Follow Up of Child and Adolescent Schizophrenia

Huanzhong Liu

The Ahui Mental Health Center, Hefei City, China

Introduction: Our study is to explore the prognosis of child and adolescent schizophrenia.

Methods: All inpatients with DSM–IV diagnoses of schizophrenia (n = 166) consecutively admitted between 2005 and 2007 to the Department of Child and Adolescent Psychiatry at the Anhui Mental Health Center in China were included. We used the Instrument for the Retrospective Assessment of the Onset of Schizophrenia, which we modified to assess children and adolescents to assess premorbid symptoms, general data and clinical data. Symptomatology was measured by the Positive and Negative Syndrome Scale. In addition, social Functioning was measured by the scale of Personal and Social Performance.

Results: Follow-up data for 142 patients (85.5%) were available. The mean duration of schizophrenia at follow-up was 9.2±0.8 years. Assessment of the highest level of PSP revealed very good or good outcome in 56.3 percent of the patients, fair or poor outcome in 19.7 percent, and very poor outcome and gross impairment in 23.9 percent.

Conclusions: The Majority of children with schizophrenia have good prognosis. Effect of first treatment was the best predictor of outcome in our schizophrenia sample. The children with bad response of first treatment, boys and lower age of on-set have a poor prognosis.

Learning Objectives:

To explore the prognosis of children with schizophrenia by follow-up.

References:

1. Vernal DL, Kapoor S, Al-Jadiri A, et al. Outcome of Youth with Early-Phase Schizophrenia-Spectrum Disorders and Psychosis Not Otherwise Specified Treated with Second-Generation Antipsychotics: 12 Week Results from a Prospective, Naturalistic Cohort Study. J Child Adolesc Psychopharmacol. 2015 Sep;25(7):535-47.
2. Fleischhaker C, Schulz E, Tepper K. Long-term course of adolescent schizophrenia,Schizophrenia. Bull. 2005, 31(3):769-780

O21.3 Neural Activity During Emotion Recognition After Social Cognition Training in First-Episode Psychosis

Lisa Buchy, Mariapaola Barbato, Signe Bray, Frank MacMaster, Stephanie Deighton, Corin Kuang, Jean Addington

University of Calgary, Calgary, AB, Canada

Introduction: People with psychosis show difficulties in facial emotion recognition, most prominently for fearful emotions. Behavioral interventions focused on improving facial emotion recognition have been effective and can lead to changes in neural activation in somatosensory cortex and amygdala in chronic patient samples. The present study evaluated functional neural changes to fearful faces following facial emotion recognition training in people with a first-episode psychosis.

Methods: Fourteen people with a first-episode psychosis were randomized to either 3 X 45 minute sessions of facial emotion training using Paul Ekman's eMETT and eSETT programs, or to a control condition of computerized card games (www.games.com) for an equal amount of time. Pre- and post-training assessments included symptom ratings, facial emotion recognition ability using the Penn Emotion Recognition (ER40) and Differentiation tasks (EDF40), and a functional magnetic resonance imaging scan during a facial emotion recognition task. Region of interest analyses were conducted using masks of the right somatosensory cortex and bilateral amygdala.

Results: The facial emotion training group, but not the card games group, significantly improved on ER40 scores. No significant group differences were seen in change in neural activation in right somatosensory cortex or amygdala to fearful faces. Across all participants, a significant and negative correlation emerged between change in amygdala activation to fearful faces and ER40 mean accuracy, r=-0.63, p=0.03, and ER40 accuracy for fearful faces, r=-0.65, p=0.02.

Conclusions: In our first-episode psychosis sample, greater improvement in emotion recognition was associated with less recruitment of amygdala, possibly reflecting a reduction of recruited neuronal resources as performance improved.

Learning Objectives:

- Define facial emotion recognition deficits in people with a first-episode psychosis
- Discuss behavioral trainings to improve facial emotion recognition in this population
- Analyze and demonstrate the functional neural changes that accompany changes in facial emotion recognition accuracy
- Evaluate the efficacy of facial emotion recognition training and the brain imaging paradigm used to measure the effects on brain functioning

References:

Gur, Loughead, Kohler, Elliott, Lesko et al. 2007. Limbic activation associated with misidentification of fearful faces and flat affect in schizophrenia. Archives of General Psychiatry, 64(12), 1356-1366

Hooker, Bruce, Fisher, Verosky, Miyakawa & Vinogradov 2012. Neural activity during emotion recognition after combined cognitive plus social cognitive training in schizophrenia. Schizophrenia Research, 139, 53-59.

O21.4 Pediatric Catatonia: Review and New Vagal Theory

Dirk Dhossche

University of Mississippi Medical Center, Jackson, MS, USA

Introduction: Recent studies support that catatonia may be more common in children and adolescents than previously thought. The current status of pediatric catatonia, its DSM-5 classification, assessment, and treatment is summarized. Theories modeling the mechanism of catatonia are reviewed including a new vagal theory implicating the immobilization reflex mediated by the vagal nerve.

Methods: Review of case-series and the literature.

Results: Catatonia develops in children and adolescents with a variety of associated disorders but exact prevalence rates are unknown. Pediatric catatonia develops in patients with concurrent medical conditions including lupus and anti-*N*-methyl-d-aspartic acid (NMDA) receptor encephalitis, 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 (ECT), including maintenance ECT, as safe and effective treatments for pediatric catatonia that do not carry the risk for precipitating Neuroleptic Malignant Syndrome (NMS) and that do not result in neuropsychological impairment. A new vagal theory of catatonia is useful and unifies various aspects of catatonia, stimulating further studies on autonomic dysfunction, the use of anticholinergic agents, and vagal nerve stimulation.

Conclusions: Catatonia is an acute, severe, potentially life-threatening disorder when accompanied by autonomic dysfunction, that also occurs in children and adolescents. It is a treatable condition that warrants prompt diagnosis and treatment. The DSM-5 changes in the classification of catatonia aim to reduce morbidity and mortality in patients with catatonia and to increase further research.

Learning Objectives:

1. to review the symptoms of pediatric catatonia
2. to review the diagnostic assessment and medical work-up of pediatric catatonia
3. to review treatment options for pediatric catatonia
4. to review possible mechanisms of pediatric catatonia

References:

Dirk Dhossche, David Cohen, Neera Ghaziuddin, Charmaine Wilson, Lee Wachtel. The study of pediatric catatonia supports a home of its own for catatonia in DSM-5. Medical Hypotheses, 2010, 75: 558-560

Dirk Dhossche, Lee Wachtel, Edward Shorter, Neera Ghaziuddin. Pediatric Catatonia: updating an old syndrome in young people. Current Psychiatry Reviews, 2013, 9:120-129

Tue Sept 20 | 11:00–12:30 | Acadia A

W24 Autism-Family as Co-Therapists (FACT): an Intervention Model From a Tertiary Care Centre in India

Sowmyashree M. Kaku, Kuppili Pooja Panchal, Salah Basheer, John Vijay S. Kommu

National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, KA, India

Workshop Description: Parents are an integral part of every child's life. With the dramatic increase in number of Autism Spectrum Disorder (ASD) cases diagnosed every year and lack of adequate resources to provide interventions, involving parents in the intervention program and training them has become a very useful and viable option. Research studies show that parents can be trained as co-therapists. The parent-directed approach not only helps strengthen the therapeutic interventions for the child, also improves child's condition and reduces family stress in taking care of the child. In the light of these data, we have been working with a module which helps us educate parents, impart skills training to parents to manage a child with ASD, ways to handle disruptive and difficult behaviors, and addressing their own concerns.

This workshop aims at helping professionals understand the importance of involving parents as co-therapists for children with ASD and to learn basic skills related to empowering parents to be able to impart training to their children with ASD.

Illustrations from our experience at NIMHANS will be shared. A brief overview of the parent-directed approach will be given. The module of Autism-FACT treatment program will be explained using appropriate audiovisual aids, interactive sessions, modeling and feedback.

Learning Objectives: Participants will be able to understand the importance of parents as co-therapists in the management of a child with ASD. Skills training for implementing and designing similar modules for management of children with other neurodevelopmental disorders will also be explained. Participants will also be given handouts and references for further learning.

References:

Audrée Jeanne Beaudoin, Guillaume Sébire, and Mélanie Couture, "Parent Training Interventions for Toddlers with Autism Spectrum Disorder," Autism Research and Treatment, vol. 2014, Article ID 839890, 15 pages, 2014. doi:10.1155/2014/839890

Oono IP, Honey EJ, McConachie H. Parent-mediated early intervention for young children with autism spectrum disorders (ASD). Cochrane database Syst Rev [Internet]. 2013 Jan [cited 2016 Mar 1];4:CD009774. Available from: http://www.ncbi.nlm.nih.gov/pubmed/23633377

Tue Sept 20 | 11:00–12:30 | Acadia B

W25 The IACAPAP iCAMH: Train the Trainers

Henrikje Klasen[1], Kumudu Rathnayaka[2]

1. De Jutters; Center for Youth Psychiatry; The Hague and Leiden University MC, Den Haag, Netherlands, 2. CAMHS Hunter Area Mental Health, Newcastle, NSW, Australia

Workshop Description: The iCAMH Training:

Following from the IACAPAP textbook and MOOC the iCAMH training belongs to the measures designed by IACAPAP to strengthen the capacity in child and adolescent mental health (CAMH) care around the world. It is a 24-30 hour face-to-face training focusing on clinical competencies, leadership and service implementation. It is primarily aimed at general psychiatrists and paediatricians and their trainees (secondary services) and links in with WHO's mhGAP, aimed at primary services. IACAPAP provides an adaptable training package including assessment and evaluation tools. They also run a volunteer service to link experienced child psychiatry trainers to host organisations in low and middle income countries, who have a shortage of CAMH teaching staff.

For whom?

Potential volunteer iCAMH Senior Trainers: Open minded and adventurous, minimally five years experience as a child and adolescent psychiatrist including teaching experience, willing to teach (and learn!) in a low resource country.

Potential volunteer iCAMH Junior Trainers: Final year residents or a newly qualified child psychiatrist with teaching experience looking for a unique educational opportunity by assisting the senior trainer in teaching (and learning!) in a low resource setting.

Potential iCAMH Local Trainers or hosts: Anyone from a region with a shortage of CAMH teaching staff, who might be interested to run or host an iCAMH training.

The format:

Very interactive including lectures, role plays, videos and self-directed learning: Bring your tablet or lab-top!

Learning Objectives:

- To understand the principles of the iCAMH Training with a special focus on adapting the programme according to local educational needs and various social and cultural contexts.
- By the end of the workshop qualified participants can register as a potential iCAMH trainers.

Tue Sept 20 | 11:00–12:30 | Glen 201-203

W26 Syrian Refugee Families in Canada: Collaboration and Clinical Experience in Mental Health Care

Khalid Bazaid[1], Azaad Kassam[2]

1. Children's Hospital of Eastern Ontario, Ottawa, ON, Canada, 2. University of Ottawa, Ottawa, ON, Canada

Workshop Description: War is the most serious of all threats to health (World Health Organization, 1982) and can have severe and lasting impacts on mental health. Forced displacement and migration generate risks to mental well being, which can result in psychiatric illness. Yet, the majority of refugees do not develop psychopathology. Rather, they demonstrate resilience in the face of tremendous adversity.

The influx of Syrian refugees to Canada poses challenges to the health care system. The majority are children and youth. We will present our experience to date in the Ottawa region, including a multi-sector collaborative effort to provide settlement and health services to newly arriving refugees from the Middle East and elsewhere. The workshop will be brought to life by engaging with clinical cases and public health scenarios that present real world clinical challenges to the provision of mental health care for refugees.

Learning Objectives:

1. Understand the predicament of refugees including risks to mental health, coping strategies and mental health consequences.
2. Know the evidence for the emergence of mental illness in refugees and the effectiveness of multi-level interventions.
3. Become familiar with published guidelines and gain a working knowledge of assessment and management of psychiatric conditions in refugee populations and cultural idioms of distress.

References:

1. Kassam A, Nanji A. Mental health of Afghan refugees in Pakistan: a qualitative rapid reconnaissance field study. Intervention. 2006; 4(1):58–66.
2. Laura Pacione, Toby Measham, Cécile Rousseau. Refugee Children: Mental Health and Effective Interventions. Curr Psychiatry Rep (2013); 15:341.
3. Hassan, G, Kirmayer, LJ, MekkiBerrada A., Quosh, C., el Chammay, R., Deville-Stoetzel, J.B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S. & Ventevogel, P. Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict. Geneva: UNHCR, 2015.
4. Kevin Pottie MD MClSc, Christina Greenaway MD MSc, Ghayda Hassan PhD, Charles Hui MD, Laurence J. Kirmayer MD. Caring for a newly arrived Syrian refugee family CMAJ cmaj.151422; January 11, 2016, doi:10.1503/cmaj.151422

Tue Sept 20 | 11:00–12:30 | Glen 204

O22 Adolescent Treatment Issues

O22.1 Depression and Associated Factors among Adolescent Females in Riyadh, Kingdom of Saudi Arabia, A Cross-sectional Study

Hafsa Raheel

King Saud University, Riyadh, Riyadh, Saudi Arabia

Introduction: Adolescents who suffer from depression early in life, have an increase in suicidal tendency, anxiety, conduct disorders, substance abuse, and continue to be depressed, later on in life. This study was conducted to identify the prevalence and correlates of depression among adolescent girls in Riyadh city in order to carry out early intervention.

Methods: A cross-sectional, school-based survey was conducted among 1028 adolescent girls aged 15–19 years in secondary schools of Riyadh city. Riyadh was divided into clusters and within each cluster, both public and private schools were enrolled. From the selected schools students from grade 10–12 were surveyed. A structured questionnaire including the beck depression inventory-II, and questions exploring the correlates of depression was used.

Results: About 30% of participants were found to be depressed. Depression was more prevalent among female adolescents whose household income was <12,000 Saudi Riyal/month (odds ratio [OR] 2.17, confidence interval [CI] 0.97–6.84), did not have a good relationship with peers and family members (OR 4.63, CI 2.56–8.41), lived with single parent or alone (OR 1.77, CI 0.97–3.23), been emotionally abused (OR 3.45, CI 2.56–8.41), and those who had been subjected to physical violence, at least once (OR 3.34, CI 1.89–5.91).

Conclusions: Strategies need to be developed to identify early signs and symptoms of depression among Saudi female adolescents. Groups of students and teachers can be trained to help their peers and students,identify early signs of depression and provide them with better-coping strategies to combat progression of depression and anxiety among such adolescents.

Learning Objectives:

1. High proportion of Saudi high school adolescent females are depressed
2. Factors associated with depression among adolescent females

References:

1. M. Afifi AAR, M. Morsi and H. Al Kharusil. Depressive symptoms among high school adolescents in Oman. Eastern Mediterranean Health Journal. 2006;12(2):126-37.

O22.2 Does Average Really Matter? Body Dissatisfaction and the Effect of Body Norm Information on Male Body Size Estimates

Tanya D. Hutchinson, Shelly Russell-Mayhew

University of Calgary, Calgary, AB, Canada

Introduction: Research about how young men experience body image has become increasingly important as the prevalence of body dissatisfaction (BD) among males' increases. Many young males indicate a preference for a muscular body ideal consistent with male beauty propagated within Western culture. Descriptive body norms, or what is deemed the 'average' male body shape and size, are related to BD. Specifically, male perceptions of body norms influence the body that men indicate they ideally desire.

The current study aimed to understand the relationship between fictitious descriptive body norms and the current and ideal body size estimates of males ages 18 to 24 at two time points, prior to and following brief exposure to condition-appropriate body norm information pertaining to muscularity. Additionally, we explored whether exposure to body norm information differentially affected body size estimates based on preexisting levels of BD. It was hypothesized that men exposed to a more muscular body norm would desire a more muscular body compared to those young men presented with a less muscular body norm, and that this effect would be stronger among men with higher degrees of preexisting BD.

Methods: Using an online approach through Cognilab, a deception protocol was implemented with approximately 120 males.

Results: We used regression analysis to answer the main research questions.

Conclusions: Based on the study's findings, the influential role of body norms on shaping young males' internal representation of their ideal body shape and size will be discussed. These results further our understanding of the origins of ideal body size in males.

Learning Objectives:

1. Implications will be discussed with regard to the role of mental health professionals in creating an environment that considers the impact of exposures to body ideals on body satisfaction (i.e., magazines in the waiting room, images and pictures in the office).
2. Discussion will include how the findings for the current study can inform prevention and intervention efforts for adolescent and young adults males in regards to misperceptions of body norms pertaining to muscularity.

References:

Fiske, L., Fallon, E. A., Blissmer, B., & Redding, C. A. (2014). Prevalence of body dissatisfaction among United States adults: Review and recommendations for future research. *Eating Behaviors*, *15*, 357-366. http://dx.doi.org/1016/j.eatbeh.2014.04.010.

Frederick, D. A., & Haselton, M. G. (2007). Why is muscularity sexy? Tests of the fitness-indicator hypothesis. *Personality and Social Psychology Bulletin*, *33*, 1167-1183. doi: 10.1177/0146167207303022

Mills, J. S., Jadd, R., & Key, B. L. (2012). Wanting a body that's better than average: The effect of manipulated body norms on ideal body size perception. *Body Image*, *9*(3), 365-372. doi: 10.1016/j.bodyim.2012.03.004

O22.3 Adolescent Connection to Supportive Relationships

Katherine M. Thompson

OISE University of Toronto, Toronto, ON, Canada

Introduction: Being connected to a personal community of support is key to positive youth development. This research explores adolescent social relationships, perceptions of support availability across social contexts, role relationships, and different support functions to investigate patterns and pathways of support seeking.

Methods: Participants were 250 students from 2 secondary schools. A checklist of supportive relationships was developed to assess adolescent perception of available connections to specific role relationships within family, friend, school and community contexts. Multidimensional scaling was used to examine and compare patterns of similarities of perceived support availability for each mode of support. School related variables, academic risk-markers and student characteristics were further examined and compared.

Results: The resulting analysis determined that the perceived availability of types of specific role relationships were distinct to support function. Viewed in whole, these analyses bring to light the multi-faceted nature of adolescent relationships

and the importance to their mental health and academic outcomes.

Conclusions: Results will be discussed with respect to adolescent mental health and the utility of the adolescent support checklist assessment instrument.

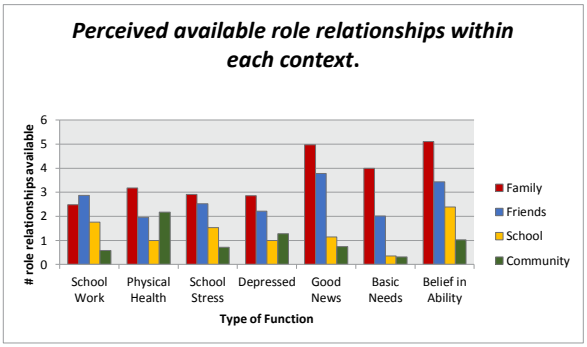

Figure 1 Perception of availability in terms of number of role relationships in that particular environmental sector

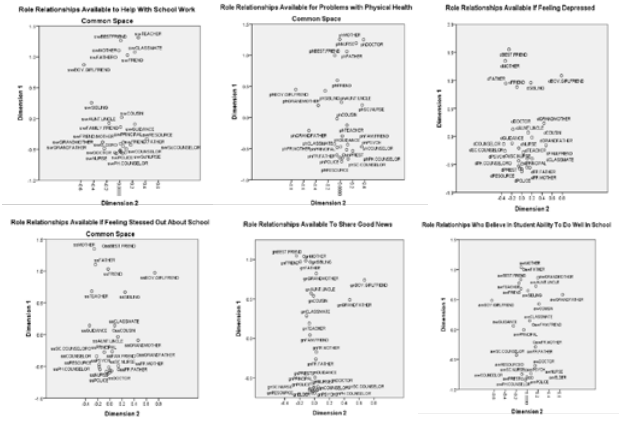

Figure 2 Multidimensional Scale Support Patterns of Role Relationships

Learning Objectives:

An interactive presentation will explore adolescent perceptions of connections to supportive relationships to accomplish:

- further awareness and discussion of the relationship of caring social relationships to positive youth development.
- clearer definition in measurement of supportive relationships
- defining pathways and underlying mechanisms of accessing support that may help facilitate the development and implementation of more informed assessment and intervention strategies.

References:

Cohen, S., Gottlieb, B., & Underwood, L. (2000). Social relationships and health. In S. Cohen, L. Underwood & B. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientist* (pp 3-25). Oxford: Oxford University Press.

Tardy, C. (1985). Social support measurement. American Journal of Community Psychology, 13, 2, 187-202.

O22.4 Factors Associated with Readmission to Adolescent Psychiatric Care

Deirdre I. Pieterse, Henk Temmingh, Wendy Vogel

University of Cape Town, Cape Town, South Africa

Introduction: High re-admission rates by young adult patients to state hospitals represent a major service utilisation problem for the public mental health system. This study aimed to describe the socio-demographic and clinical factors associated with readmission in an adolescent population discharged from two inpatient psychosocial rehabilitation (PSR) units in Cape Town, South Africa.

Methods: Data were obtained from 97 consecutive patients discharged from two adolescent psychiatric PSR units over a period of 1 year. Patients were followed up for readmission to hospitals offering specialised psychiatric care over a period of 18 months.

Results: Thirty-five patients (36%) were readmitted during the study period. Multivariable analysis showed that previous admission increased readmission rate (IRR: 8.01, p= <0.001). Adolescents who were still schooling (IRR: 0.29, p=< 0.001) or had a higher level of education (IRR: 0.45, p=0.001) were significantly less likely to be readmitted. Although 51 adolescents (53%) were diagnosed on the schizophrenia spectrum of disorders, no association was seen with type of diagnosis and readmission. Treatment with clozapine reduced readmission rate (IRR: 0.16, p=0.027). Unexpectedly, cannabis use disorders were associated with a significantly reduced rate of readmission.

Conclusions: Study findings highlight the need for increased collaboration between the Department of Health and the Department of Education. Furthermore, the study illustrates the need for specific post-discharge community follow-up for adolescents. There is a need for future prospective research focused on this particular population group and to contribute to the literature on factors associated with readmission in South African adolescent patients.

Learning Objectives: The socio-demographic and clinical characteristics of adolescents admitted for psychiatric care will be discussed. Participants will be able to gain insight into the challenges of adolescent mental health care practice in a high middle income country.

References:

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Tue Sept 20 | 11:00–12:30 | Glen 205

W27 Transitionitis Prevention: Successful Navigation of the Job Hunt NOS (Not Otherwise Specified)

Katherine Matheson[1], Julia Stratton[2], Simon Davidson[1]

1. Children's Hospital of Eastern Ontario, Ottawa, ON, Canada, 2. University of Ottawa, Ottawa, ON, Canada

Workshop Description: This interactive workshop will provide trainees, early-career psychiatrists, and allied health professionals with knowledge and skills related to successfully finding and negotiating employment with high satisfaction. Psychiatrists and mental health clinicians are known to be at increased risk of developing burnout and job dissatisfaction compared to other medical specialties (1). This risk increases when residents and students in allied disciplines are transitioning to practice or early-career clinicians are attempting to find a position better suited to their needs than the expeditious job they accepted immediately after their training. Psychiatrists and allied health clinicians can experience significant job satisfaction when their employment is well matched with their working environment where predictors of satisfaction including financial security, low emotional burden, satisfaction with psychotherapeutic work and beliefs in the intrinsic value of psychiatry, run high (2). How to acquire the preferred job is a skill many new graduates feel they lack. Supportive resources and training are not readily available. This workshop will explore various components of securing a job including a) preparing for the job hunt, b) finding a job, c) interviewing skills, and d) negotiating the contract. Breakout discussion sessions will permit participants to brainstorm

and share their knowledge with the larger group while the authors' didactic material will complement knowledge gaps. Deliverables will include a brochure containing all ideas/information generated during the workshop that will be disseminated to participants within one month. The possibility of setting up a network to support one another during the job seeking process will be discussed.

Learning Objectives:

1) identify the various content and process steps involved in finding their desired child and adolescent mental health job;
2) appreciate the role of communication skills and describe strategies to succeed in the job interview process.
3) address dynamic factors in effectively negotiating a contract

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Tue Sept 20 | 11:00–12:30 | Glen 206

O23 Mental Health Interventions in School - II

O23.1 Mental Health and Wellbeing Provision in Schools in Europe: Results From 10 Countries

Praveetha Patalay[1], Laura Giese[2], Dawid Gondek[1], Catriona Curtin[3], Miloš Stanković[4], Bettina Moltrecht[5], Nataliia Savka[6]

1. University College London, London, United Kingdom, 2. University of Lund, Lund, Sweden, 3. Mary Immaculate College, University of Limerick, Limerick, Ireland, 4. University of Nis, Nis, Serbia, 5. Maastricht University, Maastricht, Netherlands, 6. University of Warsaw, Warsaw, Poland

Introduction: Although schools are a key setting for the provision of mental health support for young people, little is known about existing provision in schools, the priority given to mental health in schools and the facilitators and barriers for providing sufficient support to their students.

Methods: Data from 1466 schools were collected in France, Germany, Ireland, Netherlands, Poland, Serbia, Spain, Sweden, UK and Ukraine through an online survey. We collected information from schools in 10 European countries regarding the approaches to support in their school (whole school/targeted; prevention/promotion/treatment), interventions and support currently available for students and staff, priority given to mental health support, existence of a mental health related school policy, links with relevant external agencies, schools' perceptions on whether they are providing sufficient mental health support and the barriers to provision of mental health support.

Results: We observe a 7-33% between-country variation across the study outcomes. Secondary schools reported significantly greater amounts of existing provision, better links with agencies and were less likely to indicate having sufficient existing support compared to primary schools. Privately funded schools reported that mental health support was a higher priority and identified less barriers to provision compared to state schools.

Conclusions: We provide an up-to-date and cross-country insight into existing provision in schools, perceptions regarding priority given to mental health support and the barriers schools face in providing sufficient support for their students. The cross-country comparisons allow for a better understanding of the relationships between policy, practice and implementation and provide a platform for shared experiences and learning.

Learning Objectives:

- Understanding existing provision in schools across Europe.
- An overview of the extent of, between country differences and predictors of existing provision, professionals involved, priority, barriers and facilitators.
- Examining patterns in the findings and the cross-country differences in existing infrastructure and policy that might be leading to differences between schools in different countries. Results indicate, for instance, that there are some common barriers across countries but country specific factors are also identified.

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O23.2 Exploring the Potential Effectiveness of a School-Based Intervention on Mental Health Problems and Resilience in Australian Adolescents

Julia Dray[1, 2, 3], Jenny Bowman[1, 3], Libby Campbell[1, 2, 3], Megan Freund[1, 3], John Wiggers[1, 2, 3], Luke Wolfenden[1, 2, 3], Rebecca K. Hodder[1, 2, 3], Karen Gillham[2, 3]

1. University of Newcastle, Callaghan, NSW, Australia, 2. Hunter New England Population Health, Wallsend, NSW, Australia, 3. Hunter Medical Research Institute, Hunter Region Mc, NSW, Australia

Introduction: Young people who experience significant disadvantage are at greater risk of mental health problems. One suggested approach for supporting positive mental health in adolescents involves strengthening internal and external protective factors (resilience). A cluster RCT was conducted to investigate the effectiveness of a three year universal, school-based intervention, targeting internal and external protective factors, on the risk of current mental health problems and protective factor scores in adolescents.

Methods: Secondary schools (20 intervention; 12 control) implemented strategies targeting student protective factors across three Health Promoting Schools Domains (curriculum; ethos and environment; and partnerships and services). Online student surveys were conducted at baseline in 2011 (Grade 7; 12-13 years) and at follow-up in 2014 (Grade 10; 15-16 years). Student risk of current mental health problems was measured by the self-report Strengths and Difficulties Questionnaire, and student protective factors measured by the Resilience and Youth Development Module of the California Healthy Kids Survey. Intervention effectiveness was examined

using linear mixed models to compare differences between the intervention and control groups at follow-up.

Results: The current study employed data from 2091 students who completed surveys at both data collection points (67% retention rate). No intervention effect was found in relation to student risk of current mental health problems, nor student protective factor scores.

Conclusions: The presentation will discuss possible contributing factors to the null result and suggest directions for future research.

Learning Objectives:

1) An understanding of the need for interventions that target improvement in child and adolescent mental health and resilience.
2) An outline of the trialled resilience-focussed intervention approach.
3) Discussion of the trial results, potential contributing factors to this outcome and possible directions for future research

References:

All references relate to information provided in the abstract Introduction: Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: a critical evaluation and guidelines for future work. Child Development, 71(3), 543-562.

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O23.3 When Psychiatry Goes to School: Jamaican Dream-A-World Study Resilience Promotion Model for High Risk, Disadvantaged Children

Jaswant Guzder[1], Fredrick W. Hickling[2], Geoffrey Walcott[2], Hilary R. Hickling[2]

1. McGill University, Montreal, QC, Canada, 2. University of West Indies, MONA, Kingston, Jamaica

Introduction: As a post-slavery, post-colonial society, Jamaican society suffers one of the highest global rates of murder and lowest suicide rates, with serious adolescent problems of school drop out, pregnancy and disruptive conduct. A primary prevention school based mental health initiative, the DAW cultural therapy model for resilience promotion in high risk (failing, severedisruptive disorder) school children, was piloted in 2006 (30 index, 30 controls age 8) in a disadvantaged Kingston community. DAW was scaled up in 2013 to 2015, in four more garrison community schools(100 index, 100 controls)and now 70 more schools.

Methods: The presentation will outline the components of DAW model, training of teachers and intervenants in the scale up, impact on the children's academic performance and behaviorial results(ASEBA, Connors, WRIT, WRAT, WISC, Attachment measures), evaluation of the arts based skills, as well as task shifting and task sharing processes.Sudy group of 200 children with intervention over 2.5 years (240 hrs).

Results: Quantitative results indicated gains of cohort vs controls for both academic gains and decreased symptomatology measured by ASEBA and Connors, with gender trends favoring boys in these cohorts.Outcome evaluations included qualitative and quantitative data for evaluation of the child global impairment and skill acquisition at onset and completion.

Conclusions: The positive resilience promotion results with this multimodal intervention impact will be contextualized within a cultural framework of collective trauma, stigma, poverty, complex comorbidity and attachment disorder. The results include observations and data with video material reflecting development, systemic and collective issues enhancing protective factors and task shifting.

Learning Objectives:

1. Critical review of this innovative school based model in the context of literature on treating complex comorbid childhood disorders with high risk for personality disorder, antisocial conduct, impulse disorders and school drop out
2. Resilience promotion and protective factor enhancement within DAW model design considers systemic, school based, family engagement, arts based cultural and resilience aspects of the model in light of epigenetic and critical neuroscience models .
3. To review results related to self control, affective regulation, and learning as well as suggest future directions for research and scale-up issues.

References:

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O23.4 Effects of a Two-Generation Preschool Program After Age 10: Receptive Language in Children and Resolve in Mothers

Carla S. Ginn, Karen Benzies

University of Calgary, Calgary, AB, Canada

Introduction: Complex inequities for families of low income affect social relationships, well-being, and mental health. In the US, two-generation preschool programs have demonstrated positive effects on child and parent well-being. A two-generation preschool program at Calgary Urban Project Society (CUPS) Health Education and Housing Centres (CUPS One World) is ongoing. Families eligible live at less than half the low income cut-off, with one or more risk factors for child developmental delay such as caregiver mental illness, addiction, or social isolation. Goals of CUPS One World include improving early childhood development and school readiness through strengthening children's environmental, and caregiver's psychosocial resources. Eligibility for the follow-up

study required enrollment between 2002-2008, for a minimum of 3 consecutive months.

Methods: In Phase I of this explanatory sequential mixed methods study, we identified children's receptive language change scores, and baseline scores of those exiting the study early, informing participant selection for Phase II (maximum variation sampling). In Phase II, we used constructivist grounded theory to explore experiences of 14 mothers as they moved through CUPS One World.

Results: Many entered the program with incapacitating life circumstances, experienced validation, became "family", gained hope and courage to: "parent differently than my parents"; "grow up"; "stand on my own legs"; and "move forward on my path".

Conclusions: Irrespective of their children's receptive language change scores, many mothers experienced increased resolve.

Learning Objectives:

- To identify changes in children's receptive language scores from program/study intake to program exit, exit to age 10 years, and baseline scores of those who exited the study early.
- To explore the experiences of mothers as they moved through CUPS One World.

References:

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Tue Sept 20 | 11:00–12:30 | Glen 208-209

RS13 Best Practices in Stigma Reduction Impacting Youth – the Canadian Context

Romie Christie[2], Heather Stuart[1, 2], Scott Patten[3, 2], Stephanie J. Knaak[2], Andrew C. Szeto[3, 2], Keith Dobson[3]

1. Queen's University, Kingston, ON, Canada, 2. Mental Health Commission of Canada, Ottawa, ON, Canada, 3. University of Calgary, Calgary, AB, Canada

Symposia Overview: The Mental Health Commission of Canada (MHCC) was formed in 2007 as a national catalyst for improving the mental health system. One of its initiatives is Opening Minds (OM), with a mandate to help reduce mental illness-related stigma. This symposium provides an overview of the Opening Minds approach, describes successful program models for combating stigma among youth and within healthcare, and highlights key learnings and best practices gleaned from its ongoing research and evaluation activities with various community partners across the country. Each of the presentations will describe different evidence-informed examples of targeted stigma reduction efforts in Canada and articulate lessons learned, contributions to the research literature, and strategies for moving forward. Question and discussion will be encouraged throughout the session.

Part 1: Romie Christie will begin with a brief overview of the session and Opening Minds' targeted, grassroots community development approach to stigma reduction using contact-based education as a key element (Stuart et al. 2014a,b). Ms. Christie will introduce a presentation from the perspective of personal lived experience of mental illness and stigma, which will also provide a reflection on the role and experience of being a first-voice speaker.

Part 2: Dr Stuart will discuss the Youth Pilot Project research, which included quantitative evaluation of more than 25 school-based interventions targeting high school youth across Canada, as well as extensive qualitative research to identify best practices.

Part 3: Dr. Szeto/ will report on the 'workplace' target group, which includes educational settings. They will describe and report on The Inquiring Mind, a program designed specifically for post-secondary students that teaches mental health awareness through the Mental Health Continuum Model, increases resiliency through four coping strategies, and reduces the stigma of mental illnesses. This program was modelled after the Department of National Defence's Road to Mental Readiness and the MHCC's The Working Mind programs.

Part 4: Drs. Patten and Knaak will discuss the equally-important arena of healthcare, and what their research has identified in terms of key ingredients and other important considerations for reducing stigma in healthcare environments and among healthcare trainees.

Learning Objectives:

- To demonstrate how Opening Minds has created a foundation of methods, knowledge, tools, and expertise to support stigma reduction efforts in Canada using a targeted, grass-roots approach and through the creation of interdisciplinary partnerships with academics to promote evaluation and critical reflection of program processes and results
- To describe a number of different specific evidence-informed examples of targeted stigma reduction efforts and programs in Canada.
- To articulate what we have learned about the dos and don'ts of contact-based education and stigma reduction programming more generally.

References:

Stuart H, Chen SP, Christie R, Dobson K et al. Opening Minds in Canada: Background and rationale. *Canadian Journal of Psychiatry*, 2014a;59(10 Suppl 1):S8-S12.

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Tue Sept 20 | 11:00–12:30 | Macleod E1

SG07 IACAPAP Workgroup on Gender Issues

Cecil Prins-Aardema[1], Gordon Harper[2], Laura Viola[3], Olayinka O. Omigbodun[4]

1. CKM/ Fier, Leeuwarden, Netherlands, 2. Harvard Medical School, Boston, MA, USA, 3. Vice-president of IACAPAP, Montevideo, Uruguay, 4. College of Medicine, University of Ibadan, Ibadan, Nigeria

Study Group 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 man. 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.

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.

References:

http://www.who.int/gender-equity-rights/understanding/gender-definition/en/

Gender in medicine – an issue for women only? A survey of ... http://www.ncbi.nlm.nih.gov/pmc/articles/PMC305344/

Sex differences in medicine https://en.wikipedia.org/wiki/Sex_differences_in_medicine

Tue Sept 20 | 11:00–12:30 | Macleod E2

AP09 Conducting Psychosocial Research with Children and Youth in Multicultural Western Societies: Is Culture Given Sufficient Attention?

Michael L. Zwiers, Setareh Shayanfar, Taylor Schembri

University of Calgary, Calgary, AB, Canada

Symposia Overview: The majority of psychological research conducted in Western societies uses adult participants. Even when children and youth are utilized as participants, researchers tend to analyze data by age and by gender, with rare attention given to the influence of culture or language on findings. With the increasingly multicultural nature of western societies (e.g., Canadian population 20% foreign-born; US population >37% non-Caucasian), researchers must consider the potential influence of cultural and linguistic factors on findings, as well as the relevance of traditional non-culturally sensitive research results for youth who have differing cultural and linguistic backgrounds. This session will utilize case examples of research on emotion, emotional regulation, and disorders of emotion to consider implications for research and generalizability of study findings, particularly to clinical contexts.

Part 1: Research has demonstrated cultural differences in emotion regulation processes, such as emotional display, emotion-related appraisals, and coping. It has also been shown that emotion regulation is closely linked to intercultural adjustment in Western societies (e.g., depression, anxiety, culture shock, and homesickness), and that those with ineffective emotion regulation responses face more negative mental health outcomes. However, the extent to which intercultural experiences, including cultural norms and beliefs, play a role in emotional regulation practices of children and adolescents is little understood. Despite the fact that cultural visible minorities represent as high as one fifth of the population in countries such as Canada, the bulk of literature on emotional experiences for this population include Caucasian, privileged, highly educated, urban residents in a Western culture. This highlights the importance of emphasizing the multicultural influences on emotion regulation of children and youth in Western societies, including cultural variations in emergence, expression, and regulation of emotions.

Part 2: Despite a prominent focus on adult based research regarding depressive disorders, studies indicate that 14.3% of American youth experience a mood disorder with an estimated median age-of-onset of 13. However, there are differences in the rates and age-of-onset of major depressive disorder (MDD) for adults across different countries, suggesting that there are unique risk factors and cultural presentations for MDD. Research has documented an increase in the presentation of somatic symptoms of depression across different cultures. Despite this, the DSM diagnostic criteria for MDD does not allow for cultural symptom differentiation. This conceptualization, which ignores different forms of symptom manifestation, increases the likelihood that depression may go undiagnosed and untreated in certain sub-populations, and has implications for research on these disorders in child and youth populations.

Part 3: There are hundreds of theories of emotion and emotional functioning. Research on emotions has considered cultural perspectives, and the socialization of children into conceptions of emotion, as well as cultural norms for emotion expression and management. Despite the knowledge of these differences, research and clinical practice have generally attempted to ignore or neutralize differences. This session will consider the consequences of this normalization of expectations, which includes the potential to pathologize behaviour simply because it differs from the dominant culture's expectations. The session will also consider possible ways to ameliorate these risks.

Learning Objectives:

- Participants will learn about cultural differences in emotion expression and regulation.
- Participants will understand some of the potential consequences of not considering culture in research with children and youth populations.
- Participants will discuss ways to ameliorate these challenges.

References:

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Farley, J. P., & Kim-Spoon, J. (2014). The development of adolescent self-regulation: Reviewing the role of parent, peer, friend, and romantic relationships. *Journal of Adolescence, 37*(4), 433-440. doi:10.1016/j.adolescence.2014.03.009

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Tue Sept 20 | 11:00–12:30 | Macleod E3

O24 Maternal Depression and Anxiety

O24.1 Maternal Depression and Early Childhood Mental Health in Low- and Middle-Income Countries. a Review of Mechanisms

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Introduction: Maternal depression (MD) is a risk factor for a range of negative child outcomes. Recent studies examining the mechanisms underlying associations between MD and child mental health indicate that (1) During pregnancy, maternal mental health may impact child outcomes through altered stress reactivity in the developing fetus, epigenetics and changes to the immune system that may have long-term effects on the developing child; (2) Postnatally, associations between MD and child mental health are likely influenced by altered mother-child interactions, socio-demographic or environmental influences and social support including the role of the father. Knowledge is lacking on mechanisms in low- and middle-income countries (LAMIC), where rates of perinatal maternal depression are reported to be two to three times higher than in high-income countries. This review examines evidence for such mechanisms in LAMIC.

Methods: We conducted a literature review on perinatal and postnatal mechanisms underlying associations between perinatal MD and child emotional and behavioural development in the first five years of life in LAMIC.

Results: Although few LAMIC studies have examined mechanisms linking MD and child mental health outcome, likely mechanisms focus on stressful factors heightened in LAMIC, including food insecurity, perinatal infections, crowded and/or rural living conditions, and violence including intimate partner violence and child maltreatment.

Conclusions: Clarifying the mechanisms underlying associations between MD and child mental health in LAMIC will help to better inform policies for early intervention. Methodological challenges and implications for intervention will be discussed, including the need for better integration of mental health into perinatal care.

Learning Objectives:

(1) To review important mechanisms involved in the intergenerational transfer of risk linking perinatal depression with child outcome.

(2) To understand how stressful factors, heightened in low and middle-income countries may be salient mechanisms.

(3) To discuss methodological challenges and how mechanisms might inform us on treatment interventions.

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O24.2 Maternal Separation Anxiety, But Not Parental Self-Efficacy, Associated with Child Social and Emotional Problems at Age 2

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Introduction: The objective was to determine if maternal separation anxiety or poor parenting self-efficacy are related to social and emotional problems in children at age 2.

Methods: Data from the All Our Babies (AOB) longitudinal cohort in Calgary, Canada was used. The cohort recruited 3200 women during pregnancy and measured a variety of sociodemographic, physical and mental health and child development indicators during pregnancy and at 4, 12 and 24 months postpartum. Separation Anxiety was measured using the Maternal Separation Anxiety Scale (MSAS). Parenting Self-Efficacy was measured using the Parenting Sense of Competence Scale (PSOC). Child outcomes were measured using the Brief Infant Toddler Social Emotional Assessment (BITSEA) at age 2. Multivariable logistic regression modeling was used to examine the relationship between maternal factors and child social and behavioural problems.

Results: Twenty-five percent of women reported maternal separation anxiety at 1 year and 76% of women scored high on parental self-efficacy. Mothers with separation anxiety were more likely to be born outside Canada, unmarried, have low household income, not working and reported more symptoms of depression. High maternal separation anxiety was associated with children with social and behavioural problems at 2 years after adjusting for covariates (AOR: 2.14, 95% CI: 1.45-3.17). There was no association between parenting self-efficacy and child behavioural problems.

Conclusions: Children of mothers with separation anxiety are at an increased risk of social and behavioural problems. Helping women to address feelings of sadness, guilt and worry related to separation from child early in parenthood may improve child social and behavioural development.

Learning Objectives:

1) To inform participants of the association between maternal separation anxiety at 1 year, and child behavioural and emotional problems at age 2.
2) To inform participants of the association between parenting self-efficacy and child behavioural and emotional problems at age 2.

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O24.3 Development of Locally Designed Educational Materials on Maternal Depression to Aid Health Talk Delivery by Primary Health Care Providers in Ibadan Nigeria

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Introduction: Antennal and Postnatal patient education in Primary Health Care (PHC) in Nigeria does not address maternal depression because of lack of communication skill and Information Education and Communication (IEC) materials to address the condition. Hence, there is the need for promotion of mental health of mothers because the care of neonates and children is totally dependent on the mothers. This study therefore aimed at designing educational materials which address maternal depression.

Methods: This study adopted a participatory approach and explanatory model concept to develop IEC materials on maternal depression. However, need assessment was first carried out among PHC workers and among service users. The poster, leaflet, song and health talk guide were developed according to the guideline on the kswann website and into Yoruba, English and pidgin english. Materials were pre-tested among purposively selected service users, mental health professionals and IEC experts, until saturation was reached. Content validation was done on Suitability Assessment of Materials scores.

Results: The mean age of IEC development team is 35±12 years, while the mean age of pretest participants is 28±8. The IEC team described the purpose of materials, posture of maternal depression, they recommended Nigerian models for the poster and leaflet. The construct validation of the selected pictures was analysed using kappa (r>0.8) and Content validity indices of all materials were higher than 0.80 which shows the suitabilty of materials.

Conclusions: All materials became validated education materials in three Nigerian languages. The purpose of the materials include recognition of maternal depression,building resicilience and help seeking.

Learning Objectives:

To inform the audience that local intervention to address maternal mental health should be promoted in order to adequately adress mothers' emotional needs, to ensure emotional development of child

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Tue Sept 20 | 11:00–12:30 | Macleod E4

O25 Biological Markers of Child Psychopathology and Development

O25.1 Biological Correlates of Social Processing Across Neurodevelopmental Disorders

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Introduction: The objective of this study was to examine the association between cortical thickness in social brain regions and overall social processing abilities in a population of children with neurodevelopmental disorders.

Methods: Social processing abilities of children with autism spectrum disorder (ASD, n=126), attention deficit hyperactivity disorder (ADHD, n=54), obsessive-compulsive disorder (OCD, n=40), or control subjects (n=10), were assessed using the Reading the Mind in the Eyes Test (RMET) and the Social Communication Questionnaire (SCQ). Data from structural MRI scans were processed using CIVET and MAGet brain into 10 social brain regions. Regression models were used to examine the association between cortical thickness, and social processing abilities, while controlling for age, sex, +/- IQ and diagnosis.

Results: Preliminary analyses on a subset of neuroimaging data indicate that increased cortical thickness in several social brain regions (e.g. right temporal parietal junction, right superior temporal gyrus, and bilateral temporal poles) is associated with higher accuracy on the RMET, surviving correction for multiple comparisons at a significance level of 0.05. When diagnosis and subsequently IQ were controlled for as factors in the model, significant differences persisted in several regions.

Conclusions: Results suggest that greater cortical thickness in specific brain regions is associated with better social processing abilities in children and youth with neurodevelopmental disorders. Full neuroimaging data, as well as single nucleotide polymorphism genotype for several neuropeptide receptor genes [oxytocin (OXTR) and vasopressin (AVPR1a)] are anticipated shortly and will also be presented. Results will help clarify the complex relationship between genotype, brain structure, social abilities, and diagnosis.

Learning Objectives:

1. To understand social processing as a distinct symptom domain that can be affected across different neurodevelopmental and neuropsychiatric disorders.
2. To describe how structural brain differences in cortical development may affect social processing abilities across diagnostic boundaries.

O25.2 Female Conduct Disorder: Biological Insights and Treatment Implications

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Introduction: Introduction: Conduct Disorder (CD) in girls is a serious problem affecting individuals, families, and society, as well as presenting risks for inter-generational psychopathology. Treatment research has focused on psychosocial interventions, but treatment remains largely ineffective. There are now a growing number of biological studies focusing on the function of the brain, stress response and psychoneuroimmune systems in this population. The first goal of this paper is to present a synthesis of these data, generating several new etiological hypotheses about CD in girls. The second goal is to develop a list of innovative potential treatments and suggest a research agenda.

Methods: Method: PubMed, Medline, CINAHL, and PsychInfo Databases were searched to locate studies about [Conduct Disorder, Delinquency, Antisocial Behaviors] and [Females] and [Biological Correlates, Risk Factors, Outcome Modifiers, Prenatal Predictors, Treatment Responsivity Modifiers]. Papers were included on the basis of criteria related to the first goal.

Results: Results: 61 papers were identified in the search, and 23 met the criteria for inclusion. Four possible targets for new treatment were identified: 1) increasing the adaptability of the stress response system; 2) decreasing hyperarousability of the limbic system; 3) modifying prefrontal cortex function; 4) improving regulation of the immune system. Potential interventions for each are suggested and a future research agenda presented.

Conclusions: Conclusions: Treating girls with CD is difficult. The integration of information from recent biological studies may point us towards novel solutions for this complex problem.

Learning Objectives:

1. Identify two findings on the relationship between CD and stress response system function.
2. Name two potential treatments informed by the new research on biological abnormalities in female CD.

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Tue Sept 20 | 11:00–12:30 | TELUS 101-102

O26 The Complexities of ADHD Diagnosis and Outcome

O26.1 Trajectory of Attention Deficit / Hyperactivity Disorder (ADHD): From Childhood to Adolescence

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Introduction: The evolutionary modalities of ADHD are dependent on several factors relevant to the current research. Thus, tracing the trajectory of ADHD could help clinicians better prevent potential complications

Methods: This is a retrospective descriptive study, conducted at the Child Psychiatry out-patient unit of the University Hospital of Monastir. Were included children diagnosed with ADHD between January 2004 and December 2009, and who maintained a regular follow until 2015 (N=30). Data were recorded using patient medical files.

Results: The diagnosis was ADHD combined subtype in 67% of cases. Psychiatric comorbidity was observed in 77% of cases, mostly: conduct disorder (CD) and Oppositional defiant disorder. The initial clinical presentation of 40% of children was marked by hetero-aggressively. Academic performances were low to average in 79% of cases. 42% of children had limited social network. The initial treatment strategy was based on drug prescription mostly methamphetamine, and educative measures. The evolutionary course of the disease was: emergence of CD (36%) and anxiety disorders in (20%) and decline in academic performances (60%). 40% of the children had beneficiate of cognitive psychotherapy. In 73% of cases, the chemotherapy was maintained. We had found correlation between the development of CD and the subtype hyperactivity / impulsivity predominant (p=0.05). A significant correlation was identified between developing anxiety disorders and history of child abuse (p=0.02), antisocial personality in family (p=0.008) and ADHD mixed symptoms subtype (p=0.031).

Conclusions: Adapting care services for individuals with ADHD in different ages suppose a sufficient knowledge of its evolutionary models and associated factors.

Learning Objectives:

- To describe the trajectory of ADHD from childhood to adolescence age
- To determine factors associated with the outcome of childhood diagnosed ADHD at adolescence

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O26.2 The Personification of ADHD - Experiences of Children Diagnosed with ADHD

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Introduction: The Attention Deficit Hyperactivity Disorder (ADHD) has stood out among the identified diagnoses in children. The repercussion of its detrimental effects on the physical, economic and social surroundings, not only during childhood but also into adulthood, has generated a demand to understand how children who've been diagnosed are perceived and cared for. Specifically, by their caregivers such as family, school and mental health professional.

Methods: This study was aimed at understanding experiences of children diagnosed with ADHD. The research took place in two Children Psychosocial Attention Centers from Fortaleza/Brazil, in which three cases were identified as ADHD. From these cases, mothers, teachers and mental health professionals were interviewed. In total, twenty-four subjects participated in the study: three mothers, eight teachers and thirteen mental health professionals.The method used to analyze the results generated by the interviews, was the phenomenological hermeneutics of Paul Ricoeur.

Results: The studies showed more emphasis on the disease and its symptoms to be controlled rather than on children's experiences and their suffering. In this context, the children were rated by their disorder and the necessary important bonds to promote healthy relationships and mental health development, has been hampered by the emphasis on ADHD control. In addition, separation and exclusion were perceived as common experiences for those children, generally seen as uncontrollable and aggression able to bring harm to the home environment and school.

Conclusions: Therefore, such experiences with the disorder stigma leave sequelae, and those seems easily confused with likely symptoms of hyperactivity.

Learning Objectives:

- To show how ADHD can be diagnosed, addressed, and better handled as not to affect the child's mental development or well being
- To show how the emphasis on children's experiences, not only on the disease and its symptoms, can lead mental health professionals to a more effective care

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O26.3 Measuring Executive Function Deficits in Children with ADHD

Hanna Kubas, Jean-Francois Lemay

University of Calgary, Calgary, AB, Canada

Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a heterogeneous disorder that often negatively impacts behaviour and cognition. Characterized by the behavioural symptoms of inattention, hyperactivity, and impulsivity,[1] children with ADHD may also exhibit deficits in executive functioning (EF).[2-4] A comprehensive understanding of EF in children with ADHD can lead to the development of more targeted interventions for specific areas of impairment.[5]

Methods: 45 children [24 with ADHD, 21 typical control (TC)] ages 8-12 (*M* = 10 years +/- 1.4 years) completed an assessment battery consisting of performance-based measures (i.e., neuropsychological tasks) that measured four components of EF: response inhibition, visual and verbal working memory, and set shifting. Additionally, behaviour-rating scales evaluating inhibition, working memory, and set shifting were completed by parents. A repeated measures MANOVA was conducted to evaluate differences between groups on the EF measures.

Results: ADHD participants demonstrated significantly weaker EF skills across 2 of the four performance-based measures (visual working memory and set shifting; *F* range = 4.10 – 5.54,

p range .023 – .049). Furthermore, ADHD participants demonstrated significantly more difficulty with EF related behaviours on all behaviour subscales (*F* range = 34.28 – 158.81, $p < .001$) when compared to TC.

Conclusions: Children with ADHD demonstrated EF deficits on both performance-based measures and behaviour ratings when compared to TC. While behaviour ratings appear to better differentiate children with ADHD from typically-developing peers, performance-based measures may offer additional information regarding EF strengths and weaknesses in individuals with ADHD. This information may ultimately lead to targeted interventions that help foster long-term treatment efficacy.

Learning Objectives:

1. Recognize that ADHD is a neurodevelopmental disorder affecting executive functioning;
2. Understand the importance of evaluating executive functioning in ADHD through the combined use of performance-based measures and behaviour ratings; and,
3. Consider that evaluation of EF in ADHD may lead to more targeted interventions that foster long-term treatment efficacy.

References:

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Tue Sept 20 | 11:00–12:30 | TELUS 111

SG08 High Conflict Divorce and Parenting: Promising Practices Across Systems

Jeffrey C. Chang

Athabasca University/Calgary Family Therapy Centre, Calgary, AB, Canada

Study Group Description: High conflict post-separation parenting gives rise to many difficulties for children, youth, parents, and health care providers alike. These families consume mental health resources in both the private and public sectorsor, often with little effect. Concurrently legal systems, particularly those based on a common law approach (i.e., the British Commonwealth and the United States), define parents as adversaries. Despite alternate dispute resolution measures (e.g., mediation, parenting coordination, and collaborative family law) and parent education programs, an adversarial approach, with an emphasis on adducing evidence, disclosure, and cross-examination often derails best efforts at collaboration.

This special interest study group will be led by a clinician/researcher with over 20 years practice experience with high conflict divorce, and a seasoned family lawyer or judge.

Learning Objectives:

1. Describe barriers to effective service with children of high-conflict divorce.
2. Articulate successful therapeutic practices with children of high-conflict divorce.
3. Describe ethical issues in working with high-conflict divorce.
4. Explore collaboration between the legal system and the children's mental health providers in cases of high-conflict divorce.

References:

Chang, J, (2016, in press). Post-divorce counselling and dispute resolution: Services, ethics, and competencies. *Canadian Journal of Counselling and Psychotherapy, 50*(3).

Tue Sept 20 | 14:00–15:30 | Acadia A

AP10 Rethinking Child Psychiatric Assessment: Quality of Care, Family Engagement, and System Outcomes

William Gardner[1], Marjorie Robb[1], Wade Junek[2], Kathleen Pajer[1]

1. CHEO, Ottawa, ON, Canada, 2. IWK Health Centre, Halifax, NS, Canada

Symposia Overview: This session will re-examine child psychiatric assessment from the perspectives of the quality of care, the engagement of the child and family, and the allocation of resources to improve population mental health. The discussion will focus on two competing views about the goals for clinical assessment. (1) 'Comprehensive clinical assessment'[1] aims to capture all important clinical signs and symptoms, to classify patients according to standard diagnostic systems, and to offer complete formulations of possible treatments. (2) The 'Choice' appointment, as advocated in the Choice and Partnership Approach,[2,3] aims to ascertain the family's intentions in seeking care and to determine how the system can meet the family's goals.

We will address two conference themes: Psychiatric Classification and Diagnostic Issues and Principles of Treatment and Care, and within the latter, it addresses Family Centred Care, Innovative Assessment and Intervention Programs, and Systems of Care. The session is relevant because there is strong pressure to engage patients and reduce wait lists. The overall objective is to explore the topic in depth and formulate testable hypotheses for future evaluations.

Part 1: Dr. Junek will defend the traditional comprehensive clinical assessment. He acknowledges the virtues of the Choice approach and notes that in some cases a lengthy and expensive comprehensive interview may not be needed. However, there are situations where a more in depth and comprehensive picture is also needed. Taken to an extreme, the Choice approach could be too focused on what the patient or family believes the problem to be when their perspective may fail to grasp the full nature of the child's problems.

Part 2: Dr. Robb will examine the advantages to patients and families of using the Choice approach. Patients/families are empowered by involvement in designing their own care pathway; this can enhance motivation and engagement in treatment. Serial assessment with insufficient actual treatment are too common in our system and patients are heartened when they conclude the Choice appointment with a booking for treatment. Clinicians feel that roadblocks to accessing treatments are removed, and overall wait times are substantially reduced.

Part 3: Dr. Gardner will explore the systems outcomes of standardizing clinical assessment on either a Comprehensive or a Choice approach. The potential benefit of a Comprehensive assessment is that it may lead to the selection of a more effective treatment. The potential benefits of Choice are first, that because Choice focuses on family goals, the child and family may be more likely to engage in a treatment strategy generated through shared decision making. Second, because Choice appointments are typically briefer, a greater proportion of system resources may be directed toward treatment than assessment. These effects increase benefit to patients by increasing treatment. Which model is correct is an empirical question.

Learning Objectives:

1. Participants will learn about the Choice and Partnership Approach (CAPA), a service transformation model developed in the UK.
2. Participants will learn about potential strengths and weaknesses of CAPA and traditional comprehensive clinical assessments, from the perspectives of patient care and systems outcomes.

References:

1. Coghill D. Getting the basics right in mental health assessments of children and young people. *J Child Psychol Psychiatry Allied Discip*. 2012;53(8):815-817. doi:10.1111/j.1469-7610.2012.02591.x.
2. Fuggle P, McHugh A, Gore L, Dixon E, Curran D, Cutinha D. Can we improve service efficiency in CAMHS using the CAPA approach without reducing treatment effectiveness? *J Child Heal Care*. 2015. doi:10.1177/1367493514563856.
3. York A, Kingsbury S. *The Choice and Partnership Approach: A Service Transformation Model*. London, UK: CAMHS Network; 2009.

Tue Sept 20 | 14:00–15:30 | Acadia B

O27 Neurodevelopmental Disorders

O27.1 An Exploratory Evaluation of the Link Between Mild Traumatic Brain Injury and the Development of Mental Health Symptoms

Clare Gray[1, 2], Brittany Bishop[2]

1. University of Ottawa, Ottawa, ON, Canada, 2. Children's Hospital of Eastern Ontario, Ottawa, ON, Canada

Introduction: Studies have shown that symptoms of traumatic brain injury (TBI) can include mental health (MH) disorders such as depression and anxiety. The objective of this study was to determine which patients are at increased risk of developing MH symptoms post TBI, determine which symptoms are most common, and if physicians identify the link between TBI and MH symptoms.

Methods: A retrospective chart review was completed for patients with mild TBI who presented to a pediatric emergency department (ED) between April 2014 and March 2015. Details about the concussion, ED visits and referrals for MH issues were recorded.

Results: Over a one year period, there were 791 ED visits for mild TBI. Information was available from 764 charts (96.5%). The mean sample age was 14.4 years (SD 1.59) with almost equal distribution of males (53.7%) and females. Sport injuries were the most frequent cause of mild TBI (71.9%). 43 patients (5.6%) subsequently presented to the ED with MH symptoms or were referred to MH Intake for services (72% female). The most frequently reported MH symptoms were depression (83.7%) and anxiety (79.1%) and less commonly behavioural problems (35%) and suicidality (26%). Less than one third (28.6%) of patients with MH symptoms had their mild TBI charted at presentation/referral and in less than a quarter (21.4%) of cases was the link made between the MH symptoms and prior TBI.

Conclusions: Clinicians should be aware that some patients with mild TBI will experience MH symptoms which may affect their recovery and lead to further ED presentations.

Learning Objectives:

At the end of this session, participants will be able to

1) appreciate the mental health sequelae of mild TBI
2) describe the types of mental health symptoms in patients with mild TBI
3) understand the importance of a history of mild TBI in patients presenting with mental health symptoms

References:

Bakhos, L.L., Lockhart, G.R., Myers, R., Linakis, J.G., (2010) Emergency Department Visits for Concussion in Young Child Athletes. *Pediatrics* 126(3): 550-556.

Chrisman, S.P.D., Richardson, L.P., (2013) Prevalence of Diagnosed Depression in Adolescents with History of Concussion. *Journal of Adolescent Health,* 54:582-586.

Macpherson, A., Fridman, L., Scolnik, M., Corallo, A., Guttmann, A., (2014) A population-based study of paediatric emergency department and office visits for concussions from 2003 to 2010. *Paediatr Child Health,* 19(10): 543-546.

Marshall, S., Bayley, M., McCullagh, S., Velikonja, D., Berrigan, L., (2012) Clinical Practice Guidelines for Mild Traumatic Brain Injury and Persistent Symptoms. *Canadian Family Physician*, 58: 257-267.

Schachar, R.J., Park, L.S., Dennis, M., (2015) Mental Health Implications of Traumatic Brain Injury (TBI) in Children and Youth. *J Can Acad Child Adolesc Psychiatry,* 24(2): 100–108.

O27.2 Psychiatric Sequelae of Concussion in Children

Abdul Rahman

Alberta Health Services, Calgary, AB, Canada

Introduction: An estimated 62,816 cases of mild traumatic brain injury are recorded annually in United States among 10 high school sports (JAMA 1999 Sep 8; 282 (10):958), many of these have psychiatric sequelae. As for the psychiatric sequelae, head injury is associated with increased risk for depression. Based on systematic review of 112 observational studies in 79 different populations, there was 30% prevalence of depression following traumatic brain injury whereas anxiety in 31%-61%, posttraumatic stress disorder (PTSD) in

37% and panic disorder in 15% (AHRQ Comparative Effectiveness Review 2011 Apr:25). "Concussion athletes who had symptoms of depression at the baseline (pre-injury) were 4.59 times more likely to experience depression and 3.4 times likely to experience state anxiety following concussion compared to those athletes who had no symptoms of depression at the baseline" (Yang et al, Developmental Neuropsychology 2014)

Methods: A retrospective review of 12 cases of concussion admitted to Neuropsychiatry Service over last 5 years was done as a part of service evaluation. This data will be presented along with summary of research findings from other studies.

Results: The data suggests that timely interventions may improve symptoms of depression and anxiety as well as make a difference in academic performance. This is a small sample which must be followed by larger study.

Conclusions: Treatment and early detection of depression in concussion improves symptoms of concussion, depression and quality of life. There is urgent need for collaborative research and clinical work in this area

Learning Objectives:

1. Update on relevant literature in post concussion depression
2. Reviewing clinical presentation of post concussion depression
3. Reviewing treatment outcomes in post-concussion depression in neuropsychiatry service

References:

Yang et al, Developmental Neuropsychology 2014

Marin et al: JAMA. 2014 May 14;311(18):1917-9. doi: 10.1001/jama.2014.3979.

Lange et al, J of Health Trauma Rehabilitation, 2011

Kontos et al, Arch Phys Med Rehab 2012

Chrisman & Richardson, Journal of adolescent health 2014

CDC 2007 report

Brain Inj 2000 May;14(5):431

Bakhos et al: Emergency department visits for concussion in young child athletes.

Arch Gen Psychiatry 2005 May;131(5):434 full-text

Arch Gen Psychiatry 2004 Jan;61(1):53

AHRQ Comparative Effectiveness Review 2011 Apr:25

O27.3 Change of Sensory Phenomena and Related Features in Clinical Course of Tourette Syndrome

Yukiko Kano[1], Miyuki Fujio[1], Namiko Kaji[1], Natsumi Matsuda[1], Maiko Nonaka[1], Toshiaki Kono[2]

1. The University of Tokyo, Tokyo, Japan, 2. National Instutute of Mental Health, Tokyo, Japan

Introduction: It was suggested that sensory phenomena (SP) including premonitory urges are related to quality of life (QOL) and global functioning in patients with Tourette syndrome (TS). However, influence of SP on QOL and global functioning in clinical course is to be examined. This study aimed to investigate whether QOL and global functioning are predicted by SP, tics, and obsessive-compulsive symptoms (OCS) in usual clinical course, and whether they are related to change of SP, tics, and OCS.

Methods: SP, tics, OCS, and global functioning were assessed twice in 20 TS patients. Their assessment tools consisted of University of São Paulo Sensory Phenomena Scale (USP-SPS), Premonitory Urge for Tics Scale (PUTS), Yale Global Tic Severity Scale (YGTSS), Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), and Global Assessment of Functioning (GAF). QOL was assessed by WHOQOL26 and WHO5 at the second time only. Mean ages were 25.5 years old at the first time, and 29.6 years old at the second time.

Results: WHOQOL26 scores were significantly negatively correlated with Y-BOCS scores at the first time. GAF scores at the second time were significantly negatively correlated with YGTSS scores at the first time, and negatively correlated with USP-SPS scores at the first time by marginal significance. WHO5 scores were significantly correlated with change of PUTS and YGTSS scores. GAF scores were significantly correlated with change of YGTSS scores.

Conclusions: Severity of OCS may predict lower QOL. Severity of SP and tics may predict lower global functioning also. QOL may be influenced by improvement of SP and tics.

Learning Objectives:

1. to understand that sensory phenomena including premonitory urges are cardinal symptoms as well as tics in TS patients
2. to understand that sensory phenomena may be related with QOL and global functioning in clinical course of TS patients

References:

1. Kano Y, Matsuda N, Nonaka M, Fujio M, Kuwabara H, Kono T. Sensory phenomena related to tics, obsessive-compulsive symptoms, and global functioning in Tourette syndrome. Compr Psychiatry 62: 141-6, 2015.
2. Cavanna AE, David K, Orth M, Robertson MM. Predictors during childhood of future health-related quality of life in adults with Gilles de la Tourette syndrome. Eur J Paediatr Neurol. 16(6):605-12, 2012.

Tue Sept 20 | 14:00–15:30 | Glen 201-203

AP11 Leaders Forum: the Future of Child and Adolescent Psychiatry II

Nick Kowalenko[1], Naoufel Gaddour[2], Anne S. Meltzer[3], Khalid A. Bazaid[4]

1. Chair, The Faculty of Child and Adolescent Psychiatry, The Royal Australian and New Zealand College of Psychiatrists (RANZCP), SA, Australia, 2. President, African Association of Child and Adolescent Mental Health:, Tunisia, Tunisia, 3. Chair, The Norwegian Association for Child and adolescent Mental Health in Norway, Bergen, Norway, 4. University of Ottawa, Ottawa, ON, Canada

Symposia Overview: **Leaders forum: the future of child and adolescent psychiatry (session 2)**

This is the fourth 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. All symposiums attracted large audiences and were well received. Since 2014 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. *We are living in changing times* with great opportunities and great challenges. Hence there is an urgent need for a regular Leaders' forum.

The symposium will be chaired by Dr. Chris Wilkes(President, Canadian Academy of Child and Adolescent Psychiatry, Calgary, BC, Canada) and Prof. Norbert Skokauskas (Secretary General, World Psychiatric Association, Child and Adolescent Psychiatry section).

Part 1: NBUP: a Nordic Perspective on Child and adolescent Mental Health

In 2013 NBUP defined three main goals; to be relevant, visible and an active cooperative partner for both clinics and the health authorities in Norway. This work will give us a an open, transparent mental health care system for children and youth, and secure a stronger quality nationwide.

Part 2: African Association(s) of Child and Adolescent Mental Health: After the battle for existence, the struggle of building

The main challenge for AACAMH was and still is how to better implement child and adolescent mental health services and expertise in a low resources continent. Many other challenges are also to consider: extreme heterogeneity of socio-economic, linguistic and political (health, education&research) contexts across the continent, poor transport system inside Africa, brain drain.

Part 3: Child and Adolescent Psychiatry in Australia and New Zealand

The national organisation for child and adolescent psychiatrists in ANZ is the Faculty of Child and Adolescent Psychiatry (FCAP), a part of the Royal ANZ College of Psychiatrist . The scope of FCAP's role in advocacy, contribution to government activities and funding agencies, media, practice standards, strategic policy development, education and Asia/Pacific mental health development will be outlined in this presentation.

Part 4: Child and Adolescent Psychiatry in the Middle East

Identifying which children and youth need treatment for psychiatric disorders is challenging in developing countries such as Saudi Arabia. About 50% of the population is younger than 18, but fewer child psychiatrists work in the entire country. Allied health professionals can help fill this gap, but need further training in assessment.

Learning Objectives: 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.

References:

Skokauskas N., Belfer M (2011). Global child mental health, International Psychiatry, (8) 2: 45-48.

Tue Sept 20 | 14:00–15:30 | Glen 205

RS14 IACAPAP Online Teaching, e-learning and Online Publishing Initiatives – a Challenge and Chance to Improve Worldwide Mental Health

Joerg M. Fegert[1], Bruno Falissard[4], Joseph M. Rey[3], Rebecca Groschwitz[1], Olayinka O. Omigbodun[2]

1. University Hospital Ulm, Ulm, Germany, 2. University of Ibadan, Ibadan, Nigeria, 3. University of Sydney, Sydney, NSW, Australia, 4. Université Paris-Sud, Paris, France

Symposia Overview: Child and adolescent mental health (CAMH) poses an important concern worldwide. In low and middle income countries, there is a dearth of CAMH professionals and those who are available have limited access to research and professional education resources. There is therefore a tremendous need for the provision of such resources that are accessible, affordable and acceptable. This symposium describes several initiatives of the IACAPAP's effective use of the Internet as a means to improve professional education for CAMH, and increase communication between CAMH researchers and health professionals worldwide.

Part 1: Massive Open Online Course (MOOC)

Since 2015, IACAPAP is offering a 5-week massive open online course (MOOC) on the essentials of CAMH at an introductory level. The MOOC aims at community health workers, general practitioners, nurses, teachers, medical students and parents in low-income countries. Twenty short video modules by lecturers from all continents are available online for students around the world. In addition to the filmed lectures, contents of the MOOC are emphasized by interactive user forums, quizzes and exercises at the end of each week. Participants can obtain a certificate after the completion of the course

Part 2: IACAPAP Textbook

The open-access IACAPAP textbook is widely used by CAMH professionals worldwide. This textbook includes the latest research, is based on best clinical practice, and tries to be culturally sensitive. Being a joint venture by CAMH professionals from high-income and middle- to low-income countries, it fosters communication and collaboration of CAMH professionals worldwide. After 2015, the textbook has been expanded to include chapters in languages other than English (i.e. French and Portuguese), downloadable power-point presentations, exercises for self-directed learning, as well as new topics. Has the goal of placing a free, up to date textbook in every palm been achieved? Where do we go from here?

Part 3: *Child and Adolescent Psychiatry and Mental Health* (CAPMH)

CAPMH is the official journal of IACAPAP. Its open-access, online format makes it available to all CAMH professionals worldwide. The full text of every publication can be found on PubMed. CAPMH therefore provides an online platform for

comprehensive and fast interdisciplinary communication of latest CAMH research. International thematic series aim to improve communication about so called niche-subjects or interdisciplinary issues such as child and adolescent forensic psychiatry. CAPMH specifically includes, and financially supports, manuscripts by authors from low-income countries. In the same line, CAPMH regularly promotes culturally local series.

Part 4: African Thematic series in CAPMH

The African thematic series is an example of a culturally situated local series published in CAPMH, initiated by Olayinka Omigbodun on behalf of the Centre for Child and Adolescent Mental Health (CCAMH), University of Ibadan, Nigeria. Across a time-span of three years, 28 CAMH professionals from several African countries trained on a Master of Science programme in CCAMH. Results from the best research projects on various topics such as evaluation of therapy programmes and training interventions for CAMH were submitted to CAPMH. This presentation describes the experience of training and mentoring young CAMH professionals in Africa and publishing results from their projects in an international journal.

Learning Objectives:

- Getting to know IACAPAP's online teaching, e-learning and online publishing initiatives
- Learning how the Internet can be used as a means to provide professional training and effective research communication worldwide

Tue Sept 20 | 14:00–15:30 | Glen 208-209

W30 Prescribing for Children and Adolescents: Perspective From Low Resource Country

Devashish Konar

Mental Health Care Centre, Kolkata, WB, India

Workshop Description: There has been a definite surge in the knowledge based on the research over last two decades in the field of prescribing for children and adolescents with psychiatric problem. Whereas debate is fierce in developed world about prescribing medicine for children and adolescents, in the low resource countries reaching the children in distress is still the most important issue. Often they come to you after prolonged suffering and when it has already affected them adversely. So, training the non-psychiatrists to pick them up early becomes important. Any disruption in the development due to illness is to be identified at an earliest and interventions have to be planned with whatever facilities are available.

Of course you will have to be cautious that no unnecessary medication is instituted but more important is to get the children into the loop and give some treatment when it is actually needed. So rather than over prescribing, under prescribing may be more important issue in context of low resource countries.

As children and adolescent psychiatrists are numbered, all other related to treatment should be educated in basic knowledge of pharmacokinetics and pharmacodynamics and brain developmental changes. The important issue is how to simplify and present these information so that they learn the minimum necessary skills.

Main issue in these parts of the world remains how to improve service delivery with adequate knowledge base so that the disruption in childhood and adolescence due to illness is minimized.

Learning Objectives:

1. Stimulating people to find ways to cater treatment in low resource countries.
2. In countries where child psychiatrists are scarce, simplifying basic concepts of pediatric psychopharmacology to educate other professionals, who need to be involved in the treatment of un-reached psychologically ill children.

References:

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Stroeh O. and Trivedi H.K. (2012). Appropriate and judicious use of Psychotropic Medications in Youth, Child and Adolescent Psychiatric Clinics of North America, Oct 2012-Vol 21- Number 4.P.703-711

Tue Sept 20 | 14:00–15:30 | Glen 206

W29 Insights From the Rearview Mirror: Linking Lived Experience of Recovery to Child and Adolescent Resiliency

Elizabeth A. Anderson

Being Mentally Healthy Company, Calgary, AB, Canada

Workshop Description: Recovery and resiliency are budding topics of inquiry and practice. Recovery strategies can inform approaches to resiliency. From the wisdom of a lived experience of recovery have emerged 6 specific themes that are relevant to child and adolescent mental health. Themes including 1)Timely Intervention 2)The Right Medication3) Supportive People 4) A Reason to Hope 5) A Reason to be Well 6)Something Important To Do will be discussed. Examples and time to interact with the material will be given.

Learning Objectives:

- To understand the impact of a diagnosis
- To understand ways to engage, have better rapport with patients
- To identify what hope looks like/feels like
- To identify a new way of looking at wellness
- To identify ways patient's interests and abilities can be expressed in a recovery plan
- To apply this model as to how it can inform the resiliency of child and adolecsent mental health patients
- To analyze how this model can enhance current practices

References:

Being Mentally Healthy (in spite of a mental illness)

Elizabeth Anderson 2012

Tue Sept 20 | 14:00–15:30 | Macleod E1

SG09 Improvement in Child and Adolescent Mental Health Services: Regional Systems

Naru Fukuchi[2], Judy Kamau[6], Takahiko Inagaki[1], Bernhard Weidle[3, 4], Flávio D. Silva[5]

1. Department of Community Psychiatric Medicine, Shiga University of Medical Science, Otsu, Japan, 2. Miyagi Disaster Mental Health Care Center, Sendai, Japan, 3. Department of Child- and Adolescent Psychiatry, St. Olav's University Hospital, Trondheim, Norway, 4. Norwegian University of Science and Technology, Regional Centre for Child and Youth Mental Health and Child Welfare, Trondheim, Norway, 5. Universidade Federal do Tocantins, Medical School, Palmas, TO, Brazil, 6. Department of Psychiatry, University of Nairobi, Nirobi, Kenya

Study Group Description: Over the last few years, psychiatry has undergone rapid advancement with the development of various effective treatments. Providing appropriate psychiatric treatment to the public can be overpowering when attempted by individuals. Regional treatment systems offer a more efficient way to provide psychiatric treatment to the public. Construction and development of such systems require the consideration of certain conditions in a given region, such as the need for treatment and the lack of government support. In this session, we present five challenges of constructing and developing regional treatment systems for child and adolescent psychiatry:

1. Constructing a treatment system after a disaster. (Example: the north-east Japan tsunami)
2. Dealing with the difficulties of very poor medical resources. (Example: Kenya)
3. Introducing psychosocial treatment programs in facilities that do not have government support. (Example: Japan)
4. Incorporating cognitive-behavioural therapy for obsessive-compulsive disorders in child and adolescent psychiatric services. (Example: Norway)
5. Developing an educational system for child and adolescent psychiatry (Example: Brazil)

Learning Objectives:

1. What can we as individuals in a community do to assist in constructing and developing regional treatment systems for child and adolescent psychiatry?
2. What can we as a group do to assist in constructing and developing regional treatment systems for child and adolescent psychiatry?

After we have presented the aforementioned five challenges, we expect the audience to have ideas on appropriate construction and development of child and adolescent mental health systems in each region.

References:

1. Tool Kit of the Establishment and Development of Family Psychoeducation; Main knitting. Oshima I, Fukui R. Community Mental Health & Welfare Bondig Organization, Ichikawa, 2011 (Japanese)
2. Building Back Better; Sustainable Mental Health Care after Emergencies. World Health Organization. 2013 http://www.who.int/mental_health/emergencies/building_back_better/en/
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5. Kamau,J.W., Omigbodun, O.O., Tolulope, B.A. (2015) Factors influencing choice of pathways to into child and adolescent mental health care services in Kenya. (Unpublished M.Sc. dissertation). University of Ibadan
6. Paula, Cristiane S., Lauridsen-Ribeiro, Edith, Wissow, Lawrence, Bordin, Isabel A. S., & Evans-Lacko, Sara. (2012). How to improve the mental health care of children and adolescents in Brazil: actions needed in the public sector. Revista Brasileira de Psiquiatria, 34(3), 334-351.
7. Oliveira Felipe Proenço de, Vanni Tazio, Pinto Hêider Aurélio, Santos Jerzey Timoteo Ribeiro dos, Figueiredo Alexandre Medeiros de, Araújo Sidclei Queiroga de et al . Mais Médicos: um programa brasileiro em uma perspectiva internacional. Interface (Botucatu) [Internet]. 2015 Sep[cited 2016 Feb 29] ; 19(54): 623-634. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141432832015000300623&lng=en. http://dx.doi.org/10.1590/1807-57622014.1142.

Tue Sept 20 | 14:00–15:30 | Macleod E2

W31 Just Do It! Presenting and Publishing Your Work in Child and Adolescent Psychiatry

Andres Martin[1], Joaquin Fuentes[2]

1. Child Study Center, Yale School of Medicine, New Haven, CT, USA, 2. Clinica Guipuzcoa, San Sebastian, Spain

Workshop Description: Objective: 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; (2) increase participants' knowledge about the many practical and ethical issues in publishing; (3) improve the likelihood of participants having their work published; and (4) provide concrete guidance on how to optimally present academic work through oral presentations, posters, or scholarly writings.

Method: A combination of formal presentations, structured small group exercises, and time allocated for questions and answers.

Conclusions: At the conclusion of this workshop, participants will have the knowledge and skills to be more confident about writing scientific articles, will be inspired to submit papers to child psychiatry journals and, in doing so, will make a valuable contribution to our field.

Key words: child psychiatry, publishing, scientific writing, ethics.

Learning Objectives:

(1) make participants aware of journal processes; (2) increase participants' knowledge about the many practical and ethical issues in publishing; (3) improve the likelihood of participants having their work published; and (4) provide concrete guidance on how to optimally present academic work through oral presentations, posters, or scholarly writings.

References:

1. Benson PJ, Silver SC. What Editors Want: An Author's Guide to Scientific Journal Publishing. Chicago: The Uni-versity of Chicago Press; 2013.
2. Cummings P; Rivara FP: Writing for Publication in *Archives of Pediatrics & Adolescent Medicine Arch Pediatr Adolesc Med* 2001; 155: 1090-1092
3. Cummings P; Rivara FP Reporting Statistical Information in Medical Journal Articles *Arch Pediatr Adolesc Med 2003*; 157: 321-324
4. Cummings P; Rivara FP. Koepsell TD: Writing Informative Abstracts for Journal Articles *Arch Pediatr Adolesc Med* 2004; 158: 1086-1088
5. Martin A: Just Do It! Pointers to get your work published in the academic literature (…and why you should, no pressure) *JAACAP Connect 2014; 1(2): 20-23*

Tue Sept 20 | 14:00–15:30 | Macleod E4

RS15 From Community to Clinic and Back: What Population-Based Samples Can Tell Us About the Etiology of Childhood Psychopathology?

Paul D. Arnold[2], Christie L. Burton[1], Jennifer Crosbie[1], Sheri Madigan[2], Ashley Wazana[3], Evelyn Stewart, Peter Szatmari[5]

1. Hospital for Sick Children, Toronto, ON, Canada, 2. University of Calgary, Calgary, AB, Canada, 3. McGill University, Montreal, QC, Canada, 4. University of British Columbia, Vancouver, BC, Canada, 5. Department of Psychiatry, University of Toronto, Toronto, ON, Canada

Symposia Overview: Population-based samples provide a novel opportunity to elucidate the etiology of psychiatric disorders. These large samples with phenotypic, genetic and environmental data can provide the statistical power needed to identify etiological risk factors variants involved in psychopathology as well as determine how the environment can modulate the effects of biological risk factors on brain and behaviour. Our symposium showcases the power of population-based approaches to help uncover the biological mechanisms of psychopathology and our results provide insights into the possible etiological factors that contribute to various psychiatric conditions.

Part 1: Dr. Burton will discuss findings from a large population-based study of youth, the Spit for Science (SfS) sample, designed to identify genetic variants associated with neuropsychiatric traits. She used a novel hypothesis-driven genome-wide association study (GWAS) to examine the role of neurodevelopment genetic variants in obsessive-compulsive traits in ~5,300 children and adolescents. This study is the first to identify genome-wide genetic variants associated with obsessive-compulsive traits in *PTPRD* and *NPAS2*. Also, neurodevelopment genes were collectively associated with obsessive-compulsive traits.

Part 2: Dr. Crosbie also used the SfS sample and hypothesis-driven GWAS approach but examined how neurodevelopment genes were associated with a neurocognitive endophenotype for ADHD, response inhibition, as measured by performance on the Stop-Signal Task. Several SNPs approached genome-wide significance and response inhibition was associated with neurodevelopment genes collectively. These results can be used to examine if similar variants and biological mechanisms are associated with ADHD and other psychiatric conditions with deficits in response inhibition such as schizophrenia.

Part 3: Dr. Sheri Madigan will present data from the Kids, Families and Places sample. The purpose of her study was to examine whether associations between the accumulation of maternal adverse childhood experiences (ACEs) and child health and psychosocial outcomes operated via biomedical and psychosocial risk in a sample of 501 community mothers. Potential mechanisms of transmission included biomedical risk (e.g., pre- and perinatal complications) and postnatal psychosocial risk (e.g., maternal depression, single parenthood). The main outcome measures were children's general physical health, and maternal and paternal reported internalizing problems. They found that the association between ACEs and children's general physical, and ACEs and children's mental health operated indirectly and independently through biomedical and psychosocial risk, respectively.

Part 4: Dr. Wazana will report on a study from the Maternal Adversity Vulnerability and Neurodevelopment (MAVAN) cohort examining how prenatal depression, genetic susceptibility and early maternal care interact to explain the development of stress sensitivity, dysregulation, disorganized attachment, and early manifestations of depression. In a sample of 590 mother-child dyads they examined the interactions between birth weight, depression (CESD) measured prenatally and postnatally at multiple timpoints, infant and maternal genotype, micro and macro-analytic measures of mother-child interaction on attachment and socio-emotional development across childhood. They found evidence for prenatal programming from birthweight and prenatal maternal depression, moderated by genotype and maternal care, in the prediction of dysregulation, disorganized attachment, and attention. The role of postnatal care was significant (eg maternal-child interaction, postnatal depression) but separate from the effect of prenatal adversity.

Learning Objectives:

1. Recognize the benefits community-based samples to further our understanding of psychopathology.
2. Learn about new discoveries in the etiology of psychiatric disorders from community-based samples.

References:

1. Park, L., Burton, C.L., et al. (2016). The Toronto Obsessive-Compulsive Scale: Psychometrics of a Dimensional Measure of Obsessive-Compulsive Traits. *Journal of the American Academy of Child and Adolescent Psychiatry.* DOI: http://dx.doi.org/10.1016/j.jaac.2016.01.008
2. Crosbie, J. et al. (2013). Response inhibition and ADHD traits: correlates and heritability in a community sample. *J Abnorm Child Psychol*, 41, 497-507.
3. Madigan, S, et al. (2015). Maternal abuse history, postpartum depression and parenting: links with preschoolers' internalizing problems. Infant Ment Health, 36, 146-55.
4. O'Donnell, K.A., et al. (2014). The maternal adversity, vulnerability and neurodevelopment project: theory and methods. *Can J Psychiatry*, 59, 497-508.

Tue Sept 20 | 14:00–15:30 | TELUS 101-102

SG10 Suicide Prevention in Nunavut – How to Engage Youth in Becoming Visionaries?

Polina J. Anang[1], Heather Ashdown[2], Maria Bronson[2], Nora Gottlieb[3], Ellen Gordon[4]

1. Assistant Professor, Child and Adolescent Mental Health, Department of Psychiatry, University of Manitoba, Winnipeg, MB, Canada, 2. Resident, Department of Psychiatry, University of Manitoba, Winnipeg, MB, Canada, 3. Postdoctoral fellow, Technical University, Berlin, Germany, 4. Assistant Professor, Department of Psychiatry, University of Manitoba, Winnipeg, MB, Canada

Study Group Description: Inuit youth suicide is now considered a public health emergency of epidemic proportion, with suicide rates among the highest worldwide. Rates in Nunavut are 6 times higher than in the general Canadian population, with males aged 15-29 at highest risk. Lack of purpose and boredom are often cited as underlying problems. Commitment 8 of The Nunavut Suicide Prevention Strategy includes the goal to "enable communities to identify and act on their own priorities". However, to date, there is little research in Inuit suicide prevention that directly engages the population in intervention design and implementation.

This Special Interest Study Group invites interdisciplinary researchers to engage in a discourse on strengthening resilience in remote communities. We will present a project we are currently developing in collaboration with the community of Naujaat, Nunavut, to identify ideas for a youth-driven purpose building initiative. Participatory Action Research as a tool to engage young people in formulating visions for their future will be addressed. Acknowledging tensions related to western post-colonial research encounters, we are drawing on indigenous frameworks to create respectful relationships that support local agency. The participants of the Study Group will be invited to share their experiences, lessons learned and aspirations for mutually enriching mental health initiatives in the Arctic.

Main theme of the Study group is the conversation about assuring effectiveness, acceptability and sustainability of Mental Health Initiatives in remote communities and involving Inuit youth in taking ownership of the projects.

Learning Objectives:

1. To explore ideas on how to engage Inuit youth directly in the design and delivery of a community initiative
2. To discuss how to implement a community youth initiative that will be self-determined and self-sustained
3. To build networks for the continued exchange of ideas, experiences and future directions with researchers and clinicians working in remote indigenous communities

References:

1. Kral MJ, Idlout L, Minore JB, Dyck RJ, Kirmayer LJ. Unikkaartuit: Meanings of Well-Being, Unhappiness, Health and Community Change Among Inuit in Nunavut, Canada. Am J Community Psychol. 2011;48:426-438.
2. Katz LY, Elias B, O'Neil J, Enns M, Cox BJ, Belik, S-L, Sareen J. Aboriginal suicidal behaviour research: from risk factors to culturally-sensitive interventions. Journal of the Canadian Academy of Child and Adolescent Psychiatry. 2006;15(4):159-167.
3. Government of Nunavut, Nunavut Tunngavik Inc., the Embrace Life Council and the RCMP. Nunavut Suicide Prevention Strategy. http://www.naho.ca/documents/it/2010-10-26-Nunavut-Suicide-Prevention-Strategy-English.pdf. 2010

Tue Sept 20 | 14:00–15:30 | TELUS 108-109

W32 The Body Remembers; the Brain Reacts: Clinical Applications of Understanding the Underlying Connections Between Eating Disorders and Trauma

Norman Kim

Center for Change and Reasons Eating Disorder Center, Brooklyn, NY, USA

Workshop Description: The connection between eating disorders and trauma is more than just diagnostic overlap. When they co-occur, this challenge becomes magnified and represents a marked impediment to treatment. Eating disorders and Trauma are among the most challenging clinical entities to treat because they result in significant disruptions in one's life and impact pervasively upon the way in which we perceive ourselves and the world around us. Both eating disorders and trauma can be seen as pathological expressions of otherwise innate instincts wherein the connections among sensation, perception and emotion become entangled, distorting the emotional valence that becomes attached to events and life experiences. The affected see and feel extreme threat even when none exists, and the intensity of that fear results in equally extreme responses, such as restriction or purging, even in the face of dire consequences. When these responses become pathological, they can become entrenched and any attempts to change those responses can, in and of themselves, be perceived as threatening. The nature of how emotional memories are processed also impact upon the salience of the underlying pain and anxiety.

We will present the rationale for using a transdiagnostic approach in the treatment of eating disorders and trauma, a summary of our understanding about their underlying neurobiologic connections, with a particular focus on the emerging role of memory reconsolidation, and review how to apply our understanding of neuropsychological functioning in eating disorders and anxiety in the service of providing safety and healing in the midst of all this threat

Learning Objectives:

- Identify the mechanisms and purpose of fear, anxiety, and avoidance in eating disorders and trauma.
- Understand the role of emotional memory and memory reconsolidation.
- Identify how to use this understanding to help patients understand, recognize and utilize somatic indicators of emotions and distress and improve treatment outcomes.

References:

Brunet, A., Orr, S. P., Tremblay, J., Robertson, K., Nader, K., & Pitman, R. K. (2008). Effect of post-retrieval propranolol on psychophysiologic responding during subsequent script-driven traumatic imagery in post-traumatic stress disorder. *Journal of psychiatric research*, *42*(6), 503-506.

Dębiec, J., Bush, D. E., & LeDoux, J. E. (2011). Noradrenergic enhancement of reconsolidation in the amygdala impairs extinction of conditioned fear in rats—a possible mechanism for the persistence of traumatic memories in PTSD. *Depression and anxiety*, *28*(3), 186-193.

Hausswolff-Juhlin, Y., Brooks, S. J., & Larsson, M. (2015). The neurobiology of eating disorders--a clinical perspective. *Acta Psychiatrica Scandinavica, 131*(4), 244-255.

Kaye, W., Strober, M., and Klump. (2003). Neurobiology of eating disorders. In: A. Martin, L. Scahill, D. Charney, J. Leckman (eds.), Pediatric Psychopharmacology. New York: Oxford University Press, pp. 224-237.

Strober, M. (2004). Pathological fear conditioning and anorexia nervosa: On the search for novel paradigms. International Journal of Eating Disorders, 35, 504-508.

Tue Sept 20 | 14:00–15:30 | TELUS 111

SG11 Selective Mutism with or Without Co-Morbid Social Anxiety Disorder: Working Towards a Better Understanding of Young Children Who Do Not Speak

Suneeta Monga[1, 2], Diane Benoit[1, 2]

1. University of Toronto, Toronto, ON, Canada, 2. Hospital for Sick Children, Toronto, ON, Canada

Study Group Description: Objectives: The primary objective of this Special Interest Study Group (SIG) is to bring together clinicians and researchers invested in the understanding of Selective Mutism (SM) with or without Social Anxiety Disorder (SAD) to begin an important dialogue around best practices for assessment and treatment. Both SM and SAD are anxiety disorders preventing normative social interactions in children with SM conceptualized as a more severe developmental variant of SAD.

Methods: Clinical and research evidence will be presented and active participation of SIG attendees will be encouraged. The primary focus of the SIG is to develop a dialogue about how clinicians and researchers are approaching and managing SM with or without co-morbid SAD, ultimately leading to the development of better consensus on the best evidence-based practices for these disorders.

Results: The SIG forum provides an opportunity for active participation and discussion about current assessment and treatment approaches utilized by clinicians and researchers working with children with SM and/or SAD. Recent evidence-based assessment and treatment studies will be discussed with attendees. Opportunities will be available for participants to discuss their own approaches to assessment and treatment of children with SM with or without co-morbid SAD.

Conclusions: Ultimately, we seek to improve the prognosis of children diagnosed with SM with or without co-morbid SAD by creating a working group of clinicians and researchers who can build a solid foundation of assessment approaches and treatment strategies to be utilized by mental health professionals in the area of SM and SAD in young children.

Learning Objectives:

1. Discuss changes in the classification and diagnostic criteria for Selective Mutism and co-morbid Social Anxiety Disorder in DSM-5.
2. Review current research and evidence-based approaches for the assessment and treatment of Selective Mutism with or without co-morbid Social Anxiety Disorder.
3. Discuss and begin to develop consensus for best assessment and treatment approaches for children with Selective Mutism with or without co-morbid Social Anxiety Disorder.

References:

1. 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.
2. Bergman RL, Gonzalez A, Piacentini J, Keller ML. Integrated Behavior Therapy for Selective Mutism: a randomized controlled pilot study. *Behav Res Ther.* 2013; 51(10):680-689.
3. Muris P, Hendriks E, Bot S. Children of Few Words: Relations Among Selective Mutism, Behavioral Inhibition, and (Social) Anxiety Symptoms in 3- to 6-Year-Olds. *Child Psychiatry Hum Dev.* 2016; 47:94-101.
4. Monga S, Rosenbloom BN, Tanha A, Owens M, Young 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 Adoles Psychiatry,* 2015; 54(2): 138-146.

Tue Sept 20 | 16:00–17:30 | Acadia A

W33 Collaborative Team Training: Exploring the use of Simulation to Reduce Patient Trauma, Seclusion and Restraint in the Management of Acute Psychiatric Crisis

Sharon Martin, Sue S. Barnes, Jessica P. Brown, Ryan Whittington

Alberta Health Services, Calgary, AB, Canada

Workshop Description: The use simulation to overcome challenges in increasing competencies and encorporating emerging evidence based treatment modalities into practice for Nurses and Protective Service Personnel (PS) in the assessment and management of physiological conditions, psychological behaviours and Emergency Responses. Team comptencies amenable to simulation training included therapeutic communication, crisis management, de-escalation techniques, interdisclipinary collaboration, technical skills (chemical/mechinal reatraints) Trauma Informed Care and Collaborative Problem Solving.

A combination of high fidelity mannequins and standardized patients facilitated the process of simulations involving aggressive patient, missing patient, hostage, asphyxiation/hanging and significant overdose. The collaboration and involvement of PS, hospital administration and outside clinical departments deepen learning from a systems perspective.

Simulation provides participants the opportunity to confront disorientating dilemmas and explore their emotional and intellectual reaction without the risks associated with clinical responsibility. Highly skilled facilitators and clinical content experts manage guided de-briefings and identified gaps in clinical competencies surrounding least restrictive care, technical skills of restraint application and inter-muscular injections, the crisis management of an escalating patient and a lack of confidence in managing a medical crisis within a mental health setting. Teamwork and communication difficulties are prevelant through all simulations. This identifies

latent safety risks within the environment, to the patient and personal/professional reflection on practice.

Development to training: CAAMHP Senior Leadership support full day trainings on a monthly basis, use of repeat scenario for gaining clinical comptence post debrief, evidence based education and technical skill practice outside of simulation.

Learning Objectives:

1. Participants will understand the advantages of creating a simulation based team training based initiative for Mental Health Emergencies.
2. Participants will learn and implement strategies surrounding the application of evidence based mental health modalities in a simulated setting.
3. Participants will understand the advantages of how utilizing a systems level training approach can increase team compotencies, reduce the incidence of seclusion/restraint and reduce hospital acquired traum for mental health patients.

References:

1. Andres, M. (2008). Reduction of Restraint and Seclusion Through Collaborative Problem Solving: A Five-Year Prospective Inpatient Study. Psychiatric Services, 1406-1412.
2. Brown, J. (2008). Applications of simulation technology in psychiatric mental health nursing education. Journal of Psychiatric and Mental Health nursing, 638-644.
3. Hammer, J. H. (2011). The relationship between seclusion and restraint use and childhood abuse among psychiatric inpatient units. Journal of Interpersonal Violence, 567-579.
4. Rosen, M. A., Salas, E., Wilson, K. A., King, H. B., Salisbury, M., Augenstein, J. S., et al. (2008). Measuring team performance in simulation-based training: adopting best practices for healthcare. Society for Simulation in Healthcare, 33-41.
5. Rudolph, J., Simon, R., Raemer, D., & Eppich, W. (2008). Debriefing as formative assessment: Closing performance gaps in medical education. Society of Academic Emergency Medicine, 1010-1016.

Tue Sept 20 | 16:00–17:30 | Acadia B

AP12 What's Right with Kids These Days?: Three Perspectives on How Youth Are Thriving and What We Shouldn't Do About It

Kelly D. Schwartz[1], Gina Dimitropoulos[1], Roxanne Goldade[2]

1. University of Calgary, Calgary, AB, Canada, 2. Alberta Children's Hospital, Calgary, AB, Canada

Symposia Overview: Dominating the popular and scholarly literature are theoretical and empirical treatises on how children and youth are subject to trauma, crises, deficits, disorders, and general dysfunction (Cichetti, 2013; Hartjen & Priyadarsini, 2012). Somewhat assuaging is the consolation that youth have the capacity to withstand or recover from significant disturbances that threaten their adaptive function, viability, and development, the result of which we have grandly and terminally come to call resilience (Masten, 2015). As we consider the weight of being subject to a model of child development that is framed almost solely by a medical/deficit-based model, many scholars and practitioners (and not an insignificant number of parents) are left with several deafening questions: First, is the sum of developmental science simply to explore what contributes to "getting by" or coping (Larsen, 2000)? And secondly, is the ability to overcome adversity (i.e., risk) the same as a positive trajectory of development (i.e., thriving; Furstenberg et al., 1999)?

In the last decade, considerable advances have been made in discussing, naming, and measuring positive developmental experiences for children and youth (Lerner et al., 2004; Benson & Scales, 2009), and longitudinal studies bear witness to the fact that most youth are not only surviving their youth but indeed thriving (e.g., National Longitudinal Study of Children and Youth, 2004). Indeed, studies that identify and promote taxonomies of positive youth development indicators – hope, generosity, connectedness, and self-regulation – need to be voiced alongside those of resiliency (Moore & Lippman, 2005). Thus, using the voices of three different professions – community paediatrics, social work, and educational psychology – this Academic Perspective session will explore the presence and power of developmental strengths that promote thriving in children and youth.

Part 1: From the perspective of educational psychology, data will be presented that show how students are reporting high levels of school engagement (Scales et al., 2000), moral and ethical development (Dowling et al., 2003), and social conscience and positive identity (Theokas et al., 2005).

Part 2: From social work, research will be presented on familial protective factors such as parental warmth, empathy and competence in promoting positive psychological development in adolescents (Daniel, Madigan, & Jenkins, 2016; Padilla-Walker & Nielson, 2015), including how positive parenting and familial resources facilitate good outcomes (e.g., prosocial behaviour) in adolescents.

Part 3: From the perspective of community paediatrics, research will be presented to demonstrate the presence and power of positive physical health status for children and youth, particularly the consistency of protective factors (e.g., connection to school and family; Resnick, 2000), daily physical activity and participation in extracurricular sports (Poon et al., 2006), and adherence to regimens of healthy diet and weight management (Murphy et al., 2003).

Learning Objectives: Thus, the message is clear: The majority of children and youth are demonstrating a consistent and powerful trajectory of resources, skills, and assets that are contributing to thriving. The challenge is to identify, nurture, and not disrupt or ignore significant patterns of positive development

Select References:

Daniel, E., Madigan, S., & Jenkins, J. (2016) Paternal and maternal warmth and the developmental of prosociality among preschoolers. *Journal of Family Psychology, 30*, 114-124.

Poon, C., Chittenden, M., Saewyc, E., & Murphy, A. (2006). *Promoting healthy bodies: Physical activity, weight, and tobacco use among BC youth*. Vancouver: The McCreary Centre Society.

Lerner, R. M. (2005). *Promoting positive youth development: Theoretical and empirical bases.* White paper paper prepared for the Science of Adolescent Health and Development, National Research Council, Washington, DC.

Scales, P. C., Benson, P. L., Leffert, N., & Blyth, D. A. (2000). Contribution of developmental assets to the prediction of thriving among adolescents. *Applied Developmental Science, 4*(1), 27–46.

Tue Sept 20 | 16:00–17:30 | Glen 201-203

RS16 Cognitive Behavioral Therapy (CBT) and Skills Training for ADHD Throughout the Lifespan

Lily Hechtman[1], Richard Gallagher[2], Mariya Cherksova[3]

1. McGill University Health Centre / Montreal Children's Hospital, Montreal, QC, Canada, 2. Institute for Attention Deficit Hyperactivity and Behavioral Disorders, The Child Study Center, NYU Langone Medical Center, New York University School of Medicine, New York, NY, USA, 3. Pacific Parkinson's Research Centre, University of British Columbia Hospital, Vancouver, BC, Canada

Symposia Overview: The objective of this symposium is to review the value and limitations of CBT and skills training for children, adolescents and adults with ADHD.

Part 1: Dr. Richard Gallagher will review the findings of studies on the assessment and treatment of Organization, Time Management, and Planning (OTMP) deficits in children with ADHD or elevated problems with attention and behavior control. The main points from a randomized clinical trial with over 150 children documenting changes in OTMP and associated improvements in school performance and reductions in family conflict following intervention will be highlighted. Finally, brief reviews of open clinical trials investigating the impact of Organizational Skills Training (OST) on resting state brain connectivity and the challenges encountered when implementing the intervention in community clinic and school settings will be discussed. Findings show that interventions can result in improvements in OTMP behaviors and associated issues in school productivity and performance and family interactions. When administered by trained clinicians, interventions have a lasting impact. One skills-based intervention is suggested to have an impact on brain functioning as well as behavior. Implementation of the skills-based intervention is viable in school and community clinic settings, but challenges have to be addressed in order to bring this treatment from the clinical research setting to community clinics and schools.

Part 2: Dr. Lily Hechtman will review the few controlled studies available which explored CBT for adolescents with ADHD and will present pilot data from their 14-week manualized controlled intervention for adolescents with ADHD. Organizational, time management, study skills, social skills, anger management, and self-esteem were all addressed, and coaches who called subjects twice per week helped them implement strategies into their daily lives. The intervention showed promise and gains were maintained at three-month follow-up.

Part 3: Dr. Mariya Cherkasova will present data from a study on adults with ADHD who were randomized to stimulant medication, cognitive behavior therapy, and the combination of both treatments. Manualized group intervention explored organizational and time management skills, procrastination, social skills, anger management, relationships, as well as cognitive reframing and self-esteem. Coaches helped generalize strategies to participants' daily lives via calls twice per week. The combined group fared best but the CBT-only group also made gains. Treatment gains were maintained at 6-month follow-up.

Learning Objectives:

1. Participants will learn that CBT/skills training can be effective for children with ADHD.
2. Participants will appreciate some of the challenges in doing CBT with adolescents with ADHD.
3. Participants will learn about the relative efficacy of medication, CBT, and its combination in adults with ADHD.

References:

Abikoff, H., Nissley-Tsiopinis, J., Gallagher, R., Zambenedetti, M., Seyffert, M., Boorady, R., & McCarthy, J. (2009). Effects of MPH-OROS on the organizational, time management, and planning behaviors of children with ADHD. *J Am Acad Child Adolesc Psychiatry, 48*(2), 166-175.

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Solanto, M. V., Marks, D. J., Wasserstein, J., Mitchell, K., Abikoff, H., Alvir, J. M., & Kofman, M. D. (2010). Efficacy of meta-cognitive therapy for adult ADHD. *Am J Psychiatry, 167*(8), 958-968.

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Mongia, M., & Hechtman, L. (2016). Attention deficit hyperactivity disorder across the lifespan: review of literature on cognitive behavior therapy. *Current Developmental Disorders Reports, in press*. DOI: 10.1007/s40474-016-0072-z

Tue Sept 20 | 16:00–17:30 | Glen 204

W34 An Experiential Introduction to Expressive Arts Therapy Single Session Group (Designed for an Acute Care Inpatient Adolescent Psychiatry Unit)

Sara M. Clark

Alberta Health Services, Calgary, AB, Canada

Workshop Description: Historically art therapy was a routine component in long term care psychiatric facilities in the mid twentieth century but this in no longer the situation (Lussato, 1997). There is minimal literature that currently examines arts or expressive art therapy in an acute psychiatric setting (Chui, 2015).

This experiential workshop will guide participants through a single session Expressive Arts Therapy group. It will provide attendees the opportunity to experience what an adolescent patient would experience in this setting. This workshop will provide participants the opportunity to create art using mixed media while challenging their own beliefs about art and therapy. No art-making experience is necessary to participate in this group, only a willingness to try.

This workshop's humanistic expressive arts framework can be found within the works of Carl Rodgers, Natalie Rodgers, Paulo Knill and Stephen Levine.

Learning Objectives:

1.) Participants will be provided a brief introduction into the theoretical therapeutic foundations of this particular group before they start.

2.) Participants will also be provided the opportunity to assess the viability, risks and benefits of Expressive Arts Therapy in their own work settings based on their experiential learning in the group.
3.) Participants will take away a current literature review on arts based therapies in acute psychiatric settings.
4.) Participants will create a piece of expressive art

References:

Chui, G, Hancock, J, & Waddell, A. (2015). Expressive arts therapy group helps improve mood state in an acute care psychiatric setting. *Canadian Art Therapy Association V. 28*(1-2), 34-42.

Knill, P.J., Levine, E. G., & Levine, S. K. (2005). *Principles and practice of expressive arts therapy.* Jessica Kingsley Pub, Philadelphia.

Luzzatto, P. (1997). Short-term art therapy on the acute psychiatric ward: The open session as a psychodynamic development of the studio-based approach. *Inscape. 2*(1), 2-10.

Rodgers, N. (1993). *Creative expressions: Expressive arts as healing.* Hushion House, Toronto.

Tue Sept 20 | 16:00–17:30 | Glen 205

O30 CAMH in Underserved Regions

O30.1 Child and Adolescents Mental Health Services in Saudi Arabia: Too Little, But is it Too Late?

Lamis S. Solaim

Massachusetts General Hospital/Harvard Medical School, Boston, MA, USA

Introduction: Child and Adolescents Mental Health Services in Saudi Arabia are scarce and when available, they are delivered in a fragmented manner. The past decade has seen a measurable improvement in adult psychiatric services in the kingdom. This however, has not been matched by services for children. As a geographically spread out nation, with a young population, that has been going through rapid social and economic changes, creating a system of mental health care is especially challenging. The paper reviews the landscape of services in the country; describing the existing infrastructure and projected strategic plans by relevent governmental and non-governmental agencies. Gaps are identified and challenges, particularly in relation to gender, spatial diffusion, and geographical disparities are discussed. Finally, recommendations are made for most impactful shifts in policy and planning.

Methods: A literature review of published scientific studies on the area of mental health services in Saudi Arabia is conducted. A review of published and unpublished governmental strategic plans, as well as non-governmental movements are also reviewed. Qualitative and quantitative data is discussed in light of public health and global mental health movements.

Results: N/A

Conclusions: As in many developing countries KSA struggles in meeting the growing demand for CAMHS. in spite of the availability of academic programs in psychology and child development, graduates are not mobilized to deliver mental health services in a meaningful way leading to an inefficient use of extremely limited resources. A shift in the current strategy is required, if KSA is to achieve meaningful steps forward in CAMHS.

Learning Objectives:

1. Description of CMHS in Saudi Arabia.
2. Identification of gaps and challenges particular to the cultural, geographical, and economic climate in the country.
3. Suggestions of the relevant and most impactful steps to be taken for service improvement.

References:

Al Gelban, K. (2009). Prevalence of psychological symptoms in Saudi secondary school girls in Abha, Saudi Arabia. Annals of Saudi Medicine, 29.4 : 275-9.

World Health Organization (2005). Atlas: child and adolescent mental health resources: global concerns, implications for the future.

Al-Salehi, S., Al-Hifthy, E. (2009). Autism in Saudi Arabia: presentation, clinical correlates and comorbidity. Transcultural Psychiatry, 46: 340-347.

O30.2 Scaling up Mental and Social Well-being Promotion Programs for Youth in Under-resourced Settings

Katherine S. Leventhal, Gracy Andrew, Lisa DeMaria, Steve M. Leventhal

CorStone, Mill Valley, CA, USA

Introduction: Today, one billion children live in poverty in developing countries; unfortunately, their mental and social well-being (MSWB) have received scant attention. While some have piloted MSWB promotion programs among limited populations, few have scaled up programs found to be effective, leaving a major knowledge gap in how MSWB programs can reach this large number of impoverished youth in under-resourced settings.

Methods: Since 2009, we have tested and implemented "Youth First," an evidence-based MSWB promotion program in India focused on building resilience in marginalized adolescents. We are currently partnering with several government bodies with the goal of deploying the program to millions of children.

This presentation combines results from an RCT among 3,500 adolescent girls, a participatory action research pilot at 15 government schools, and scale-up trials in 340 government schools in Bihar, India. We answer the questions: Can MSWB be effectively promoted at large scale for youth in under-resourced settings? If so, how?

Results: We will show that MSWB promotion at scale in under-resourced settings is achievable and illuminate how this can be done. We found that it is feasible to train available personnel (e.g., government schoolteachers) to conduct Youth First and that such a program can lead to significant MSWB improvements.

Conclusions: To scale successfully, we found that it is critical to 1) gather evidence of effectiveness to secure strategic partnerships (e.g., government), 2) use participatory trainings to ensure a balance between local adaptation and standardized replication, and 3) conduct regular, intensive guidance and mentorship for frontline personnel.

Learning Objectives:

- Understand the current situation of mental and social well-being (MSWB) promotion for children and adolescents in under-resourced settings
- Fill knowledge gaps about how to scale MSWB promotion programs in such settings

References:

Gordon, D., Nandy, S., Pantazis, C., Pemberton, S., & Townsend, P. (2003). *Child poverty in the developing world*. Bristol, UK: Policy Press. Retrieved from http://www.unicef.org/socialpolicy/files/child_poverty_in_the_developing_world.pdf

Leventhal, K. S., DeMaria, L., Gillham, J., Andrew, G., Peabody, J., & Leventhal, S. (2015). Fostering Emotional, Social, Physical and Educational Wellbeing in Rural India: The Methods of a Multi-Arm Randomized Controlled Trial of Girls First. *Trials*, *16*(481). http://doi.org/10.1186/s13063-015-1008-3

Leventhal, K. S., Gillham, J., DeMaria, L., Andrew, G., Peabody, J., & Leventhal, S. (2015). Building psychosocial assets and wellbeing among adolescent girls: A randomized controlled trial. *Journal of Adolescence*, *45*, 284–295. http://doi.org/10.1016/j.adolescence.2015.09.011

Leventhal, K. S., DeMaria, L., Gillham, J., Andrew, G., Peabody, J., & Leventhal, S. (in submission). A psychosocial resilience curriculum provides the "missing piece" to boost adolescent physical health: A randomized controlled trial of Girls First in India.

Patel, V., Flisher, A., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *Lancet*, *369*, 1302–1313.

O30.3 Lessons Learned: a One Year Update on New Services to Improve Access to Tertiary Mental Health Care for Children and Youth in BC

Aazadeh Madani[1], Susan Baer[1, 2], Deborah Headley[1]

1. BC Children's Hospital, Vancouver, BC, Canada, 2. University of British Columbia, Vancouver, BC, Canada

Introduction: In 2015, BC Children's Hospital (BCCH) redesigned services to improve access to tertiary mental health across BC, and expand community capacity to manage low incidence and complex disorders. Three new consultative services were offered to community clinicians: a monthly teleconference series on low incidence disorders, indirect phone consultation, and direct Telehealth consultation to the patient and community clinician. The service delivery processes were evaluated, and outcome findings of the services were compiled.

Methods: Quantitative analysis of CYMH clinician engagement with the services was conducted, and qualitative data was collected from multiple sources. Teleconference data, including clinical questions and subject matter discussed, were documented by BCCH clinicians, as were summaries of inquiries received via phone consultations. Satisfaction survey data was also gathered from community clinicians participating in the services.

Results: To date, over 100 clinicians have accessed the services. Satisfaction with the new services is high, with 86% and 100% of clinicians "agreeing" or "strongly agreeing" that the teleconferences and indirect consultations, respectively, were helpful. Geographical distribution of participation is spread across the province, with consistent representation from rural and remote areas. However, barriers to access have been identified. Communication to over 130 communities across the province has proved difficult, and participation has been accordingly slow to start. Survey response rates are low, limiting evaluation ability.

Conclusions: The new services demonstrate promise in increasing access and community capacity to manage patients with low incidence, complex disorders. Communication about the services has been the biggest barrier, and ongoing dissemination and data collection efforts will continue.

Learning Objectives:

- Provide an overview of the processes created and lessons learned through implementing new tertiary mental health services with a partnering governmental organization;
- Offer insight into challenges faced and proposed solutions;
- Articulate next steps in addressing the barriers faced in implementation of the services

O30.4 Child Labour in Low and Middle Income Countries and Its Consequences for Mental Health: a Systematic Literature Review of Epidemiologic Studies

Matthew Hodes[1, 2], Sarah Sturrock[1]

1. Imperial College London, London, United Kingdom, 2. CNWL NHS Foundation Trust, London, United Kingdom

Introduction: In low and middle income countries large numbers of children are involved in work. Relatively little is known about the effect of child labour on mental health, and given the numbers and risks involved, it is important to assess the effects, and identify possible risk factors for poorer mental health. A systematic literature review was conducted.

Methods: Published observational studies in any language including participants under 18 years of age exposed to work (economic activity or non-domestic unpaid work) and an unexposed comparison group in low- or middle-income countries were included. Studies must have specified the nature, intensity, and/or duration of the work, and the prevalence of mental health symptoms (of any disorder) or substance misuse. Four databases were searched.

Results: Twelve published observational studies were identified. Child labour was strongly associated with poor mental health outcomes in seven studies. More significant associations were found between child labour and internalizing problems than externalizing problems. Risk factors for poorer mental health were involvement in domestic labour, younger age, and greater intensity of work, which could be due to the potential of child labour to cause isolation, low self-esteem, and perception of an external locus of control.

Conclusions: The burden of poor mental health as a result of child labour is significant given the numbers of children in work. The risk factors suggested by this review will have implications for policy-makers. Additional research is needed in low income countries, risk factors and also into the potential psychological benefits of low levels of work.

Learning Objectives:

1. To know that evidence suggests the levels of work carried out by many children globally is associated with poorer mental heath

2 To know the main risk and protective factors
3 To appreciate the strengths and weaknesses of the evidence

References:

Hesketh TM, Gamlin J, Ong M, et al. (2012) The psychosocial impact of child domestic work: a study from India and the Philippines. Arch Dis Child 97:773–778.

Tue Sept 20 | 16:00–17:30 | Glen 206

O31 Commorbidity of ADHD

O31.1 Child ADHD Severity and Internet Addiction: a Moderated Mediation Analysis

En Nien Tu[2], Yi-Lung Chen[1], Susan Shur–Fen Gau[1, 2]

1. Graduate Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University, Taipei, Taiwan, 2. Department of Psychiatry, National Taiwan University Hospital and college of Medicine, Taipei, Taiwan

Introduction: No research has examined ADHD-related symptoms, family support and Internet addiction together in one study. The current work aims to test the mediation and moderation models for Internet addiction including the predictors of the ADHD severity, family support, parental relationship and emotional symptoms.

Methods: A three-wave follow-up sample of grades 3, 5, 8 students (N=1153) were enrolled from Northern Taiwan. Mediation-moderation analyses included ADHD in the first wave as an independent variable, Internet addiction in the third wave as a dependent variable, family support and parental relationship in the second wave as mediators, and emotional/behavioral symptoms in the first wave as moderator between family support, parental relationship, and ADHD.

Results: We found significant mediation effects of family support and parental relationship between ADHD severity and Internet addiction. These effects were moderated by emotional/behavioral symptoms through parental relationship but not family support. The mediating effect of parental relationship decreased when emotional/behavioral symptoms increase regardless of gender and age.

Table 1 Demographic information for participants

Variables/ Student report	Time 1 (N =1253)	Time 2 (N =1123)	Time 3 (N =1054)
Gender			
Male, n (%)	638 (50.9)	549 (48.9)	509 (48.3)
Female, n (%)	615 (49.1)	573 (51)	545 (51.7)
Grade			
Grade 3	254 (20.3)	207 (18.4)	212 (20.1)
Grade 5	281 (22.4)	270 (24)	249 (23.6)
Grade 8	718 (57.3)	646 (57.5)	593 (56.3)
CAIS (Mean±SD)	47.26 (14.4)	42.72 (15.3)	42.44 (16.0)
Internet addiction, n (%)	152 (12.1)	102 (9.1)	98 (9.3)

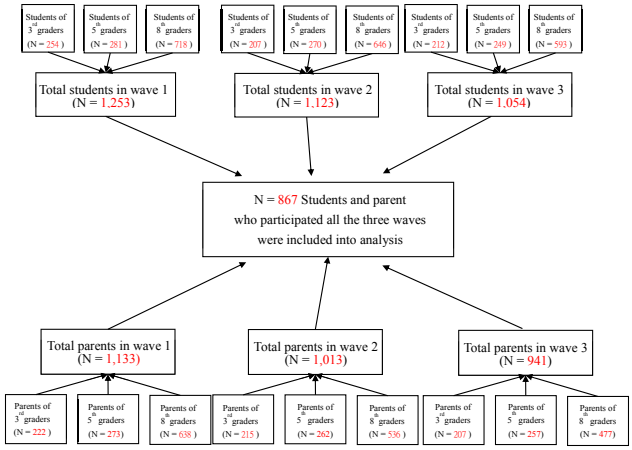

Figure 1：The number of participating students and parents for the three waves

Conclusions: Our results suggest that ADHD severity predict less perceived family support and poorer parental relationship, thus leading to Internet addiction. The present study implied that multimodal treatment targeting ADHD-related symptoms reduction may be effective for the treatment of Internet addiction through the change of family support and parental relationship.

Learning Objectives: Multimodal treatment targeting ADHD-related symptoms reduction may be effective for the treatment of Internet addiction through the change of family support and parental relationship

References:

1. Chen, Y. L., Chen, S. H., & Gau, S. S. (2015). ADHD and autistic traits, family function, parenting style, and social adjustment for Internet addiction among children and adolescents in Taiwan: A longitudinal study. Res Dev Disabil, 39, 20-31.
2. Gau, S. S. (2007). Parental and family factors for attention-deficit hyperactivity disorder in Taiwanese children. Aust N Z J Psychiatry, 41(8), 688-696.
3. Ko, C. H., Yen, J. Y., Yen, C. F., Chen, C. S., & Chen, C. C. (2012). The association between Internet addiction and psychiatric disorder: a review of the literature. Eur Psychiatry, 27(1), 1-8.
4. Rubia, K., Smith, A. B., Brammer, M. J., Toone, B., & Taylor, E. (2005). Abnormal brain activation during inhibition and error detection in medication-naive adolescents with ADHD. Am J Psychiatry, 162(6), 1067-1075.

O31.2 Attention Deficit Hyperactivity Disorder (ADHD) as an Autism Spectrum Disorders (ASD) Outcome

Sarra Bouslah, Naoufel Gaddour, Sonia Missaoui, Lotfi Gaha

Department of Psychiatry, University Hospital of Monastir, University of Monastir, Monastir, Tunisia

Introduction: Although autism spectrum disorders (ASDs) are generally considered lifelong disabilities, literature suggests that a minority of individuals with an ASD will lose the diagnosis. Besides, overlapping traits of ADHD and ASD are commonly report and question the boundaries between these two conditions.

Methods: The aim of this study is to discuss the hypothesis of a continuum between ASD and ADH using case reports of children with ASD who developed ADHD after recovery. They were outpatients at Child and Adolescent Psychiatry Unit of the hospital of Monastir.

Results: Two children were diagnosed with ASD at the age of 3 years. There was no hyperactivity noticed in their first evaluation. Clinical outcome at ages of 5 and 6 years was characterized by a mitigation of autistic symptoms with language improvement and successful social and preschool integration. The emergence of hyperactivity and impulsivity was noticed and neuropsychological tests confirmed an ADHD. Another child presented at age of 9 years with hyperactivity, impulsivity and school difficulties. He was diagnosed with ADHD. The developmental inventory noticed autistic symptoms at early childhood that were not present in the current evaluation. Some authors reported that residual vulnerabilities were revealed among optimal outcome individuals with ASD. Residual comorbidities after recovery were also noticed and that can explain the passage in the foreground of ADHD symptoms.

Conclusions: Neurodevelopmental support of the two disorders could also suppose a possible evolution from one diagnosis to another. That could be understood as a possible clinical variation between two phenotypic forms of the same spectrum disorder.

Learning Objectives:

- Litterature review about ADHD ans ASD overlaping traits
- Describe a possible clinical trajectory from ASD to ADHD
- Discuss the hypthesis of of a continuum between ASD and ADH

References:

Molly Helt et al. Can Children with Autism Recover? If So, How? *Neuropsychology Review*, Vol. 18, No. 4, pages 339–366; December 2008.

Deborah Fein et al. Optimal Outcome in Individuals with a History of Autism.*Journal of Child Psychology and Psychiatry*, Vol. 54, No. 2, pages 195–205; February 2013

Orinstein, A., et al. Psychiatric Symptoms in Youth with a History of Autism and Optimal Outcome. *Journal of Autism and Developmental Disorders (2015)*

Johnson, M. H. and al. Annual Research Review: Infant development, autism, and ADHD – early pathways to emerging disorders. (2015), Journal of Child Psychology and Psychiatry, 56: 228–247.

Joshi G, et al. Symptom Profile of ADHD in Youth With High-Functioning Autism Spectrum Disorder: A Comparative Study in Psychiatrically Referred Populations. J Atten Disord 2014 Aug 1

Taurines R. et al. ADHD and autism: differential diagnosis or overlapping traits? A selective review. ADHD Attention Deficit and Hyperactivity Disorders .Volume 4, Issue 3, pp 115-139

Mayes S.D. et al. Autism and ADHD: Overlapping and discriminating symptoms. Research in Autism Spectrum Disorders. Volume 6, Issue 1, January–March 2012, Pages 277–285

Antshel K.M, et al. Attention Deficit Hyperactivity Disorder (ADHD) in Children with Autism Spectrum Disorders. Comprehensive Guide to Autism pp 1013-1029

Taylor J. M. et al. Where are the strongest associations between autistic traits and traits of ADHD? evidence from a community-based twin study. European Child & Adolescent Psychiatry Volume 24, Issue 9, pp 1129-1138

O31.3 Depression, Anxiety and Stress in Parents of Children with Autism Spectrum Disorders (ASD) and Attention-Deficit Hyperactivity Disorder (ADHD)

Hend Maatouk, Sarra Bouslah, Asma Guedria, Naoufel Gaddour, Lotfi Gaha

Department of Psychiatry, University Hospital of Monastir, University of Monastir, Monastir, Tunisia

Introduction: The prevalence of certain neurodevelopmental disorders, specifically autism and ADHD, has been increasing over the last four decades. Parents of children with Neurodevelopmental Disorders are getting under a chronic stress because of the deviant behaviors of their children and tend to experience depression symptoms and anxiety at higher levels.

Methods: A cross-sectional study with a purposive sampling of 30 parents (22 mothers, 8 fathers) of school-aged children with ADHD and 30 parents (20mother, 10 father) of school-aged children with ASD was developed. Data were collected using an Arabic version of DASS-21, a self-report screening tool based on three subscales of anxiety, depression and stress.

Results: The findings showed that almost half of the parents with school-aged ASD children suffered from severe depression, severe anxiety and extremely severe stress and that 30% required professional psychiatry referral. In addition, higher levels of parenting stress were associated with a higher incidence of depression ($p < 0.001$). Parents of children with ADHD showed similar results (56% have showed severe depression and 59% had anxiety at extremely severe level). Only 15 % off all Participants were engaged into parental groups. Finally, parents with better social support had lower stress levels.

Conclusions: The results of this study are intended to give better care for the Parents of school-aged children with ADHD and ASD. Providing these parents with parental training, group interventions and social support may effectively reduce levels of depression anxiety and stress, which will help minimize the negative impacts on the family and the community.

Learning Objectives:

This study examines Parental depression, anxiety and stress in parents of school-aged children with attention-deficit hyperactivity disorder (ADHD) and Autism Spectrum Disorders (ASD).

References:

1 Dykens EM. Family adjustment and interventions in neurodevelopmental disorders. Curr Opin Psychiatry. 2015 Mar;28(2):121-6. .

2 Lai WW, et al.Coping and Well-Being in Parents of Children with Autism Spectrum Disorders (ASD).J Autism Dev Disord. 2015 Aug;45(8):2582-93.

3 Anastopoulos AD et al.Parenting stress among families of children with attention deficit hyperactivity disorder.J Abnorm Child Psychol. 1992 Oct;20(5):503-20

4 Aghebati A . et al.Triple p-positive parenting program for mothers of ADHD children. Iran J Psychiatry Behav Sci. 2014 Spring;8(1):59-65

Tue Sept 20 | 16:00–17:30 | Glen 208-209

RS17 Predictors for the Development of Childhood ADHD Symptoms

Hanna Christiansen

Philipps University Marburg, Department of Clinical Child and Adolescent Psychology, Marburg, Germany

Symposia Overview: Attention Deficit/Hyperactivity Disorder (ADHD) with age inadequate and impairing levels of inattention, hyperactivity and impulsivity affects approximately 3.5 % of children. While the etiological understanding of the disorder has progressed considerably in the last years, predictors for the development of symptoms and the course of the disorder are not fully understood. Crossed-lagged panel studies demonstrated for instance that emotion regulation in the preschool years seems to be a significant predictor of childhood ADHD (Salish et al., 2013 & in press). But there seems to be also an overestimation of young children with ADHD that has been related to delays in the developmental milestones. The aim of the proposed research symposium is to focus on predictors of ADHD symptom in preschool and school children.

Part 1: Claudia Freitag (Justus-Liebig University of Giessen) will present results of a longitudinal study that assessed children aged three months for the first time and then with continued follow-up assessments (52 months of age). At the age of 72-82 months, the Conners scales for the assessment of ADHD symptoms were administered to establish early childhood predictors of the disorder. Temperament at the age of 4 proved to be a significant predictor of ADHD symptoms. Surprisingly, predictions before the age of 4 were not significant giving rise to the question whether there might be a sensitive period for early interventions that could have the potential of preventing the onset of severe impairment.

Part 2: To follow-up those results, Hanna Christiansen (Philipps University Marburg) will present first data of a longitudinal study assessing preschool and school ADHD symptoms in children with and without ADHD as well as emotion regulation. The aim is to identify possibly trajectories of ADHD over the course of one year with the differentiated assessment of different emotion skills (i. e. adaptive vs. maladaptive emotion regulation, emotion knowledge and vocabulary, emotion detection). ADHD symptoms especially in the preschool years are significantly influenced by developmental milestones.

Part 3: Several international studies demonstrated that the youngest children in a class have rates of ADHD diagnoses and stimulant medication use that are up to three times higher compared to those of the oldest children in a class. Simon Harbarth (Philipps University Marburg) will present results on the Conners Early Childhood Scales (CEC; Conners, 2004) that assess ADHD and related symptoms as well as developmental milestone. This study clearly demonstrates a significant influence of delayed development on ADHD symptoms.

Part 4: Finally, Theresa Emser (Philipps-University Marburg) will talk about a therapy study comparing neurofeedback with a self-management treatment (Christiansen et al., 2014) and the mediating role of parental social support for the therapy outcome. It has been shown that parental factors such as hostile and critical parenting negatively influence the course of the disorder and that social support might buffer this effect. The study is still ongoing, but so far results suggest that the larger the parental social support the better the child outcome.

Learning Objectives: To enhance our understanding of early predictors of ADHD symptoms and to identify time periods for effective early interventions as well as possible moderating and mediating factors.

References:

Christiansen, H., Reh, V., Schmidt, M., &, Rief, W. (2014). Slow cortical potential Neurofeedback and self-management training in outpatient care for children with ADHD: study protocol and first preliminary results of a randomized controlled trial. *Frontiers in Human Neuroscience*, doi: 10.3389/fnhum.2014.00943

Conners, C. K. (2004). Conners Early Childhood (TM). Multi-Health Systems Inc.

Salisch, M.v., Hänel, M. & Denham, S. (in press). Emotionswissen, exekutive Funktionen und Veränderungen bei Aufmerksamkeitsproblemen von Vorschulkindern. Kindheit und Entwicklung.

Salisch, M.v., Haenel, M. & Freund, P.A. (2013). Emotion understanding and cognitive abilities in young children. Learning and Individual Differences, 26,15–19.

Tue Sept 20 | 16:00–17:30 | Macleod E1

W35 Medical Malpractice Pitfalls in Child and Adolescent Psychiatry Practice

Waqar Waheed

University of Calgary, Calgary, AB, Canada

Workshop Description: Physicians begin receiving information about medical malpractice in medical school and continue to keep this aspect of clinical care in mind throughout their careers. There are a number of areas of medical malpractice that are recurrent focal points in litigation. (Reich and Schatzberg 2014) In this workshop, there will be a review of the elements requisite for proof of medical malpractice which include a duty of care, standard of care errors, and a direct outcome of adverse outcomes. Areas of focus in this workshop will include general documentation, informed consent, suicide (Sher 2015), confidentiality, incorrect diagnoses, and adverse effects of treatment. This workshop will review these areas of focus and provide a discussion of risk mitigation strategies including perspectives from the Canadian Medical Protective Association (CMPA).

Learning Objectives:

- To provide an overview on the scope of psychiatric malpractice.
- To review the management of common psychiatric problems in the context of medico-legal issues.
- To provide an opportunity for discussion and learning in developing strategies in and for preventing and managing poor outcomes.
- To provide a forum to discuss medico-legal issues amongst clinicians.

References:

Reich, J. and A. Schatzberg (2014). "An empirical data comparison of regulatory agency and malpractice legal problems for psychiatrists." Ann Clin Psych

Sher, L. (2015). "Suicide medical malpractice: an educational overview." Int J Adolesc Med Health **27**(2): 203-206.

CMPA - *Good Practices Guide* https://www.cmpa-acpm.ca/cmpapd04/docs/ela/goodpracticesguide

Tue Sept 20 | 16:00–17:30 | Macleod E2

AP13 FIGHTING WEIGHT STIGMA: "Bodies at Risk"

Shelly K. Russell-Mayhew, Anusha Kassan, Sarah Nutter, Monica Sesma-Vazquez, Nancy Arthur, Angela Alberga, Darren E. Lund, Emily Williams

University of Calgary, Werklund School of Education, Calgary, AB, Canada

Symposia Overview: **Chair: Shelly Russell-Mayhew**

Due to cultural discourses surrounding "society at risk," obesity has become a central issue in our communities governing the way children and youth regard, learn about, live with, and relate to their bodies and the bodies of others. At the same time a growing body of literature points to the harmful consequences of dominant obesity and fat-phobia discourses within educational and health care contexts and the need to develop strategies that disrupt weight-related intolerance, insensitivity, and discrimination.

Weight stigma, referring to when body size is devalued in a social context, has increased in frequency and intensity over the last few decades. Being a recipient of weight stigma can increase vulnerability to anxiety, stress, depression, suicidal thoughts, disordered eating and other mental health problems. This 'academic perspectives' presentation will highlight how weight stigma might influence mental health research, practice, and policy.

Part 1: *Watch Your Language: Referring to "Fat/Obese" Persons in Research and Practice*

Authors: Sarah Nutter & Angela Alberga

Researchers from various disciplines have approached weight stigma from differing perspectives and theoretical orientations. This research examined the similarities among, and differences between, several research disciplines (i.e., psychology, fat studies, medicine, epidemiology, women's studies, health at every size). We examined the discourses each discipline uses to talk about weight and weight bias. Results are discussed with regard to the implications for how language is taken up in research and practice in relation to preference for person-first or identity-first language.

Part 2: *The Personal, Professional, and Political: Perspectives from a Research Team*

Authors: Monica Sesma-Vazquez, Nancy Arthur, Darren Lund, & Emily Williams

Researchers are encouraged to position themselves in relation to the topic of their research. In this study, a group of researchers embarked on a process of polyethnography to encourage reflection and to foster a deeper collective understanding of a common research interest in the topic of weight stigma. This presentation will detail the process we used, including the insights and challenges, professional and politically, experienced in this journey. A content analysis showed that childhood experiences with family, peer interactions, media influences, and gender dynamics strongly influenced interest in research about weight stigma. An overarching theme emerged in which members spoke about their desire to live more authentically in their personal lives and professional roles as researchers.

Part 3: *Considering Intersectionality in Children and Youth: Why Weight?*

Authors: Anusha Kassan, Nancy Arthur, & Monica Sesma-Vazquez

Often times research in the area of weight stigma is focused exclusively on weight as a defining characteristic. In practice, many marginalized identities often intersect. Weight stigma as separate from other identities (i.e., social economic status, ethnicity, sexuality) simplifies the complexities of weight as an issue for consideration in mental health research and practice. Intersectionality will be proposed as a framework for considering how focusing on weight might impact the mental health of children and youth and what is the role of professionals in potentially contribute to prescribe a normativity in relation with what is being 'healthy' ignoring other identities.

Learning Objectives:

This presentation will:

1. highlight the implications of weight stigma on the mental health and wellbeing of children and youth
2. share current research and initiatives that address weight stigma, particularly current controversies about language
3. reflect upon researcher positionality (personally, professionally and politically) in the context of weight stigma research
4. explore intersectionality as a framework for understanding weight in the context of mental health in children and youth

References:

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2. professional is political. *Canadian Journal of Counselling and Psychotherapy, 48,* 171-185.
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Tue Sept 20 | 16:00–17:30 | Macleod E3

O32 Mental Health Policy

O32.1 Understanding Care for Children and Youth with Mental Disorders in Canada

Michelle Parker

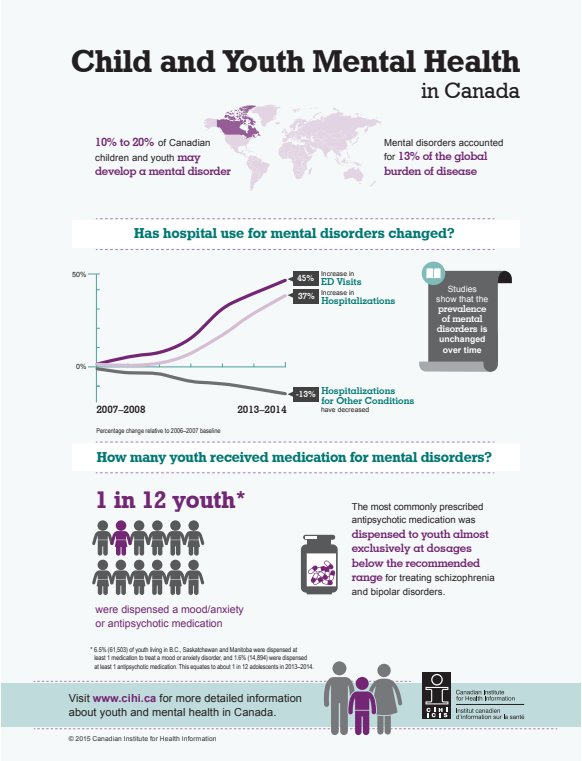
Canadian Institute for Health Information, Toronto, ON, Canada

Introduction: Mental health is a significant concern for Canada's children and youth. An estimated 10-20% may develop a mental disorder. This study examines trends and patterns in the use of services in a hospital-based setting and in the use of psychotropic medications among children and youth.

Methods: This analysis uses data from CIHI's National Ambulatory Care Reporting System (NACRS), Hospital Mental Health Database (HMHDB), Discharge Abstract Database (DAD) and the Ontario Mental Health Reporting System (OMHRS) between 2006–2007 and 2013–2014.

Results: Rates of Emergency Department use have increased 45% and rates of inpatient hospitalizations have increased 37% between 2006-07 and 2013-14. This can be explained mostly by an increase in the rates of youth 10-17 seeking care for Mood and Anxiety disorders. The use of psychotropic medications has increased as well, and can be accounted for mainly by an increasing number of youth living in urban and suburban areas being dispensed SSRIs and the antipsychotic Quetiapine. The latter prescriptions are at doses well below the recommendations for treating psychotic and bipolar disorders.

Conclusions: Continued monitoring of mental health care and improved data on community-based services will help inform decision-makers working to meet care needs and improve service integration across the care continuum.



Learning Objectives: To share important information on hospital service use and the use of prescription medications for children and youth with mental disorders in Canada. This information may help to appropriately target services to those children and youth most in need.

References:

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O32.2 Strategies on General Child and Adolescent Mental Health in the National Plan of Action for Children in Kenya 2015-2022

Ruth N W. Njuguna[1], Naoh M O. Sanganyi[2]

1. Government of Kenya - National Council for Children's Services, Nairobi, Kenya, 2. Government of Kenya - Department of Children's Services, Nairobi, Kenya

Introduction: The Government of Kenya has in place the Mental Health Act, 2013. However, there are still various challenges faced such as negative cultural practices. These practices view those suffering from mental illness as taboo children and there is also a lot of ignorance on mental illnesses. The government together with Stakeholders developed the National Plan of Action for Children in Kenya 2015-2022 which aims to tackle the above challenges. The main **objective** is demystify issues of CAMH at the family, community and national Levels as well as creating awareness to ensure that children and adolescents receive health and psychosocial services.

Methods: Use Area Advisory Councils which comprises of relevant line ministries, faith based organizations, Civil Society and Private Businesses to create awareness.

Use the Nyumba Kumi initiative which is community policing.

There is a mobile application *Vurugumapper* used to report child abuse cases and at least three authorities get the report instantly.

Child protection Centres offer counseling,art therapy and reintegration services. The government also gives social protection to children with severe mental illnesses.

Results: Increased awareness at the family, community and national levels on CAMH

Reduced cases of child abuse due to increased awareness

An increase in children and adolescents receiving mental health and psychosocial services.

Conclusions: Through involvement of families, communities, local and national leaders issues of CAMH will be demystified and the community will be more responsive to children and adolescents suffering from mental illnesses. The children and adolescent will also have an opportunity to live to their full potential

Learning Objectives:

Children with mental health problems suffer severe child abuse in Kenya. This is due to factors such as negative cultural practices, poverty and lack of awareness. The objective of the presentation is to highlight the interventions in place to promote awarness and prevention of child abuse for children and adolescent suffering from mental disorders at the family and community levels through community policing and a mobile application vurugumapper.

References:

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O32.3 Analysis of Brazilian Public Policies for Autism Spectrum Disorders: Between Psychosocial Care and Rehabilitation

Rossano C. Lima, Bruno D. Oliveira

State University of Rio de Janeiro - Social Medicine Institute, Rio de Janeiro, RJ, Brazil

Introduction: This work aims to investigate the similarities and differences presented by the various stakeholders in the current process of formulation and review of policies for autism spectrum disorders in Brazil. The recent release of two different official documents related to autism suggests an apparent dissent in the direction of policies for this population.

Methods: The methodology is a critical analysis of two institutional booklets, launched in 2013 by the Ministry of Health. One is entitled "Guidelines for Rehabilitation of Persons with Autism Spectrum Disorder " and addresses the disorder as belonging to the field of Disabilities. Another, entitled "Care for People with Autism Spectrum Disorders and Their Families in Psychosocial Network of Universal Health System" consider autism as a mental disorder, belonging to the field of psychosocial/mental health system.

Results: There are two apparently antagonistic groups, disputing the primacy of autism care in the policy and welfare spheres. From the analysis of the documents, it can be argued that although the epistemological differences play an important role in dissent in question, they do not act as the main factor of the conflict, since they seem negotiable.

Conclusions: The conclusion is that, apparently, the controversies are related to political disputes by different groups in search of leadership and decision power in the formulation of public policies for autism spectrum disorders in Brazil. It's desirable thate these groups and their stakeholders work together in order to overcome fragmentation and avoid overlapping in the strategies to this population.

Learning Objectives:

- Learning about current health policies on autism spectrum disorders in Brazil.
- Intersectorial discussion about the need of articulating efforts in the care of people with autism spectrum disorders.

References:

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O32.4 The Implementation of the Western Canada Waiting List Children's Mental Health-Priority Criteria Score Instrument: 2002 – 2015 Results

Jason B. Novick[1], David Cawthorpe[2, 3], Alan McLuckie[3]

1. Mount Royal University, Calgary, AB, Canada, 2. Alberta Health Services, Calgary, BC, Canada, 3. University of Calgary, Calgary, AB, Canada

Introduction: Our objective is to investigate the impact of the Western Canada Waiting List project within the Calgary Health Region.

Methods: The Western Canada Waiting List Children's Mental Health-Priority Criteria Score (WCWL-CMH-PCS) Instrument was developed in order to prioritize the delivery of child and youth mental health (CYMH) services through standardized measures of urgency. We draw on two data sets describing the PCS scores among patients who have sought CYMH care. The first data set was collected during the first phase of pilot testing for the WCWL-CMH-PCS Instrument (from January – June 2000), during which trained intake workers applied the PCS items to 817 patients aged 5-18 years throughout the three western provinces. The second data set comprises the application of a refined version of the WCWL-CMH-PCS Instrument to 22 013 patients aged 0-19 throughout the Calgary Health Region from 2002 – 2015. For our analysis, we compare the two samples in order to determine the percentage of patients that correspond to specific risk categories for each priority score.

Results: For the overall pairwise correlation by item, $r = 0.96$ and is statistically significant at the 0.05 level ($p < .05$). We discovered that there are small differences in the assessments of urgency for access to specialized care, severity of symptoms, family and social factors, and the expected results of care between the two samples. The absolute difference per item is not greater than 12.0%.

Conclusions: Overall, the implementation of the WCWL-CMH-PCS Instrument in clinical settings throughout the Calgary Health Region is favourable.

Learning Objectives:

1. To investigate the empirical applicability of the WCWL-CMH-PCS Instrument within clinical settings, as an intervention to enhance the delivery of CYMH services.
2. To examine the influence of the refined WCWL-CMH-PCS Instrument upon the PCS scores of children and adolescents awaiting mental health care within the Calgary Health Region, in comparison with the application of the original instrument to patients throughout the three western provinces.

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Tue Sept 20 | 16:00–17:30 | Macleod E4

W36 Introduction to the Short-Term Assessment of Risk and Treatability: Adolescent Version (START: AV): a Primer on Assessing and Managing Diverse Risks and Needs

Keith R. Cruise[2], Tonia L. Nicholls[1]

1. BC Mental Health & Substance Use Services & University of British Columbia, Coquitlam, BC, Canada, 2. Fordham University, Bronx, NY, USA

Workshop Description: The prevention of violence, suicide, victimization, and other forms of harm is a goal shared by professionals in diverse adolescent mental health, child welfare, and justice services. This task is challenging; despite the high stakes, professionals often receive limited specific education and assistance in methods to support structured decision-making. The Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV) is a concise clinical guide that structures this process. It assesses an adolescent's strengths and vulnerabilities, reflects a balanced consideration of historical and dynamic variables to inform assessments of short-term future risk for a variety of adverse outcomes. This workshop will provide training in the START:AV (Viljoen, Nicholls, Cruise, et al., 2014), a 24-item clinical guide for the dynamic assessment of strengths and vulnerabilities and eight adverse outcomes (violence, non-violent offending, suicide, self-harm, victimization, substance use, unauthorized leave, health neglect). We will briefly review the literature that framed the development of START:AV and supports its utility as a clinical assessment tool, treatment planning guide, and as a research tool. We will then describe the development, design, format, and implementation of START:AV, and provide results from existing and ongoing research. The bulk of the workshop will focus on how START:AV can inform decision-making regarding internalized and externalized aggression, as well as other adverse outcomes relevant to maintaining staff and client safety through a case-based discussion.

Learning Objectives:

At the end of this workshop, participants will be able to:

1. Describe the rationale for the development of a new risk and intervention-planning guide for adolescents, the Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV).
2. Learn how to administer, rate, interpret and implement START:AV assessments in practice.
3. Learn how to translate START:AV results from an assessment of risk to prevention and risk management.

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Tue Sept 20 | 16:00–17:30 | TELUS 101-102

SG12 Neuroimaging in Child and Adolescent Psychiatry – Challenges, Implications and Research

Sowmyashree M. Kaku, John Vijay S. Kommu

National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, KA, India

Study Group Description: Neuroimaging in Child and Adolescent Psychiatry is currently gaining popularity among clinician-researchers despite the innumerable practical challenges of imaging a child with an illness. The dynamic changes which go on during development have opened unexplored

areas for probing, as abnormal trajectories cause a wide array of neuropsychiatric disorders.

Our special interest group discussion will focus on understanding the problem areas of neuroimaging research with children diagnosed with a psychiatric illness or a neurodevelopmental disorder. The discussion would include potential challenges in various domains like – diagnostic clarification, child's abilities, parental concerns, comorbidities, ethical issues and practical problems related to imaging. Recent progress in computational neuroscience and neuroradiology has seen many novel neuroimaging modalities being used in ASD research. Functional Magnetic Resonance Imaging, Diffusion Tensor Imaging, Magnetic Resonance Spectroscopy, Resting state Functional connectivity etc., have dominated literature. These techniques will be discussed with their implications. The group discussion will also throw light on some of the recent neuroimaging findings from across the globe which has a potential impact on our understanding of child and adolescent psychiatric disorders, along with lessons learnt from our collaborative experience with neuroradiology and neuroanesthesia.

Learning Objectives: This special interest group would benefit professionals and will help them learn about current trends in neuroimaging research, challenges at the clinic, hurdles during image acquisition and image processing, and translation of findings with the available resources in their country. We also hope to find solutions to some of the practical difficulties in image acquisition and data analysis in countries with lesser resources.

References:

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Tue Sept 20 | 16:00–17:30 | TELUS 108-109

RS18 Syrian Children Exposed to War: Opportunities for Community and School–based Interventions

John Fayyad[1], Amira Seif ElDine[2], Nahla Haj Hasan[3], Hesham Hamoda[4]

1. EMACAPAP, Beirut, Lebanon, 2. EMACAPAP, Cairo, Egypt, 3. EMACAPAP, Syria, 4. Department of Psychiatry, Boston Children's Hospital and Harvard Medical School, Boston, MA, USA

Symposia Overview: Wars have raged in many parts of the world in recent years, and children in the Middle –East from countries like Iraq, Libya, Lebanon, Syria, Yemen, Sudan and the Palestinian territories have been exposed to severe war events. In Syria, the war has raged since 2011, resulting in millions of internally displaced families, and millions of Syrian refugees who are now in Lebanon, Jordan, Egypt and Turkey, with recent waves of refugees reaching Europe and North America. These refugees are at a high risk for mental disorders given the extreme levels of war trauma they have experienced, coupled with the very low level of social support they receive and hardships they endure when leaving their homes either to another location within Syria, or to neighboring countries. Given the paucity of trained child mental health professionals and the vast numbers of children in need of mental health services in these countries, models need to be developed whereby large numbers of children can be reached using evidence-based strategies for prevention and intervention. International and national Non-Governmental Organizations (NGOs) have a role a play in providing psychosocial support to Refugee families, but their interventions are not evidence-based. Child and Adolescent Psychiatrists and Psychologists in these countries have a major role to play at a public health level, both in terms of defining the magnitude of needs of the population, as well as planning the best methods of reaching the largest number of children and adolescents.

In this symposium organized by the Eastern Mediterranean Association of Child and Adolescent Psychiatrists and Allied Professionals (EMACAPAP), four presentations will address the above issues.

Part 1: Psycho-social Profile of Syrian Refugees in Egypt

Dr Nahla Haj Hasan from Syria will present data on the mental health of internally displaced Syrian children from her vantage point of manager of Mental Health and Psychosocial Support within the Syrian Red Crescent organization.

Part 2: Mental Health of Internally Displaced Syrian Children and Adolescents

Dr Amira Seif ElDine will present data from a Cognitive Behavioural Therapy (CBT) intervention conducted in three sites in Egypt for Syrian refugee children in a project conducted in association with UNICEF

Part 3: Interventions for Syrian Refugee Children and Families

Dr John Fayyad will present data from intervention programs for Syrian Refugee children and adolescents in Lebanon in both community and school settings, describing the evidence collected for efficacy and the training activities implemented for dissemination of these interventions in order to reach the largest number of children.

Part 4: The WHO-EMRO School Mental Health Program: Opportunities and Challenges

Dr Hecham Hamoda from the USA will describe the School Mental Health Program developed by the World Health Organization for the EMRO region, highlighting the opportunity of introducing programs that would reach and impact school populations who are in urgent need of mental health services, both during peace- and war-time.

Tue Sept 20 | 16:00–17:30 | TELUS 111

W37 Psychodynamic Psychotherapy with Children and Adolescents: Seeking The Good, The Bad and The Beautiful!

Nanette Gerlach[2], Suzanne H. Dean[1]

1. Monash University, Melbourne, VIC, Australia, 2. Federation University, Ballarat, VIC, Australia

Workshop Description: Child and adolescent mental health works in an evidence-based bio-psycho-social theoretical framework, allowing clinicians to view the difficulties of the young person and his/her family holistically. In parallel, the developing young person internalises and mentalises experience, striving towards a sense of a whole self relating to others in a fulfilling way. Pushing against this striving, in the flow of child development, is the need to separate or split off negative experiences while idealising others, further requiring integration or merging towards a whole, as development procedes. This workshop reveals how these splits can result in a self severely divided along many lines, with an internal world of correspondingly divided relationships with others. The inflexibility of these splits usually underlies psychopathology. Often, they must become the focus of psychotherapy. Using interpretation of the internal world and interpersonal relationships, including the therapeutic relationship, psychodynamic psychotherapy encourages the young person to seek "The Good", "The Bad" and "The Beautiful" and other such internalisations, with insight leading on to integrating experiences into a more holistic way of being, and more appropriate behaviour. The workshop will use case vignettes to reveal this process unfolding. In interactive discussion, attendees can then explore deeper understandingsof psychodynamic theories, particularly Psychoanalytic Object Relations Theory, concerning emotional life, internalisation, splitting and integration of experience. Exploration of the application of such theories in the action of psychotherapy, what blocks or facilitates progress in psychotherapy, can also follow. The workshop will provide information concerning the evidence base to which this work relates.

Learning Objectives:

1. To consolidate understanding of how psychodynamic psychotherapy for children and adolescents is grounded in an evidence-based bio-psycho-social framework, which takes a holistic view of young people and families, and has claims to aconsiderable evidence base itself..
2. To consider the process of internalisation and the formation of the experiential internalisation of world of internal objects, which split and merge during development across childhood and adolescence, with inflexible splitting resulting in potential psychopathology, according to Psychoanalytic Object relations Theory.
3. To explore how the processes of psychodynamic psychotherapy, including those of the therapeutic relationship, facilitate understanding of splitting and psychic integration in children and adolescence.

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Wed Sept 21 | 09:00–10:30 | Acadia A

W38 Ethical Considerations of Medical Decision-Making Capacity in Pediatric Consult-Liaison Psychiatry

Polina J. Anang[1], William P. Fleisher[2], Ruth Russell[3], Leonard Schwartz[4], Claire De Souza[5]

1. Assistant Professor, Child and Adolescent Mental Health, Department of Psychiatry, University of Manitoba, Winnipeg, MB, Canada, 2. Professor, Department of Psychiatry, College of Medicine, University of Manitoba, Winnipeg, MB, Canada, 3. Associate Professor, Montreal Children's Hospital, McGill University Health Centre, Montreal, QC, Canada, 4. Assistant Professor, Department of Psychiatry, College of Medicine, University of Manitoba, Winnipeg, MB, Canada, 5. Assistant Professor, Department of Psychiatry, Hospital for Sick Children, University of Toronto, Toronto, ON, Canada

Workshop Description: Canadian law recognizes that decision-making capacity is not tied strictly to age. Some Canadian provinces define 14 or 16 years old as capable of appreciating the nature and consequences of medical treatment, while others leave it to be determined on a case-by-case basis.

An adolescent's ability to envisage the consequences of important decisions may be affected by 'adolescent turmoil', immature emotional responses, and a relatively incomplete capacity to appreciate long-term consequences of such choices. Notwithstanding, the notion of autonomy is viewed as pivotal to mature adult agency, and the line between adolescence and adulthood will remain arbitrary despite best efforts to base it on scientific data.

This workshop will focus on legal and ethical considerations regarding obtaining informed consent from minors, which is not an uncommon dilemma for Pediatric Consult-Liaison services to be involved in. Canadian and International guidelines will be reviewed to compare various definitions of "capacity to understand consequences of treatment and all available options" and "rational and voluntary" decision making. An interactive case-based approach will be used, with some further attention on children in foster care and children from diverse ethnic/indigenous backgrounds.

Learning Objectives:

By attending this workshop, the participant will:

1. Understand ethical implications of medical decision-making capacity assessment of minors

2. Be able to compare existing guidelines from various Canadian and International regulatory bodies
3. Address ethical dilemmas relating to obtaining consent from children in foster care, and ethnically diverse/indigenous youth

References:

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Wed Sept 21 | 09:00–10:30 | Glen 204

W39 Maximising Quality and Effectiveness of In-Patient Treatment in UK, Norway and Estonia: It's the Process that Counts

Simon Wilkinson[1], Harriet Clarke[2], Elis Haan[3]

1. Akershus University Hospital, Lørenskog, Norway, 2. Royal College of Psychiatrists, London, United Kingdom, 3. Ministry of Social Affairs, Tallinn, Estonia

Workshop Description: The QNIC model, developed in the UK, involves a system for improving reflection on clinical practice and the sharing of good practice between services through an integrated audit system. This consists of self-assessment and follow-up peer review including stakeholder feedback, utilising standards of good practice developed and up-dated by the participating units. It has add-on potential to enable the units to benchmark their treatment results against the network norms (QNIC-ROM: research outcome measures), and to accredit units with good performance. The model is now being adapted for use in Norway and Estonia using nationally refined standards, retaining the general format of QNIC. The model and how it is being generalised to other cultures with different legal frameworks and economic resources will be illustrated and used to mobilise workshop discussion.

Learning Objectives: Participants will leave the workshop with the belief that they can adapt the standards of good practice developed by QNIC to the legal system, culture and usual ways of doing things in their own country, regardless of whether they operate in a national health system or privately. They will be familiar with the review process and yearly audit cycle. They will be aware of the role young people, parents and user-organisations can play in the process. Regardless of the state of health of their nation's economy, their country could aim for a network of self-learning in-patient units. Those from countries with the need to accredit units and measure their treatment results can learn how the model can be extended, as in the UK but not Norway or Estonia, to include the possibility for accreditation and benchmarking treatment results against those achieved in the network.

References:

https://www.rcpsych.ac.uk/quality/quality,accreditationaudit/qnic1.aspx

http://www.akuttnettverket.no/Aktuelt/2015/Pilotprosjekt (in Norwegian)

Wed Sept 21 | 09:00–10:30 | Glen 205

AP14 Combating Stigma in Child and Youth Mental Health: From Neurons to Neighbourhoods

Gina Dimitropoulos[1], Paul D. Arnold[1], Frank MacMaster[1], Stephanie Knaak[2], Romie Christie[2], Alan McLuckie[1], Michael Stubbs[1]

1. University of Calgary, Calgary, AB, Canada, 2. Mental Health Commission of Canada, Calgary, AB, Canada

Symposia Overview: Despite major advances in our understanding of and ability to treat psychiatric disorders, stigma remains a major issue in child and youth mental health (CYMH). Stigma worsens the burden of illness on individuals with psychiatric disorders and their families, increases the sense of isolation, and acts as a barrier for seeking and accessing care to ameliorate symptoms and improve quality of life. The overall objective of this session is to provide an Academic Perspective on how researchers, clinicians, policy makers, program providers and service users and their families can work together to prevent and/or fight stigma in child and youth mental health. In this integrated series of presentations, we will offer multi-disciplinary perspectives (genetics and neurobiology, social work, psychiatry, Mental Health Commission of Canada [MHCC]) on the problem of stigma and discuss approaches to mitigating its impact. Integrating such broad perspectives within a single multi-faceted symposium demonstrates how clinicians, academics, researchers, community-members and service users can collaborate to dismantle silos within the CYMH system and to challenge stigma. This Academic Perspectives session will end with a dynamic discussion, with the panel engaging the audience and encouraging them to provide their perspectives based on experiences in different settings and across cultures.

Part 1: Dr. Dimitropoulos will begin with a brief overview of the session and introduce a presentation featuring persons with lived experience and family members describing their experience of stigma.

Dr. Arnold will then discuss the impact of rapidly advancing knowledge in the genetic and neurobiological underpinnings of mental health and its potential effects on addressing stigma. He will provide examples of neuroscientific based psychoeducation which shows promise in combating stigma.

Part 2: Dr. McLuckie will review the social determinants of stigma, and its associated consequences (including financial costs) for individuals, families and society-at-large.

Part 3: Dr. Knaak will report on HEADSTRONG, an innovative evidence-based school anti-stigma program based on the summit model. She will explain why the summit model was chosen to deliver an anti-stigma message to young people across Canada, how it is delivered, and how youth are inspired to take anti-stigma messages back to students in their respective schools. She will provide highlights from an evaluation of the rollout of HEADSTRONG across Canada.

Part 4: Dr. Stubbs will provide a clinical perspective on stigma as it affects treatment seeking behaviours in transition age youth, family/guardian involvement in care and treatment provision within a healthcare team. He will discuss strategies

for increased awareness, improved assessment and engagement in this population.

Learning Objectives: The overall objective of this session is to provide an Academic Perspective on how researchers, clinicians, policy makers, program providers and service users and their families can work together to prevent and/or fight stigma in child and youth mental health.

References:

Dimitropoulos, G., Freeman, V., Muscat, S., Domingo, A., McCallum, L. (2016). "You don't have anorexia, you just want to look like a celebrity": perceived stigma in individuals with anorexia nervosa. Journal of Mental Health, 25 (1): 47-54.

Kutcher, S. & **McLuckie, A.** (2013). Evergreen: Creating a national child & youth mental health framework for Canada. *Psychiatric Services, 64*(5), 479-482.

McLuckie, A., Kutcher, S., Wei, Y., & Weaver, C. (2014). Sustained Improvements in students' mental health literacy with use of a mental health curriculum in Canadian schools.*BMC Psychiatry, 14*(379).

Stuart H, Chen SP, **Christie R**, Dobson K, Kirsh B, **Knaak S** et al. Opening Minds in Canada: Background and rationale. *Canadian Journal of Psychiatry*, 2014a;59(10 Suppl 1):S8-S12http://publications.cpa-apc.org/cjp/2014/supplement/index.html#/10/

Stuart H, Chen SP, **Christie R**, Dobson K, Kirsh B, **Knaak S** et al. Opening Minds in Canada: Targeting change. *Canadian Journal of Psychiatry*, 2014b;59(10 Suppl 1):S13-S18.http://publications.cpa-apc.org/cjp/2014/supplement/index.html#/14/

Wed Sept 21 | 09:00–10:30 | Glen 206

O33 Treatment and Outcome of Autism

O33.1 Children with Autism Growing Up 10-15 Years Follow Up Study

Ahmed M. Al-Ansari[1], Haitham A. Jahrami[2], Mohammed N. Khonji[2], Maisa M. Khunaizi[2]

1. Ministry Of Health - School Health, Manama, Bahrain, 2. Ministry of Health - Psychiatry Hospital, Manama, Bahrain

Introduction: Introduction: Autism continue into adolescent and adult life with varied outcome. Thus, knowledge on long-term prognosis in autism is scarce.

Methods: Methods: Cross-section study design of children with autistic spectrum disorders diagnosed in early childhood were conducted 10-15 years later to assess their social adjustment and function. Interviews were conduct face-to-face or by telephone by a blind examiner. A data collection form was designed for the study with completed information about demographics, social class, presence of medical or physical problems, independent living, work relationships and benefits from rehabilitation as assessed by the relatives and the examiner. Cases were not interviewed or examined.

Results: Results: Fifty-nine parents were interviewed out of 80 (74%). Mean age at interview was 17.3 years, male: female ratio 4:1. About one third 30% of samples had intellectual disability all attended rehabilitation centers, and one third attended regular school. Currently 42% are living at home and 47% still attending day care centers. 10% are in regular school system. The benefit from rehabilitation was almost identical between the relatives and the blind examiner. The long-term benefits were not associated with gender, parent education-occupation, social class. Children with autism only were more represented in the marked improved group.

Conclusions: Conclusion: Fifty-nine cases with autism were followed up for 10-15 years showed social improvement with different degree, some remain dependent on others for support. This study provides some insight on potential prognostic indicators, but more research is needed to make more solid conclusions.

Learning Objectives:

- Assess the social function of children with autism as adolescent or adult.
- Assess benefit from day care programs.

References:

1 Howlin P1, Mawhood L, Rutter M. - journal of child psychology and psychaitry and allied discplines, 2000, 41, : 561 - 578

O33.2 How Adolescents with Autism Spectrum Disorders (ASD) Spontaneously Attend to Real-Life Scenes: Use of a "Change Blindness" Paradigm

Michal Hochhauser[1], Ouriel Grynszpan[2]

1. University of Haifa, Haifa, Israel, 2. Pierre Marie Curie University, Paris, France

Introduction: Current behavioral research in Autism Spectrum Disorders (ASD) argues in favor of a dissociation between superior abilities in detecting visual details and deficient visual attention towards relevant social signals. The component of visual attention was assessed through "change blindness", a perceptual occurrence that transpires when a change in a visual stimulus is introduced and the observer does not notice it straightaway. The objective was to compare the visual attention of adolescents with and without (ASD) when viewing real-life stimuli by measuring the response times between the time observers were asked to search for a change in a visual stimulus task and the time they detected the change.

Methods: Twenty-eight adolescents with high-functioning ASD aged 12- 18 years and 25 matched TD adolescents viewed 36 pairs of digitized photographs. Each pair was identical apart from a single difference in the presence or absence of a particular item. This item was either a central component of the scene depicted on the photograph or was a marginal detail. The images were displayed in a 'flicker paradigm' whereby the item alternately appeared and disappeared.

Results: As expected marginal details were harder to detect than central components of the scenes. However, the pattern of response times did not differ significantly between the two groups of participants.

Conclusions: Adolescents with ASD did not demonstrate different change blindness behavior compared with TD. These results, although supported by previous findings using a similar paradigm, challenge the hypothesis of superior visual detection abilities in ASD and warrant further analysis.

Learning Objectives: To shed light on the spontaneous attention of adolescents with ASD to environmental stimulants when engaged in real-life settings.

References:

Burak, J.A., Joseph, S., Russo, N., Shore, D., Porporina, M., & Enns, J. (2009). Change Detection in Naturalistic Pictures Among Children with Autism. *Journal of Autism and Developmental Disorders, 39*(3), 471-479.

O33.3 The Impact of Brief In-Patient Parent Training for Home Based Interventions for Children with Autism Spectrum Disorder in India

Kuppili Pooja Panchal, Shoba Srinath, Satish Girimaji, Shekhar Seshadri, Anirban Ray, John Vijay Sagar Kommu

National Institute of Mental Health and Neurosciences, Bangalore, KA, India

Introduction: The present study aims to assess the impact on the child and parents of a brief in-patient parent training for home based interventions for children with Autism Spectrum Disorder (ASD) in India.

Methods: The sample consisted of 20 families with children diagnosed as having ASD admitted in a tertiary care centre. Baseline assessments were done using Childhood Autism Rating Scale-2 (CARS-2), Autism Treatment Evaluation Checklist (ATEC) and Autism Parenting Stress Index (APSI). Parents received daily individualised sessions focusing on psychoeducation, inputs to improve parent-child interactions, skill development and management of co-morbidity during their 2 weeks admission. Parents were re-assessed after 3 months of discharge using ATEC and APSI for changes in the child and parents.

Results: The mean age of the children was 4.5 years (SD=1.7) with a male to female ratio of 4:1. ATEC scores decreased from baseline (mean=93.25, SD=20.04) to follow up (mean=67.55, SD=22.55). APSI scores also decreased from baseline (mean=22.70, SD=10.80) to follow-up (mean=18.80, SD=12.09). These score reductions were statistically significant (p=0.001). The differences between ATEC and APSI scores on baseline and follow-up were positively correlated (r=0.605) and correlation was statistically significant (p=0.005).

Conclusions: It is possible to coach parents for home based interventions during brief hospital admission. Parents were able to learn and practise skills training and behaviour management principles at home. Definite gains were noted in child's symptoms and functioning. Parental stress was noted to be reduced and directly related to child's improvement.

Learning Objectives:

1. Brief in-patient parent training is feasible and beneficial in coaching parents for home based interventions for ASD.
2. Content of the intervention to be delivered to the parents will be discussed in the paper.

References:

1. Rahman A, Divan G, Hamdani SU, Vajaratkar V, Taylor c, Leadbitter K, Aldred C, Minhas A, Cardozo P, Emsley R, Patel V, Green J. Effectiveness of the parent-mediated intervention for children with autism spectrum disorder in south Asia in India and Pakistan (PASS): a randomised controlled trial. Lancet Dec-2015.
2. Green J, Charman T, McConachie H, Aldred C, Slonims V, Howlin P, Couteur AL, Leadbitter K, Hudry K, Byford S, Barrett B, Temple K, Macdonald W, Pickles A, and the PACT Consortium. Parent-mediated communication-focused treatment in children with autism (PACT): a randomised controlled trial. Lancet 2010; 375: 2152–60

Wed Sept 21 | 09:00–10:30 | Glen 208-209

W41 Confronting Hiccups to Blackholes: Psychodynamic Understanding in Therapeutic Work with Children and Adolescents

Roslyn Webb[2], Suzanne H. Dean[2], Cherelyn Lakusta[3], Jill Pullen[2], Bruce Tonge[2]

1. Victoria University, Melbourne, VIC, Australia, 2. Monash University, Melbourne, VIC, Australia, 3. University of Calgary, Calgary, AB, Canada

Workshop Description: While for some decades mainstream mental health services have focussed almost exclusively upon therapeutic programs claiming behaviourist or cognitive-behaviourist roots, psychoanalytic approaches have continued to thrive and progress around the world. The understanding afforded by a range of psychanalytic theories continues to develop apace. This workshop will begin by reviewing the scientific evidence base for psychoanalytic psychotherapy and understanding with children and adolescents, including recent controlled study research in Australia. It will then highlight the importance of the psychoanalytic developmental model, and psychic adaptations made by the child or young person in response to challenges felt to be insuperable, including recourse to psychic retreats and the development of a false self, that denies and masks the profound and intolerable anxieties and their associated internal world of experience. Adolescent case material will be presented to illustrate how "hiccups" in development can extend along an elastic bridge to the experience of "blackholes". In the ensuing discussion, participants will be invited to share their own clinical work as relevant, and bring their questions about psychoanalytic approaches. Through these interactive means, workshop participants can expect to enhance their knowledge of psychoanalytic theory and approaches in practice with children and adolescents. Considered will be psychodynamic formulation of case material, moving from formulation to therapeutic planning, the critical role of the family, the place of the therapeutic relationship in this work, and how psychoanalytic thinking underlies psychotherapeutic approaches generally, all in the context of a strengthening evidence base.

Learning Objectives:

1 Enhance knowledge of psychdynamic theory, especially of child and adolescent development, and of psychopathology relating to psychic retreats and the false self in children and adolescents

2 Appreciate new learnings concerning the evidence base of psychoanalytic psychotherapy

3 Enhance understanding of psychoanalytic approaches in practice with children and adolescents, especially of psychodynamic formulation, therapeutic planning, the critical role of the family, the therapeutic relationship, and the psychoanalytic understanding of change

References:

Pullen,J. Tonge,B. & Beaufoy, J. (2011). A four year natualistic follow up exploring the effectiveness of psychoanalytic psychotherapy for adolescents with serious mental illness. Paper presented at the

Society for Psychotherapy Research 42nd International Meeting, Bern, Switzerland.

Barrington, J., Prior, M., Richardson, M., & Allen, K. (2005). Effectiveness of CBT versus Standard Treatment for childhood Anxiety Disorders in a community clinic setting. Behaviour Change, 22 (1), 29-43.

Winnicott, D.W. (1965). Ego distortions in terms of the true and false self. In D.W. Winnicott, The maturational processes and the facilitating environment Int. Psycho-Anal. Lib., 64. 1-276. London: Hogarth.

Steiner, J. (1993). Psychic retreats: Pathological organisations of the pseronality in psychotic, neurotic, and borderline patients. New York: Routledge.

Briggs, S. (2002). Working with adolescents: A contemporary psychodynamic approach. London: Palgrave Macmillan.

Wed Sept 21 | 09:00–10:30 | Macleod E1

W42 The CanREACH Pediatric Pharmacology Program Continuing Medical Education: History and Implementation Methods

Abdul Rahman[1], Geraldine Farrelly[2], Samuel Chang[1], Eden McCaffrey[1]

1. Alberta Health Services, Calgary, AB, Canada, 2. University of Calgary, Calgary, AB, Canada

Workshop Description: The pediatric pharmacology program was developed by Peter Jensen founder and CEO of the reach institute. This workshop will review the developmentat history of the program and how it has been implemented to date. This workshop integrates with a two other presentations that provide the evidence base of CanREACH.

Method: he workshop will include the following topics: 1) Description of present CanREACH purpose, mission, governance, and structure. 2) Presentation of developmental timelines from concept formation in 2006 to funding and program impelmentation in 2012. 3) Detailed review of the curriculum contents and guidelines for training requirements for implmentation.

Audience: This workshop has appeal for anyone wishing improve their ability to screen, assess, manage and treat pediatric mental health issues in private or general practice.

Learning Objectives:

- Learn how to treat pediatric pharmacology medication in primary mental health
- Learn how to assess pediatric pharmacology medication in primary mental health
- Learn how to manage pediatric pharmacology medication in primary mental health

References:

thereachinstitute.org

Wed Sept 21 | 09:00–10:30 | Macleod E2

RS19 Structural and Functional Imaging Studies in Far East Asian Children and Adolescents with Attention-Deficit Hyperactivity Disorder

Susan S. Gau[1], Akemi Tomoda[2], Bung-Nyun Kim[3, 4, 5], Johanna Inhyang Kim[3]

1. Department of Psychiatry, National Taiwan University Hospital and College of Medicine, Taipei, Taiwan, 2. Research Center for Child Mental Development, University of Fukui, Fukui, Japan, 3. Division of child and adolescent psychiatry, Department of Psychiatry, Seoul National College of Medicine, Seoul, Korea, 4. Laboratory of Clinical Neuroscience and Development, Graduate School of Medical Science and Engineering, KAIST, Daejeon, Korea, 5. KI for Health Science and Technology, KAIST Institute, Daejeon, Korea

Symposia Overview: Chair: BN Kim, SS Gau

Despite evidence of deficits in a wide range of neuropsychological function in children and adolescents with attention-deficit hyperactivity disorder (ADHD), neural substrates underpinning these deficits have not been well studied. This symposium consists of three main papers based on the analyses of structural and functional imaging (resting-state or task), genetics, and neuropsychological functions to improve our understanding of mental illness in ADHD using the state of the art imaging methodology.

Part 1: Dr. Kim will present his work on the association of *GRIN2B*, an NMDA receptor-related gene, and the dopamine receptor D4 (*DRD4*) gene exon III variable number tandem repeats 2-repeat allele with local resting-state functional connectivity (static regional homogeneity) in 67 children and adolescents with ADHD and 44 controls. There were significant diagnosis ($p < 0.001$) and interaction ($p = 0.02$) effects of *GRIN2B* on static ReHo in the left superior parietal cluster, and the ReHo value was positively correlated with the Children's Color Trails Test interference scores in the ADHD with T allele subgroup ($p = 0.012$). There were also significant diagnosis ($p < 0.001$) and interaction ($p = 0.03$) effects of the *DRD4* gene on the dynamic ReHo SD in the right superior parietal cluster. These results suggest that alterations in neurotransmission of glutamate and dopamine in ADHD may contribute to abnormalities in local functional connectivity and its dynamic repertoire.

Part 2: Dr. Tomoda compared the brain activity involved in reward processing among five patients with reactive attachment disorder (RAD), 17 patients with ADHD and 17 TD, who performed tasks with high and low monetary rewards while undergoing fMRI assessment. They found that ADHD patients showed that striatal and thalamus activities only in the tasks with low monetary reward were lower than TD. RAD patients showed decreased activity of the caudate, putamen and thalamus during both the high and low monetary reward conditions. Significantly reduced activity in the caudate and nucleus accumbens was observed during the high monetary reward condition in RAD compared to TD.

Part 3: Dr. Gau investigated neurobiological underpinnings of intraindividual variability (IIV) assessed by ex-Gaussian parameters of reaction time in 55 children and adolescents

with ADHD and 55 matched controls based on voxel-based morphometry analysis of gray matter and white matter. For GM, increased τ was associated with increased regional volume in the right superior temporal gyrus, right posterior insula and bilateral cerebellum in youths with ADHD. There was significant group-by-σ interaction in cingulate cortex and thalamus, and significant group-by-τ interaction in the right inferior frontal gyrus. For WM, increased σ was associated with increased regional volume in the left uncinate fasciculus and bilateral inferior cerebellar peduncle, and with decreased regional volume in the left superior corona radiata. τ was positively and negatively associated with the right anterior corona radiate volume, and the right posterior limb of internal capsule volume, respectively. There was significant group-by-σ interaction in the genu of corpus callosum and significant group-by-τ interaction in the right anterior corona radiata, left splenium of corpus callosum, and arbor vitae of bilateral cerebellum.

Learning Objectives:

1. Alterations in neurotransmission of glutamate and dopamine in ADHD may contribute to abnormalities in local functional connectivity and its dynamic repertoire.
2. Dopaminergic dysfunction also occurs in the striatum of youths with reactive attachment disorder.
3. Atypical neuroanatomy is associated with increased intraindividual variability in youths with ADHD.

References:

1. Lin HY, Gau SS, *et al*. (2013): Neural substrates of behavioral variability in attention deficit hyperactivity disorder: based on ex-Gaussian reaction time distribution and diffusion spectrum imaging tractography. Psychol Med:1-14.
2. Lin HY, Hwang-Gu SL, Gau SS. (2015): Intra-individual reaction time variability based on ex-Gaussian distribution as a potential endophenotype for attention-deficit/hyperactivity disorder. Acta Psychiatr Scand 22(10):12393.
3. Adams J, Crosbie J, *et al* (2004). Glutamate receptor, ionotropic, N-methyl D-aspartate 2A (GRIN2A) gene as a positional candidate for attention-deficit/hyperactivity disorder in the 16p13 region. *Molecular Psychiatry, 9*(5), 494-499.
4. Lesch KP, Merker S, *et al*. (2013). Dances with black widow spiders: dysregulation of glutamate signalling enters centre stage in ADHD. *European Neuropsychopharmacoly, 23*(6), 479-491.

Wed Sept 21 | 09:00–10:30 | TELUS 101-102

O34 User's and Family's Perspective of Mental Health Services

O34.1 Qualitative Study on Caregiver's Burden, Experiences and Unmet Needs of Parents having Children with Specific Learning Disorder (SLD)

Rajesh Sagar, Vandana Choudhary, Ramandeep Pattanayak

All India Institute of Medical Sciences (AIIMS), New Delhi, DL, India

Introduction: Parents play a significant role in the recognition, management and care of the children diagnosed with SLD. Further, there is likely to be significant objective burden (time, social curtail, finances) as well as subjective burden (guild, sadness etc) associated with caregiving for child with SLD. Since parents are also stakeholders and users of the services, it is important to gather their perspectives on their experiences with the educational system, clinical srvices and gain insight into their unmet expectations and no a need asessment.

Methods: A total Five focus group discussions (FGDs) were conducted with parents of children (age 8-15 years) with mixed SLD. Each group comprised of 4-8 participants. FGDs held in a variety of settings including government/public setting (3FGDs), private settings (1 FGDs) and NGO (1 FGDs). A format for moderation was made to bring uniformity across groups. Thematic analysis method was used to obtain various themes and sub-themes.

Results: A considerable subjective and objective burden was evident in the parents. Additionally, several unmet needs emerged across the FGDs i.e. dearth of the learning materials for SLD children, poor awareness among schools regarding provision for SLD, provisions limited to certain level of schooling, few available special courses etc.

Conclusions: Parents are the primary caregivers for children with SLD and it appears that there are many unmet demands and expectations at present. It is important to keep parental perspectives in mind while planning the policies and other measures for children with SLD.

Learning Objectives:

- obtain parent's experiences of burden
- obtain insights into unmet needs and expectations
- obtain insigts into aspects of parent's mental health that should be incorporated in treatment planning
- obtain insights into policy and planning

References:

1. Dawson, S., Manderson, L. and Tallo, V.L., 1993, A Manual for the Use of Focus Groups, International Nutrition Foundation for Developing Countries (INFDC), Boston.
2. Pearlin LI. The social contexts of stress. In L. Goldberger and S. Breznitz (Eds.), Handbook of stress: Theoretical and Clinical aspects 2nd ed. New York: Free Press. 1993; pp. 303-15.
3. Pearlin L, Mullan J, Semple S, et al. Caregiving and the stress process: An overview of concepts and their measures. Gerontologist 1990; 30: 583 -94.
4. Karande S, Kulkarni M. Poor school performance. Indian J Pediatr 2005;72:961-7
5. Karande S, Mehta V, Kulkarni M. Impact of an education program on parental Knowledge of specific learning disability. Indian J Med Sci 2007;61:398-406.
6. Karande S, Kumbhare N, Kulkarni M, Shah N. Anxiety levels in mothers of children with specific learning disability. J Postgrad Med. 2009;55:165-70.
7. Karande S, Kulkarni S. Quality of life of parents of children with newly diagnosed specific learning disability. J Postgrad Med. 2009;55:97-103.
8. Karande S, Bhosrekar K, Kulkarni M, Thakker A. Health-related quality of life of children with newly diagnosed specific learning disability. J Trop Pediatr. 2009;55:160-9.
9. Karande S, Mahajan V, Kulkarni M. Recollections of learning-disabled adolescents of their schooling experiences: A qualitative study. Indian J Med Sci 2009;63:382-91.
10. Karande S, Kuril S. Impact of parenting practices on parent-child relationships in children with specific learning disability. J Postgrad Med. 2011 ;57:20-30.

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12. Saravanabhavan S, Saravanabhavan RC. Knowledge of learning disability among pre- and in-service teachers in India. Int J Spec Educ 2010;25:133-9.
13. Saravanabhavan S, Saravanabhavan RC. Attitudes toward disabilities across cultures. Educ Theory Pract. 2001;23:49-60.

O34.2 Subjective Experiences and Quality of Life in Siblings of Children with Intellectual Disabilities: a Review of Literature

Sundar Gnanavel[1], Rajesh Sagar[2]

1. Northamptonshire NHS Trust, Kettering, United Kingdom, 2. AIIMS, New Delhi, DD, India

Introduction: Compared to siblings of normally developing children, siblings of children with intellectual difficulties experience more burden and undergo unique subjective experiences that determines their quality of life. This review summarises the available evidence in this less researched but important field.

Methods: PubMed, PsycINFO and Cochrane Library databases were searched manually for relevant studies by two independent reviewers. Both qualitative and quantitative studies were considered. However, non English literature and grey literature were not considered.

Results: Subjective wellbeing (SWB) is defined as a positive state of mind involving the whole life experience encompassing satisfaction and happiness while Quality of life (QoL) describes overall well-being resulting from a complex interaction of health, standards and relationships. Some of the predictors for SWB included affiliate stigma, self esteem, social support and positive aspects of care-giving. The psychosocial moderating factors for QoL included caregiver burden, stigma, self esteem, social support and positive meaning in care giving.

Early evidence focused on the negative outcomes including reduced parental attention, emotions like worry and social embarrassment. However, recent research has highlighted positive aspects including growing more empathetic towards those with disabilities.

Targeted intervention in groups and developing social support networks has shown early promise. The major challenges in sibling research include lack of control group, confounding factors such as age, number of siblings and other environmental differences.

Conclusions: More research on the moderating variables determining the SWB and QOL as well as possible interventions that can provide hope and inspiration in this unique but less researched group holds plenty of promise.

Learning Objectives:

1. Unlike previously believed, siblings of children with intellectual disabilities also experience positive subjective experiences in addition to negative experiences.
2. Targeted interventions hold plenty of promise in siblings of children with intellectual disabilities in improving their psychological outcomes.

References:

1. Begum, G., Blacher, J. (2011). The siblings relationship of adolescents with and without intellectual disabilities. Research in Developmental Disabilities, 32, 1580-1588.
2. Findler, L., Vardi, A. (2009). Psychological growth among siblings of children with and without intellectual disabilities. Intellectual and Developmental Disabilities, 47(1). 1-12.
3. Fisman, S., Wolf, L., Ellison, D., et al. (2000). A longitudinal study of siblings of children with chronic disabilities. The Canadian Journal of Psychiatry, 45(4).369-375.
4. Hastings, R.P. (2007). Longitudinal relationships between sibling behavioral adjustment and behavior problems of children with developmental disabilities. Journal of Autism and Developmental Disorders, 37(8), 1485-1492.
5. Lobato, D. (1983). Siblings of handicapped children: A review. Journal of Autism and Developmental Disorders, 13(4), 347-364.

O34.3 Barriers to Child and Adolescent Mental Health Services in Kenya: a Service User Perspective

Judy W. Kamau

University of Nairobi, Nairobi, Kenya

Introduction: Studies worldwide reveal that 10-20% of children and adolescents suffer from a mental illness. With many of these disorders being treatable, early intervention is key for a good prognosis. Understanding the barriers to specialist mental health care is crucial to planning for and providing optimal child and adolescent mental health services.

Methods: This was a cross sectional descriptive study conducted at a child and adolescent mental health clinic in a tertiary referral hospital in Kenya. Data was collected from 166 participants and their caregivers. Instruments used were a researcher designed socio-demographic questionnaire, a modified WHO Encounter form and the Kiddie- Schedule for Affective disorders and Schizophrenia- Present and Lifetime.

Results: The main barriers to care themes identified after qualitative analysis of the data included inability to recognise the symptoms, lack of awareness on the existence of the facilities and financial problems. Lack of knowledge by the previous medical provider was the main barrier identified related to health care providers while hospital related barrier themes included long waiting time and long distance of travel. The study participants recommended that facilities should be made more accessible, more clinic space should be created and awareness about the mental health services should be increased.

Conclusions: The above results are in keeping with various studies that identify similar barriers to care such as financial challenges and poor mental health literacy among the caregivers and medical personnel. Awareness campaigns in the community would be useful in improving parental ability to recognise mental disorders, reduce stigma and promote mental health.

Learning Objectives:

This study sought to:

- Determine the beliefs associated with causation of the mental health problems by the caregiver
- Determine perceived challenges experienced while seeking to access the specialist services for the child.
- Determine the service user's perspectives on ways to improve the services were also analysed.

References:

Ganasen, K. a et al., 2008. Mental health literacy: focus on developing countries. *African journal of psychiatry*, 11(1), pp.23–28.

Hoven, C.W. et al., 2008. Worldwide child and adolescent mental health begins with awareness: a preliminary assessment in nine countries. *International review of psychiatry (Abingdon, England)*, 20(3), pp.261–270.

Kieling, C. et al., 2011. Child and adolescent mental health worldwide: Evidence for action. *The Lancet*, 378(9801), pp.1515–1525.

Sayal, K. et al., 2010. Parental help-seeking in primary care for child and adolescent mental health concerns: qualitative study. *The British journal of psychiatry : the journal of mental science*, 197(6), pp.476–481.

O34.4 The Role of Parenting and Adolescent Decision Making on Health Behaviour

Eugene L. Davids[1], Nicolette V. Roman[2], Lloyd Leach[3]

1. Adolescent Health Research Unit, University of Cape Town, Cape Town, South Africa, 2. Child & Family Studies Programme, University of the Western Cape, Cape Town, South Africa, 3. Department of Sport Science, University of the Western Cape, Cape Town, South Africa

Introduction: The study aimed to develop and test a model that examined the interaction effects between parenting styles and decision making styles on healthy lifestyle behaviours of adolescents in the rural Western Cape, South Africa.

Methods: The study employed a mixed methodological sequential exploratory design, using (i) systematic reviews and (ii) a quantitative methodology with a cross-sectional research design. Systematic reviews established the associations in existing empirical studies examining the associations of parenting approaches with (a) healthy lifestyle behaviours and (b) decision making styles. Quantitative data was collected using a self-report questionnaire among 457 Grade 9 learners in the Overberg Education District, Western Cape, South Africa. Quantitative data was analysed using the Statistical Package for Social Sciences for descriptive and inferential statistics and the Analysis of Moment Structures for confirmatory factor analysis and structural equation modelling.

Results: The systematic reviews suggested that empirical studies have found parenting approaches to be associated with (i) healthy lifestyle behaviours and (ii) decision making styles. The model developed and tested, guided by the Health Promotion Model, suggests that a significant positive relationship exists between maternal parenting styles and decision making styles of adolescents. The findings demonstrated that paternal parenting styles positively affect the decision making styles of adolescents and their engagement in healthy lifestyle behaviours.

Conclusions: Overall, the study suggested the important role that parents play in adolescent decision making and healthy lifestyle behaviours, particularly the role of paternal parental figures.

Learning Objectives:

- Paternal parenting and parental involvement have often been ignored in literature (Kerr, Lopez, Olson & Sameroff, 2004), but this study has examined the perceived paternal parenting and the role it plays in decision making and healthy lifestyle behaviours of adolescents.
- Emerging literature needs to focus on integrating decision making processes with behavioural development, to address the need of a more holistic perspective on decision making (McFall, 2015). The current study makes a significant contribution by highlighting the associations between decision making styles and healthy lifestyle behaviours.

References:

Brown, J., Adballah, S.S. & Ng, R. (2011). Decision making styles East and West: Is it time to move beyond cross-cultural research? International Journal of Sociology and Anthropology, 3(12), 452-459.

Kerr, D.C.R., Lopez, N.L., Olson, S.L. & Sameroff, A.J. (2004). Parental discipline and externalising behaviour problems in early childhood: The roles of moral regulation and child gender. Journal of Abnormal Child Psychology, 32(4), 369-383.

McFall, J.P. (2015). Directions toward a meta-process model of decision making: Cognitive and behavioural models of change. Behavioural Development Bulletin, 20(1), 32-44.

Pender, N.J. (1996). Health promotion in nursing practice (3rd ed). Stamford: Appleton & Lange.

Wed Sept 21 | 09:00–10:30 | TELUS 108-109

RS20 Innovative Resources for Teaching Child and Adolescent Mental Health Worldwide

Joe Rey[5, 6], Julie A. Chilton[1, 2], Bruno Falissard[3], Henrikje Klasen[4]

1. Yale Child Study Center, New Haven, CT, USA, 2. Ross Center for Anxiety and Related Disorders, Washington, DC, USA, 3. Université Paris-Sud, Paris, France, 4. The Hague, The Hague, Netherlands, 5. University of Sydney, Sydney, NSW, Australia, 6. Sydney Medical School, University of Notre Dame, Sydney, NSW, Australia

Symposia Overview: The World Health Organization (WHO) estimated that in 2013 there was a shortfall of 7.2 million health care workers. This shortage is particularly acute in low and middle income countries and in mental health. In order to close the "mental health treatment gap" between those needing treatment and those receiving it, several resources were developed, among them the World Health Organization's mhGAP. However, there is still a great disparity especially between numbers of providers of child and adolescent mental health and the need worldwide. To specifically address the lack of training programs in pediatric mental health in the less-resourced countries, IACAPAP has expanded its online textbook of child and adolescent mental health, and launched two new initiatives: the IACAPAP massive open online course (MOOC) on the basics of child psychiatry, and the IACAPAP International Child and Mental Health training program or iCAMH.

Part 1: Dr. Julie Chilton will discuss the worldwide shortage of child and adolescent mental health professionals and present a case example of her work in Botswana, which inspired the expansion of the IACAPAP online textbook into a more comprehensive teaching curriculum, with end of chapter questions, clinical exercises, and downloadable customizable powerpoints. She will describe how these tools can be used for teaching so busy clinicians do not have to recreate the wheel when they are asked to give an evidence-based seminar on child and adolescent mental health themes.

Part 2: Dr. Bruno Falissard will present the IACAPAP MOOC, and explain how participants can learn the basics of child psychiatry through a 5-week, online course geared at trainees, community mental health workers, general practitioners, nurses, pediatric care providers, teachers, parents, and patients. Additionally, he will explain how a group of ten or more caregivers in a low-resource country can request further, local face-to-face training in child and adolescent mental health, after successful completion of the MOOC.

Part 3: Dr. Henrikje Klasen will describe how child and adolescent psychiatrists can volunteer to teach groups of ten or more MOOC participants in LAMIC's through the iCAMH volunteer teaching program. She will present data from two pilots in Addis Ababa, Ethiopia, where she first implemented and adapted the iCAMH teaching materials to meet local clinical needs of trainees in pediatrics.

Part 4: Dr. Joe Rey will lead discussion and gather feedback regarding the three learning resources. Interested child psychiatrists can participate in a follow up "Train the Trainer" workshop for the iCAMH volunteer program.

Learning Objectives:

1. Understand the shortage of child and adolescent care providers worldwide and specifically the lack of available training programs in low and middle income countries.
2. Learn how to use the free online curriculum provided via the expansion of the IACAPAP textbook.
3. Develop awareness of how the interactive IACAPAP MOOC can serve as a basic introduction to child and adolescent mental health and as the qualifying requirement to request a face-to-face clinical training from the iCAMH volunteer program for communities in low-resource countries.

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4) http://www.who.int/mental_health/resources/Child_ado_atlas.pdf

Wed Sept 21 | 09:00–10:30 | TELUS 111

W43 Post Concussion Syndrome and Mental Health

Leah Shalanski, Caroline Westwood, Kathleen Belanger, Kim Johnston, Pat Wodynski

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Workshop Description: The Neuropsychiatry Service (NPS) is a specialized multidisciplinary mental health service that offers a unique 5 tier consultation model. Located in Calgary, Alberta, Canada, NPS works with complex children and their families who present with dual diagnoses of both a neurological disorder and a mental health issue, including post-concussion mental health issues.

In this presentation we will discuss the innovative 5 tier model of the Neuropsychiatry Service, which is based on a family centered, whole family care perspective. The NPS multidisciplinary team includes psychiatry, psychology, pharmacy, speech language pathology, occupational therapy, social work, family therapy and nursing. We will discuss how our multidisciplinary team works seamlessly together and each professions role in the assessment and treatment of the children we see with post concussion mental health issues including executive functioning and attention issues, anxiety and depression. The ongoing functional difficulties clients face will also be discussed. We will report on the additional supports these children require in school and community settings to be successful and on our use of advocacy to assist families in receiving these supports. These characteristics will be discussed within the context of a case study of a past client. Finally, we will review how we are currently evaluating our program by looking at the outcomes of NPS and burden of care reduction in our families.

Learning Objectives:

- To provide participants with an understanding of assessment, symptoms and the potential impact on youth with post concussion syndrome.
- Discuss potential treatment options for concussion and symptoms such as anxiety, depression and changes to executive functioning.
- Present need for ongoing research and potential suggestions for advancement of treatment.

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Wed Sept 21 | 11:00–12:30 | Acadia A

AP15 Borderline Intellectual Functioning and ID/IDD: Co-Morbid Conditions and Implications for Care

Kerim M. Munir[1], Jannelien Wieland[2], Ludwik S. Szymanski[1], Muideen O. Bakare[3]

1. Developmental Medicine Center, Boston Children's Hospital, Harvard Medical School, Boston, MA, USA, 2. Centrum Psychiatrie en Verstandelijke Beperking, Leiden, Netherlands, 3. Child and Adolescent Psychiatric Unit, Federal Neuropsychiatric Hospital, Enugu, Nigeria

Symposia Overview: A large proportion of children and adolescents, as well as adults, undergoing psychiatric evaluations meet criteria for Borderline Intellectual Functioning (BIF) ascribed as a V Code in the DSM-5, if overall IQ level is considered. Modifications in assessment techniques are needed for differential diagnosis of learning disorders, as well as mental disorders (including mood, anxiety and PTSD). There are few instruments suited for different levels of IQ that enable mapping of social and emotional development in subjects with BIF. This is a major challange since these subjects represent an important risk group with disproportional clinical and forensic adverse outcomes. We also discuss challenges in assessment of children and adolescents with intellectual disabilities (intellectual developmental disorders) (ID/IDD) presenting to a neuropsychiatric hospital in the context of a major developing country.

Part 1: Children and adolescents with ID/IDD and BIF are at greater risk for MD compared to the general population. Recent research findings on comorbidity and assessment of MD in ID/IDD and BIF and methods of modification for assessment of MD are discussed (Drs. Munir, Wieland). The expression of MD in ID/IDD and BIF is influenced by the subject's age, gender, as well as severity of cognitive/adaptive profile. Pitfalls in diagnosis include an over-reliance on criteria (with lack of regard of bi- psychosocial valuation), use of partial criteria, incomplete review of overarching syndrome and premature use of psychopharmacological interventions that cloud holistic assessment

Part 2: The framework and techniques of forensic psychiatric assessment of persons with ID/IDD and BIF are discussed (Dr. Szymanski). Whereas the laws may differ across states within the US and across countries globally, the underlying principles are similar. In civil proceedings, these may include determining legal competence, need for guardianship, assessment of competence to provide informed consent (such as for medical treatment or participation in research), as well as parental competence in child protection and custody cases. Assessment in criminal proceedings may include determination of competence to stand trial; criminal responsibility and competence to testify as a witness. The techniques of psychiatric assessment pertaining to various competencies have to be adapted to person's cognitive and communication skills.

Part 3: There is an excess of non-verbal over verbal cases of ID/IDD including ASDs presenting to clinical practice (Dr. Bakare, Nigeria). In addition, there is a common denominator of

late presentation/diagnosis, and in turn late intervention, with most cases presenting for the first time, well above 8 years of age. Attempts to explain these observations included low levels of knowledge and awareness about neurodevelopmental disorders in Sub Saharan African context; problems with help-seeking behavior, and lack of mental healthcare facilities and trained personnel. Promotion of early diagnosis and interventions, especially interventions aimed at improving speech and language development sufficiently early may bring about a shift in this trend of excess non-verbal cases over verbal cases presenting to clinical practice.

Learning Objectives:

1. Participants will learn about the new DSM5 classification of Intellectual Disabilities/Intellectual Developmental Disorders (ID/IDD) and novel approaches to the construct of Borderline Intellectual Functioning (BIF)
2. Participants will learn about the co-occurrence of mental disorders in ID/IDD and BIF
3. Participants will learn about techniques of psychiatric assessment in forensic settings pertaining to various competencies adapted to subject's cognitive and communication skills.
3. Participants will learn about the differential impact of current diagnosis and clinical stage on attendance in health services and parallel in both high income as well as low income country settings.

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Wed Sept 21 | 11:00–12:30 | Acadia B

O35 Treatment of Anxiety Disorders

O35.1 Children and Adolescents with OCD: a Chart Review of 17 Years From a Tertiary Care Centre in India

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Introduction: Obsessive Compulsive Disorder (OCD) is a common anxiety disorder in children and adolescents .A Recent epidemiological study from India reported a prevalence of 0.8% in adolescents.

Methods: The present study is a chart review of case files of all children and adolescents diagnosed with OCD at the Child and Adolescent Psychiatry services over a period of 16 years between January 1998 and December 2014.

Results: A total of 503 children and adolescents were diagnosed with OCD. Male to Female ratio was 2.62:1.Mean age of patients was 12.84± 2.44 years, mean age of onset was 10.66 ± 3.02 years. mean age at consultation was 12.57±2.59 years and mean duration of illness was 25.86±26.84 months. Fifty two percent of cases were self-referred .Most children had OCD-mixed subtype. Insight was good in majority of cases (77.3%). Childhood-onset (<12 years) was reported in 263 (52.3%) children and most of the patients had an insidious onset of symptoms (94.0%).Majority of patients had co-morbidity (67%) with ADHD,Tic disorder,Specific Learning Disorder and Intellectual Disability being the most common co-morbid disorders.

Conclusions: The present study describes profile of a large sample of children and adolescents with OCD from a tertiary care centre in India. Preponderance of boys and those with childhood onset is similar to findings of earlier studies. Co-morbidity rates of ADHD and Tic disorders in our study is lower compared to the rates in western studies .

Learning Objectives:

1) To provide an insight into the profile of child and adolescent patients diagnosed with OCD at a tertiary care centre from a developing country (India)
2) To compare the findings of the earlier studies on juvenile OCD, especially with regards to key socio-demographic and clinical characteristics

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O35.2 Separation Anxiety Disorder in Male Primary School Children in Northwest Nigeria

Aishatu A. Abdullateef[1], Babatunde Adedokun[2], Olayinka Omigbodun[1]

1. Centre for Child and Adolescent Mental Health, University of Ibadan, Ibadan, Nigeria, 2. Department of Epidemiology, Medical Statistics, and Environmental Health, College of Medicine, University College Hospital, Ibadan., Ibadan, Nigeria

Introduction: As a normal phase of development starting from 10 to 18 months of age, separation from persons to whom a child is attached precipitates anxiety.This developmental phase described as separation anxiety eventually subsides within the first two to three years of life.In a child older than six years,this will no longer be seen as a normal phase and a diagnosis of separation anxiety disorder would be made.Separation anxiety may develop after significant life events.

In recent times, northern parts of Nigeria have witnessed bomb blasts and killings,leaving many children traumatised.

Methods: Two hundred(200)male primary school pupils aged 5 to 19 years used as a comparison group for a larger study on male street children were included.A mental health assessment was carried out using the Schedule for Affective Disorders and Schizophrenia for School-aged Children Present and Lifetime Version (K-SADS-PL)to assess for separation anxiety.Data was analyzed using the Statistical Package for Social Sciences Version 21(SPSS-21).

Results: The mean age of participants was 10.88(SD 2.89).The prevalence of separation anxiety disorder(SAD)was 14.0%. Pupils with the disorder were significantly more likely to 'worry so much they were unable to eat' (χ^2=3.712,p=0.038)or sleep(χ^2=5.712,p=0.008)

Almost 90% of pupils with separation anxiety disorder reported that their parents did not understand their problems or worries.Separation anxiety disorder was frequently co-morbid with depression(7.1%)and post traumatic stress disorder(10.7%).

Conclusions: The prevalence of separation anxiety disorder is unusually high among primary school pupils in Northwest Nigeria when compared to studies in the Southwest region.The mental health consequences of frequent traumatic exposure in children should be tackled.

Learning Objectives:

1. Compare prevalence of separation anxiety disorder in the Northwest region of Nigeria to other regions.
2. Identify reactions of parents to children who exhibit symptoms of separation anxiety disorder
3. Identify frequently occurring conditions co-morbid with separation anxiety disorder

References:

1. American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: APA.
2. The 12-month prevalence of DSM-IV anxiety disorders among Nigerian secondary school adolescents aged 13–18 years, Journal of Adolescence 30 (2007) 1071–1076. Abiodun O. Adewuya, Bola A. Ola, Tomi A. Adewumi

O35.3 Outcomes of a National Pilot Randomized Controlled (RCT) Trial of Internet-Based Cognitive Behavioral Therapy (CBT) for Adolescent Anxiety

Ashley D. Radomski[1], Lori Wozney[2], Patrick McGrath[3, 4], Alexa Bagnell[5, 6], Eleanor Fitzpatrick[7, 8], Sarah Curtis[1, 9], Mona Jabbour[10, 11], David W. Johnson[12], Rhonda J. Rosychuk[1], Michael Young[7, 8], Arto Ohinmaa[13], Anthony Joyce[14], Amanda S. Newton[1]

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Introduction: We are conducting a pilot randomized controlled trial (RCT) of a guided, Internet-based cognitive behavioural therapy (CBT) program for adolescents with mild-to-moderate anxiety [1]. The pilot RCT will guide the design and implementation of a full-scale RCT to evaluate the effectiveness of the program compared to a self-led treatment option.

Methods: This is a 2-arm parallel-group pilot RCT (clinicaltrials.org identifier: NCT02059226). Given the study objectives [1], the trial was designed as open label. Adolescents aged 13-17 years from across Canada who self-refer with an anxiety-based concern are being screened for interest and eligibility. Enrolled adolescents are randomly allocated to 8 weeks of Internet-based CBT with limited telephone/e-mail support, or a control group with 8 weeks of access to a webpage listing anxiety resources. Data on participant recruitment and retention, self-assessed anxiety symptoms, self-rated treatment effects, intervention use and satisfaction, co-intervention use, and healthcare resource use/costs are being collected at baseline, post-intervention, and 3-month follow-up.

Results: Eighty-two participants (n=74 female, M=15 years of age) were enrolled from March 2014 to February 2016 (91% recruitment rate). Data collection will conclude July 2016 and results will be available by September 2016. Findings will be reported according to the CONSORT-2010 guidelines.

Conclusions: This pilot RCT is an essential step to designing a national, full-scale RCT to evaluate a novel Internet-based anxiety treatment program. Findings will also improve our understanding of satisfaction related to Internet-based programs and self-rated treatment effects. These results, in particular, may be applied to the development and evaluation of other Internet-based interventions.

Learning Objectives:

1. Increase attendee's knowledge about what and how pilot trial data can be used to develop a protocol for a full-scale effectiveness RCT.
2. Increase attendee's understanding of self-rated treatment effects, and how these effects can be used to interpret treatment outcomes.
3. Increase attendee's understanding of how satisfaction with an Internet-based intervention can be evaluated, and how this evaluation can be used to inform future intervention development.

References:

1. Newton, A.S., Wozney, L., Bagnell, A., Fitzpatrick, E., Curtis, S., Jabbour, M., Johnson, D., Rosychuk, R.J., Young, M., Ohinmaa, A. and Joyce, A., 2016. Increasing Access to Mental Health Care With Breathe, an Internet-Based Program for Anxious Adolescents: Study Protocol for a Pilot Randomized Controlled Trial. *JMIR research protocols*, *5*(1), p.e18.

O35.4 Bringing Mental Health Services to the Classroom – Intervention Model for Schoolchildren with Anxiety

Olivia Calancie[1, 2], Sarosh Khalid-Khan[1, 2]

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Introduction: In Canada between 12-22% children struggle with mental health problems and of these only 1 in 5 receive the help they need [1]. Many of these young people engage in school refusal, and are loathe to attend their psychiatry and psychotherapy appointments in the hospital setting [2]. To address this barrier to mental health care services we have developed a novel intervention delivered in a Section 23 classroom in the largest school board in Kingston, ON.

Methods: Nine students ($F = 6$, $M = 3$, Mean age = 14 years) enrolled in the Section 23 Classroom completed pre- and post-questionnaires (Beck Youth Inventory and Children's Depression Inventory) at the beginning and the end of the 2014-15 school year. Pre- and post- scores were analyzed using paired samples *t*-tests.

Results: The following measures from the Beck Youth Inventory showed statistically significant ($p < .05$) reductions at the end of the classroom intervention: anxiety, depression, and anger. There was a significant increase in self-concept and no change in behavior disturbance. Results for the Children's Depression Inventory are shown on Table 1.

Conclusions: All classroom students presented with baseline measures of moderate to severe anxiety and depression. At the end of the classroom intervention, students showed significant reductions in anxiety, depression, functional problems, anger, and a significant increase in self-concept. These results support the efficacy of this classroom intervention model in reducing anxiety in a school-based setting.

Table 1. Paired samples t-tests comparing baseline and post intervention scores using the Children's Depression Inventory (CDI), N = 6

	Baseline Mean (SD)	Post intervention Mean (SD)	Pearson Correlation	*t value*	*p value*
Negative Mood & Physical Symptoms	66.3 (14.1)	57.7 (10)	.79	2.4	.06
Ineffectiveness	64.3 (14.4)	65.2 (14.6)	.90	-.32	.01*
Emotional Problems	71.2 (15.7)	63 (10.7)	.71	1.8	.12
Negative self-esteem	71 (16)	69 (12)	.76	.47	.08
Interpersonal problems	79.7 (13.6)	72.3 (10.5)	.67	1.8	.15
Functional problems	72.5 (16)	69.8 (13.9)	.86	.8	.03*
Total	74 (16.9)	67.8 (13)	.91	2	.01*

Learning Objectives:

1) describe criteria that were used to identify students for the anxiety-intervention classroom;
2) list the team members and explain their roles in providing care for the school children; and
3) list the benefits of modified classrooms for children with anxiety disorders.

References:

1. Cartwright-Hatton, S., McNicol, K., & Doubleday, E. (2006). Anxiety in a neglected population: Prevalence of anxiety disorders in pre-adolescent children. Clinical psychology review, 26(7), 817-833.
2. Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child development*, *82*(1), 405-432.

Wed Sept 21 | 11:00–12:30 | Glen 201-203

O36 Issues in Developmental Child Psychiatry

O36.1 Les recherches CAPEDP et PANJO, proposer des visites à domicile pour promouvoir des relations mère-enfant de qualité

Romain Dugravier[1], Thomas Saïas[2], Florence Tubach[3], Susana Tereno[4], Antoine Guedeney[3], Tim Greacen[5]

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Introduction : La recherche CAPEDP, une étude randomisée d'intervention préventive précoce basée sur des visites à domicile de psychologues en période périnatale destinée à des familles vulnérables avait pour objectif de prévenir les troubles de santé de la mère et de l'enfant.

Méthodes : L'intervention était évaluée par une équipe indépendante de psuychologues qui se rendaient au domicile pour la passation de plsieurs échelles comme l'échelle de dépression (EPDS) et l' échelle de retrait relationnel (ADBB)

Résultats : Les premiers résultats montrent que les VAD régulière proposées ne permettaient pas de prévenir la dépression maternelle. Les analyses post-hoc ont montré que si cette intervention est efficace (pour la dépression postnatale comme pour le retrait relationnel de l'enfant), ce serait pour les femmes les moins vulnérables.

Conclusions : Une des limites de cette recherche est qu'elle se surajoute aux dispositifs déjà existants de prévention en

France. Nous avons alors conçu la recherche PANJO destinée aux femmes qui pensent être seules pour élever leur enfant. Cette recherche consiste à former les puéricultrices de PMI aux enjeux des liens d'attachement et à leur proposer un guide d'intervention. Elles s'engagent alors à proposer au moins 6 VAD entre l'inclusion et les 6 mois de vie de l'enfant pour évaluer les besoins et structurer les propositions de soin. Elles sont supervisées par des psychiatres ou psychologues de services de psychiatrie périnatale de proximité. Cette recherche se déploie actuellement dans 10 départements français avec pour objectif de former et impliquer 90 puéricultrices de PMI.

Objectifs d'apprentissage : L'objectif est de présneter de nouveaux dispositifs de prévention des troubles maternels (comme la dépression pstnatale et de de troubles de interactions mère-enfant

Références :

Impact of a manualized multifocal perinatal home-visiting program using psychologists on postnatal depression: the CAPEDP randomized controlled trial.

Dugravier, R., Tubach, F., Saïas, T., Guedeney, N., Pasquet, B., Purper-Ouakil, D., Tereno, S., Welniarz, B., Matos, J., CAPEDP Study Group, Guedeney, A., Greacen, T. PLoS One, 2013 Aug, 19, 8 (8)

Les enseignements du projet PANJO.

Dugravier, R., Saïas, T. Cahiers de la puéricultrice, 2015 Nov, 52, 291, 19-23

Predictors of Study Attrition in a Randomized Controlled Trial Evaluating a Perinatal Home-Visiting Program with Mothers with Psychosocial Vulnerabilities.

Foulon, S., Greacen, T., Pasquet, B., Dugravier, R., Saïas, T., Guedeney, N ., Guedeney, A., Tubach, F., CAPEDP Study Group. PLoS One, 2015 Nov, 10, 10 (11)

Prévenir les précarités matérielles et relationnelles. CAPEDP, une recherche-action d'intervention à domicile en périnatalité.

Tissier, J., Dugravier, R., Tereno, S., le groupe CAPEDP. Enfances et Psy, 2015, 3,67, 137-148

O36.2 Profil clinique de l'autisme à Kinshasa, R.D.Congo

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Introduction : L'hétérogénéité clinique fait de l'autisme un trouble complexe peu diagnostiqué dans le monde. La connaissance du profil clinique de l'autisme constitue un atout pour son diagnostic précoce. L'objectif de la présente étude était de déterminer le profil clinique des enfants autistes suivis pour troubles neuro-développementaux à Kinshasa.

Méthodes : Entre juin 2008 et Juin 2010, 120 enfants autistes étaient diagnostiqués par l'ADIR et DSM-IV parmi 405 enfants suivis pour troubles neuro-développementaux dans trois centres spécialisés de Kinshasa.

Résultats : sur les 405 des enfants examinés, 120 avaient l'autisme (29,63%), 75% parmi eux étaient du sexe masculin avec un ratio de 3M/1F.

L'âge au diagnostic était plus précoce chez les garçons (8 ±3 ans)(p = 0,004).

les plaintes du début étaient observés dans 78,8% entre 12-24 mois par le trouble de langage (54%), de comportement (24%) et des interactions (22%). les motifs de consultation étaient le trouble de la communication (59%), du comportement (29%) et des interactions sociales (22%). La clinique était dominée par l'évitement du regard (96,9%), l'absence 'imitation (89,9%), l'absence d'attention conjointe (86,3%).

l'autisme étaient associés aux grossesses pathologiques dans 51,7% (0,008) et à un écart d'âge entre les deux parentse de dix ans (0,001). Il était sévère dans 74% et es facteurs associés à la sévérité étaient la présence et les nombres de co-comordités, le sexe féminin, l'âge de la mère, complication de la grossesse l'âge du diagnostic.

Conclusions : l'autisme est fréquent et touchant les garçons. La clinique est dominé par les troubles de la communication et la présence des comorbidités.

Objectifs d'apprentissage : le dépistage de l'autisme doit se baser sur les troubles de la communication et les comordidités.

Références :

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3. American Psychiatric Association (DSM-IV-TR) Manuel Diagnostique et Statistique des troubles Mentaux, 4e édition, texte révisé (Washington DC, 2000) (Guelfi J.-D. et centre Trans.).Paris : Masson ; 2003.
4. Tardif C. et Gepner B. Autisme, 2é édition. Paris : Armand colin. (2007
5. Fombonne E. The changing epidemiology of autism. Journal of Applied Research in Intellectual Disabilities, 18;2005 : 208-294.

O36.3 Impact of Antisocial Traits for Trajectories of Conduct Problems among Boys and Girls with Early Clinically Significant Conduct Problems

Michèle Déry[1, 2], Vincent Bégin[1, 2], Alexa Martin-Storey[1, 2], Jean-Pascal Lemelin[1, 2], Caroline E. Temcheff[1, 2], Jean Toupin[1, 2]

1. Université de Sherbrooke, Sherbrooke, QC, Canada, 2. Groupe de recherche sur les inadaptations sociales de l'enfance, Sherbrooke, QC, Canada

Introduction: The risk for persistent conduct problems (CP) is increased when children present antisocial traits. Very few studies, however, have established the predictive value of these traits with children exhibiting clinically significant CP. Furthermore, despite recent work suggesting that girls with an elevated level of CP may be at greater risk of persistent CP in childhood, research has not generally tested for gender differences. This study will determine the predictive value of antisocial traits for trajectories of CP in a sample of children with clinically significant CP, while assessing the moderating role of gender.

Methods: Participants were 326 6-9 years old French-Canadian children (155 girls) recruited among students receiving psychoeducational services for CP at school. Children retained for the study scored in the clinical range of DSM-oriented scales for CP. CP were evaluated annually over a five-year period. Three dimensions of antisocial traits (callous-unemotional, narcissism, impulsivity) were assessed at study inception.

Results: Latent class trajectory analyses revealed three latent trajectories of CP (high-stable; high-declining; declining). Significantly more girls than boys followed the high-stable trajectory. Multinomial logistic regression analyses showed that high levels of impulsivity and narcissism increased the likelihood to follow the high-stable trajectory in both gender,

while a high level of callous-unemotional traits increased this probability specifically for girls.

Conclusions: The study supported the idea that antisocial traits contribute to the stability of early clinical significant CP and that girls presenting with high levels of callous-unemotional traits and CP are particularly at risk of persistent CP compared with boys.

Learning Objectives:

1. To understand that antisocial traits contribute to the maintenance of clinically significant CP throughout the elementary-school period, despite receiving psychoeducational services.
2. To be aware of the importance of affective-relational characteristics (callous-unemotional traits) when treating CP in young girls.

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Wed Sept 21 | 11:00–12:30 | Glen 204

W45 Child and Adolescent Psychiatry Delivered to the Inuit of Nunavut. A Discussion on Models of Care, Culture, Best Practices and Learnings

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Workshop Description: Nunavut is Canada's newest Territory, home to the Inuit people who have inhabited Nunavut "our land" over 1000 years. In the last 100 years this region has seen its greatest changes. Mental health issues such as Developmental Trauma, Suicide, Isolation and Addictions are exploding in most communities. Suicide rates for Inuit are among the highest in the world at 11 times the national average, rates for young Inuit men are 28 times higher. (Mental Health Commission of Canada, 2012) Aboriginal and Inuit people have a holistic view of mental wellness, a state of balance with family, community and the larger environment. European models of treatment that remove the person from their surroundings tend not to work. (Khan, 2015) Estimates suggest 30 to 40% of children in out-of-home care are Aboriginal, yet Aboriginal children represent fewer than five per cent of children in Canada. (Mental Health Commission of Canada, 2012) Despite this, there are knowledge exchange experiences promoting collaboration, creativity and empowerment that are leading to successful outcomes for patients and families as they remain in their communities. Through video conferencing technology Child and Adolescent Psychiatry was introduced to the Territory in 2013, partnering remote nursing stations, mental health teams, nurses and physicians to psychiatric expertise in southern Canada. Clinical assessments, capacity building and education are tailored to each community and clinician group to increase skill sets and support the continuum of care for patients with the goal of allowing patients and families to remain their community.

Learning Objectives: Participants will hear and discuss learning's on service delivery from a Physician perspective on how models of care are evolving to address unique cultural, environmental and societal factors. Discussion on how an assessment and treatment approach that involves a shared care model with the primary treating physicians or nurses practitioners and a team approach, involving all the other professionals and caregivers, can lead to a more cohesive service delivery system for the child. Therefore, a new multidisciplinary therapeutic consultation model and team were developed to address these emerging needs.Participants will have a clear understanding of the clinical needs and requirements in serving Inuit populations.

Understanding program management perspectives on the funding, technical and contractual requirements needed when developing agreements and launching services with remote communities, regions and governments will be discussed.

The experience from the recipient's perspective will be presented through presentation and discussion of the territories, the communities and individual clinician needs and requirements.

Participants will leave with a better understanding of programmatic needs, clinical requirements and cultural competencies needed when creating a sustainable long term partnership for the delivery of Psychiatric care with Aboriginal and Inuit partners.

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Wed Sept 21 | 11:00–12:30 | Glen 205

O37 Non-pharmacological Treatments of ADHD

O37.1 Non-Medical and Multi-Modal Interventions for Children with ADHD in India in Last 40 Years: Where Do We Stand?

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Introduction: A triad of difficulties in attention, activity levels and impulsive behaviours constitute the core diagnostic features of children with attention deficit hyperactivity disorders. This is associated with a variety of difficulties with

school functioning and disruptive behaviours in the classroom (DuPaul, Weyandt & Janusis, 2011). The non-pharmacological and multimodal treatments have witnessed a sea change from a rudimentary and haphazard psychosocial to cognitive interventions to social and behavioural skills to body oriented interventions to more sophisticated neuro-cognitive and multimodal interventions. Indian research in last 40 years did witness moderate changes in exploring methodologically sound interventions in reducing symptoms and improving overall behaviour (Dwivedi & Banhatti, 2007).

Methods: The research literature between Jan 1975- Jan 2016 was searched using Pubmed, Google scholar, IndMED, MedIND, Research gate and other indexed databases.

Results: Findings were organized into seven broad categories of themes of interventions such as psychosocial, body-focused, cognitive, behavioural, cognitive behavioural and multimodal treatments along with effects of ADHD in cognitive, academic, behavioural outcomes. A limited number (N=23) of Indian studies focusing either on ADHD effects or on interventions were found.

Conclusions: The findings suggested a huge gap between global and Indian research and highlighted the need for development and efficacy testing of contextual intervention programme in different areas of intervention both for the purpose of research and clinical practice.

Learning Objectives:

The paper attempted to:

- update the status of Indian literature in last 5 decades to note the progress in ADHD treatment advancement,
- and to identify the gaps in global and Indian research evidence.

References:

DuPaul, G. J., Weyandt, L. L., & Janusis, G. M. (2011). ADHD in the classroom: Effective intervention strategies. *Theory into Practice, 50*, 35-42.

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O37.2 Association of Polyunsaturated Fatty Acids (PUFAs) with Delay Aversion and Temporal Processing in Attention Deficit Hyperactivity Disorder

Jane Pei-Chen Chang[1, 2, 4], Li Jingling[2], Ya-Ting Huang[2, 4], Yu-Ji Lu[3], Kuan-Pin Su[2, 4], Valeria Mondelli[1], Carmine M. Pariante[1]

1. Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neurosciences, King's College London, London, United Kingdom, 2. Graduate Institute of Cognitive and Neural Sciences, China Medical University, Taichung, Taiwan, 3. Bao-Bei Child Rehabilitation Clinic, Tao-Yuan, Taiwan, 4. Department of Psychiatry and Mind-Body Interface Lab (MBI Lab), China Medical University Hospital, Taichung, Taiwan

Introduction: Omega-3 polyunsaturated fatty acids (n3-PUFAs) deficiency been associated with manifestation of attention deficit hyperactivity disorder (ADHD) clincal symptoms, and it has also been associated with cognitive function and emtional regulation. The aim of this study is to investigate the association between n3-PUFAs intake and neurocognitive functions in children with ADHD.

Methods: Forty-two subjects were enrolled in the study, where 21 of them were diagnosed with DSM-IV ADHD, and 21 of them had no life-time diagnosis of ADHD. The n-3 PUFAs intake was assessed by Food Frequency Questionnaire, essential fatty acid (EFA) deficiency severity was defined by EFA deficiency scale, and ADHD symptom severity was evaluated with SNAP-IV. The children were also assessed with Go-No-Go Task, Delayed Reaction Time Task, and Finger Tapping Task for inhibitory control, delay aversion, and temporal processing.

Results: The ADHD group had a greater EFA deficiency severity (p= 0.02) and performed more poorly in delay aversion (p= 0.02) and temporal processing (p< 0.001) tasks. Moreover, ADHD symptom severity had a positive correlation with EFA deficiency severity. In addition, EFA deficiency severity was associated with delay aversion (p< 0.001).

Conclusions: Children with ADHD had a higher EFA deficiency, and the EFA deficiency was associated with greater severity in ADHD symptomatology and delay aversion.

Learning Objectives: To investigate the association between PUFAs intake and cognition in ADHD

References:

1. Sonuga-Barke et al., 2013. Nonpharmacological interventions for ADHD: systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. The American Journal of Psychiatry, 170, 275-289.
2. Ng et al., 2009. Dietary PUFA intakes in children with attention-deficit/hyperactivity disorder symptoms. British Journal of Nutrition, 102, 1635-1641.

O37.3 Potential Nutritional and Hormonal Biomarkers in Children with Attention Deficit Hyperactivity Disorder Presenting to a Tertiary Care Centre in India

Kuppili Pooja Patnaik, Rajesh Sagar, Raman D. Pattanayak, Vivekanandhan S, Manju Mehta

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is one of the common neuropsychiatric disorders among children. Very limited research is available on possible biomarkers in ADHD, which may have tremendous implications for primary and secondary prevention. Some literature exists regarding the potential role of nutritional deficiencies in ADHD, and it is important to explore the role of nutritional and hormonal factors in subjects with ADHD, especially in context of low -and middle-income countries like India. The study aimed to assess the peripheral nutritional and hormonal biomarkers in children with ADHD and compare them with matched healthy controls

Methods: A total of 30 children with DSM-IV TR diagnosis of ADHD were assessed using semi structured proforma, Conners' Parent Rating Scale, MINI-KID and Malin's Intelligence Scale for Indian Children (MISIC). A sample of 30 age- and gender -matched controls was recruited from same setting. Informed consent/assent was taken beforehand. A sample of 5ml blood was drawn and stored at -20 degrees Celsius. The serum levels of Ferritin,Magnesium,Zinc,T3,T4,TSH and Cortisol was measured using colorimetric method and chemiluminescent immunometric assay

Results: The cases were predominantly male, with mean age of 9.47 (±2.43) years and mostly with hyperactive subtype. Serum T4 in cases with ADHD was significantly lower [7.24±2.73 µg/dl] compared to controls [9.34 ±2.28µg/dl] (t=3.229;p=0.002).No significant difference was, however, found in mean serum Ferritin, Magnesium, Zinc, Cortisol,T3and TSH levels

Conclusions: Serum T4 may be a potential biomarker for ADHD and it needs to be replicated further in studies with larger sample size

Learning Objectives:

- Nutritional deficiencies are quite common in developing countries like India, which warrants a research focus on the potential role/contribution of nutritional factors in subjects with ADHD as literature exists regarding the potential role of nutritional deficiencies/excesses as biomarkers for ADHD
- To explore the potential role of hormonal biomarkers in children with ADHD

References:

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Cakaloz, B., Akay, A. P., Bober, E., and Yulug, B. (2011). Thyroid function and oppositional defiant disorder: more than a coincidence in prepubertal boys with attention-deficit hyperactivity disorder?. *The Journal of neuropsychiatry and clinical neurosciences*, *23*(2), E9.

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El Baz, F., Hamza, R. T., El-Din, M. A. S., and Hassan, M. A. (2009). Study of thyroid Function in children with attention Deficit

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O37.4 Single Blind Placebo Controlled Trial of Iron Supplementation for Ferritin Deficient Children with Attention Deficit Hyperactivity Disorder

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1. Institute of Psyciatry, Cairo, Egypt, 2. Department of Pediatrics, Cairo, Egypt

Introduction: Significant low levels of ferritin have been observed in children with Attention deficit hyperactivity disorder (ADHD).

Methods: Forty children diagnosed as ADHD and thier age and sex matched healthy controls were enrolled into the study. Participants were included if they were 6 up to 16 years old, had an IQ above 90, and were not suffering from general medical conditions. All participants were subjected to Wechsler intelligence scale for children, kiddie schedule of affective disorder, complete blood picture, serum ferritin, serum iron, and total iron binding capacity. Children diagnosed as having ADHD were further subjected to Conners parent rating scale and Wisonson card sorting test.The iron deficint children with ADHD will be futher subdivided into 2 equal groups (Gp) :Gp1will be supplied by iron supplementation in a dose of 200 mg /day, and Gp2 will be supplied by a placebo, both as an adjuvant to atomoxetine teatment. After 8 weeks the 2 groups will be reassessed by Conners parent rating scale and Wisonson card sorting test.

Results: Serum ferritin levels was significantly lower in children with ADHD than the controls (p<0.001). Iron deficiency was identified in 13 patients (32.5%). Gp1: improved to a significant level as regards oppositional (p=0.03), inattention (p=0.038) and Conners ADHD index (p=0.021) subscales of Conners' rating scale. Gp2: did not improve at any aspects.

Conclusions: A considerable number of ADHD Children have sigificant reduction in serum ferritin levels, with a noticeable improvement after its supplementation. Serum ferritin levels should be used as a routine investigation in ADHD.

Learning Objectives:

- To determine level of ferritin level in a sample of ADHD children.
- To determine association between serum ferritin and symptom severity
- To assess the effects of iron supplementation as an adjuvant therapy.

References:

Cortese S, Angriman M, Lecendreux M, Konofal E: Iron and attention deficit hyperactivity disorder:what is the empirical evidence so far? A systematic review of literature. Expert Rev Neurother;12 (10) :1227-40

Wed Sept 21 | 11:00–12:30 | Glen 206

RS21 What Works in Cognitive-Behavioral Interventions in Children with Externalizing Behavior Problems? Mediators of Treatment Outcome

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Symposia Overview: Externalizing behavior problems cover a broad range of disorders including Attention Deficit Hyperactivity Disorders (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorders (CD). Children with these disorders are very often referred for treatment in child psychiatric and psychotherapeutic institutions and practices. Empirical research in the recent decades has shown that psychological interventions including child-based cognitive-behavioral interventions, parent management training and teacher coaching are effective in reducing externalizing behavior problems. However, it is largely unknown whether the theoretically assumed treatment mechanisms really work (Hanisch et al., 2014; Kaminski et al.,2008). That is, whether a change in parenting behavior actually mediates parent management training effects on externalizing behavior problems at home, or whether changes in problem-solving or anger control actually mediate the effects of a child-based social skills training on aggressive behavior. The symposium will discuss recent analyses which aim at the identification of mediators of treatment effects of different treatment approaches (telephone as-

sisted self-help for parents, teacher based interventions, child based cognitive behavior therapy) in different samples of children with externalizing behavior problems (children with ADHD, children with ODD/CD, children with a broad spectrum of externalizing behavior problems) in the following talks:

Part 1: *Christina Dose et al.: What works in telephone assisted self-help for parents of children with ADHD treated with methylphenidate?* The results of this RCT show that the additional effects of telephone assisted parent management training in children with ADHD are mediated by the change of negative parenting

Part 2: Christopher Hautmann et al.: *Behavioral and non-behavioral therapy in comparison: Efficacy and mediating mechanisms of two guided self-help programs for parents of children with externalizing disorders.* The results of this RCT - which compares a behavioral and a non-directive telephone assisted self-help intervention - show that for the behavioral intervention the modification of parental attributions was of particular importance for symptom reduction in the child.

Part 3: Charlotte Hanisch et al.: What works in teacher based interventions for children with externalizing behavior problems? The RCT shows that 6 individual coaching sessions of the teachers reduce child attention problems and rule breaking behavior during school hours. The mediation analyses explore whether a change in teacher behavior explains the treatment effects of a behavioral coaching for teachers of children with externalizing behavior problems.

Part 4: Manfred Döpfner et al.: What works in cognitive-behaviour therapy of children with peer related aggressive behavior? This RCT compares a primarily child-based cognitive-behavioral treatment with play groups. The results show that a change in social cognitive problem solving mediates reduction in aggressive behavior in children with ODD/CD.

Learning Objectives:

1. to understand the concept of mediators in treatment research
2. to learn about the importance of modicifaction of parenting behavior and parental expectations in the treatment of chidren with externalizing behavior problems

References:

1. Hanisch, C, et al. (2014). The prevention program for externalizing problem behavior (PEP) improves child behaviour by reducing negative parenting: analysis of mediating processes in a randomized controlled trial. *J Child Psychol Psychiatry 55*, 473-484
2. Kaminski, J.W. et al. (2008).A meta-analytic review of components associated with parent training program effectiveness. J Abnormal Child Psychol 36, 567–589.

Wed Sept 21 | 11:00–12:30 | Glen 208-209

RS22 Suicide, Child Protection and Child Mental Health Services in Arab Countries

John Fayyad[1], Amira Seif ElDine[2], Khalid Bazaid[3], Naoufel Gaddour[4], Ahmad Almai[5], Ammar AlBanna[6]

1. EMACAPAP, Beirut, Lebanon, 2. EMACAPAP, Cairo, Egypt, 3. Children's Hospital of Eastern Ontario, Ottawa, ON, Canada, 4. Child and Adolescent Department, Monastir, Tunisia, 5. BSP, Child Psychiatry, Sheikh Khalifa Medical City, United Arab Emirates, 6. Emirates Society for Child Mental Health, Al Jalila Children's Hospital, Dubai, United Arab Emirates

Symposia Overview: Suicide and Child Maltreatment have been chronically under-reported from Arab countries. While suicide has long existed in Arab and non-Arab Muslim countries, the reporting of suicide by official health authorities has lagged far behind the actual suicide rates, and scientific studies of suicide from these communities have only started emerging in the last two decades. As globalization takes hold across the world, and as immigration continues from Arab countries into Europe and North America, traditional cultural and religious values are subject to changes related to acculturation, affecting how suicide, child-rearing and mental health is viewed. Media's handling of suicide reporting has been scrutinized in terms of its effect on publicizing and glorification of suicide attempts and acts.

Part 1: Youth Suicide and Media: the Dangerous Liaisons?

In the first part of this symposium coordinated by the Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions (EMACAPAP), Dr Khalid Bazaid will review studies on suicide in Arab and Muslim communities in order to explore factors contributing to reporting of lower rates, highlighting emerging trends and research gaps. Dr Naoufel Gaddour will describe a wave of child and adolescent suicides that have taken place in the last two years, exploring the pivotal role of media exposure.

Part 2: Child Maltreatment UAE Perspective

Child maltreatment is a serious social issue worldwide which results in many social, psychiatric and medical complications. Conducting research to explore the prevalence of Child Abuse and Neglect is difficult particularly in the Gulf region due to many factors including absence of local laws to mandate reporting. Such cases cause many care givers to shy away from reporting abuse and neglect. Moreover, physical abuse may be socially accepted as a form of punishment, and many victims' families refuse to cooperate in the process because of social stigma. Psychiatric studies related to child maltreatment in this region are very scarce due to the factors mentioned above. Efforts are mounting in the Gulf region for countries to develop national child mental health policies and systems of care.

In the second part of this symposium, Dr Ahmad Almai will present the first UAE based psychiatric study conducted to explore incidence of child abuse and neglect. The authors look into different aspects of documented cases for the purpose of designing hospital policies and procedure and resources to manage these cases medically, psychiatrically and legally.

Part 3: Child Mental Health in Dubai: Current Status and Future Directions

Dr Ammar AlBanna will give an overview of the status of child mental health in the Emirate of Dubai in the UAE, along with multiple initiatives to advance child mental health on a national scale, addressing challengesand opportunities to build a comprehensive system of care.

Wed Sept 21 | 11:00–12:30 | Macleod E1

O38 Prevalence and Characteristics of Stigma

O38.1 An Exploratory Analysis of Internalized Stigma, Stress, and Needs in Parents of Children Suffering from Neurodevelopmental Disorders

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Introduction: Stigma and parental stress affect the caregiving attitude of the parents of children with neurodevelopmental disorders.[1] Understanding the circumstances of families caring for a child with neurodevelopmental disorders, service providers can identify areas for improvement in the delivery of services.[2] We conducted a pilot study to determine the extent of internalized stigma, parental stress and caregiver needs amongst parents of children suffering from neurodevelopmental disorders.

Methods: This is cross-sectional study conducted in a tertiary clinic in India. Fifty –one parents of children aged 3-18 years suffering from neurodevelopmental disorders were included. After obtaining informed consent, Internalized Stigma for Mental Illness Scale (Hindi version), Parental Stress Index, and Caregiver Needs Scale were applied. A semi-structured performa was used to gather patient and caregiver details. Analysis was done using SPSS v17.

Results: The respondents were chiefly fathers (76.5%). Mean age of parents are 35.92 + 5.58 years. Overall the respondents reported mild level of internalized stigma. 27.5% of parents had clinically significant distress. On subcomponent analysis, 52.9% of the parents scored clinically significant higher value on the subscale "Parent Child Dysfunctional Relationship" followed by "Parental Distress" (43.1%). On caregiver need scale, the mean scores on all the 4 domains were above the median value.

Conclusions: There association between the level of internalized stigma amongst parents/caregivers of children suffering from neurodevelopmental disorders and parental stress needs to be explored. Caregiver needs in various domains especially regarding awareness and information need to be addressed through effective service delivery and policy measures.

Learning Objectives:

1. To assess the extent of internalised stigma in parents of children suffering from neurodevelopmental disorders.
2. To assess the extent of parental stress and caregiver needs in parents of children suffering from neurodevelopmental disorders.

References:

1. 1. Mendenhall AN, Mount K. Parents of children with mental illness: Exploring the caregiver experience and caregiver focused interventions. Fam Soc 2010;92:183-90
2. 2. Dempster R, Wildman B, Keating A. The role of stigma in parental help seeking for child behaviour problems. J Clin Child Adolesc Psychol. 2013;42(1):56-67.

O38.2 Magnitude of Stigma and Resilience among the Parents:Experience from a Child Guidance Clinic in Bangladesh

Md. Manirul Islam[1], Ahsan Uddin Ahmed[3], Md. Faruq Alam[2]

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Introduction: Stigma and resilience remains poorly addressed in developing countries where mental health care are grossly inadequate. It is of particular concern among the parents and the family members, who usually take the responsibility. The study aimed at determining the magnitude of stigma and resilience in Bangladesh and factors associated with them.

Methods: We used a pretested questionnaire which included Bengali version of modified 12 item Parents' Internalized Stigma of Mental Illness (PISMI) scale to assess stigma, two item version of Connor-Davidson Resilience Scale (CD-RISC2) for resilience and questions on associated factors. The present findings are based on preliminary analysis of 312 largely randomly selected care givers who were accompanying mentally disordered children at the child guidance clinic (CGC) of National Institute of Mental Health, Bangladesh.

Results: We found 47.6 % (95% CI 42%-53%) caregivers reported high-level stigma and 66% (95% CI 61%-71%) reported high-level resilience, which appeared protective against stigma (OR-0.17, 95% CI 0.10-0.29). All care givers of children with conduct disorder reported high-level stigma. The figures for mental retardation, autism spectrum, attention deficit hyperactivity and bipolar mood disorder were 59% (95% CI 50%-67%), 54% (95% CI 38%-69%), 49% (95% CI 37%-61%) and 64% (95% CI 35%-92%) respectively. Logistic regression revealed males significantly (p=.001) less likely and literate more likely to report stigma (p=.001); this was reverse for resilience. We found PISMI and CD-RISC2 scales with acceptable internal consistencies (Cronbach's α=0.77 and 0 .65 respectively).

Conclusions: Stigma is a major problem here and the findings may support formulating program to fight back stigma.

Learning Objectives:

- Magnitude of stigma and resilience among the caregivers of children with mental disorder
- Factor associated with stigma and resilience
- Utility of PISMI and CD-RISC2 scales

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O38.3 Why do Parents Decide to Disclose Their Child's Mental Health Disorder?

Kim Eaton[1], Hannah M. Courtauld[1], Werner G. Stritzke[1], Patrick W. Corrigan[2, 3], Jeneva L. Ohan[1, 3]

1. University of Western Australia, Crawley, WA, Australia, 2. Illinois Institute of Technology, Chicago, IL, USA, 3. National Consortium on Stigma and Empowerment, Chicago, IL, USA

Introduction: Parents of children with mental health disorders are often faced with the dilemma of disclosing or concealing their child's diagnosis. These decisions are complex because they have consequences for the entire family. No studies have sought to understand what types of disclosure decisions parents make, or why they make them. The aim of this study is to examine the disclosure decisions of parents of children with mental health disorders.

Methods: During a phenomenological study into parents' experiences of stigma and self-stigma, parents repeatedly mentioned making disclosure decisions. A participatory action research (PAR) group reiterated the importance of these decisions. Directed by interview questions informed by a PAR group (n = 4), individual semi-structured interviews were conducted with 12 parents of children (aged 5-13) diagnosed with mental health disorders.

Results: Thematic analysis revealed four themes: 1) in the child's best interest, 2) concealment, 3) selective disclosure, and 4) outcomes of disclosure. Parents disclosed (and concealed) cautiously, selectively and always with the child's best interests foremost in mind. Disclosure decisions were influenced by social relationships; that is, they were made in part based on the parents' consideration of others' opinions, especially stigma. Because they feared stigmatic responses from others, parents were surprised when they instead received empathy and support when they disclosed.

Conclusions: Typical clinical practice is to discuss a child's diagnosis with a parent, but not how, when, and whether parents should disclose this diagnosis with others. We discuss our results alongside suggestions for supporting parents with these decisions.

Learning Objectives:

1. Parents' disclosure decisions are complex and can cause worry and concern as parents attempt to reach a decision that will either obtain some benefit for the child or protect the child from stigma. Parents anticipate negative reactions from others and this drives trepidation and confusion about what to tell (if anything at all), to whom, and when. Yet, this is often overlooked professionally. Attendees will gain information regarding the types of

disclosure decisions parents of children with mental health disorders make and why they make them.

2. Parents are constantly faced with the disclosure dilemma and we aim to highlight ways to support parents in their disclosure decisions. By supporting the parent we also vicariously support the child, and, ultimately, the family context.

References:

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Wed Sept 21 | 11:00–12:30 | Macleod E2

W46 Progressive Psychiatric Rehabilitation of Youth with Complex Mental Problems

Sarah V. Grieken

OPZ Geel, Geel, Belgium

Workshop Description: Progressive psychiatric rehabilitation of youth with complex mental problems (12-23 years)

The care for youth with complex mental problems, often staying in juvenile justice or communicy institutions, is characterised by a lot of resistance, drop outs, hopeless and unachieved goals by patients and caregivers. As a unique team giving outreaching care to those youngsters we developped a manner of working based on rehabilitation processes, combined with principles of developmental focused, systemic care and solution focused care (empowerment). Clinical experience shows the positive outcomes with well-being of the patients and caregivers. Crucial factors include: time to build a good relationship, good assessment, achievable temporary goals (thinking out of the box), cooperation with caregivers of other sectors, time and a good teamspirit.

Learning Objectives:

- What are existing best practices of mental care to youth with complex mental problems ?
- Advantages and challenges of rehabilitation processes in care for youth with complex mental problems.

References:

Different articles and books about rehabilition care, outreach, care for youth with complex mental health problems.

Wed Sept 21 | 11:00–12:30 | Macleod E3

O39 Risk Factors and Outcome of ACE

O39.1 Maternal Adverse Childhood Experiences, Parenting, and Offspring Child Development

Sheila McDonald, Dawn Kingston, Suzanne Tough

University of Calgary, Calgary, AB, Canada

Introduction: Links between early adversity and threats to health and well-being later in life are well-established. Adverse Childhood Experiences (ACEs) include experiences of abuse, neglect, and growing up in a household where there is dysfunction. Little is known about postpartum-specific maternal outcomes, yet adults with a history of ACEs who become parents themselves are at higher risk of parenting difficulties and poor mental health that in turn can influence child development.

Methods: Data were analyzed from the All Our Babies Study (2008-2015), a community-based prospective cohort in Calgary, Alberta. Participants completed 2 questionnaires during pregnancy and at 4 months, 24 months, and 36 months postpartum. Information on maternal ACEs and child behaviour were collected at 36 months. Multivariable analyses were performed and nested models were examined to test for mediation.

Results: Among mothers (n=1994) in the present study, 25% reported 3 or more ACEs. Mothers who experienced more ACEs were more likely to report post-partum depression and/or anxiety, lower parenting morale, and recent stressful life events. After controlling for confounding and mediating factors, a history of maternal ACEs remained a significant independent risk factor for child externalizing behaviour problems (hyperactivity/inattention; OR: 1.44 (1.03-2.02)). There was evidence to suggest that postpartum mental health mediated the association between maternal ACEs and child behaviour.

Conclusions: Maternal ACEs can influence maternal mental health, which in turn can influence the development of child behaviour problems. Addressing ACEs among new parents can be an effective strategy to prevent intergenerational transmission of risk and build parenting capacity to optimize child development.

Learning Objectives:

1. To better understand maternal postpartum outcomes among new parents with a history of ACEs.
2. To better understand intergenerational transmission of risk of maternal ACEs on child outcomes.
3. To identify potential strategies to mitigate lingering maternal ACE effects and build parenting capactiy to optimize child development.

References:

1. Centre on the Developing Child. The foundations of lifelong health-care built in early childhood. 2010. http://www.developingchild.harvard.edu.
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O39.2 Stability of Resilience in Maltreated Children and Adolescents . 6 Months Follow-up of the CANMANAGE Study

Andreas Witt, Paul L. Plener

University of Ulm, Department of Child and Adolescent Psychiatry and Psychotherapy, Ulm, Germany

Introduction: Some children survive even severe maltreatment without clinical relevant symtoms. These children are considered resilient. However resilience is seen as a dynamic process, that may vary over time. Therefore this study examines how stable an initial resilience of maltreated children is.

Methods: Children and adolescents (4-17) with a known history of child maltreatment and their caregivers were assessed at baseline and after six months for history of maltreatment (JVQ) and psychopathology (K-SADS) and a set of standardized questionnaires. Of the initial 358 participants, 117 (32.7%) did not show any psychopathology at baseline. Of those 85 were followed-up after 6 months. Descriptive analyses, $\chi 2$-tests and comparisons tests were performed.

Results: Of the 85 participants that were assessed twice, 37 (43.5%) were male and 48 (56.5%) female. They were on average 9.3 (SD=3.2) years old. Stable resilience, i.e. absence of psychopathology at both assessment was observed in 69 (81.2%) of the participants. Those that were not stable showed a variety of different diagnoses. Stable resilience was predicted by more perceived social support by the family ($T(40)=2,77$, $p<.05$, $d=0.87$).

Conclusions: A relatively high stability of resilience over a period of 6 months can be observed. Perceived social support facilitates stability of resilience in maltreated children.

- **Learning Objectives:**
- To get to know some of the consequences of child maltreatment.
- To inform about possible factors that promote stability of resilience in children and adolescent with a history of child maltreatment.

References:

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O39.3 Exposure to Adverse Childhood Experiences and Maternal Utilization of Community Services

Shawn X. Dodd, Ingunn Benediktsson, Suzanne Tough

University of Calgary, Calgary, AB, Canada

Introduction: There is growing evidence to support an association between adverse childhood experiences (ACEs), and poor long-term health (1). Individuals having experienced early adversity exhibit a constellation of vulnerabilities that may affect their parenting (2). Community engagement, however, has shown to be effective at mitigating the effects of ACEs, both via formal programs focused on improving parent child interactions, and through informal settings (3). Here, we aim to describe the pattern of community resource use among pregnant and parenting women in Calgary, Alberta with ACEs and determine if programs targeting vulnerable families are being accessed.

Methods: This study will use data from the All Our Babies cohort (n=3388) collected in the perinatal period (22-24 and 32-36 weeks gestation), and at 4, 12, 24 and 36 months post-partum.

Results: Women with either <3 ACEs or ≥3 ACEs were both highly engaged with their communities, with the majority of mothers assessing at least two community resources. This high level of engagement with the community continued from 4-month post-partum until 24-months post-partum. Most of the resources used were informal, and both women with and without ACEs showed little uptake of services targeting vulnerable families. Moreover, mothers with ACEs and low income were more likely not to access any community resources.

Conclusions: Our study shows that women in Calgary, Alberta are engaged with their community and generally seek informal support. Programs targeting vulnerable women, however, are under utilized. Increased awareness of targeted programs may reduce effects on parenting, optimizing outcomes for children and families.

Learning Objectives:

- To understand the long-term effects of adverse childhood experiences on parenting;
- to understand the pattern of community resource use of women with and without ACEs;
- to highlight the underutilization of community resources targeting vulnerable families.

References:

1. Felitti VJ, Anda RF, Nordenberg D, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. Am J. Prev Med, 14:245-258.
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O39.4 Prevalence and Emotional Correlates of Abuse and Neglect Among Internally Displaced Youths in Maiduguri, Nigeria

Asmau M. Dahiru[1], Jibrin O. Abdulmalik[2]

1. Federal Neuro-Psychiatric Hospital, Maiduguri, Borno State, Nigeria, 2. University College Hospital, Ibadan, Nigeria

Introduction: Abuse and neglect has been implicated as a risk factor in the development of mental disorders. The reports

on abuse and neglect of young persons in Sub-Saharan Africa are few, partly due to fear of disclosure, stigma, cultural attitudes and beliefs.[1] Abuse and neglect are said to be higher in conflicts and violence ridden areas[2] – such as north eastern Nigeria, which has been ravaged by the Boko-Haram insurgency. This study aims to investigate the prevalence of abuse and neglect, and the emotional problems of young persons living in internally displaced camps in Maiduguri, north-eastern Nigeria.

Methods: The study is a descriptive cross-sectional, questionnaire-based design, 4 from the 19 Government registered internally displaced camps in Maiduguri, north eastern Nigeria were selected using simple random sampling. Two hundred and forty youths of both sexes between the ages of 12-19 years are randomly selected from the comprehensive camp registers (60 from each of the 4 camps). The youths that agree to participate will complete the child abuse screening tool (ICAST) and the Strengths and Difficulties Questionnaire (SDQ). Data collection is ongoing and will be completed next month (April 2016)

Results: The study should provide useful information towards the development of preventive strategies and support for those who have already gone through these adverse experiences.

Conclusions: The findings of the study could be used to create awareness on abuse and neglect among the youths living in the internally displaced persons' camps. The information can also guide to develop culturally sensitive psychosocial support and intervention measures.

Learning Objectives:

- To document the prevelance of abuse and neglect and the emotional problems youth living in internally displaced camps experience
- Creating awareness and preventive strategies on abuse and neglect for youths in Maiduguri, Nigeria
- To help youths that are already experiencing the adverse effects of abuse and neglect

References:

Lachman, P. (1996). Child Protection in Africa: The road ahead. *Child Abuse and Neglect*, 20 (7), 543-547.

Jordan M, J. D., Pigott, H. & Tol, W. A. (2016). Interventions for Children Affected by Armed Conflict: a Systematic Review of Mental Health and Psychosocial Support

in Low- and Middle-Income Countries. *Curr Psychiatry Rep*, 18: 9-23.

Wed Sept 21 | 11:00–12:30 | Macleod E4

W48 Time 2 Talk - a Whole School Approach to Challenging Stigma and Raising Awareness About Mental Health and Emotional Wellbeing

Nick Barnes

Haringey Adolescent Outreach Team (BEH-MHT), London, United Kingdom

Workshop Description: Recent years have seen an explosion in interest in the role of peer mentoring and peer support for helping young people support each other to address mental health needs and concerns. In the UK the recent mental health taskforce stressed the need for a greater emphasis on preventitive practice and earlier help - seeking to provide access to services for young people before their needs become severe and enduring.

This workshop therefore seeks to describe an intervention developed within a secondary school in North London called Time 2 Talk. Winner of the Health Service Journal Award (2015) for Innovation in Mental Health, this 2 year programme sort develop a complete cultural shift in attitude and understanding towards mental health for all students, staff and parents. This whole school approach took narratives of young people's involvement with mental health services and developed these into a piece of forum theatre which then informed film making, lesson planning and the inclusion of mental health within the school curriculum. Alongside this creativity, the programme developed a peer mentoring (1:1 and group support) within the school so that students could support each other, as well as offer guidance and support to staff and parents.

The overall result of the intervention has been to see an building of emotional resileince for students, whislt also ensuring there has been systemic and sustained change across the school community through the co-development of staff training days, parent advisory sessions and a wider mental health policy for the whole school.

Learning Objectives:

1. A demonstration and discussion about how to involve a Whole school community in developing a shared attitutude and understadning towards mental health.
2. An exploration of the evidence base underpinning peer mentoring interventions and the need for further reasearch
3. Looking at the use of preventative interventions such as Time 2 Talk and peer mentoring in challenging stigma as well as building the emotional resilience of young people

References:

Evidence for Peer mentoring - DuBois, Holloway, Valetine, & Cooper, 2002;Jolliffe & Farrington, 2007; Lewin-Bizan et al., 2010; maslow & Chung,2013; Tolan, Henry, Schoeny, Bass, & Tolan, 2008; Wheeler, Keller, & DuBois, 2010.

Evidence for impact of "near relationship" on impact of peer mentoring - Spence, Tugenberg, Ocean, Schwartz, & Rhodes, 2013

Future in Mind - Promoting, Protecting and Improving our Children and Young People's Mental Health and Emotional Wellbeing

Time 2 Talk - www.awards.hsj.co.uk/winners-2015

Wed Sept 21 | 11:00–12:30 | TELUS 101-102

SG13 Addressing the Potential Applicability of Pharmacogenomics in the Clinical Practice of Child and Adolescent Psychiatry

Salma Malik, Lisa B. Namerow, Mirela Loftus

Institute of Living, Hartford Healthcare, Hartford, CT, USA

Study Group Description: The focus of the Special Interest Group will be on understanding the background in the development of pharmacogenomic testing and the vast array of metabolic, environmental and psychosocial factors involved in medication metabolism and efficacy. The genes which are

identified to be part of the pharmacokinetic and pharmacodynamic panels which are available for clinical use will then be summarized and the results which arise from such testing will be discussed within the context of clinical cases. In addition, the limitations of the testing will be explored with regard to their predictability, given that other biological, environmental and psychosocial factors can also impact treatment response. Lastly, a review of the literature will lead to a discussion reflecting the need for rational approach to the use of pharmacogenomics in clinical care which can integrate both its limitations and possible benefits,and encourage ongoing study of the applications of this field of personalized medicine.

Learning Objectives:

- Following participation in the Special Interest Group, participants will be able to:
- 1-Gain knowledge about the evolution of personalized medicine and the science behind pharmacogenomics
- 2-Interpret and discuss the various pharmacogenomic tests currently available for clinical use
- 3-Discuss a possible role for integrating pharmacogenomic guidance into clinical practice and treatment planning
- 5-Discuss the limitations of genotyping given the complexities of what determines outcomes of pharmacotherapy

References:

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3. Mrazek DA. Psychiatric Pharmacogenomic testing in clinical practice Dialogues *Clin Neurosci*. (2010)March; 12(1):69-76
4. Dubovsky SL.The usefulness of genotyping cytochrome P450 enzymes in the treatment of depression. *Expert opinion on Drug Metabolism &Toxicology*, (2015), 11:3,369

Wed Sept 21 | 11:00–12:30 | TELUS 111

W49 Internalized Other Interviewing as an Innovative Therapeutic Skill

Karl Tomm

University of Calgary, Cochrane, AB, Canada

Workshop Description: Karl has developed an innovative technique of therapeutic questioning referred to as 'internalized other interviewing'. It is based on social constructionist assumptions in which an individual as a self-conscious person is seen to arise through social interaction. If a therapist is able to apply this perspective and conceive of 'the self' as constituted by an internalized community, it becomes coherent to interview another person who is a member of that community as an 'internalized other' within the self. Previously internalized patterns of interaction with that 'other' can be re-externalized through reflexive questions and become available for systemic intervention. For instance, a parent could be interviewed as an internalized other within a child and be invited to express his/her inner experience of the parent's experience, or the child could be interviewed as an internalized other within a parent. If 'the actual other' happens to be physically present and witnesses him or herself being interviewed as 'an internalized other', he or she gets to 'meet' aspects of his or her 'distributed self' as it exists in the person being interviewed. This opens space for more therapeutic possibilities, in that the actual other may be invited toward change through the questions addressed to him/her as the internalized other. This presentation will begin with an overview of the theoretical and practical aspects of internalized other interviewing. Karl will then demonstrate the method with a volunteer and invite workshop participants to practice this technique to extend their clinical skills.

Learning Objectives:

1. Participants will become familiar with the theory behind internalized other interviewing
2. Participants will witness a demonstration interview using this method
3. Participants will practice the interviewing method with each other to extend their interviewing skills

References:

Tomm, K., Hoyt, M., and Madigan, S. (1998) "Honoring our Internalized Others and the Ethics of Caring: A conversation with Karl Tomm." Chapter in The Handbook of Constructive Therapies, edited by Michael Hoyt, p. 198-218, (republished in Interviews with Brief Therapy Experts, Brunner-Rutledge, Philadelphia, pp. 245-264, 2001)

Burnham, John (2000) "Internalized Other Interviewing: Evaluating and Enchancing Empathy", in Clincial Psychology Forum, Volume 140, pp. 16-20, (published by the British Psychological Society, Special Edition - Working with Adults and Children.)

Emmerson-Whyte, Belinda. (2010) Learning the Craft: An Internalised Other Interview with a Couple. International Journal of Narrative Therapy & Community Work, Vol. 8, No. 2, pp 3-21.

Wed Sept 21 | 14:00–15:30 | Acadia A

W50 The Mental Health and High School Curriculum Guide

Yifeng Wei[1], Andrew Baxter[2], Stan Kutcher[3]

1. IWK Health Center and Dalhousie University, Halifax, NS, Canada, 2. Alberta Health Services, Calgary, AB, Canada, 3. Dalhousie University, Halifax, NS, Canada

Workshop Description: Mental health literacy has been identified to improve the understanding about mental health, decrease stigma of mental illness, and enhance help-seeking behaviors. This workshop will address a mental health literacy resource, Mental Health & High School Curriculum Guide (Guide), for teachers and students as developed, evaluated and applied in Canada and other countries.

Presenters will guide participants each module of the Guide using PowerPoint slides, animated videos, lessons plans embedded in the Guide, and interactions with participants. Participants are asked to bring their own lap-tops so that they will be able to readily access the online materials. In addition, participants will be provided with information about the teacher training program used to prepare teachers in the classroom use of the Guide and data on the impact of this approach to enhance the mental health literacy of teachers and students.

Participants will learn about how the resource was developed, how it has been applied and how it has been evaluated. Participants will also be provided with the on-line access to the resource and will be able to obtain a good understanding of how the Guide is structured, and will be guided through the learning modules, lesson plans, student evaluation tools, core resources, and supplementary resources. At the end of the workshop participants will have a good understanding of the Guide materials and how to access them for their own use.

Learning Objectives:

- To introduce a mental health literacy curriculum resource as implemented in the secondary school setting;
- To guide participants through the mental health literacy curriculum resource so that they are able to apply it in their own practice and setting

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Wed Sept 21 | 14:00–15:30 | Acadia B

W51 Engagement, Understanding, and Accountability: a Good Start to Working with Transitional-Aged Youth

Robert Manning, Michael Stubbs, Natalie Young, Amanda Richardson, Teresa Coker

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Workshop Description: The transition from adolescence to adulthood is "marked by a number of critical social achievements including rewarding employment, completing necessary post-secondary academic or vocational training, and developing independent living skills and resources" (Haber, Karpur, Deschenes, and Hewitt, 2008). Research suggests hallmarks for transition into adulthood in dominant culture are accepting responsibility for one self, making independent decisions and becoming financially independent. However, young adults aged 16-24yrs face a major transition to adulthood which can be impacted significantly when they suffer from a major mental disorder. Unfortunately, the current adult mental health system is not always responsive to the unique needs and attitudes of transitional-aged youth with mental health concerns. This mixed media interactive workshop will highlight research into working with transitional-aged youth and demonstrate how a Calgary-based transitional- youth outpatient mental health clinic has responded to this population's unique needs.

Learning Objectives:

1) An increased awareness of the Transitional Youth Population
2) An understanding of the barriers and challenges that face this population
3) Strategies to best work with this population

References:

Haber, M. G., Karpur, A., Deschênes, N., & Clark, H. B. (2008). Predicting improvement of transitioning young people in the partnerships for youth transition initiative: Findings from a multisite demonstration. The Journal of Behavioral Health Services and Research, 35(4), 488-513.

Wed Sept 21 | 14:00–15:30 | Glen 201 - 203

O40 Prenatal Mood Disorder

O40.1 Preschool Language Development of Children Prenatally Exposed to Methadone

Jacqueline M. Henderson[1], Rachel E. Lean[2], Samantha J. Lee[1], Lianne J. Woodward[3]

1. University of Canterbury, Christchurch, New Zealand, 2. Washington University School of Medicine, St Louis, MO, USA, 3. Harvard Medical School, Boston, MA, USA

Introduction: Methadone maintenance therapy (MMT) is widely regarded as one of the best treatment options for pregnant women with an opioid addiction. However, little is known about the effects of methadone, a synthetic opioid, on longer-term child developmental outcomes. This study's objective was to assess the early language development of methadone-exposed (ME) children given its importance for later social and academic success.

Methods: Data were drawn from a prospective longitudinal follow-up of a cohort of 87 children born to pregnant mothers enrolled in MMT and a regional comparison group of 103 children. In the third trimester of pregnancy mothers were interviewed about their socio-familial circumstances, pregnancy drug use and mental health. The Clinical Evaluation of Language Fundamentals-Preschool was administered when children were age 4.5 years.

Results: At age 4.5 years, children born to MMT mothers had lower Expressive and Receptive language scores ($p<.001$), and a four-fold increased risk of severe language delay relative to comparisons (28%vs.7%;OR=7.9;$p<.001$). During pregnancy, in addition to methadone use, women being treated for opioid dependence were characterized by higher levels of social risk, other licit and illicit drug use, as well as depression than comparison mothers. Regression modeling demonstrated both maternal MMT during pregnancy and psychosocial risk factors predicted children's overall language performance.

Conclusions: Children born to MMT mothers are at increased risk of delayed language development.This elevated risk appears to reflect the effects of prenatal drug exposure and family psychosocial adversity. Further examination of these findings in relation to other risk factors, and future neurodevelopmental outcomes will be important.

Learning Objectives:

1. Describe the expressive and receptive language capabilities in children born to opiate addicted mothers on Methadone Maintenance treatment during pregnancy.
2. Assess the role of maternal biopsychosocial and risk factors that may account for later risks of language difficulties in children born to opiate addicted mothers on Methadone Maintenance treatment during pregnancy.

References:

Walhovd KB, Watts R, Amlien I, **Woodward LJ**. (2012) Neural tract development of infants born to methadone-maintained mothers. *Pediatr Neurol*.; **47**: 1-6.

Wouldes TA, Woodward LJ. Maternal methadone dose during pregnancy and infant clinical outcome. *Neurotoxicol Teratol*. 2010; 32: 406-413.

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O40.2 Protective Factors for Child Development at Age 2 in the Presence of Poor Maternal Mental Health: Results From the All Our Babies (AOB) Pregnancy Cohort

Sheila McDonald, Heather Kehler, Suzanne Tough

University of Calgary, Calgary, AB, Canada

Introduction: Although children who are experience care from a mother with poor mental health are at greater risk for developmental delays in early childhood (1), some children do not have developmental problems and exhibit resilience, suggesting there are factors that can play a protective role. This study identifies factors that protect children against development delay at age 2 in the presence of poor maternal mental health.

Methods: We analyzed data from a community sample of 1596 women who participated in the All Our Babies (AOB) pregnancy cohort. Participants completed comprehensive questionnaire data from mid-pregnancy to 2 years postpartum. Protective factors for child development and behaviour at age 2 in the midst of poor maternal mental health were identified using multivariable logistic regression modeling.

Results: At age 2, 18% of children were classified as developmentally delayed, 15% with behavioral problems and 13% with delayed social-emotional competencies. Among children whose mothers were experiencing poor mental health (27%), factors that were protective against poor child outcomes at age 2 included maternal social support, relationship happiness, higher parenting self-efficacy, higher optimism, work-life balance, and better infant sleep habits.

Conclusions: To positively impact early child development among families where the mother has ongoing mental health problems, public health, early intervention and parenting programs could focus on strategies that support interpersonal relationships, parenting confidence, and sense of competence. Parents could be further supported with strategies that establish good infant sleep habits.

Learning Objectives:

1. To better understand protective factors that protect poor child developmental outcomes in the presence of maternal mental health
2. To identify protective factors that are both common and specific to different child developmental outcomes
3. To identify protential strategies that could promote resielince in early child development

References:

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O40.3 Associations Between Prenatal Maternal Stress, Depression, and Anxiety and Early Child Behaviour at 2 Years are Mediated by Early Parenting Practices

Catherine M. Herba[1, 2, 3], Jean R. Séguin[2, 3], Gabriel Shapiro[4], Sarah Lippé[3, 2], Sonia Lupien[3], Gina Muckle[5], Cathy Vaillancourt[6], Natalie Castellanos-Ryan[3], William D. Fraser[7, 2]

1. Université du Québec à Montréal, Montreal, QC, Canada, 2. Research Center, CHU Sainte-Justine, Montreal, QC, Canada, 3. Université de Montreal, Montreal, QC, Canada, 4. McGill University, Montreal, QC, Canada, 5. Université Laval, Québec, QC, Canada, 6. INRS Institut Armand Frappier, Laval, QC, Canada, 7. Centre Hospitalier Universitaire de Sherbrooke, Sherbrooke, QC, Canada

Introduction: Prenatal maternal stress, depression and/or anxiety (SDA) have been associated with poorer child behavioural and neurodevelopmental outcomes. The present study examines longitudinal associations between prenatal maternal SDA and child behavioural difficulties at age 2 years, and whether such associations are mediated by early maternal parenting practices.

Methods: Analyses were conducted within the 3D pregnancy cohort study. Mothers (n=2366) were recruited in the 1st trimester of pregnancy with infants followed up to age 24 months. Maternal SDA was assessed in the 1st, 2nd, and 3rd trimesters of pregnancy and postnatally (3, 12, and 24 months) using the Perceived Stress Scale, the Pregnancy anxiety measure, and the Center for Epidemiological Studies–Depression Scale. At age 3 months, mothers reported on parenting. At age 2 years, mothers completed a 42-item questionnaire assessing child internalising and externalising difficulties. Direct and indirect effects were tested in Mplus.

Results: Maternal prenatal symptoms of stress, depression and anxiety, in each trimester were each significantly associated with elevated internalising and externalising problems at 2 years, even after controlling for postnatal maternal SDA. Associations, particularly for externalising problems at 2 years, were mediated by parenting at 3 months postnatal age, where elevated prenatal SDA was associated with more negative and fewer positive mother-infant interactions, which in turn was associated with elevated externalising behaviour at age 2 years.

Conclusions: Knowledge of which specific risk markers of SDA are most closely associated with poorer child development, and the role of modifiable factors, will be important for identifying potential prevention targets and/or mechanisms.

Learning Objectives:

1. To highlight the importance of mental health during pregnancy for early child development.
2. To highlight how associations may be mediated by parenting practices.

3. Clarification of the role of modifiable factors such as parenting is important for developing appropriate interventions.

References:

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Wed Sept 21 | 14:00–15:30 | Glen 204

RS23 Developmental Antecedents, Early Identification and Prevention of Severe Mental Illness in High Risk Youth

Rudolf Uher[1, 2, 3], David Lovas[1, 3], Alexa Bagnell[1, 3], Barbara Pavlova[1, 2], Lukas Propper[1, 3], Sabina Abidi[1, 3], Jill Cumby[2], Martin Alda[1, 2]

1. Dalhousie University, Halifax, NS, Canada, 2. Nova Scotia Health Authority, Halifax, NS, Canada, 3. IWK Health Centre, Halifax, NS, Canada

Symposia Overview: Severe mental illness (SMI), including schizophrenia, bipolar disorder and depression, typically onsets in late adolescence or early adulthood. It has been proposed that SMI may be prevented if the individuals at risk can be identified early. This symposium will present preliminary results on a new early risk identification strategy and first experiences with a pre-emptive early intervention, based on data from the Families Overcoming Risks and Building Opportunities for Well-being (FORBOW) project.

Part 1: Early identification of risk. We are testing a transdiagnostic strategy for early identification of risk for developing SMI based on early antecedents (affective lability, anxiety, psychotic and basic symptoms) in offspring of parents with SMI aged 9-17 years. Among 260 follow-ups, we confirmed 7 new onsets of SMI with age at onset ranging from 12 to 17 years. Six of these onsets occurred among the 128 individuals who had one or more antecedent at baseline, while only one onset occurred among the 131 individuals who had no antecedents on previous assessment. The risk of SMI onset was proportional to the number of antecedents. These data provide preliminary support for the validity of the new early identification strategy.

Part 2: Functional Somatic Symptoms (FSS) include pain and other physical symptoms commonly reported by children. Here we use the FORBOW cohort to explore if FSS may be an antecedent to internalizing disorders, including depression and anxiety. We assessed FSS and psychopathology in 147 youth (mean age 10.5, S.D. 3.2 years) who were followed-up after 1 and 2 years for psychiatric diagnoses. FSS significantly predicted new onsets of internalizing disorders over the follow-up period, even after controlling for depression and anxiety symptoms at baseline (OR=2.74; 95%CI 1.30-5.76, p=0.008). This suggests that FSS in childhood may be robust and unique precursors to mental disorders.

Part 3: Anxiety as an antecedent to major mood disorders. We have explored the role of anxiety as an antecedent to major mood disorders in the FORBOW cohort. We found that the rates of clinically significant anxiety are more than doubled (OR=2.53, 95%CI 1.14-5.59) in offspring of parents with depression or bipolar disorder (37.4%) compared to control offspring (17.7%). We also found that that anxiety predicted onsets of depression: of the 14 depressive onsets, 11 occurred among the 77 participants who reported significant anxiety a year earlier and only 3 occurred among the 152 participants who did not report significant anxiety one year earlier (OR=5.73, 95%CI 1.8-18.0, p=0.003). These data confirm that anxiety is an important antecedent to depression.

Part 4: Skills for Wellness: first experiences with pre-emptive early intervention. We have developed and piloted Skills for Wellness (SWELL) as an individual youth-focused pre-emptive early intervention based on cognitive-behavioral therapy. In addition to a core skill set, the intervention delivers modules addressing four antecedents to SMI: affective lability, anxiety, psychotic symptoms and basic symptoms. Initial experience with 26 randomly allocated participants suggests feasibility, good acceptability, and reduction in antecedent symptoms. Follow-up is in progress to examine medium- and long-term outcomes.

Learning Objectives:

1. Quantify the risk of severe mental illness in offspring of parents with major mood and psychotic disorders.
2. List childhood antecedents that predict the development of severe mental illness.
3. Explain the prognostic implications of functional somatic symptoms in childhood.
4. Give an example of heterotypic continuity in developmental psychopathology.
5. Discuss the need for indicated prevention of severe mental illness.

References:

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2. Uher R et al. A familial risk enriched cohort as a platform for testing early interventions to prevent severe mental illness. *BMC Psychiatry* 2014;14:344.
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Wed Sept 21 | 14:00–15:30 | Glen 205

O41 Mental Illness Stigma in Families

O41.1 Multi-dimensionality of Stigma in Families with Parental Mental Illness

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1. De Montfort University, Leicester, United Kingdom, 2. Leicestershire Partnership NHS Trust, Leicester, United Kingdom

Introduction: Stigma is a well-established problem for persons with mental illness, but is usually studied in a uni-dimensional manner – as stigma associated with a mental illness identity. There is increased recognition, however, that many people experience stigma in relation to multiple dimensions of their lives –poverty, social class, teenage parenthood, disability, etc. Families with parental mental illness (FaPMI) are especially likely to simultaneously display one or more such factors.

Methods: 39 semi-structured interviews were carried out with members of FaPMI and multi-agency professionals who work with them. Five focus groups were carried out with professionals. Interviews focused on families' experiences of mental illness and its interaction with social and economic aspects of their lives. Data were analysed using open-ended thematic analysis.

Results: Stigma was a theme emerging across all interviews. Whilst there was evidence of stigma associated with mental illness identities and of "courtesy stigma", stigma was a more complex issue in the lives of the families. Notably, parents perceived stigmatising reactions from others in relation to their capacity as parents, young parents experienced stigma associated with teenage motherhood, and participants reported feelings of stigma associated with job loss and welfare receipt.

Conclusions: FaPMI appear to be especially vulnerable to the experience of stigma on factors orthogonal to their mental illness and these experiences interact with mental health stigma and their illness in ways that can threaten self-esteem and resilience. Future work should attempt to take account of the complex multi-dimensionality of experiences of stigma in persons with mental illness and their families.

Learning Objectives:

- Attendees will learn about theories of stigma from across the social sciences and how these can expand the conception of stigma applied in mental health research
- New information will be presented from novel research that will provide a new perspective on stigma and social factors in the lives of marginalised families with parental mental illness

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O41.2 Parents of Hospitalized Infants in NICN Experience Stigma of Shame

Marzieh Hasanpour[1], Haydeh Heidari[2], Marjan Fooladi[3]

1. School of Nursing and Midwifery,Tehran University of Medical Sciences, Tehran, Iran, 2. Faculty of Nursing and Midwifery, Shahrekord University of Medical Sciences, Shahrekord, Iran, 3. PhD in Nursing, Fulbright Scholar and Professor at Florida State University, College of Nursing, Florida, FL, USA

Introduction: To explore experiences of Iranian parents with a hospitalized premature infant in Neonatal Intensive Care Unit (NICU) and examine socio-cultural factors associated with having a less than perfect infant.

Methods: Purposely selected 21 participants in this study were 6 fathers, 7 mothers, 5 nurses and 3 physicians specialized in neonatology. Semi-structured in-depth interviews using inductive approach and content analysis helped obtain and analyze data by open encoding for classification and theme abstraction.

Results: Findings revealed that parents of hospitalized NICU infants in Iran experienced: job and income loss; shattered confidence in parental role; challenges to family dynamics; shame as a social stigma; loss of control; overwhelmed with uncertainties; and stress induced physical and emotional problems.

Conclusions: Unique and outstanding finding of this study was the social stigma of shame for parents of an NICU infant which directly explained the socio-cultural aspect of Iranian society where families place great importance on having a healthy and strong infant. Having a premature infant with anomalies is viewed as a family flaw. Physicians and nurses must focus more on communication with parents and fulfill an important role to educate, assure and comfort parents. Establishing support system for parents of NICU infants seem urgently needed to improve parent infant bonding.

Learning Objectives: To explore new information information on human experiences from cultural perspectives regarding Iranian parents with a hospitalized infant in NICU

References:

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Wed Sept 21 | 14:00–15:30 | Glen 206

O42 Psychological Treatment for Adolescents

O42.1 From Innovation to Implementation - a Family Centered/Evidence Based Approach to Treating Adolescent Mental Health

Kiran McKay, Alex MacDonald, Cindy Fang

Wood's Homes, Calgary, AB, Canada

Introduction: : In partnership with Alberta Health Services (AHS), the Exceptional Needs Program (ENP) is an evidenced based, researched informed, family centred intervention for youth ages 12-17 who have recently been discharged from the hospital and whom need transitional support returning home. The presentation will focus on an in-depth review of the ENP program, and its approach and outcomes of serving youth with complex mental health profiles. A review of the program approach and the outcome measurement framework will highlight key lesions for serving this population, and will inform best practice and contribute to the learning and further development of this innovative service.

Methods: ENP is a multidisciplinary team that provides interventions which include but are not limited to, family therapy, family meetings (planning and skill development), youth groups, parent groups, school collaboration, milieu therapy, and aftercare. An outcome measurement framework has been developed and several measurement tools have adopted by the program to capture the services and outcomes of the program.

Results: Through the use of several established measurement tools, ENP follows the progress of youth and family from pre admission until several months following discharge. The presentation will highlight the approach and findings of the ENP program.

Conclusions: ENP's treatment beds require two thirds less funding than on unit hospital bed. Mental health disorders in youth ranked as the second highest hospital care cost in Canada and that hospital readmission rates for this demographic are highest within the first 30 days after discharge from hospital

Learning Objectives: A review of the program approach and the outcome measurement framework will highlight key lesions for serving this population, and will inform best practice and contribute to the learning and further development of this innovative service.

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O42.2 Dialectical Behavior Therapy for Adolescents and DBT-Based Treatments: Patient, Caregiver, and Therapist Experience

Marjorie E. Robb, Olivia MacLeod

Children's Hospital of Eastern Ontario, Ottawa, ON, Canada

Introduction: Dialectical behavior therapy for adolescents (DBT-A) is an evidence-based treatment for young people with emotion dysregulation, suicidal behavior, and deliberate self-harm (DSH). Individual therapy and group skills training for both youth and parents may be offered as multifamily treatment or with separate youth and parent components. As DBT-A is resource-intensive, adapted DBT-informed treatments have been developed which offer shorter treatment time and selected components of DBT. Engagement of patients in program development can improve service. This study examines youth and parent experience of different treatments.

Methods: Focus groups were held with youth and caregiver graduates of DBT-A with separate youth and parent groups, multifamily DBT-A, and a community adapted DBT-based skills program. Themes were grouped and ranked in order of frequency. Feedback was also obtained via questionnaire about

therapist experience of groups. Responses were examined for correlation with symptom improvement and changes in family functioning. Group therapist feedback was obtained via questionnaire.

Results: Young people and caregivers reported good levels of engagement, decreased symptoms of SI and DSH, improvement in depressive symptoms, and improvement in family functioning in all formats of treatment, with the longer intervention (DBT-A) showing greater improvement in both individual symptoms and family relationships. Therapist feedback indicated some preference for the multifamily format.

Conclusions: Young people and caregivers reported acceptability and positive experiences of both formats of DBT-A and adapted treatments. Multifamily DBT-A may have a more positive impact on family relationships. Longer treatments may lead to greater symptom reduction. More research in this area is indicated.

Learning Objectives:

1. Describe differences in patient, family, and therapist experience of multifamily DBT-A, youth/parent DBT-A, and adapted DBT-based treatment.
2. List one advantage of each type of treatment.
3. Consider challenges in youth and family engagement in treatment for this population.

References:

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O42.3 DBT Adapted for Young Adolescents: Effects on Family Functioning

Olivia MacLeod[1, 2], Marjorie Robb[1, 2], Healther Bragg[1], Paula Cloutier[1], Dylan Johnson[2]

1. Children's Hospital of Eastern Ontario, Ottawa, ON, Canada, 2. University of Ottawa, Ottawa, ON, ON, Canada

Introduction: For chronically suicidal and/or self-injuring young adolescents with emotional dysregulation, maladaptive family relational patterns can both contribute to and result from the dysregulation. Dialectical Behaviour Therapy (DBT) is an empirically validated treatment for adults with Borderline Personality Disorder. A growing body of research supports the efficacy of DBT with adolescents[1-3], but little attention has been paid to its effects on family functioning. This study examines effects on family functioning of a DBT program adapted for young adolescents (ages 13-17) with a separate enhanced parent component teaching DBT skills (core mindfulness, distress tolerance, emotional regulation, interpersonal effectiveness), attachment theory, collaborative problem solving and developmental neurobiology.

Methods: Data was collected prospectively pre and post treatment. The primary outcome measure was family functioning, as measured by the FACES-IV (Family Adaptability and Cohesion Scale, 4th Ed)[4]. The FACES-IV measures balanced functioning and both extremes of unbalanced functioning, producing ratio scores in flexibility and cohesion subscales, as well as a total ratio score, with higher scores indicating healthier systems. Results were analyzed using paired-sample t-tests.

Results: In the first cohort of data collected (n=16), this treatment resulted in an improvement in all ratio scores, as rated by both adolescents and parents. This reduction was statistically significant in the flexibility ratio score as rated by adolescents ($t = -2.42$, $p < .05$).

Conclusions: The initial results are promising in demonstrating that the adapted DBT program results in improved family functioning, from both adolescent and parent perspectives. Further data analysis with a larger sample size is under way.

Learning Objectives:

By the end of this presentation, participants will be able to:

1. Describe the different ways in which DBT can be adapted for adolescents and their caregivers
2. Understand common family functioning problem areas in this population of chronically suicidal and/or self-injuring young adolescents with emotional dysregulation
3. Explain the areas of family functioning in which most improvement is seen from participation in adolescent DBT, and how youth and parent perspectives compare

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Wed Sept 21 | 14:00–15:30 | Glen 208 -209

SG14 Developing Models for Training in Child and Adolescent Psychiatry in Low and Middle Income Countries

John Vijay Sagar Kommu, Sowmyashree Mayur Kaku, Kuppili Pooja Panchal

National Institute of Mental Health And Neurosciences (NIMHANS), Bangalore, KA, India

Study Group Description: Training programs in Child and Adolescent Psychiatry (CAP) are either non-existent or in the nascent stage in many low and middle income countries .Most of the post-graduate training centres in these countries do not address mental health issues of children and adolescents given the lack of proper infrastructure and faculty.

We intend to present a model of training program which is first of its kind and currently available in our tertiary care centre in India in which training in CAP is provided at two

levels : 3-month training for Postgraduate trainees from the disciplines of Psychiatry,Clinical Psychology and Psychiatric Social Work and a 1 year (Postdoctoral Fellowship in Child and Adolescent Psychiatry) or 3 year (Doctor of Medicine in Child and Adolescent Psychiatry) comprehensive training for qualified Psychiatrists .

Learning Objectives: This special interest group will serve as a platform to discuss available training program models in CAP in low and middle income countries, the challenges of providing training in CAP and to discuss the development of such programs in non-existent situations .

References:

1. Malhotra S . Child and Adolescent Psychiatry in India: Slow Beginnings and Rapid Growth .In : Mental Health : An Indian Perspective,1946-2003 ed: Agarwal SP

Wed Sept 21 | 14:00–15:30 | Macleod E1

W52 Applications of Motivational Interviewing in the Treatment of Adolescents with Eating Disorders

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1. Université Laval, Québec, QC, Canada, 2. Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale, Québec, QC, Canada

Workshop Description: Motivational interviewing is an evidence-based psychotherapeutic method that addresses patients' ambivalence to change. Strategic emphasis is upon patients' personal pros and cons to change. Originally developed by Miller and Rollnick to treat problem drinking, motivational interviewing is also considered effective and is widely used to address health problems such as illicit drug use, management of chronic mental disorders, smoking, and concomitant mental and substance use disorders. Recently, two systematic reviews concluded to its potential in the treatment of eating disorders. First, this workshop will present current evidences supporting the use of motivational interviewing in adolescents with eating disorders. Second, theoretical concepts of the approach will be discussed and essential tools will be explained. Finally, videos and demonstrations of motivational interviewing will allow concrete understanding of the techniques learned. At the end of the workshop, participants will be able to identify adolescents with eating disorders who could benefit from motivational interviewing. Participants will also be able to integrate motivational interviewing skills to their clinical practice.

Learning Objectives:

1. Review the evidence for the use of motivational interviewing in the treatment of adolescents with eating disorders
2. Understand the spirit of motivational interviewing and its use in behavior change
3. Integrate theoretical concepts and tools of motivational interviewing

References:

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2. Miller WR, Rose GS. Toward a theory of motivational interviewing. The American psychologist. 2009;64(6):527-37.
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Wed Sept 21 | 14:00–15:30 | Macleod E2

O44 Policy Development

O44.1 Promoting Awareness of Children's Mental Health Issues by Exchanging Experiences Between Developed and Developing Countries

Muhammod M. Bakht[1, 2]

1. Brampton Civic Hospital, Brampton, ON, Canada, 2. McMaster University, Assistant Clinical Professor, Hamilton, ON, Canada

Study Group Description: The author actively practices children's mental health in a multicultural neighbourhood in the Greater Toronto Area in Canada. Inspired by his experience working with immigrant children and their families, the author developed a keen interest in children's mental health issues in resource poor countries. Over the years the author has undertaken the challenging task of bridging mental health practices of developed countries like Canada with many developing countries. He initiated and maintained connectivity to dedicated clinicians who have been caring for children and adolescents with their mental health issues in resource challenged countries. Over the last several years, the author has traveled extensively to countries such Bangladesh, Indonesia, Ghana, Malaysia, and Vietnam to promote children's mental health awareness. In this presentation the author will give a brief glimpse of his work thus far in raising awareness about children mental health issues in developing countries.

Based on experience, the author has the opinion that the infrastructure, service availability, manpower resources, and training facilities for professional development are very limited in developing countries. Therefore the knowledge sharing/exchanges between developed countries with developing countries is a key method in promoting children's mental health awareness, service, and professional development for healthcare providers.

Learning Objectives:

1 Available children mental health resources and service delivery in certain african and south east asian countries will be highlighted

2 How to initiate & maintain connectivity with clinicians in resource challenge countries for promoting children mental health issues will be discussed

3 Author will explain how knowledge sharing could bridge the gap in child and Adolescent mental health practicing in developing countries.

References:

1. World health organization mental health Atlas 2011 on Bangladesh, Indonesia, Ghana,Malaysia, and Vietnam
2. WHO-AIMS report on mental health systems in Vietnam-2006,Bangladesh-2007,and Ghana-2011

O44.2 Development of the Project of Sapporo Children's Mental Health Care Network (PSCMHC)

Takuya Saito[1], Takeshi Ujiie[2], Kie Shiina[1], Kenzo Denda[3]

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Introduction: The insufficiency of child mental health care has been a huge issue in Sapporo, Japan. For instance, typical child psychiatric facilities have a long waiting list more than a year due to multiple reasons such as shortage of child psychiatrists. This situation has been worsening over the years and reached at the crisis level. In response to the situations, Sapporo City Government organized a team as "Sapporo City Investigation Council of the Establishment of Child Psychiatry Coordination Medical System" with the goal of establishing a community-rooted medical care model.

Methods: A statement was sent to medical institutions in Sapporo, which explaining purposes and contents about a new initiative for coordinating local child care named "the Project of Sapporo Children's Mental Health Care Network (PSCMHC)." In order to create net work we conducted a survey including questionnaire on opinions for the project and an attitude toward the new initiative. The subject total was 367 medical institutions. (Pediatrician 223, Psychiatrists: 144, Double specialty: 9)

Results: The response rate was 47.3% include 39.5% of pediatricians, 57.6% of psychiatrists, and 64.0% of double specialty and 52.3% of responders showed positive response to the initiative and were willing to participate the project. Based on the positive response we developed "PSCMHC Network".

Conclusions: In the paper we present newly developed "PSCMHC Network" and what should be done to improve child psychiatric care not only in Sapporo but also everywhere. "PSCMHC Network" will be a hope for children in Sapporo with mental problems.

Learning Objectives:

to understand importance of Children's Mental Health Care Network in order to improve child mental health care and difficulties to develop Children's Mental Health Care Network

References:

Clark TC, Johnson EA, Kekus M, Newman J et al. Facilitating access to effective and appropriate care for youth with mild to moderate mental health concerns in new zealand. J Child Adolesc Psychiatr Nurs. 2014 27(4):190-200.

Bee P, Bower P, Byford S, Churchill R et al. The clinical effectiveness, cost-effectiveness and acceptability of community-based interventions aimed at improving or maintaining quality of life in children of parents with serious mental illness: a systematic review. Health Technol Assess. 2014 18(8):1-250.

O44.3 Using Linked Cross-Ministry Data to Profile Mental Health Resilience Among Young Albertans, 2006 to 2011

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1. Alberta Centre for Child, Family & Community Research (ACCFCR), Edmonton, AB, Canada, 2. University of Alberta, School of Public Health, Edmonton, AB, Canada, 3. University of Calgary, Community Health Sciences, Calgary, AB, Canada

Introduction: The Child and Youth Data Laboratory links data from five child and youth-serving Government of Alberta ministries (Advanced Education, Education, Health, Human Services, and Justice and Solicitor General) to provide evidence for policy and program development. An iterative process of working with the ministry partners is adopted to ensure policy relevance. The objective of this project is to investigate factors associated with resilience among individuals with mental health conditions.

Methods: More than 225 data elements were submitted from 23 databases across six study years (2005/06 to 2010/11). Included is diagnostic and service use information for about 2 million people aged 0 to 30 years at the time of study.

Mental health status has been defined using data from Alberta Health, Family Support for Children with Disabilities, and Assured Income for the Severely Handicapped. Diagnoses will be grouped as: mood/anxiety (anxiety disorder and depression), behavioural (conduct disorder, adjustment disorder, attention deficit disorder, and substance use), schizophrenia/psychoses (schizophrenia, autism, and other psychoses), and other. Prospective and retrospective analyses will be conducted to determine the order of different factors of resilience by condition. Resilience measures include educational achievement, high school completion, enrolment in post-secondary, not using income support, and reduction in criminal offending.

Results: We will describe how resilience measures vary by type of condition, type of service use, and key demographic and service-use indicators.

Conclusions: Understanding of resilience characteristics of individuals with mental health conditions will help refine service provision designed to improve outcomes of Albertan children and youth.

Learning Objectives:

- To gain a better understanding of true partnerships at the Alberta Centre for Child, Family and Community Research.
- To discuss how linked data can be used to better inform knowledge, service delivery, and policy.
- To learn how administrative data can be used to investigate resilience factors in youth with mental health conditions.

References:

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O44.4 Improving Social, Economic and Health Outcomes for High-Risk Adolescents in Remote Communities Through a Process of Transdisciplinary Research

Alice Knight[2], Anthony Shakeshaft[2], Alys Havard[2], Myfanwy Maple[3], Bernie Shakeshaft[4]

1. NDARC, Randwick, NSW, Australia, 2. University of New South Wales, Sydney, NSW, Australia, 3. University of New England, Armidale, NSW, Australia, 4. BackTrack, Armidale, NSW, Australia

Introduction: Adolescents exposed to multiple, co-occurring risk factors such as substance use, poor mental health, and unemployment, experience disproportionately high rates of harm which persists over their lifetime [1,2,3]. Indigenous adolescents are over-represented in this population [4]. Despite this, little is known about effective interventions: our systematic review found only 2% of published studies were outcome evaluations, of which half were methodologically weak [5]. This presentation will: i) describe a service for adolescents experiencing multiple, co-occurring risk factors using the principles of complex interventions; ii) describe a transdisciplinary process of co-developing an evaluation framework and integrating it into the routine delivery of the service; and iii) report the individual, community, and economic outcomes of the service.

Methods: Evidence-based measures of substance use, resilience, psychological distress, suicide ideation, employment, education and crime were embedded into the routine intake procedure of a service for adolescents experiencing multiple, co-occurring risk factors. Post-test data were collected at 3 months. Community benefit was measured using routinely collected police incident data, analysed using a multiple baseline evaluation design. Economic benefit was estimated using a cost-benefit analysis.

Results: Almost all participants reported multiple, co-occurring risk factors, most frequently: illicit drug use, crime, and suicide ideation. Outcome data show statistically significant reductions for individuals (substance use, suicide ideation, psychological distress, crime), communities (police incidents), and a positive cost-benefit of 7:1.

Conclusions: This body of work illustrates a successful process of integrating research into the delivery of services for adolescents experiencing multiple, co-occurring risks. The challenge now is to make this process routine.

Learning Objectives:

This research has several learning objectives:

1. It demonstrates the feasibility, acceptability and effectiveness of an innovative model of transdisciplinary researcher/service provider co-designed and co-implemented research, which complements current efforts to improve the efficiency of translational pathways from research to practice.
2. It shows that when working with young people experiencing multiple, co-occurring risk factors, a comprehensive multi-component intervention approach should be employed that can simultaneously target multiple risk factors (as opposed to targeting single risk factors in isolation).
3. Specifically, it demonstrates that services that adopt a multi-component intervention approach can improve mental health, substance use, and crime outcomes for individuals, and reduce social disruption and economic costs for communities.
4. It improves the ability of governments and policy makers to invest in effective and cost-beneficial services.

References:

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2. 2. Groark CJ, McCall RB. Community-Based Interventions and Services. *Rutter's Child and Adolescent Psychiatry, Fifth Edition.* 2009:969-988.
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Wed Sept 21 | 14:00–15:30 | Macleod E4

O45 Measurement in Cultural Psychiatry

O45.1 Using Non-Verbal Tests for Transcultural Psychological Assessments? The Case of de Rey-Osterrieth Complex Figure

Muriel Bossuroy[1], Claude Mesmin[2], Bruno Falissard[3], Marie Rose Moro[4]

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Introduction: Visuo-spatial tests are often thought to be less subject to cultural bias than verbal tests. It has however been demonstrated that scores obtained, particularly using the Rey-Osterrieth Complex Figure, vary according to the cultural context. In a previous study, we noted that the socio-cultural environment had an impact on structural figure perception.

Methods: We compared the techniques used to draw the figures by school-children in France from different cultural backgrounds, with the hypothesis that the culture handed down by the parents has an impact on structural figure perception (N=914). Subjects were classified according to type of approach, based on the order in which tasks were performed using a computer recording of lines traced.

Results: Results demonstrate substantial contrasts among groups of children of different cultural origins.

Conclusions: Inherited culture appears to influence structural figure perception, which could explain the variation in scores obtained. The impact of the familiarity with this type of task and educational level of the families are discussed.

O45.2 DSM 5 Child Cultural Formulation Interview Module: Promoting Cultural Competence and Knowledge Transfer

Jaswant Guzder

McGill University, Montreal, QC, Canada

Introduction: The DSM 5 child and adolescent interview module was developed as training and clincal tool for promoting application of the cultural formulation (CF) outline for child and adolescent treatment. Canadian populations are multicultural and multilingual, often presenting challenges in assessment and intervention planning for immigrant and refugee populations. The training module has been integrated as part of the McGill Cultural Consultation Service(CCS) model.

Methods: The module was developed by Dr Rousseau and Dr Guzder through the CCS patient care experience with applying the CF. The CCS receives referrals for mental health practitioners or institutions seeking to clarify cultural axis concerns for their children and families.Referring therapists are present for the interview (additionally cultural brokers or interpreters as needed) followed by a case discussion with the service team. CFI modules are helpful to provide an outline guide, propose questions and explore relevant areas..

Results: The CCS model at McGill was adapted for adults, children and families. The original study cohort indicated that referrals are motivated by treatment planning, diagnostics, treatment adherence, communication, interpreter problems, systemic issues and patient-therapist problems. The model focusses on patient CF input for therapist and knowledge transfer supporting cultural competence.

Conclusions: The Royal College and Mental Health Commission of Canada both suggest cultural competency is relevant to resident training and mental health care. The use of a CFI model and CF outline have been useful in the CCS service to promote application of cultural axis training. Changes in diagnosis,intervention planning and knowledge transfer have been the main outcomes.

Learning Objectives:

1. to review the DSM Cultural Formulations Guidelines
2. to review relevance of Cultural Formulation Module for children and adolescents when applied to interviewing families with identified child patients
3. To present case examples of child cultural formulation with diagnostic and treatment implications

References:

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2. C.Rousseau, J.Guzder 2015. Supplementary Module 9: school aged children and adolescents. In : R. Lewis-Fernandez et al. (editors)DSM5: Handbook on Cultural Formulation Interview. Washington: APA Press.
3. Ruiz-Casares, M., Guzder, J., Rousseau, C., Kirmayer, L.J. (2013) Cultural Roots of Well Being and resilience in child mental health. In : A. Ben Arieh, I. Frones, F. Casas, J. Korbin (eds.).Handbook of child well-being . New York, N.Y: Springer.

O45.3 French Adaptation of the Temas' Test (Tell-Me-A-Story): a Test for Children Coming From Different Ethnic Origins

Muriel Bossuroy[1], Martina Dentici[2], Hakima Megherbi[2], Marie Rose Moro[3]

1. Université Lyon, Lyon, France, 2. Université Paris Nord, Paris, France, 3. Laboratoire de psychologie clinique et psychopathologie, PCPP EA 4056, Institut de psychologie, Université Paris Descartes, Sorbonne Paris Cité, Paris, France

Introduction: The TEMAS "Tell-Me-A-Story" (Costantino, Malgady, & Rogler, 1988) is a multicultural narrative test conceived for screening both minority and nonminority children. In this test, children had to tell a story from cards each of which describing a scene of every-day life. The cards are chromatically attractive, culturally relevant and familiar. The aim of the test is to obtain scores on personality functioning, emotional status and in a lesser extent about cognitive processes. Since cross-cultural studies have shown its clinical utility and validity with children from various countries (for TEMAS, USA and Italy), it will be useful for improving transcultural assessments in France. This is the first psychological test that takes into account the cross-cultural perspective in French children.

Methods: After some minor adaptations from the original test, we collected narratives of 266 children aged from 6-to-11 years. Two versions of the test have been adapted. For each child, the assignment of one of the versions depended on its ethnic origin.

Results: First, for both versions, we ensured that psychometric requirements have been reached. Second, in a comparison perspective, we have conducted analyses aiming at testing the differences and/or the similitudes on both groups of children. It appears that, as for the American test, and for the Italian test, the French adaptation of TEMAS seems to stimulate the manifestation of specific conflicts connected with their growth and to the multi-cultural situation. It could help to better understand how these children construct their identity.

O45.4 Strengths and Difficulties Questionnaire (SDQ): Psychometric Properties and Validation in a South African Sample

Petrus J. de Vries[1], Eugene L. Davids[2], Catherine Mathews[3, 4], Leif E. Aarø[5]

1. Division of Child and Adolescent Psychiatry, University of Cape Town, Cape Town, South Africa, 2. Adolescent Health Research Unit, Division of Child and Adolescent Psychiatry, University of Cape Town, Cape Town, South Africa, 3. Health Systems Research Unit, Medical Research Council, Cape Town, South Africa, 4. School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa, 5. Domain of Mental and Physical Health, Norwegian Institute of Public Health, Oslo, Norway

Introduction: Around the globe, and particularly in low resource environments, there is great interest in identification and implementation of free, standardized, culturally-fair and meaningful screening instruments to identify adolescents at risk of mental health problems, in order to facilitate access to next-step assessment and/or intervention. However, it is essential that tools are culturally sensitive and validated. Here we evaluated the psychometric properties of the Strengths

and Difficulties Questionnaire (Self-Report) in South African adolescents.

Methods: A sample of 3451 South African adolescents in the 8th grade (M_{age} = 13.7 years), completed the SDQ in Afrikaans, English or isiXhosa. Exploratory and confirmatory factor analyses were conducted using MPlus V7 while means, group differences, and internal consistency was analysed using SPSS V22.

Results: The internal consistency for total difficulties, prosocial behaviour and emotional symptoms sub-scales were good. Significant differences were found on the basis of gender for sub-scales but not alpha scores. Exploratory and confirmatory factor analyses were done on 3,4 and 5-factor models. The findings suggested significant loadings (> .40) for emotional symptoms and prosocial behaviour sub-scales on the 3-factor model, which was similar for the 4 and 5-factor model. In addition, we generated revised cut-off values for a South African sample.

Conclusions: Findings support the potential usefulness of the SDQ in a South African setting, but suggest that the self-report SDQ should not be used in isolation, and should not be used with UK cut-off values until further validation and standardisation work has been performed in South African adolescents.

Learning Objectives:

- More research is needed using the Strengths and Difficulties Questionnaire within a South African setting before the presented cut-offs can be applied and to understand the reasons for results obtained with UK cut-off values.
- The Strengths and Difficulties Questionnaire should not be used in isolation, and should also be investigated with other external validation tools such as the Development and Well-being Assessment (DAWBA) as done in other cross-national studies.

References:

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Di Riso, D., Salcuni, S., Chessa, D., Raudino, A., Lis, A. & Altoe, G. (2010). The Strengths and Difficulties Questionnaire (SDQ): Early evidence of its reliability and validity in a community sample of Italian children. *Personality and Individual Differences, 49*, 570-575.

Kersten, P., Czuba, K., McPherson, K., Dudley, M., Elder, H., Tauroa, R. & Vandal, A. (2016). A systematic review of evidence for the psychometric properties of the Strengths and Difficulties Questionnaire. *International Jounal of Behavioural Development, 40*(1), 64-75.

Sharp, C., Venta, A., Marais, L., Skinner, D., Lenka, M. & Serekoane, J. (2014). First evaluation of a population-based screen to detect emotional-behavioural disorders in orphaned children in sub-Saharan Africa. *AIDS and Behaviour, 18*, 1174-1185.

Wed Sept 21 | 14:00–15:30 | TELUS 101-102

O46 Mental Health Interventions in School - III

O46.1 Enhancing Emotional Literacy Through Visual Arts: an Innovative Approach to Promotion and Prevention

Margaret A. Nixon

The Dax Centre, Melbourne, VIC, Australia

Introduction: This presentation will outline the development of ELVA (Enhancing Emotional Literacy through Visual Arts) an innovative, elementary school based, positive mental health approach that is preventative in nature. ELVA, developed at The Dax Centre, Melbourne Australia, uses visual arts to build and strengthen emotional literacy. It integrates psychodynamic, neuroscientific, and art therapy perspectives to promote self-awareness and empathy. A child who is capable of understanding their own inner world and the feelings associated with it, is better equipped to overcome the emotional difficulties they encounter, and are therefore more resilient. By building a child's capacity to recognize their own inner world, they are able to appreciate that others have different yet equally valuable experiences.

Methods: This paper will the devlopment of ELVA through the work of a multidisciplinary advisory group. It will outline ELVA's theoretical foundation;present domain base framework; and outline the experiential based training approach designed to equip teachers to implement ELVA within their schools.

Results: The presentation will identify the unique role of visual arts as a platform to strengthen positive mental health. It will identify how ELVA compliments current school well-being programs and its power to initiate change in whole school practice and culture; share examples of classroom planning documents, and curriculum material; and report on the findings of an independent evaluation by the University of Melbourne.

Conclusions: ELVA uses visual arts as a tool for enhancing a child's emotional literacy thus promoting positive mental health and acts as a preventative ingredient in responding to life's challenges.

Learning Objectives:

- To identify the role of visual arts in promoting positive mental health.
- To identify a school based model for promoting mental health for elementary school students.

References:

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O46.2 A Descriptive Study of Knowledge, Attitudes and Practices of Teachers in Ibadan, Nigeria About Adolescent Depression

Olurotimi A. Adejumo[1], Olayinka O. Omigbodun[1, 2], Babatunde Adedokun[2]

1. University College Hospital, Ibadan, Nigeria, 2. University of Ibadan, Ibadan, Nigeria

Introduction: Background: School teachers in Nigeria are a potential untapped resource for identifying depressive symptoms early in adolescents, and taking steps towards addressing them. Little is known, however, about teachers' ability to accurately identify adolescent depression and intervene appropriately.

Objective: This study examined perceptions, practices and self-perceived confidence at identifying adolescent depression among a sample of teachers in Ibadan, Nigeria.

Methods: Employing a descriptive, cross-sectional design, 200 private and public secondary school teachers were randomly selected. The teachers completed a sociodemographic questionnaire and a questionnaire with multiple-choice and "open-texted" questions, based on a case vignette of a female adolescent with depressive symptoms. Open-texted responses indicating their knowledge and attitude about depressive symptoms, confidence identifying these, and their practices in handling such symptoms, were examined.

Results: Up to 84% of teachers expressed confidence in their ability to recognise depressive symptoms, but only 18.5% correctly identified these in the case vignette. Although 28.5% expressed stigmatizing attitudes, 71.5% of them had non-negative attitudes towards an adolescent with depressive symptoms. Teachers who reported previous contact with someone with a mental illness were more likely to recognise adolescent depressive symptoms. A third (34.5%) of the teachers indicated they would attempt to counsel a depressed adolescent.

Conclusions: In Ibadan, Nigeria, although teachers' knowledge about adolescent depressive symptoms was lacking, their attitudes were more positive than previously reported, with some ready to offer counselling for identified depressive symptoms. The establishment of school-based mental health services would help to address these gaps in teachers' perceptions, and improve mental health services for adolescents.

Learning Objectives: School teachers and counsellors are a potentially valuable resource for identifying mental health problems such as depressive symptoms in adolescents. As aprecursor to leveraging on this resource in Nigeria, sub-Saharan Africa, it is important to know the following:

a. How much and how accurate is teachers' existing knowledge about adolescent depressive symptoms?
b. What are the attitudes teachers possess regarding depressive symptoms?
c. What steps would teachers take to address depressive syptoms in adolescents if identified?

References:

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Wed Sept 21 | 14:00–15:30 | TELUS 108-109

RS24 ADHD: Cognitive, Intellectual and Mood Deficits

Sadaaki Shirataki[1], Mu-Hong Chen[2], Wei-Hsin Lu[3], Daniel Fung[4]

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Symposia Overview: Cognitive, intellectual and mood deficits are major problems in ADHD. To understand cognitive, intellectual and mood deficits in ADHD can add knowledge to the etiologies of ADHD and effective intervention. We suggest Dr. Sadaaki Shirataki and Dr. FUNG Daniel as the chairmen.

Part 1: Cognitive and intellectual deficits in ADHD

Sadaaki Shirataki

We observed and followed children and adolescents who is diagnosed with ADHD, ADHD+PDD, and ADHD+LD. Firstly, immediately after the first visit to clinics, evaluation of fitness to the ADHD diagnosis using ADHD–RS IV, WISC-III Test, CPT for attention function, Stroop Test for impulsivity, and RST/LST for Working Memory are carried out. Second evaluation for these measures were done on 6 to 24 months after introduction of any kind of interventions. We found that interventions such as

environmental arrangement, cognitive training, and medical treatment were all confirmed to be effective for improvements not only in hyperactivity, but also in cognitive and intellectual ability.

Part 2: ADHD comorbidity and antidepressant resistance among patients with major depression: a nationwide longitudinal study

Mu-Hong Chen, Ju-Wei Hsu, Kai-Lin Huang, Ya-Mei Bai

The influence of ADHD comorbidity in the response or resistance to antidepressants remains unknown among patients with major depression. In this study, 1891 patients with major depression and ADHD and 1891 age-/sex-matched patients with major depression only were enrolled and followed for 1 year. Patients with major depression and ADHD had an increased risk of treatment resistance to antidepressants compared with patients with major depression only after adjusting for demographic characteristics and other psychiatric comorbidities. Regular treatment for ADHD would reduce this risk. Anxiety and substance use disorders were also associated with an elevated likelihood of resistance to antidepressants during the follow-up.

Part 3: Relationships of bullying involvement with intelligence, attention, and executive function in children and adolescents with ADHD

Wei-Hsin Lu, Cheng-Fang Yen

We examined the relationship of bullying victimization and perpetration with the levels of intelligence, attention, and executive function in children diagnosed with ADHD. The results of logistic regression analyses indicated that a high intelligence of Perceptual Reasoning Index was significantly associated with a decreased risk of being bullying victims. A high level of executive function was significantly associated with a decreased risk of being bullying victims and bullying perpetrators.

Part 4: The use of brain-computer interface in the treatment of ADHD

POH Xue Wei, LIM Choon Guan, FUNG Daniel

Brain-computer interface (BCI) is a direct communication pathway between a human brain and an external device. It is a technology that enables people to interact with computers through their thoughts. In children with ADHD, reduced levels of the higher-frequency brain waves are especially noticeable in the prefrontal cortex, an area involved in attention control. Pilot and Phase 1 trials were conducted to investigate the effectiveness of BCI-based training programme. Preliminary analyses from these trials have reported significant decline in inattentive and hyperactive-impulsive symptoms in children with ADHD.

Learning Objectives:

1. To learn how the inattention can be picked up among many symptoms in ADHD, and how this can be improved by means of interventions, and how inattention can be related with cognitive and intellectual ability
2. To learn the influence of ADHD comorbidity in the response or resistance to antidepressants among patients with major depression
3. To learn the relationship of bullying victimization and perpetration with the levels of intelligence, attention, and executive function, in children diagnosed with ADHD

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Wed Sept 21 | 14:00–15:30 | TELUS 111

O47 Trends, Description and Prevention of ACE

O47.1 Psychological Correlates Associated with Adverse Childhood Experiences in Children and Adolescents Diagnosed with Dissociative Disorders

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Introduction: A substantial number of studies indicate that childhood and adolescent dissociative disorders are increasingly being diagnosed. More recent and systematic work suggests that major stress and traumatic events are common antecedents of dissociative phenomena, including reactive dissociative symptomatology, psychogenic amnesia, atypical dissociative disorders. Although there is an increasing global agreement on association of childhood trauma with a wide range of mental illnesses, the research in India is limited to very few descriptive and review studies. Even the cultural pathways of the development of mental illness during childhood subsequent to traumatic life is not known. Thus, the present research aims to analyze the various psychological correlates associated with adverse childhood experiences in children and adolescent diagnosed with dissociative disorder.

Methods: Purposive Sampling was used to select 30 children and adolescents in the age range from 8 to 18 years old with a diagnosis of dissociative spectrum disorder. Child behaviour checklist, Child Dissociative checklist, adverse childhood experience questionnaire, Screen for Child Anxiety Related Disorders, Draw a Person Test, and Sack's Sentence Completion Test are administered.

Results: Till now, only partial data has been collected and analysed. Upon preliminary analysis, there is a clear trend of relationship between adverse childhood experiences with higher incidences of dissociative disorder. Higher rate of anxiety, internalizing behavioural disorder, aggression, poor coping and interpersonal relationships have also emerged as key correlates of DD during childhood.

Conclusions: However, since the study is currently ongoing, entire results, discussion and conclusion will be presented during the conference.

Learning Objectives:

Various cultural factors assciated with varied presentation of dissociative disorder among children and adolescnet in India. This will also provide guidelines into treatment eapecially pychotherapy.

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O47.2 Adult Daughters Look Back on Being Mothered by an Incest Survivor

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Introduction: How are girls affected by a mother's history of familial sexual abuse? This presentation explores the second-generation effects of incest on daughters. While many of the perceptions of the daughters about the mothering they received were negative, it is not the intention of the research to blame the survivors for the difficult dynamics. Rather, the information is offered to raise awareness about the possibility of second-generation effects contributing to the troubles of a child or youth.

Methods: My study used a qualitative approach. I interviewed six women whose mothers were survivors of incest. Responses to two exploratory questions generated the data: 1) What is it like to be the daughter of an incest survivor? and 2) How do you think your mother's incest history affected your life?

Results: Three childhood themes emerged from the narratives. One, the daughters experienced their mothers as having remained children; they referred to this as their mothers failing to grow up. Second, the mother's emotional neediness marked the interactions between mother and daughter. Third, maternal patterns of parenting included passivity and projection, complicating the developmental tasks of adolescence for the daughters.

Conclusions: The relational patterns that surfaced in the study attest to the power of personal trauma that is not acknowledged or addressed: intergenerational dynamics remain outside conscious awareness and contaminate the survivor's relationship with her daughter(s). The paucity of research into this area is regrettable since most professionals accept that incest affects a significant portion of the female population.

Learning Objectives:

Participants will learn about the following dynamics of growing up with a survivor-mother:

1. How the daughters experienced the mothering they received from an incest-survivor as children.
2. The relational difficulties between the daughters and their survivor-mothers during childhood.
3. The effects of the mothers' woundedness on the daughters' efforts to individuate during adolescence.

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O47.3 Immediate and Longterm Mental Health Outcomes in a Cohort of Adolescent Female Rape Survivors in Cape Town: a Longitudinal Study

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Introduction: Rape is a major social and public health problem in Africa including South Africa. While much research has generally addressed the impact of rape among female survivors, limited data exists on its impact in adolescents. The aim of this study was to assess the prevalence and associated factors of emotional distress in a cohort of adolescent rape survivors in Cape Town.

Methods: Study was prospective and longitudinal in nature. Participants were adolescents female rape survivors recruited from a dedicated rape clinic in Cape Town and were assessed within 2 weeks of rape. Assessment measures included a socio-demographic questionnaire, and initial screening with the Child and Adolescent Trauma Survey [CATS], Children's Depression Inventory [CDI] (patient-rated), and Multidimensional Anxiety Scale for Children [MASC], (patient-rated). The measures: CATS,CDI, MASC were repeated at 3, 6, 9 and 12 months post enrollment.Psychiatric diagnoses were made with the clinician-administered MINI-Kid (Mini International Neuropsychiatric Interview-child and adolescent version).

Results: The mean age of participants was 15.4(±1.2) years. At baseline a definitive diagnosis of major depressive episode was endorsed in 23.3% of the survivors, PTSD in 4(13.33%), while 5(19.23%) had anxiety disorders. These diagnoses

persisted with minimal fluctuations as confirmed by repeated screening over one year.

Conclusions: Anxiety, depression and PTSD in these adolescent female rape survivors were both prevalent and persistent thus underlining the need for long-term support, screening and follow-up care.

Learning Objectives:

- Burden of anxiety, depression and ptsd in adolescent rape survivors.
- Patterns of Longterm mental health challenges in rape survivors.

O47.4 CIPCA Preventing Posttraumatic Psychopathology, One Year Follow Up

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Introduction: Postraumatic sychopathology has been identified as a longstanding and comprehensive, particularly after childhood trauma. Still, no evidence-based prevention has been identified.

Methods: The first crisis intervention program for children and adolesecnts (CIPCA) was conducted in Duhok, Kurditan region of Iraq. After training of trainers 4500 school children in the displaced camps near the city of Duhok in Iraqi Kurdistan, recieved a single one-hour group session. During the group session, children were screened for psychmological distress indicating need for individual child psychiatric assessment and treatment. Before the group session, informed consent was signed both from the caregiver and the child who also asked to fill the Child Behvior Check list (CBCL) for the purpose of annual evaluathion 5 years after the intervention in order to find out longstanding effects.

Results: Totally, 800 completed CBCL were found showing high total problem scores with no significant geneder differences. About 1,5% of the participant in CIPCA intervention showed through the screening a need for individual child psychiatric assessment, 50% of them needed psychiatric treatment. The one year CBCL follow-up is currently planned to identify the differences on CBCL estimates in relation to trauma and other psychiatric morbidity.

Conclusions: The results of a one year follow-up after the cirsis intervention (CIPCA) on the displaced school children in Iraqi Kurdistan is to be presented and discussed for th firt time at the IACAPAP Congress with regard to prevention of posttraumatic psychopathology.

Learning Objectives: A scientific one-year evaluation of the first crisis intervention program for children and adolesecnts (CIPCA) is to be presented and discussed concerning prevention of posttraumatic psychopathology.

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Wed Sept 21 | 16:00–17:30 | Acadia B

O48 Supporting Families and Caregivers

O48.1 Stress Management's Strategies of Parents in the Newborn Intensive Care Nursery

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Introduction: Infant hospitalization in Newborn Intensive Care Nurseries (NICN/NICU) is very stressful event for parents. Parents think that they have lost their control because of unfamiliar environment. Using appropriate strategies to manage stress is very important in this period. The family as the main axiom of strength and protection for infant is required as the bases of standard care in NICU**.** Therefore the aim of this study was to investigate Stress Management in Iranian NICU Parents**.** This study aimed to explore the stress management's strategies of parents in the Newborn Intensive Care Nurseries.

Methods: A qualitative content analysis method was used for this study. Data were collected through individual in-depth interviews with 21 participants including parents of premature hospitalized infants; and their physicians and nurses in NICUs. Participants were selected based on the purposive sampling method.

Results: The data content analysis revealed 6 main themes related to stress management strategies among parents. The main themes including: spirituality; seeking information; finding hope; maintaining calm; parental attachment; and communicating with the medical team.

Conclusions: Findings of this study put emphasis on the importance of medical team's attention to parents with stress who are trying to make adjustment or adapt to the hospitalization of their premature infant. We recommend to hospital mangers and staff to change approach of care from traditional to family-centered care in NICU to address the emotional needs of parents. Also it seems good parent-staff communication is such an important strategy to help parents to cope with their stress in NICU.

Learning Objectives:

This study aimed to explore the stress management's strategies of parents in the Newborn Intensive Care Nurseries.

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O48.2 Family of Special Needs Children; Resiliency, Risk and Protective Factors

Yapina Widyawati

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Introduction: Family is the most important factor in child intervention. A well adjust family can be seen from how flexible, open, and resilience they are when facing with new or challenging situations or experiences. Risk and protective factors were important aspects in resiliency. Those were influenced by environmental and cultural aspects.

Methods: This research used qualitative with in depth interview method. It was based on Walsh theory of family resilience. Researcher interviewed 3 families including father, mother, and sibling to gather data on the process of resiliency. Interviews were coded and some themes on resilience process identified.

Results: The result of this study delivered a preliminary data about factors and the resilience process in the family. The parents and siblings perception on the adverse situation and family cohesion played a significant role in the resilience process. There was also a distinctive communication process in those families. Other factors such as parents' educational background, social and economic status, and stigma from the community could be their risk and protective factors.

Conclusions: It would be beneficial for professional who work with special needs children to understand their family and put them into account in the intervention process.

Learning Objectives:

The objectives of this study were focus on examining resilience factors in the process of adaptation and adjustment of families with special needs children. In order to understand the family resilience, this research also examined the risk and protective factors of the family.

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Wed Sept 21 | 16:00–17:30 | Acadia B

O49 Mobile and e-health

O49.1 Content Analysis of Non-Suicidal Self-Injury Posts on Tumblr Blogs

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Introduction: This study investigated the nature and scope of non-suicidal self-injury (NSSI) content on a popular micro-blogging website Tumblr; as well a preliminary investigation of the motivations for interacting with NSSI content on Tumblr.

Methods: Content analysis of 150 self-injury posts resulted in the identification of themes: melancholic, emotional expression, descriptions of cutting and self-injury. This was followed by notable frequencies of encouraging, supportive, and information providing content.

Results: Motivation for website interaction was examined through a survey of 4 male, 27 female, and 5 other gender participants. 'Reflects state of mind' was the most reported motivation for interaction with negative content. Content discussing emotional expression appears uniquely popular on Tumblr.

Conclusions: Content on Tumblr that is categorised as NSSI-related consists of posts that are both concerning and encouraging. High frequencies of information, supportive, and encouraging content suggests that an effective informal support system may be available via this community. However, in the same instance, large amounts of negative, emotional, and potentially triggering content may be detrimental to those considering or already engaging in NSSI behaviour. Social contagion theory suggests that the easy accessibility to such content may be potentially harmful. Tumblr users appear to be motivated by personal reflection and attempts to communicate with negative content. Further research is necessary to determine this motivation in more detail.

Learning Objectives:

- An overview of the content and themes of non-suicidal self-injury content on Tumblr
- Understanding the motivation behind engagement with non-suicidal self-injury content on Tumblr

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O49.2 Wetakecare: Testing a Mobile Web-Based Interactive Communication System to Support Mental Health Integration in Primary Care

Philippe Robaey, William Gardner, Kathleen Pajer

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Introduction: Mental health integration (MHI) is a collaborative mental health care system that is integrated into everyday primary care family medicine practice. The primary care physician (PCP) initiates the MHI process and leads the team. The care manager (a nurse practitioner) follows up patients and families, tracks outcomes and reports to the team. The mental health specialist works with the PCP to clarify diagnosis and plan appropriate treatment. The success of such a program relies heavily on patient engagement and exchange of information.

Methods: WeTakeCare is web-based mobile application that enables the creation and exchange of patient-centered information in chronic pediatric mental health disorder. Each piece of information is linked to a patient decision support tool allowing the family and youth to become more conscious of their needs and decide/act accordingly. The system has two components: the Health Passport and the CareMap. The CareMap allows sharing information between users in real-time, longitudinally, according to pre-defined scenarios. The Passport lists the different stakeholders involved in chronological order, the time and the nature of each of their contacts with the family, and is accessible to all. Requests, authorizations by the parents and later by the youth, and releases of protected health information are notified through the passport.

Results: We are currently testing the role of such an application to support patient care and family engagement, specifically for children and adolescent diagnosed with ADHD in a MHI program implemented in a family health team in Ontario.

Conclusions: Preliminary conclusions from the results will be presented.

Learning Objectives:

1. Becoming familiar with mental health integration in primary care
2. Learning about the use of web-based interactive communication system in mental health
3. Learning how to balance the power in patient-centered care

O49.3 The Link Randomised Controlled Trial: Can a Dedicated Online Help-Seeking Service Improve Access to Mental Health Care for Young People?

Sylvia D. Kauer[1], Lena Sanci[1, 3], Kerrie Buhagair[2, 3]

1. General Practice, University of Melbourne, Carlton, VIC, Australia, 2. ReachOut Australia, Sydney, NSW, Australia, 3. Young and Well Cooperative Reasearch Centre, Abbotsford, VIC, Australia

Introduction: One in four young people experience mental disorders[1], yet only 35% seek help[2]. Readiness for, and access to care are substantial barriers[3]. Innovative online services are rarely evaluated yet have the potential to increase access to resources using familiar media with potential to overcome barriers[4]. Our online service, *Link*, directs young people to appropriate resources based upon type and severity of issue, and preferred service types.

Aim: To investigate the effect of *Link* on young people's affect, quality of life and barriers to help-seeking compared to usual help-seeking strategies.

Methods: This Australian-wide RCT, stratified by gender and levels of distress, involved 412, 18-25 year-olds randomised to either *Link* (intervention) or usual help-seeking strategies (control). Baseline, immediate post-intervention, 1-month and 3-month surveys, including the Positive and Negative Affect Schedule (PANAS), Adolescent Quality of Life scale (AQOL), the Barriers to Adolescent Help-seeking – Brief scale (BASH), the K10 and the Stages of Change Questionnaire (SOCQ), were administered online.

Results: The mean negative PANAS for the intervention was 1.4 points lower and 2.6 points lower for intervention at one-month compared to the control. At 3-months, AQOL was 0.06 (range = 0-1) points higher in intervention than control. There were no differences in positive affect, SOCQ, K10 or BASH between groups. No harms were detected.

Conclusions: Dedicated online services directing young people to appropriate services have the potential to decrease negative affect and improve quality of life. *Link* may also be useful for clinicians consulting with young people to facilitate access to specialist mental health services.

Learning Objectives:

- To learn about the potential of technological interventions to improve the mental health of young people
- To understand the importance of evaluating technological interventions to ensure these interventions have the desired outcomes.
- To learn about conducting studies online, including recruitment and surveys.

References:

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Wed Sept 21 | 16:00–17:30 | Glen 201-203

W54 Brief, CBT-based Interventions for Anxiety and Depression in Children and Adolescents

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Workshop Description: Background: Distance, cost, patient volumes, and low availability of trained therapists often reduce the feasibility of cognitive behavioral therapy (CBT) in

non-urban settings, depriving anxious or depressed children and youth in these settings of optimal evidence-based treatment. However, brief interventions based on CBT principles are possible in community practice. Although not formally evaluated, such interventions are consistent with recent modular and transdiagnostic approaches to CBT, and with evidence regarding component pathological processes in anxiety and depression. Method: This workshop will describe brief CBT-based interventions for children and youth with anxiety or depression that can be readily combined with medication management and other aspects of psychiatric care in community settings. Participants will be asked to apply these ideas to several case vignettes. Brief CBT-based interventions involve taking a few minutes to address one component process of anxiety (feeling awareness, physiological arousal, catastrophic thinking, avoidance, poor problem-solving) or depression (feeling awareness, negative thinking, anhedonia, inactivity, poor problem-solving) during a scheduled office visit. Careful initial assessment including case formulation, and advice to parents on supporting progress are also important components of care. Conclusions: Brief CBT-based interventions are feasible in community practice and may augment the benefits of other interventions. However, their optimal role in child and adolescent psychiatric practice requires further study.

Learning Objectives:

1. To learn the rationale for brief, CBT-based interventions in child & adolescent psychiatric practice;
2. To use brief, CBT-based interventions which can augment usual care in child and adolescent psychiatric practice;
3. To appreciate the limitations of using brief, CBT-based interventions in child & adolescent psychiatric practice.

References:

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Wed Sept 21 | 16:00–17:30 | Glen 204

SG15 The Youth Community Support Program; An Innovative Response to Complex Mental Health Needs

Cherelyn Lakusta[2], Susan Ponting[2], Amanda Starchuk[1], Michelle Rice[3]

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Study Group Description: The Youth Community Support Program (YCSP), is a groundbreaking, Alberta cross-ministry treatment program working with families who are high users of tertiary mental health services. A program overview will share how this is being accomplished using an innovative, collaborative, and transdisciplinary approach. The preliminary data, gathered through the developmental and fiscal evaluation team, will be presented.

Program Overview: YCSP is a cross-ministry initiative between Alberta Health and Alberta Human Services facilitated by a community mental health agency (Wood's Homes) that aims to provide a step-down service for families who are continuously accessing tertiary services with no stable resolution. Ultimately, through the provision of services provided by the program, youth will demonstrate; a functional and behavioral improvement, improved capacity to manage their addiction and/or mental health needs, and will be able to thrive in family and community based care. Caregivers will also have an improved understanding of mental health and an increased skill and ability to support the youth with community resources.

The program consists of two components:

- Campus based, residential mental health beds as a treatment intervention
- Community-based intervention that supports families in family-based care

Partners: A unique feature of this program is that staffing is provided by both Alberta Health Services and Wood's Homes, all working collaboratively. Case management and decision making is shared to ensure a comprehensive, individualized service to each youth and caregiver. Partners from Alberta Human Services and Education also participate in components of service delivery for the program.

Learning Objectives:

1. To introduce the Youth Community Support Program as an innovative, collaborative approach to addressing complex mental health needs of youth and families continuously accessing tertiary services.
2. Participants will gain an understanding of the utility and importance of a transdisciplinary approach.
3. Preliminary program data, including common diagnostic profiles will also be presented.

References:

Youth Community Support Program

Wed Sept 21 | 16:00–17:30 | Glen 206

O51 Characteristics and Treatment of Child and Adolescents with Trauma

O51.1 Striving for Resilience and Growth: a Community-Based Approach for Dealing with Refugee Children

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Introduction: Worldwide, more than 30 million children are fleeing their country due to conflicts and violence. Though many have rich sources and resilience to successfully pursue a safe life in a new host country, the consequences of traumatic experiences, the uprooting of their whole life world, living with uncertainty, and the challenges of needing to reinvent oneself in a society with different frames of reference may hamper the daily life for others. Children are most flexible in resiliency and coping, but are also most vulnerable as all these adversities affect them in the midst of their development. The Western approach towards their lived experiences and possible troubles often pathologizes their situation and does not seem to be appropriate to effectively answer their needs.

Methods: Through yearlong experiences of working with a population of refugees, we have created a community based methodology to bridge refugee children and their families' needs with the (psychiatric) healthcare system. A shared problem definition is sought through an ecological approach to the presumed problems and a support network is reinvented and installed.

Results: Society appealing to and strengthening their resilience in their daily life, allows space and stability for dealing with more severe troubles such as trauma by trained professionals.

Conclusions: The ecological approach towards the mental health of refugee children seems to be the way forward for mental healthcare when dealing with refugee children and their families, offering them space to pursue their developmental course and to strive for post traumatic growth instead of post traumatic disorders.

Learning Objectives: An experience-based methodology for working with children and their families in vulnerable situations when caught between different frames of references.

O51.2 Reproductive Health Issues of Young People Living with Mental Illness in Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria

Boladale Mapayi[1, 2], Adesanmi Akinsulore[1, 2], Olutayo Aloba[1, 2], Seun Fadipe[, 2], Theresa Ugalahi[, 2]

1. Obafemi Awolowo University, Ile-Ife, Nigeria, 2. Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria

Introduction: Young people (YP) can be at high risk of adverse sexual and reproductive health (SRH) due to a number of biological, social and economic factors. In Nigeria, about one in five YP live with mental illness (MI), their SRH are seldom taken into consideration in planning interventions and formulating policies. The aim of this study was to identify the SRH issues among YP attending the psychiatric outpatient in Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife.

Methods: A cross-sectional descriptive study with samples drawn from the population of young people attending the psychiatric outpatient in OAUTHC. Consecutive patients were sampled until target sample reached.

The instruments used included a sociodemographic schedule and questions adapted from the National Demographic Health Survey questionnaire and the youth risk behavioral survey. Ethical approval was obtained from the Ethics Committee, Institute of Public Health, Obafemi Awolowo University.

Results: Overall, 55% of the respondents had poor knowledge of FP, 17% had been forced to have sex, 10% had suicidal ideations and 9% were currently using a FP method. All respondents wanted to know more about FP and would prefer FP to be available in the mental health clinic. Suicidal ideations and sex without consent were significantly related to non-usage of FP method.

Conclusions: Preliminary results from this study show that the SRH of young people living with mental illness is poor and it might prove beneficial to integrate FP into mental health services for YP living with mental disorders.

Learning Objectives:

- The prevalence of use of family planning among young people living with mental illness.
- The knowledge of young people living with mental illness about family planning.
- The inteaction between family planning use and sociodemographic, reproductive and illness related factors among young people living with mental illness.

References:

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O51.3 Resilience in Military Families: the Role of Parental Mental Health

Andrea M. Stelnicki, Kelly D. Schwartz, Bailey Wheeler

University of Calgary, Calgary, AB, Canada

Introduction: Children and adolescents from military families encounter unique experiences compared to those of their civilian peers, including frequent moves and school-transitions, extended parental absence, and challenges related to parental return (e.g., operational stress injuries, readjustment). Existing literature is inconclusive regarding whether being part of a military family affects the social, emotional, or behavioral functioning of these youth. However, many children are able to adapt and exhibit resilience in their challenging social contexts. The purpose of this study was to examine whether resilience factors predict military children's behavioral outcomes, and whether this relationship is moderated by parent's

mental health symptomology (i.e., posttraumatic stress disorder, depression, and anxiety symptoms).

Methods: Fifty Canadian military families were recruited to participate in this study. Parent participants completed the Child Behavior Checklist (CBCL; Achenbach, 2001) as an indicator of their child's behavior and the Adult Self-Report (ASR; Achenbach, 2003) to measure their own symptomology. Child participants (ages 8 to 18) completed the Child and Youth Resilience Measure (CYRM; Resilience Research Centre, 2013).

Results: Preliminary results will be presented.

Conclusions: The results of this study will better inform programming to develop resilience factors and protective capacities of this unique population.

Learning Objectives: Attendees of this presentation will better understand resilience factors contributing to positive behavioral outcomes in Canadian military youth. Attendees will also better understand the role that parental mental health plays in military children's well-being.

References:

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O51.4 Building Resilience in Crisis Situation: the Lebanese Experience of the Association for the Protection of War Children

Myrna Gannage[1, 2]

1. Saint Joseph University, Beirut, Lebanon, 2. Association for the Protection of War Children, Beirut, Lebanon

Introduction: War constitutes a daily reality for millions of persons. Our clinical experience shows that the traumatic events, without necessarily leading to a trauma, confront the child and his family with the unbearable. The Association for the Protection of War Children aims to provide mental health support to children and their families affected by the war in Lebanon. The presentation will examine the characteristics of the treatment of the children of war.

Methods: Through a clinical example and based on the therapeutic follow-up of 1700 children exposed to stress, we will reach our objectives.

Results: The destiny of the children of war depends on the nature of the stress they have experienced, on the characteristics of the "psychic apparatus" of their parents and on the possibilities they had to symbolize the violence. The therapeutic bond favors the development of the capacity of thinking and consequently the elaboration of violence through the work of history.The work of history is a work of reconstruction that requires that recollection of memories can be shared and communicated by the patient with his therapist.

Conclusions: We will postulate the existence of an "anti-traumatic system" with resilient children. In this system, not only individual factors as the constitution of the subject play a role but also all the factors linked to the social and the family environment. The satisfactory early development constitutes the cornerstone of this system. The society, as it assumes the necessity of a memory duty contributes strongly to the strengthening of this system.

Learning Objectives:

- Build resilience in crisis situation : the example of the Association for the Protection of War Children
- Treat children affected by the war and their families through the work of history

References:

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Wed Sept 21 | 16:00–17:30 | Glen 208-209

AP16 Fighting Stigma Towards Mental Illness: Cross-Cultural Perspectives Involving Constructs of Social Distance and Individualism-Collectivism

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1. Boston Children's Hospital, Harvard Medical School, Boston, MA, USA, 2. Bahcesehir University, Istanbul, Turkey, 3. Department of Psychiatry, Azerbaijan Medical University, Baku, Azerbaijan

Symposia Overview: Previous research indicates that people generally desire greater Social Distance (SD) from those with mental disorder when the condition is perceived to be a subject's own fault (origin), cause a subject to be dangerous to others (peril), or occur uncommonly (rare). These three predictors (origin, peril and infrequency) account for about 60% of the variance in stigma. There are major differences in SD across nations. Among mental health professionals, and those individuals and families with personal experience of mental disorder, there is less desired SD. The general public desire greater SD from those who seek professional help. The situation is also further complicating in the care of those subjects with more severe mental and substance use disorders where society seeks to maintain greater SD. In a parallel perspective, since diagnosis of mental disorders is based on variations related to sociocultural and behavioral norms, mental disorders and stigma are likely to vary across cultures. Stigma towards mental disorder is also associated with racial and ethnic group membership; however, race and ethnicity are not proxies for unmeasured cultural and contextual factors that are the proximal causes of group differences. Individualism–Collectivism (IC) is a construct defined as an orientation toward focusing on oneself either as an individual or as a member of an in-group. In "loose" cultures, it is argued that there is a stronger tolerance for deviation from norms, where several normative systems coexist, where people are not interdependent on each other, and where population density,

and thus the opportunity for surveillance, is low. In 'tight' cultures, people agree among each other on appropriateness of behaviors and on sanctions for them as needed when people do not follow the established norms. In tight cultures, surveillance is high, there are dense, multiple connections between people who tend to be more collectivist. Since conformity to norms is highly valued in these cultures, mental illness may be perceived as outside of the norm and devalued, rejected and stigmatized. There is support for an association between higher collectivism and higher stigma.

Part 1: In this symposium chaired by Dr. Munir (Boston, USA) we will present three levels of examples of stigma related to the two concepts of SD and IC on projects supported by the NCD-Lifespan Global Mental Health Program Fogarty / NIMH. Dr. Oner (Child Psychiatry, Turkey) will discuss the construct of SD and IC in the context of both medical education and clerkships in psychiatry and child and adolescent psychiatry as well as specialty training.

Part 2: Dr. Rustamov (Child Psychiatry, Azerbaijan) will present community based approaches to reducing stigma toward mental disorders among children and adolescents in a relatively "tight" culture based in Baku, Azerbaijan.

Part 3: Dr. Mammadzade (Psychiatric Oncology, Azerbaijan) will describe results of a study of women prior to treatment for breast cancer where the diagnosis of cancer is selectively withheld from subjects facing greater likelihood of mental illness and stigma, leading to adverse consequences in holistic care of patients, families and support for children.

Learning Objectives:

1. To learn about the constructs of Social Distance and Individualism-Collectivism and how they relate to stigma toward mental illness
2. To learn about if stigma concerning mental disorders differ through medical education
3. To learn about community approaches to reduce stigma in a culture with tighter coherence and sanctions if subjects do not follow established norms.
4. To learn about relationship between non-communicable diseases such as cancer (breast cancer) and shared stigma toward perceived mental ill health

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Wed Sept 21 | 16:00–17:30 | Macleod E1

W55 Global Mental Health Research: Guidelines on How to Conduct a Successful International Research Project Studying Suicidal Behaviors

Carolina M. Hausmann-Stabile[1], Maria Elena Marquez Caraveo[2], Lauren Gulbas[3]

1. Temple University, Philadelphia, PA, USA, 2. Hospital Psiquiatrico Infantil Juan N Navarro, Mexico, DF, Mexico, 3. University of Texas at Austin, Austin, TX, USA

Workshop Description: There is a growing interest in developing global mental health studies among researchers. The World Health Organization and the U.S. National Institute for Mental Health, among other funding sources, are increasing their support for global research enterprises. Despite this growing focus on global mental health research, there are not systematized blueprints that can help investigators for developing and implementing successful international studies. This workshop will discuss an ongoing project carried in seven Latin American countries, and coordinated by a U.S.-based investigator in collaboration with local researchers. This study focuses on the suicidal behaviors of adolescent females in Argentina, Chile, Peru, Colombia, Mexico, Venezuela, and Uruguay. Presenters will discuss strategies to: (a) built synergy and research capital within a multicultural and interdisciplinary team spread across high-, mid-, and low-income countries; (b) develop mechanisms to deal with administrative, legal, and managerial issues at a local and international scale; (c) use social media and web-based resources to facilitate the project implementation; and (d) balance the need to pursue generalizable findings while considering cultural diversity. In light of the emphasis on sociocultural contexts and its importance for understanding the development and course of suicidal behaviors, the researchers will discuss the critical role that multicultural and interdisciplinary teams can play in advancing such understandings. The presenters will introduce real case scenarios in which collaborators faced and solved important decisions at the conceptual, methodological, implementation, and analytic levels. Attendees will be encouraged to share their experiences and ask questions.

Learning Objectives: This workshop will discuss the implementation of an international research project focused on the suicidal behaviors of adolescent females, and coordinated in collaboration by U.S. and local investigators. The workshop will provide participants an opportunity to develop and consolidate their knowledge and skills regarding the implementation of international mental health research through in-depth discussion of this case study.

Wed Sept 21 | 16:00–17:30 | Macleod E2

RS25 New Perspectives on Child and Adolescence Psychiatric Practices

Nicole Catheline[1], Alexis Revet[2], Michel Maziade[3], Stanciu, Razvana[4]

1. SFPEADA, Paris, France, 2. Department of Child and Adolescent Psychiatry at Centre Hospitalier Universitaire La Grave, Toulouse, France, Toulouse, France, 3. . CIUSSS de la Capitale-Nationale, Quebec, QC, Canada, 4. Hôpital Universitaire des Enfants Reine Fabiola. Université Libre de Brussels, Brussels, Belgium

Symposia Overview: Chair : Nicole Catheline, SFPEADA. Poitiers. France

Part 1: Antidepressants in French children and adolescents: what prescribing tendancies? What side effects? What experience for patients ?

Alexis Revet, Vanessa Rousseau, Bertrand Olliac, Jean-Louis Montastruc, Jean-Philippe Raynaud, Laure Mesquida, François Montastruc.

We combined a quantitative approach (French Pharmacovigilance database) and a qualitative perspective (semi-structured interviews) to study antidepressants in child and adolescent.

Part 2: Détection précoce et prévention chez les enfants-adolescents à risque élevé de psychoses majeures : vers une nouvelle organisation des services de santé mentale adulte et infantile

Michel Maziade (MD, FRCPC, Québec) initie une transformation organisationnelle des soins de 1re-2e lignes, améliorant le suivi des enfants-adolescents nés d'un parent atteint de psychoses: l'innovation intègre les nouvelles données scientifiques et neurodéveloppementales dans une navigation de la trajectoire de toute la famille, diminuant ainsi le fardeau de la maladie.

Part 3: New perspectives in child and adolescent psychiatry in Belgium: a framework project

Razvana Stanciu, Véronique Delvenne

Hôpital Universitaire des Enfants Reine Fabiola. Université Libre de Brussels. Belgium

Belgium has adopted a new politics for child and adolescent mental health that promotes mobile units in crisis and assertive situations. We will present this new politics and the first results of implementation.

Wed Sept 21 | 16:00–17:30 | Macleod E3

RS26 Social Outcomes of Children and Adolescents with Neurodevelopmental Disorders

Jane P. Chang[1, 2, 3], En-Nien Tu[1], Susan S. Gau[1], Vincent C. Chen[4]

1. Department of Psychiatry, National Taiwan University Hospital and College of Medicine, Taipei, Taiwan, 2. Department of Psychological Medicine, Institute of Psychiatry, Psychology, and Neuroscience, King's College London, London, United Kingdom, 3. Department of Psychiatry, College of Medicine, China Medical University, Taichung, Taiwan, 4. Chang Gung Memorial Hospital, Chia-Yih branch, Chia-Yih, Taiwan

Symposia Overview: Chair: Vincent Chen, Susan Shur-Fen Gau

Impaired social and physical outcomes have been frequently reported in children and adolescents with neurodevelopmental disorders (e.g., attention-deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD)). However, there is limited data on siblings or based on longitudinal study design. This symposium will partially fill this gap by four studies. The presenters would like to take unaffected siblings of youths with ASD as example to demonstrate the data of maternal parenting style, mother-child relationship, and a wide range of school functions in the siblings as compared to ASD probands and controls. They also presented the outcomes of social adjustment and fracture for youths with ASD and those with ADHD, respectively, to address the longitudinal outcomes of these two neurodevelopmental disorders.

Part 1: Dr. Chang examined maternal parenting style and mother-child relationship in 274 unaffected siblings of youths with ASD as compared to that of 274 youths with ASD and 296 typically developing youths (TD). ASD regardless of age, maternal education level, ASD subtype, or the presences of ADHD had a more overprotective and controlling mothering and more impaired family process than the siblings or TD. Siblings of youths with typical autism had more impaired mother-child relationship and more problems at home than TD. The findings suggest that the presence of ASD had a great impact on maternal parenting behaviors in the family as a whole. Maternal mood symptoms and autistic traits may also affect mothering and family process in families with ASD children.

Part 2: Dr. Tu investigated a wide range of school functions among 66 youths with ASD and 66 unaffected siblings and 132 TD and found that ASD youths had poorer school functions in all the school domains than unaffected siblings and TD; and unaffected siblings had poorer attitude toward school work and more severe behavioral problems at school than TD. Several significant correlates for a wide range of school maladjustment were also identified. Findings indicate that unaffected siblings, like youths with ASD, also showed negative attitude toward school work and had school behavioral problems.

Part 3: Professor Gau prospectively investigated whether comorbid psychopathologies mediated the link from autistic symptoms to social maladjustment among 124 youths with ASD. She found that ASD youths had impaired social functions

at follow-up assessment and comorbid psychiatric conditions mediated the link between autistic symptoms and different domains of social adjustment. Moreover, specific mediating effects of anxiety/depression and inattention on school functions; anxiety/depression on peer relationships; and oppositional behaviors on home behaviors.

Part 4: Professor Chen investigated the effect of methylphenidate treatment on the risk for fracture, and the moderating effect of treatment duration in a national population-based sample of cases of ADHD between 1996 and 2013 from the Taiwan National Health Insurance Research Database (NHIRD). Compared to the group without methylphenidate treatment, the risk for fracture was lower among the group treated for more than 180 days. The adjusted hazard ratio was 0.76 (95% Confidence interval: 0.62-0.93). The group treated for 180 days or less had no significant difference on the risk for fracture.

Learning Objectives: After listening to this symposium, the audience will learn the longitudinal outcomes of individuals with ADHD and ASD may have fracture and a wide range of school dysfunction, respectively; and the siblings of individuals with ASD, like individuals with ASD may suffer from inappropriate maternal parenting, mother-child conflicts, and school social adjustment difficulty. Early detection, prevention and intervention for individuals with neurodevelopmental disorders (including ADHD and ASD) including their comorbid conditions are needed. In addition, assessments of school functions and mother-child relationship need to be carried out not only for ASD youths but also for their unaffected siblings.

References:

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3. Tai YM, Gau SS, Gau CS. (2013): Injury-proneness of youth with attention-deficit hyperactivity disorder: A national clinical data analysis in Taiwan. Res Dev Disabil. 34(3):1100-1108. doi: 10.1016/j.ridd.2012.11.027.
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Wed Sept 21 | 16:00–17:30 | Macleod E4

W56 Successful Medication Management System in a Non-Profit Organization in Alberta

Kirk A. Weeks, Brittany V. Corolis, Huyen T. Hou

Wood's Homes, Calgary, AB, Canada

Workshop Description: Wood's Homes is a multi-service children's mental health centre that has been helping families for over 100 years. Currently, Wood's Homes has over 30 different programs that span over a broad continuum of services throughout Alberta and the Northwest Territories.

At Wood's Homes, prescribed medications to clients are typically managed by non-medical staff. In 2011, a concern arose that there was no formal system for tracking and evaluating medication practices at Wood's Homes. To keep abreast of current standards and best practices, Wood's Homes initiated a medication management system review, conducted by an external health professional team. Four broad areas of recommendations were: environmental, education, staff & culture.

In response to the external review and in collaboration with Wood's Homes Research Department, the Nursing Department designed and implemented an extensive, innovative, and successful medication management system in order to properly train staff and monitor medication practices and trends within the agency.

Annual Medication Events and Infection reports, which include program specific incident reporting and agency wide data, were compared (2012-2015). Overall agency results showed an increase in number of programs tracking quality data, with a total of 130,628 medication facilitations, and an average error rate of 0.5%. Results from the annual reports have been useful in the improvement of the medication management system for youth in care at Wood's Homes, as well as informing best practice for like agencies.

Learning Objectives:

- To learn about the implementation of the successful medication management system in our children's mental health agency.
- For like agencies to consider developing a medication mangement system that will reduce medication errors and increase medication incident reporting.

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Wed Sept 21 | 16:00–17:30 | TELUS 101-102

SG16 Mental Health in the Lives of Indigenous Children Around the World: A Forum for Reflection and Discussion

Suzanne H. Dean[1], Chris Wilkes[2]

1. Victoria University, Melbourne, VIC, Australia, 2. Alberta Health Services, Calgary, AB, Canada

Study Group Description: At last mental health needs of indigenous communities are being taken more seriously in a few countries around the world. However, even in those countries, advocacy is needed concerning the particular needs of the children of those communities. The 2014 Durban Congress featured a Forum for non-indigenous clinicians to reflect on work with Aboriginal communities. In this 2016 Forum, Aboriginal and First Nations people themselves can speak, creating an ethical collaborative space, about how they see the mental health needs of their children, how services

try to meet those needs and address the trauma of colonisation, whether the stigma of mental health services might be avoided, and what improvements in services are required. First Nations elders and workers from Alberta, Canada, will join Aboriginal workers from mental health services for children and their families in Victoria, Australia - welcoming those from other areas or other countries in which First Nations or indigenous communities are seeking better mental health services for their children. This Forum provides a chance to share, reflect upon and discuss experiences and relevant issues. Non–indigenous participants will extend their knowledge by hearing direct accounts of the experiences of indigenous communities, and will develop deeper understanding of challenges faced by those communities. The Forum is also an opportunity to make some recommendations to IACAPAP concerning how the mental health needs of indigenous children can be better met. Such a IACAPAP Declaration in respect of indigenous children world-wide would be invaluable in advocacy for improved services at many levels.

Learning Objectives:

1 To discover more about the mental health needs of indigenous children of different countries and regions.

2 To learn about the latest approaches being used in child mental health services in indigenous communities.

3 Using reflection and discussion, in an ethical space, to formulate a recommendations for the next steps in improving child mental health opportunities in indigenous families and communities.

References:

UN Convention on the Rights of the Child (20 Nov 1989)

IACAPAP Declaration of the Berlin Congress (2004)

IACAPAP e-Textbook of Child and Adolescent Mental Health. Rey, J. M. (Ed.) Geneva: IACAPAP (2015)

Wed Sept 21 | 16:00–17:30 | TELUS 108-109

O52 Prevention and Early Intervention

O52.1 Prevention and Promotion of Resiliency in Children From 3 to 10 Years of Age and Their Families in a Setting Based Approach

Bianca V. von Huels

Center for Childhood and Adolescence Research - Association for Research and Innovation at the Protestant University of Applied Sciences Freiburg, Freiburg, Germany

Introduction: PNO, funded by the German Ministry of Education and Research, aims to promote health and social inclusion of children aged 3 to 10 and their families in the Ortenau district within a period of four years starting 11/2014. One component deals with psychological well-being in a setting based approach within the Early Childhood institutions and primary schools as this facilitates access to children.

Methods: Professional process coaches assist 25 Early Childhood institutions and 25 primary schools in an 18 month long organizational process comprised of trainings to the team and supplemental meetings to provide advice, both adapted to their specific needs. Efficacy measurement features a waiting-list control group evaluation with a mixed method design including questionnaires and interviews with pedagogues, teachers, parents and children.

Results: The first data indicates that in general health promotion is not done in a systematic manner which is also evident in a lack of written concepts. The first process data shows a tendency of pedagogues' increasing competence in health promotion. The presentation will report the outcomes on the children's level.

Conclusions: Once completed, one goal will be to gain insight into prevention and health promotion as it is implemented and evaluated. The district will serve as a model region, so that successful procedures can be transferred in other regions throughout Germany.

Learning Objectives:

- Getting to know PNO, a large german prevention project dealing with mental health, physical health and inclusion targeting children from 3 to 10 years of age.
- Using one childhood institution or primary school as an example: Learning about methods used in promoting resilience in a setting based approach within the project .

References:

1. Hüls v., B., Kassel, L., Kerscher-Becker, J., Rauh, K., Rieder, S. & Fröhlich-Gildhoff, K. (2015). Evaluation eines systemübergreifenden, kommunalen Netzwerks zur Prävention und Gesundheitsförderung bei 3- bis 10-jährigen Kindern und deren Familien. Ziele, Umsetzung und erste Daten des Präventionsnetzwerks Ortenaukreis. *Perspektiven der empirischen Kinder- und Jugendforschung*, 1 (2), 5-46.
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O52.2 A Pilot Randomized Controlled Trial of a Preventive Intervention Program for Depression in Chilean Families

Matias Irarrazaval[1, 2], Fernanda Prieto[1, 2], Valeria De Angel[1]

1. University of Chile, Santiago, Chile, 2. Millenium Institute for Research in Depression and Personality, Santiago, Chile

Introduction: One of the most important risk factors for childhood depression is being the child of a depressed parent. The *Beardslee Preventive Intervention Program for Depression* (PIP) is a family-based approach that works by promoting resilience and increasing positive interactions within the family.
Objective: To evaluate the acceptability and feasibility of an adaptation of the PIP in Chilean families.

Methods: Study Design: Pilot two-group, single-blind, randomized controlled trial. Families (n=64) with at least one child between 6–12 years of age, and one parent with actual episode or history of depression were recruited. Families received seven sessions delivered at their homes. These include psychoeducational and interpersonal techniques focusing on increased understanding within the family, education about mood disorders, and promotion of resilience-related behaviors and attitudes.

Primary Outcome: Acceptability and feasibility of the intervention. Qualitative and quantitative information about parents and the caregivers experience after each session, and

after the intervention for further optimization. **Secondary outcomes:** Effects of family intervention on parental depression, resilience, children's depressive and internalizing symptoms and global family functioning (1 year follow–up).

Results: The PIP represents an evidence based intervention for resilience promotion in children. The examination of the qualitative and quantitative results would be useful for the adaptation and scale-up process of the PIP implementation in Chile.

Conclusions: It is feasible to implement the PIP intervention in Chilean families. Organizational and human resources barriers were experienced. However, PIP is a strategy that can promote resilience in children of depressed parents.

Learning Objectives:

To review and discuss:

1) The importance of evidence based mental health prevention programs in Chile and Latin America.
2) The effectiveness of a preventive program for children with depressed parents based on promotion of resilience, positive family functioning and communication.

References:

Beardslee WR, Wright EJ, Salt P, Drezner K, Gladstone TR, Versage EM, et al. Examination of children's responses to two preventive intervention strategies over time. J Am Acad Child Adolesc Psychiatry. United States; 1997 Feb;36(2):196–204.

O52.3 Prevention and Early Intervention with Families Affected by Parental Mental Illness: Think Family Programme with Early Help Services

Lina Gatsou[1], Scott Yates[2]

1. Leicestershire Partnership NHS Trust and DeMonfort University, Leicester, United Kingdom, 2. DeMonford University, Leicester, United Kingdom

Introduction: We present data from a project drawing on behavioural family therapy principles to train early intervention professionals to use a whole family intervention with families with parental mental illness (PMI) identified under the United Kingdom's "Troubled Families" initiative. These families exhibit several factors identified as key problems in UK social policy: school disengagement, crime, drug and alcohol misuse, socio-economic marginalisation and unemployment.

Methods: 75 professionals were trained in an eight-session protocol to work with families with PMI in Leicestershire, UK. These professionals then implemented this protocol in their work with families over the following six months. Data were collected via pre- and post-training questionnaires, pre- and post-intervention questionnaires, and interviews with family members and focus groups with professionals.

Results: Results show positive impacts on professionals in raising awareness of the impacts of PMI on families with multiple problems and in increasing their skills in addressing these impacts. Initial results from families paint a complex picture of intersecting challenges but there are indications here too that interventions such as this can have positive impacts.

Conclusions: We conclude by exploring the implications of both the positive results and the complex lives of families for developing and implementing future interventions and training for professionals working with families with multiple challenges.

Learning Objectives:

i) Improve the knowledge, skills and practice of multi-agency professionals in working with families with PMI and implementing whole-family approaches
ii) Produce new knowledge relating to families' experience of PMI, the influence of social and economic context on their experiences, families' needs for support and good practice

References:

Gatsou, L. & Yates, S. (in press) The Challenges Presented by Parental Mental Illness and the Potential of a Whole Family Intervention to Improve Outcomes for Families, *Child and Family Social Work*, http://onlinelibrary.wiley.com/doi/10.1111/cfs.12254/abstract

O52.4 Mental Health Counselling Outcomes in Child Welfare

Robbie Babins-Wagner[2, 1], Sandy Berzins[2, 1]

1. University of Calgary, Calgary, AB, Canada, 2. Calgary Counselling Centre, Calgary, AB, Canada

Introduction: Research in child welfare generally talks about child outcomes, family outcomes, and parent outcomes. There is an absence of child welfare research that focuses on client outcomes using routine outcome measurement including the relationship between therapeutic alliance, mental health outcomes.

Methods: Prior to each counselling session clients complete a standardized Outcome Questionnaire (OQ-45) and at the end of the session complete an Alliance Questionnaire (SRS, 2.1). At the first session a Stage of Change Questionnaire, (URICA - G) is completed. This study investigated the relationship between stage of change and alliance with final outcome. Paired t-test was used to understand change between first session OQ and final session OQ. ANOVA was used to understand the relationship between the stage of change at the first session, first session distress and final outcome.

Results: Data is available for over 500 closed cases with 182 cases that have outcome, alliance, readiness for change and demographic data. Results suggest that clients receiving counselling as part of their involvement with child welfare demonstrate positive outcomes and that there is a relationship between stage of change and child welfare client counselling outcomes. The effect size for the treatment was r = 2.4, a large effect size.

Conclusions: Results suggest that clients receiving counselling as part of their involvement with child welfare demonstrate positive outcomes and that there is a relationship between stage of change and child welfare client counselling outcomes. The effect size for the treatment was r = 2.4, a large effect size.

Learning Objectives:

1. Participants will learn about mental health counselling outcomes for clients involved with the child welfare system
2. Participants will learn about the relationship between stage of change and outcome

3. Participants will learn about the relationship between alliance and outcome

References:

Barkham, M., & Margison, F. (2007). Practice-based evidence as a complement to evidence-based practice: From dichotomy to chiasmus. In C. Freeman & M. Power (Eds.), *Handbook of evidence-based psychotherapies* (pp. 443-476). Sussex, England: Wiley.

Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based based approach to best practice. *Child Welfare*, 31(2), 293-317.

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*(2), 139-149.

Johnson, L. (2000). *The Session Rating Scale Manual: A Practical Approach to Improving Psychotherapy.* The Brief Therapy Center, SLC: UT.

Lambert, M. J., Hansen, N. B., Umpress, V., Lunnen, K., Okiishi, J., & Burlingame, G. M. (2003). *Administration and scoring manual for the OQ-45.2.* Stevenson, MD: American Professional Credentialing Services.

Wed Sept 21 | 16:00–17:30 | TELUS 111

W57 Outside the Binary: Assessing and Treating Youth with Non-Binary Sexual and Gender Identities

Kevin G. Alderson

University of Calgary, Calgary, AB, Canada

Workshop Description: Mental health professionals are challenged by the many non-binary sexual and gender identities that young people are using to describe themselves today, including several that were unheard of a few years ago. Examples of self-definitions outside of the binary include pansexual, gender queer, and gender fluid. What do these labels mean, and what are the assessment and treatment implications for individuals who define this way when they appear in our offices? Are these labels representing permanent identity statuses, or they are likely to be replaced by different labels over time? This workshop will overview the more common non-binary identities before providing opportunity to practice assessment and counselling skills.

The informational component of the workshop will include (a) defining the common non-binary identities, (b) characteristics of these identities, (c) assessment techniques, and (d) empirically informed methods of treatment. Practice aspects will include dyad/triad experience in (a) interpreting self-report measures, and (b) roleplaying intervention skills for a sexually diverse patient and a gender diverse patient.

Learning Objectives:

Become familiar with the intersection between sexual orientation and affectional orientation

- Learn about the intersection between gender identity and gender dysphoria
- Gain an understanding of non-binary sexual and gender identities
- Learn various methods for assessing non-binary identities
- Practice case involving non-binary sexual identity
- Practice case involving non-binary gender identity

References:

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Callis, A. S. (2014). Bisexual, pansexual, queer: Non-binary identities and the sexual borderlands. *Sexualities, 17*(1-2), -80.

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Elizabeth, A. (2013). Challenging the binary: Sexual identity that is not duality. *Journal of Bisexuality, 13*(3), 329-337.

Galupo, M. P., Davis, K. S., Grynkiewicz, A. L., & Mitchell, R. C. (2014). Conceptualization of sexual orientation identity among sexual minorities: Patterns across sexual and gender identity. *Journal of Bisexuality, 14*(3-4), 433-456.

Galupo, M. P., Mitchell, R. C., & Davis, K. S. (2015). Sexual minority self-identification: Multiple identities and complexity. *Psychology of Sexual Orientation and Gender Diversity, 2*(4), 355-364.

Greene, R. E., Brady, D. W., & Schneider, J. (2014). Lesbian, gay, bisexual, & transgender patients. In M. D. Feldman, J. F. Christensen, & Satterfield, J. M. (Eds.), *Behavioral medicine: A guide for clinical practice* (4th ed.) (pp. 164-173). New York, NY: McGraw-Hill.

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Kuper, L. E., Nussbaum, R., & Mustanski, B. (2012). Exploring the diversity of gender and sexual orientation identities in an online sample of transgender individuals. *Journal of Sex Research, 49*(2-3), 244-254.

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Micucci, J. A. (2015). Working with families of lesbian, gay, and bisexual adolescents. In S. Browning & K. Pasley (Eds.), *Contemporary families: Translating research into practice* (pp. 213-228). New York, NY: Routledge/Taylor & Francis Group.

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Thu Sept 22 | 09:00–10:30 | Acadia A

W58 Building Resilience The Tilney Model

Karin Tilney

University of Cape Town, Cape Town, South Africa

Workshop Description: THE TILNEY MODEL A SKILLS TRAINING PROGRAM TO BUILD RESILIENCE

A skills tool set is presented to the patient, family and support system to build resilience. The TILNEY MODEL is a simple, cost effective, back to basics approach. The TILNEY MODEL has been implemented with patients from 10 years of age at a Heart Transplant Clinic, Bipolar Disorders and Depressive Disorders in a Private Practice, and with Multidisciplinary Teams. It is suitable to use with both physically ill and mentally ill patients in hospital or in the community. The components act interdependently

The resiliency model is named TILNEY, which is an acronym to describe the stages of the TILNEY Model

The Components of the TILNEY MODEL:

TALK

INFORMATION includes the physical, mental, interpersonal, emotional and spiritual coping skills. **L**OVE LANGUAGES

Love is the most powerful weapon to build resilience. Educate on the identification and expression of appropriate love languages.

NEEDS

Appropriate expression of needs builds resilience. Acknowledgement and Autonomy in aspects of decision-making regarding treatment is encouraged.

ENVIRONMENT

Environment is a trigger. Create a safe space where the patient is taken seriously, respected and heard.

YOU

Work/life integration.

In conclusion, the TILNEY MODEL is a quick, effective method for all cultures and age groups to build resilience.

Author: Karin Tilney

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Learning Objectives: The purpose of the workshop is to introduce the components of the Tilney Model. To assist professionals in learning skills to build resiliency in patients, families and multidisplinary teams.

Thu Sept 22 | 09:00–10:30 | Acadia B

RS27 Discovering New Outlooks and New Ways of Promoting Resilence

Michel M. Wawrzyniak[1], Romain Dugravier[2], Myrna Gannage[3]

1. SFPEADA, Université de Picardie Jules Verne, Amiens, France, 2. Centre Hospitalier Sainte-Anne, Paris, France, 3. Saint Joseph's University, Beirut, Lebanon

Symposia Overview: Promoting Resilience. Dialogue between the daily and the extreme.

Chair : Michel WAWRZYNIAK

Part 1: CAPEDP and PANJO's research. Two home-visiting programs promoting mother-infant relationships

Romain Dugravier, Thomas Saïas, Florence Tubach, Susana Tereno, Tim Greacen, Antoine Guedeney.

CAPEDP's research, is a French randomized controlled trial base on preventive home-visiting led by psychologists. Designed for multi-risk families, CAPEDP failed to demonstrate an overall impact on PND symptomatology. Post-hoc analysis revealed that this study was effective (as for postnatal depression as for baby's withdrawal) only for women with fewer risk factors.

Part 2: Building resilience in crisis situation: the Lebanese experience of the Association for the Protection of War Children

Myrna Gannagé

Professor and Director of the department of psychology, Saint Joseph's University, Beirut

My presentation will focus on my experience as a researcher and as a clinician with children exposed to war. The destiny of these children depends on the nature of the stress they have experienced, on the characteristics of the "psychic apparatus" of their parents and on the possibilities they had to symbolize the violence. I will postulate the existence of an anti-traumatic system in the resilient children.

Part 3: Extreme situations, family links and resilience : the case of the polar winterings.

Michel Wawrzyniak, Amaury Solignac, Gérard Schmit, Frédéric Lefebvre.

UPJV, Amiens, France

Our study consists in a longitudinal follow-up of over-winterers crews working in Antartica and also of their relatives : partners, children or parents. This innovative research concerns the questions of attachement, work of psychic separation and resilience.

Objectifs d'apprentissage : To increase the knowledge and understanding of different clinical aspects of resilience.

Thu Sept 22 | 09:00–10:30 | Glen 201-203

W59 Adapting Cognitive Behavioral Therapy to Treat 4- to 7-year-old Children with Selective Mutism and/or Social Anxiety Disorder

Suneeta Monga[1, 2], Diane Benoit[1, 2]

1. University of Toronto, Toronto, ON, Canada, 2. Hospital for Sick Children, Toronto, ON, Canada

Workshop Description: Objectives: This workshop provides an overview of the research evidence for current treatment modalities for 4- to 7-year old children with Selective Mutism (SM) and/or Social Anxiety Disorder (SAD). It demonstrates age-appropriate, effective and evidence-based Cognitive Behavioral Therapy (CBT) strategies that can be used with young children with SM and/or SAD and their parents.

Methods: Using case-based discussions, videorecorded vignettes of therapy sessions and active demonstration, attendees will learn how to use CBT strategies adapted for 4- to 7-year-old children with SM and/or SAD and their parents. The workshop leaders will demonstrate strategies to encourage parental and child engagement and teach 4- to 7-year-old children complex CBT concepts, such as feeling states, cognitive distortions, relaxation techniques, and cognitive coping strategies to manage anxiety related to speaking and interacting in social situations.

Results: At the end of the workshop, clinicians will be able to assess and utilize age-appropriate, effective, evidence-based strategies to treat 4- to 7-year-old children with SM and/or SAD and their parents. Attendees will be able to provide support and psychoeducation to parents on (1) recognizing and managing their child's anxiety symptoms related to speaking and social situations; (2) developing and implementing hierarchies; and (3) identifying and managing associated temperamental and behavioral difficulties in their child.

Conclusion: This workshop will provide practical information and a step-by-step approach for clinicians wishing to learn how to recognize and assess SM and SAD in 4- to 7-year-old children and effectively engage and treat them with CBT in an individual or group setting.

Learning Objectives:

1. Appreciate evidence-based assessment and treatment approaches for 4- to 7-year-old children with Selective Mutism and/or Social Anxiety Disorder.
2. Develop skills in utilizing age-appropriate, cognitive-behavioral strategies to treat 4- to 7-year-old children with Selective Mutism and/or Social Anxiety Disorder.
3. Develop an approach for working with the parents of 4- to 7-year-old children with Selective Mutism and/or Social Anxiety Disorder.

References:

1. Monga S, Rosenbloom BN, Tanha A, Owens M, Young 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 Adoles Psychiatry*, 2015; 54(2): 138-146.
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.
3. Bergman RL, Gonzalez A, Piacentini J, Keller ML. Integrated Behavior Therapy for Selective Mutism: a randomized controlled pilot study. *Behav Res Ther.* 2013; 51(10):680-689.
4. Muris P, Hendriks E, Bot S. Children of Few Words: Relations Among Selective Mutism, Behavioral Inhibition, and (Social) Anxiety Symptoms in 3- to 6-Year-Olds. *Child Psychiatry Hum Dev.* 2016; 47:94-101.

Thu Sept 22 | 09:00–10:30 | Glen 205

O53 Stigma and Caregiver Support

O53.1 Reducing Stigma of Mental Illness among Boys and Men in Asian Communities in Canada Through the Strength in Unity Project: Emergent Focus Group Findings

Christa Sato[1], Anne T. Sureshkumar[1], Dave Este[1], Daniel Lai[2], Alan McLuckie[1]

1. University of Calgary, Calgary, AB, Canada, 2. Hong Kong Polytechnique University, Hong Kong, Hong Kong

Introduction: Research and practice findings show that Asian Canadians are unlikely to access mental health services due to stigma and systemic barriers to services including language barriers (Tiwari & Wang, 2008). This may be particularly true for males from these communities. Due to the paucity of research we sought the perspectives of Asian Canadian males regarding mental health.

Methods: Our multi-site (Vancouver, Calgary, Toronto) mixed methods study successfully engaged Asian-Canadian men within anti-stigma programming. Pre-intervention focus groups and quantitative measures were used, including the Community Attitudes Toward the Mentally Ill Scale. Verbatim transcripts from focus groups were thematically analyzed using Nvivo. Initial qualitative findings from five Calgary focus groups are presented.

Results: Five focus groups for males of Asian-Canadian decent were conducted including: Filipino-Canadian (n=6; ages 21-47), Chinese-Mandarin (n=10; ages 27-51); South Asian/Kerala (n=8; ages 25-55), Chinese-Mandarin (n=9; ages 17-55) and mixed Asian descent (n=6; ages 25-55). Major themes from these groups included 1.) Perspectives on general mental health and illness, 2.) Perspectives of Asian men with mental illness, 3.) Stigma regarding mental illness within Asian families and 4.) Strategies and coping patterns with mental illness within Asian cultures.

Conclusions: Engaging Asian-Canadian males in anti-stigma programs poses unique challenges. Stigma is a key factor impacting men's experiences and perceptions of mental health and mental health services. These experiences may be uniquely impacted by culture and gender, although coping strategies relevant to these cultural communities were identified. Men's roles in families were also influenced by mental health difficulties and stigmatizing forces.

Learning Objectives:

1.) Develop an awareness of the unique needs and experiences of a group of Asian-Canadian males related to mental illness and mental health services.

2.) Develop an understanding of the coping strategies and resources relevant to a group of Asian-Canadian males for addressing mental health difficulties.
3.) Develop an understanding of how male's perceptions of mental illness and related services may impact Asian-Canadian families.

References:

Tiwari, S., & Wang, J. (2008). Ethnic differences in mental health service use among White, Chinse and South Asian, and South East Asian populations living in Canada. *Social Psychiatry and Psychiatric Epidemiology, 43*(11), 866-871.

O53.2 Effectiveness of a Psychosocial Training Intervention in Reducing Psychological Distress Among Parents of Intellectually Disabled Children in Malawi

Charles M. Mwale[1], Don Mathanga[2], Melissa Gladstone[3]

1. St John of God, Mzuzu, Malawi, 2. Malawi College of Medicine, Blantyre, Malawi, 3. University of Liverpool, Manchester, United Kingdom

Introduction: Rates of disability are high in resource poor settings with eighty five percent of disabled children living in these settings. Long-term caregiving for disabled children are associated withpsychological issues. Studies have shown a link between parenting children disabilities and psychological distress. With interventions, these negative impacts are not as severe as once thought. This study aimed at developing and testing the impact of a contextualised psychological intervention for reducing psychological distress among parents with intellectually disabled children in Malawi.

Methods: This study used mixed methods design. An explanatory sequential design. The study was conducted in two cities and surroinding environs in Malawi. 81 participants were randomised in each arm of the intervention. Self-Reported Questionnaire was administered at baseline and three months follow-up. Data was analyzed using STATA. Mean scores, logistic regression and Cohen d (for effect size) were used to measure the impact of the intervention. The study's ethical clearance was sought from College of Medicine Research and Ethics Committee (# P.06/14/1591

Results: Psychological distress in the intervention group decreased on average 2.5 more than control group. Cohen's effect size of value ($d = 0.70$) was found suggesting a large to very large substantive practical significance effect of the intervention. Other possible confounding variables do not have serious influence on main variables' relationships.

Conclusions: The results indicate that the intervention may have a place in clinical mental health practice and education. Limitations are addressed. Further work will monitor these parents for another three months to determine the trajectory of their psychological outcomes.

Learning Objectives:

- To understand the psychological burden among parents for chidrenwith intellectually disabled children in Malawi.
- To test the effectiveness of the intervention in reducing psychogical distress among parents with intellectually disabled children in Malawi.

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Thu Sept 22 | 09:00–10:30 | Glen 206

RS28 A Pan-Canadian eHealth Research Symposium on the Treatment of Adolescent Anxiety and Depression

Amanda Newton[2], Alexa Bagnell[1], Pamela Wilansky[3], Ramish Shahab[3]

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Symposia Overview: Today's adolescents are considered the iY generation, having grown up digitally connected and spending more than half their waking hours using electronic media. We will introduce several eHealth projects studying the delivery of adolescent mental health services for anxiety and depression, two of the most common mental health disorders in this age group, using electronic technologies. Each project will provide perspectives on three critical features of eHealth interventions: 1) therapeutic content; 2) interactions between the user and the technology (i.e., stand-alone interventions); and 3) technological features of the intervention (i.e., online videos, interactive treatment components).

Part 1: *A Literature Review of eHealth Technologies for Youth with Anxiety and Depression (Presenter: Mr. Shahab)*

Anxiety and mood disorders are common mental illnesses, peaking during adolescence and affecting about 25% of Canadian adolescents. Cognitive behaviour therapy (CBT) administered through smartphone apps provides an efficient means of delivering therapy to this group. Out of 8,000 mobile apps (mHealth) currently on the market, 1,000 of these alone target depression. Data will be presented on a handful of studies that have evaluated the strengths and weaknesses of apps targeting youth.

Part 2: *Cognitive Behaviour Therapy for Anxious and Depressed Youth: Improving Outcomes Through Mobile Technology (Presenter: Dr. Wilansky)*

This presentation will describe the development of a mobile app that aims to facilitate completion of the practice component from an evidence-based CBT program for adolescents in treatment for anxiety and/or depression. The practice component of CBT is essential, but homework adherence is often poor. The app will be validated in clinical practice to show adherence to homework and to treatment outcomes. Data will be presented for the first phase of the study, i.e., explorative interviews with adolescents and therapists to create the prototype of the app.

Part 3: *The Breathe Program: A Guided Online CBT Program (Presenters: Drs. Bagnell, Newton)*

Breathe is a guided, Internet-based cognitive behaviour therapy program for adolescents with mild-to-moderate anxiety problems. This presentation will: 1) review the process to develop, test, and refine the *Breathe* program; 2) present findings of a 2-arm parallel-group pilot randomized controlled trial; and 3) describe the full-scale trial being conducted to evaluate the effectiveness of the program compared to self-led treatment, and sustainability of the intervention post research study.

Part 4: *A Mobile App for CBT Support for Teens with Anxiety Disorders (Presenter: Dr. Bagnell)*

This presentation will present findings on the development and evaluation of an ecological momentary intervention (EMI), a real-time treatment adjunct that can be accessed via mobile phones (mobile EMI), during and after CBT sessions. Mobile EMI has two key advantages for teens in treatment: 1) they can access it on their phone when and where it is most needed, and 2) it can be linked with a phone's functions (e.g., calendar, social media) to support practice, self-reward and adherence. Mobile EMI is a tool that can help adolescents plan and work through treatment activities in any setting, and coach them in practicing CBT skills accurately.

Learning Objectives:

1. Understand the importance of eHealth interventions in the treatment of common adolescent mental health problems such as anxiety and depression.
2. Increase knowledge about the development of content, interactivity and technology support that underpin eHealth interventions.
3. Gain knowledge of approaches to designing, evaluating, and implementing eHealth interventions in mental health care.

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Thu Sept 22 | 09:00–10:30 | Glen 208 - 209

RS29 Levels of Assessment and Treatment of Emotionally Dysregulated Youth

Khrista R. Boylan[1], Sarosh Khalid-Khan[2], Marjorie Robb[3], Olivia MacLeod[3], Olivia Calancie[2]

1. McMaster University, Hamilton, ON, Canada, 2. Queen's University, Kingston, ON, Canada, 3. University of OTtawa, Ottawa, ON, Canada

Symposia Overview: The aim of this symposium is to increase clinician competence in the assessment and treatment of emotional dysregulation and symptoms of borderline personality disorder in youth. There are 4 presentations about studies by clinicians who conduct research with adolescent patients.

Part 1: Dialectical Behaviour Therapy (DBT) is an effective treatment of BPD, but access to therapy for adolescents with BPD is limited. This study tested one component of a 3 stage stepped care model aimed at improving access to emotion regulation skills training for outpatients. The second stage of treatment which we describe is the Managing Powerful Emotions (MPE) group (12 weeks). We compared Cohen's *d* effect sizes on validated measures of psychopathology pre and post MPE group for 12 participants. Large effect size reductions were noted for anxiety (d=1.08), depression (d=0.77) and hyperactivity/inattention (d=0.57). The MPE group showed significant improvements in mental health of attendees, but further controlled evaluation of the group as part of a system of care is needed.

Part 2: This study examines effects on family functioning of a DBT program adapted for young adolescents (ages 13-17) with a separate enhanced parent component. Parents attended a separate group that teaches DBT skills (core mindfulness, distress tolerance, emotional regulation, interpersonal effectiveness and walking the middle path). The primary outcome measure was the FACES-IV (Family Adaptability and Cohesion Scale, 4th Ed). In the first cohort of data collected (n=16), this treatment resulted in an improvement in all subscale and total ratio scores, as rated by both adolescents and parents. This reduction was statistically significant in the flexibility ratio score as rated by adolescents ($t = -2.42$, $p < .05$). The initial results are promising in demonstrating that the adapted DBT program results in improved family functioning, from both adolescent and parent perspectives.

Part 3: Focus groups were held with youth and caregiver graduates of DBT-Adolescents with separate youth and parent groups, multifamily DBT-A, and a community adapted DBT-based skills program. Themes were grouped and ranked in order of frequency. Responses were examined for correlation with symptom improvement and changes in family functioning. Participants reported good levels of engagement, decreased symptoms of SI and DSH, improvement in depressive symptoms and family functioning in all formats of treatment, but stronger effects for DBT-A. Therapist feedback indicated some preference for the multifamily format.

Part 4: While BPD and MDD share many similarities in terms of their symptomatology, risk factors and prevalence. We compare MDD and BPD using the criteria of phenomenology, epidemiology, course of illness, risk factors, clinical correl-

ates, and treatment response in adolescents. Although both BPD and MDD may present with irritability, suicidality and self-harming behaviours, adolescents with BPD present with increased impulsivity, unstable relationships and more risk-taking behaviours in comparison to adolescents with MDD. BPD tends to attenuate over the life course, whereas MDD is recurrent and episodic in nature. Additionally, BPD is frequently comorbid with MDD in adolescent populations, with MDD symptoms typically improving only after BPD symptoms have been addressed.

Learning Objectives:

- Understand youth, family and therapist preferences for DBT-A delivery method.
- Identify the areas of family functioning which improve most with DBT-A.
- Consider alternative treatments for emotion dyregulation other than DBT-A.
- Identify BPD in the context of depression in teens.

References:

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Thu Sept 22 | 09:00–10:30 | Macleod E1

RS30 Nature Disaster and Psychological Trauma

Naru Fukuchi[1], Chih-Tsai Chen[2], Perl Han Lee[3]

1. Miyagi Disaster Mental Health Care Center, Miyagi, Japan, 2. Department of Child and Adolescent Psychiatry, Taoyuan Psychiatric Center, Ministry of Health and Welfare, Taoyuan, Taiwan, 3. Department of Psychiatry, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

Symposia Overview: All nature disaster, sexual violence and peer bullying are severe psychologically traumatic experiences for children and adolescents and will result in severe mental health problems. We suggest Dr. Naru Fukuchi and Dr. Chih-Tsai Chen as the chairmen.

Part 1: Child psychoeducation after the Great East Japan Earthquake

Naru Fukuchi

The aim of this study was to examine the effect of psychoeducation for children in the relief of their psychological symptoms. 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 as a self-report questionnaire on traumatic symptoms and measurement of children's daily life pre- and post-intervention. The camps were held five times (July 2011, Oct 2011, Oct 2012, Oct 2013 and Oct 2014). The participants included 124 children (64 boys and 60 girls), aged between 4 and 12 years. Participants were characterized as "Lost their home" (26.7%), "Lost their family members" (35.6%) and "Witnessed the tsunami" (27.7%). Of the 54 children (53.4%) scored above the cut-off for the high risk category. Across the five interventions, traumatic symptoms improved significantly (P = 0.03).

Part 2: Empirical study of the characteristics of sexual violence in Taiwan

Chih-Tsai Chen

This study analyzed the national trends in epidemiological features of substantiated sexual violence cases between 2005 and 2014. The rate of substantiated sexual violence in Taiwan increased more than doubled from 2.15 per 10,000 people in 2005 to 4.74 per 10,000 people in 2014. A greater increase in male victims than female victims and aboriginal victims than non-aboriginal victims was noted during this period. Victims aged 12–17 years experienced a higher rate of sexual violence compared with those in the other age groups and also increased comparatively higher than other age groups. Acquaintances accounted for 78%–85% of the perpetrators over the scope of the study, and the amount of occurrences involving them increased significantly yearly. The number of perpetrators who were not acquainted with their victims significantly decreased yearly for all age groups from 2005 to 2014. By contrast, the number of perpetrators who were campus members, such as classmates and teachers, significantly increased yearly.

Part 3: Parent-child agreement on the experiences of bullying involvement in children and adolescents with ADHD

Perl Han Lee, Cheng-Fang Yen

This study aimed to examine the levels of agreement between the reports of children and adolescents and parents on the experiences of bullying involvement at schools and the factors influencing the agreement in children and adolescents with ADHD. Results indicated low agreement on the experiences of bullying involvement in parent-child ADHD dyads. Age and hyperactivity/impulsivity, oppositional, depressive and anxiety symptoms had significant influences on the agreement on the victimization of physical bullying. Age had significant influence on the agreement on the perpetration of physical bullying.

Learning Objectives:

1. To learn psychoeducation for children experiencing major nature disaster
2. To learn epidemiological features of substantiated sexual violence cases in the Asian country
3. To learn the difference in bullying involvement reported by children and adolescents with ADHD and their parents and correlates of agreement

References:

John A. Rønning, Andre Sourander, Kirsti Kumpulainen, Tuula Tamminen, Solja Niemela, Irma Moilanen, Hans Helenius, Jorma Piha, Fredrik Almqvist. Cross-informant agreement about bullying and victimization among eight-year-olds: whose information best predicts psychiatric caseness 10–15 years later? Soc Psychiatry Psychiatr Epidemiol (2009) 44:15–22

Usami M, Iwadare Y, Watanabe K, Kodaira M, Ushijima H, Tanaka T, Harada M, Tanaka H, Sasaki Y, Saito K. Analysis of changes in traumatic symptoms and daily life activity of children affected by the 2011 Japan earthquake and tsunami over time. PLoS One. 2014 Feb 19;9(2):e88885.

Thu Sept 22 | 09:00–10:30 | Macleod E2

SG17 Requests to Provide Risk Assessments to Unaccompanied Minors: Do We Have A Standard of Care in Canadian Child and Adolescent Psychiatry?

Pier Bryden[1], Lee Ann Chapman[2], Alice Charach[2], Randi Zlotnik-Shaul[2], Chetana A. Kulkarni[1]

1. University of Toronto, Toronto, ON, Canada, 2. The Hospital for Sick Children, Toronto, ON, Canada

Study Group Description: The majority of provinces in Canada do not have a specified age of consent to treatment. Further the Supreme Court of Canada* stated that mature minors' rights to consent to medical treatment must be respected, including their right to privacy.

The law poses a challenge for child and adolescent psychiatrists asked to provide emergent risk assessments for children and adolescents who choose not to involve their caregivers. Depending on one's lens different priorities emerge. A rights-based lens points to the importance of a capable minor's wishes. A risk-focused lens argues that caregiver-child conflict is a potentially modifiable risk factor for self-harm and suicidality. An ethics lens supports a close look at the risks and benefits of a decision to see or not see unaccompanied minors, with particular focus on children who will not seek help if they believe their caregivers must be involved. Finally there are administrative and systems considerations in that a child seen alone with out the benefits of collateral history from caregivers will arguably pose a clinical challenge for psychiatric crisis teams that may well increase required clinical time, longitudinal observation, and potentially, requests for hospital admissions.

Participants are invited to come prepared to discuss current practice in their settings.

The desired outcome is the development of a consensus statement on an optimal standard of care for Canadian Child and Adolescent psychiatrists in response to the thorny legal, ethical and clinical issues raised when children and adolescents choose not to involve caregivers in their care.

Learning Objectives:

By the end of the session, participants will be able to:

1) Describe the legal framework that shapes this topic
2) Share best practices across Canada
3) Identify an optimal standard of care for risk assessments of children and adolescents who choose not to involve caregivers in their care

References:

*A.C. v. Manitoba (Director of Child and Family Services)

Thu Sept 22 | 09:00–10:30 | Macleod E4

O55 Measurement in Mental Health

O55.1 Development of a Self-Regulation Screening Tool in Early Childhood: Results From a Community-Based Cohort

Sheila McDonald, Muci Wu, Suzanne Tough

University of Calgary, Calgary, AB, Canada

Introduction: Self-regulation (SR) in childhood is the ability to monitor and control emotions, attention, and interactions with others and the environment.[1,2] SR predicts school and relationship success. This study developed a screening tool to identify children at risk of poor SR at age 3 in a community based cohort.

Methods: The All Our Babies study, a prospective cohort in Calgary, AB, examines early risk and protective factors for maternal, child, and family well-being across the life course (n=3200). Drawing from a myriad of modifiable and non-modifiable factors from pregnancy to early childhood, we developed a screening tool for poor SR. The tool was derived using a regression based scoring algorithm applied to a multivariable regression model for externalizing behaviour at age 3, followed by ROC analysis.

Results: Controlling for child gender, independent risk factors for poor SR included: low community engagement (aOR (95% CI): 1.7 (1.0, 2.8)), informal childcare (aOR (95% CI): 1.5 (1.0, 2.2)), poor maternal mental health (aOR (95% CI): 2.0 (1.2, 3.2)), and maternal disposition such as neuroticism (aOR (95% CI): 2.2 (1.4, 3.6)) and hopelessness (aOR (95% CI): 2.4 (1.4, 4.1)). The 3 maternal factors contributed the highest weights to the overall screening score. A threshold of 3 identified children at high risk for poor SR.

Conclusions: A self-regulation screening tool can inform strategies to optimize early child development. Next steps include pilot testing the utility of the tool in the community. Potential low-cost, easy access strategies may include increasing community engagement, supporting formal childcare, and supporting women's mental health.

Learning Objectives:

(1) To gain a better understanding of the importance of self-regulation for early childhood development.
(2) To become familiar with development of a screening tool.
(3) To identify modifiable and non-modifiable risk and protective factors for poor self-regulation in early childhood.

References:

(1) Dishion T. & Connell, A. (2006). Adolescent's resilience as a self-regulatory process: promising themes for linking intervention with developmental science. *Annals New York Academy of Science, 1094*, 125-138. doi: 10.1196/annals/1376.012.

(2) Graziano, P.A., Calkins, S.D. & Keane, S.P. (2010). Toddler self-regulation skills predict risk for pediatric obesity. *International Journal of Obesity, 34*, 663-641.

O55.2 Deconstructing Mental Illness Discourses: a PIPs and HIPs Framework to Work with Interpersonal Meanings, Patterns and Interactions

Monica Sesma-Vazquez[1], Emily Doyle[2], Karl M. Tomm[1]

1. University of Calgary, Calgary, AB, Canada, 2. Athabasca University, Calgary, AB, Canada

Introduction: Children and adolescents are exposed to psychological and psychiatric discourses about mental illness through DSM talk, social media, TV programs, movies, internet, etc. These social discourses influence children and adolescents' identities, self-agency, performances, and the ways they relate, especially with other family members. Mental illness identities can generate certain interpersonal interaction patterns that inadvertently stabilize or aggravate problems. Fortunately such patterns can be addressed in systemic therapy.

Methods: This study aimed to examine how therapists (psychiatrists, psychologists, counselors, and social workers) transform and challenge problematic understandings and interpersonal patterns through therapeutic conversations. Six therapists working from a systemic interpersonal patterns approach were interviewed about their work with families with children and adolescents who had mental problems. Qualitative discourse analysis was used to analyze 10 hrs of interviews.

Results: Several key discourses were identified through this analysis: psychiatric discourse talk used in families, formal diagnosis vs self-diagnosis, DSM-5 descriptions as oppressive vs liberating, working with preferred understandings, interpersonal patterns shaped by psychiatric discourses, negotiating meaning, working with resources and strengths, benefits of working with a PIPs and HIPs framework, among others.

Conclusions: Research findings have implications for professionals fighting mental illness stigma, opening spaces for counter-practices, and promoting positive mental health. Discussion will highlight ways to create awareness of the nature of family interaction patterns, to challenge dominant stories that aggravate problematic patterns, to generate new meanings and discourses, and to invite preferred interactions within families.

Learning Objectives:

1. Participants will recognize how social discourses on mental health and mental illness influence children and adolescents' identities, self-agency, emotions, performances, and the ways they relate with family members.
2. Participants will understand the role of mental illness' discourses in shaping interpersonal interaction patterns that stabilize or aggravate individual and family problems.
3. Participants will learn different ways to deconstruct dominant pathologizing family stories and patterns using systemic therapy framework.

References:

Strong, T., Ross, K. H., & **Sesma Vazquez, M**. (2015). Counselling the (self?) diagnosed client: Generative and reflective conversations. *British Journal of Guidance and Counselling, 43*, 598-610.

Strong, T. & **Sesma-Vazquez, M**. (2015). Discourses on children's mental health: A critical review. In M. O'Reilly & J. Lester (Eds.). *The Palgrave Handbook of Child Mental Health* (pp. 99-116). London, UK: Palgrave Macmillan.

Strong, T., **Sesma-Vazquez, M**., Ross, K. H., Mudry, T., Doyle, E., & Pickering, B. (in press). Expert therapeutic discourse, practices and counter-practices across six service contexts. *International Journal of Collaborative Practice*.

Tomm, K., Wulff, D., St. George, S., & Strong, T. (Eds.) (2014). *Patterns of interpersonal interactions: Inviting relational understandings for therapeutic change*. New York, NY: Routledge.

O55.3 Determinants of Children's Mental Health: Discrepancies Between Illness and Wellbeing and Their Implications for Measurement and Theory

Praveetha Patalay

University College London, London, United Kingdom

Introduction: In this study we investigate a framework of determinants of both mental illness and subjective wellbeing in a large, current and nationally representative sample of children in the UK.

Methods: An ecological framework of predictors including individual (socio-demographic and human capital), family, social and wider environmental factors are examined in 12,347 children aged 11 years from the UK Millennium Cohort Study. Mental illness symptoms and wellbeing scores are standardised to allow comparisons and estimate variance explained by the different predictors.

Results: Mental illness symptoms and wellbeing are not highly correlated in children (r=0.2) and their predictors are similar in some instances (e.g. family structure, sibling bullying, peer problems) but in many cases differ (e.g. family income, perceived SES, cognitive ability, health status, neighbourhood safety). The predictors included in the study explain 47% of the variance in symptoms of mental illness with social relationships, home environment, parent health, cognitive ability, SES and health factors predicting large amounts of variance. A comparatively lower 26% of the variance in well-being is explained by the study variables with wider environment, social relationships, perceived SES and home environment predicting the most variance.

Conclusions: The determinants of children's mental illness and wellbeing are in many cases different, stressing the importance of considering these concepts separately and avoiding their conflation. We highlight the relevance of the findings for understanding social gradients in mental health through the life-course. The implications of the findings for the theoretical conceptualisation of mental health and how we measure it in children will be discussed.

Learning Objectives: Increased understanding of the determinants of mental ill-health and wellbeing.

O55.4 Views and Preferences of Alberta Birth Cohort Parent Participants on Secondary Use of Research Data

Shawn X. Dodd[1], Kiran Manhas[1], Stacey Page[1], Nicole Letourneau[1], Xinjie Cui[2], Suzanne Tough[1]

1. University of Calgary, Calgary, AB, Canada, 2. Alberta Centre for Child, Family & Community Research, Calgary, AB, Canada

Introduction: Secondary use of research data is gaining traction; funding agencies demand it and more research platforms facilitate it. Unique challenges emerge, however, when sharing pediatric or pregnancy related data(1). There is currently no consensus on the best models for the governance of research data repositories. The Tri-Council Policy Statement 2 recognizes the value of secondary use and advocates for the engagement with relevant populations to seek input on ethical issues and appropriate privacy protection measures(2). Currently, little is known of parent participants' views on data sharing. This project aimed to understand the views of cohort parents on sharing pediatric research data and the role their child should play during consent.

Methods: All Our Babies and Alberta Pregnancy Outcomes and Nutrition participant perspectives were investigated using a mixed methods approach: (a) a qualitative descriptive inquiry using focus groups and interviews; (b) cognitive interviewing; and, (c) an electronic participant survey.

Results: Three major themes emerged regarding parent perspectives' on sharing their child's research data: the privacy-vs-knowledge-accumulation tension, intricacies of child consent and the differences between child and adult data.

Conclusions: The establishment of secondary data use is important and maximizes participants', researchers', and funders' investments. Participants as data donors have concerns relating to privacy and the inclusion of pediatric data. Given the vulnerability of children, pediatric data is viewed as more sensitive, therefore requiring more restrictions. Despite their reservations, parents are motivated to share their child's data and believe their child should be involved in the consent process beginning at 12 years of age.

Learning Objectives:

- Understand what Alberta birth cohort parent participants view as the key risks and benefits to participation in a secondary data repository;
- Understand Alberta birth cohort parent participants' views on the proposed governance and access strategies for the planned research data repository that may include their own and their child's non-biological data;
- Understand Alberta birth cohort parent participants' views on involving their child in the data sharing consent process.

References:

1. Goldenberg AJ, Hull SC, Botkin JR, Wilfond BS. Pediatric biobanks: Approaching informed consent for continuing research after children grow up. The Journal of Pediatrics. 2009;155(4):578-583.
2. Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada. Tri-council policy statement: Ethical conduct for research involving humans. 2010.

Thu Sept 22 | 09:00–10:30 | TELUS 101-102

W60 The Evidence-Based Multidisciplinary Evaluation of Preschool-Aged Children in an Outpatient Mental Health Clinic: Understanding the Essentials

Catherine Karni[1], Alexis I. Clyde[2]

1. University of Texas Southwestern Medical Center, Dallas, TX, USA, 2. Children's Health, Children's Medical Center Dallas, Dallas, TX, USA

Workshop Description: Despite dramatic increases in the use of psychotropic medication for preschool-aged children, many are not consistently receiving comprehensive assessment and other mental health treatment, including psychotherapy.[1] Infants become who they are gradually through development and within multiple contexts, ranging from the intrinsic contexts of genetics to the external contexts of families and society.[2] Of particular interest to clinicians are those factors that are most changeable, including the early relationship between the parent and the child. Children who are unable to form secure parental attachment are at risk for emotional and behavioral problems, poor language development, and inattention.[3] Data from a multidisciplinary preschool-aged clinic for children with behavioral problems revealed high rates of delays in language, self-care, sensory processing and fine-motor coordination. This highlights the importance of multidisciplinary evaluation, to prevent these types of delays being missed and untreated into childhood. Although the majority of patients referred for evaluation presented with behavioral difficulties, the most common psychological diagnosis was anxiety. This is consistent with the literature in that anxiety in preschool-aged children often impacts families in a similar way as disruptive behavior disorders.[4,5] Preschool-aged children must be understood, evaluated and treated in developmentally-sensitive ways, within the context of the family, and with input from multiple disciplines. In addition to a discussion of the important elements of mental health evaluation of preschool-aged children, this presentation will provide participants with hands-on training, provided by a real-world example, including video clips of a preschooler going through the assessment process.

Learning Objectives:

1. Describe the principal elements of the psychiatric evaluation of very young children, as well as the importance of a thorough multidisciplinary assessment.
2. Understand the underlying theory and practice of psychological assessment in children zero to five, including why and how to use observation and relationship-based evaluation measures.
3. Discuss the primary research findings of a multidisciplinary assessment clinic for preschool-aged children, including diagnostic impressions, recommendations and the impact of the parent-child relationship.

References:

1. Olfson M, Crystal S, Huang C, Gerhard T. (2010). Trends in antipsychotic drug use by very young, privately insured children. J Am Acad Child Adolesc Psychiatry. 49(1):13-23.
2. Zeanah, C. (ed). (2009). *Handbook of infant mental health (3rd ed)*. New York City, NY: The Guilford Press.

3. Moulin S, Waldfogel J, Washbrook E. (2014). Baby bonds: Parenting, attachment and a secure base for children. London: The Sutton Trust.
4. Franz L, Angold A, Copeland W, Costello EJ, Towe-Goodman N, Egger H. (2013). Preschool anxiety disorders in pediatric primary care: Prevalence and comorbidity. J Am Acad Child Adolesc Psychiatry. 52(12):1294-1303.
5. Towe-Goodman NR, Franz L, Copeland W, Angold A, Egger, H. (2014). Perceived family impact of preschool anxiety disorders. J Am Acad Child Adolesc Psychiatry. 53 (4): 437-446.

Thu Sept 22 | 09:00–10:30 | TELUS 108-109

O56 Media and CAMH

O56.1 The Effects of Suicide-Related Press Reports on Suicide Rates of Youth in South Korea

Gyung-Mee Kim[1], MinKyung Hyun[2], Seong Mi Choi[2], Ji-Min Kim[2], Jong-Min Woo[3]

1. Inje University Haeundae Paik Hospital, Busan, Korea, 2. National Evidence based healthcare Collaborating Agency, Seoul, Korea, 3. Stress Research Institute, Inje University, Seoul, Korea

Introduction: There are many reports about influence of media reporting of suicide on suicidal behaviors among adult. The purpose of this study was to verify whether the amount of suicide-related press release in Korea affects the number of suicides of youth.

Methods: The amount of press release in Korea corresponding to monthly suicide-related keywords from 2001 to 2010 was investigated and the transfer function model, which is a time-series regression analysis, was applied. And we use the data of suicide rates of the Korea national statistical office.

Results: The number of press release in the relevant month and the previous month affected the number of suicides of youth aged 12~25 years old. The number of celebrity suicide-related reports is most significant influence on male, whereas the number of student suicide-related reports is most significant effect on female.

Table 1. The effects of suicide-related press reports on suicide rates of youth aged 12~25 years old

	input variables	model
total	the number of suicide related reports	Yt=0.317 + 0.001Xt + 0.001Xt-1 + εt +0.477εt-1
	the number of student-related reports	Yt=0.495 + 0.004Xt + 0.004Xt-1 + εt +0.471εt-1
	the number of celebrity suicide-related reports	Yt=0.62 + 0.007Xt + 0.004Xt-1 + εt +0.455εt-1
male	the number of suicide related reports	Yt=0.475 + 0.001Xt + 0.001Xt-1 + (1/1+0.441B)εt
	the number of student-related reports	Yt=0.643 + 0.003Xt + 0.002Xt-1 + (1/1-0.472B)εt
	the number of celebrity suicide-related reports	Yt=0.726 + 0.004Xt + 0.003Xt-1 + (1/1-0.449B)εt
female	the number of suicide related reports	Yt=0.269 + 0.001Xt + 0.001Xt-1 + (1/1-0.469B)εt
	the number of student-related reports	Yt=0.38 + 0.005Xt + 0.005Xt-1 + εt +0.466εt-1

Figure 1. Monthly suicide-related press reports and youth suicide per 100,000 from 2001 to 2010 in South Korea

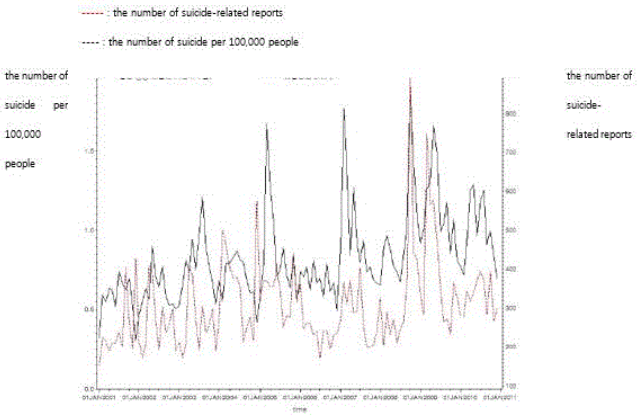


Figure 2. Monthly student suicide-related press reports and youth suicide per 100,000 from 2001 to 2010 in South Korea

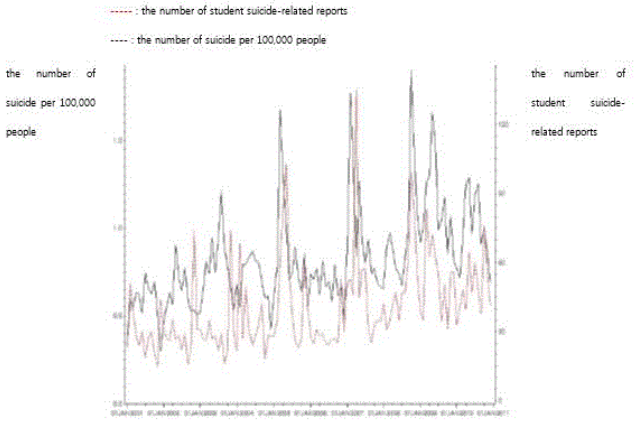
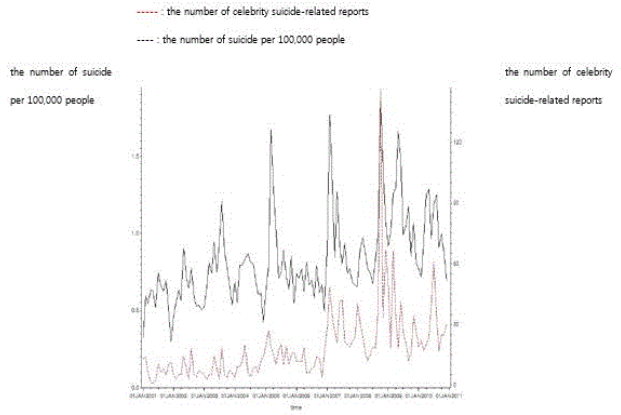


Figure 3. Monthly celebrity suicide-related press reports and youth suicide per 100,000 from 2001 to 2010 in South Korea



Conclusions: This study presents evidence that media reports on suicides have an impact on the number of suicides in youth. The more restricted reporting of suicides should be important for suicide prevention of vulnerable adolescents.

Learning Objectives:

1. Media reports on suicides were associated with increase in youth suicides.
2. Contents of press report about suicide which influence on youth differ between male and female.
3. Our findings highlight the importance of responsible and cautions media reporting on suicide.

References:

1. Ueda M, Mori K, Matsubayashi T. The effects of media reports of suicides by well-known figures between 1989 and 2010 in Japan. Int J Epidemiol. 2014 Apr;43(2):623-9.
2. Nakamura M, Yasunaga H, Toda AA, Sugihara T, Imamura T. The impact of media reports on the 2008 outbreak of hydrogen sulfide suicides in Japan. Int J Psychiatry Med. 2012;44(2):133-40.
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4. Sisask M, Värnik A. Media roles in suicide prevention: a systematic review. Int J Environ Res Public Health. 2012 Jan;9(1):123-38.
5. Niederkrotenthaler T, Voracek M, Herberth A, Till B, Strauss M, Etzersdorfer E, Eisenwort B, Sonneck G. Role of media reports in completed and prevented suicide: Werther v. Papageno effects. Br J Psychiatry. 2010 Sep;197(3):234-43.

O56.2 Treating Adolescent Depression: Randomized Controlled Trial of Chat- and Internet-Based Cognitive Behavioral Therapy

Naira Topooco[1], Gerhard Andersson[1, 2]

1. Department of Behavioural Sciences and Learning, Linkoping University, Linkoping, Sweden, 2. Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

Introduction: In the adolescent population, depression is the primary cause of disability-adjusted life years worldwide(1). Psychotherapy is often recommended but resources are insufficient (2). Internet-delivered interventions have the advantage of reducing cost and increasing availability of treatment (3). Adolescents are digital natives and do not satisfactorily present in standard care settings (barriers of stigma, analogue settings possibly becoming obsolete). This randomized controlled trial describes how an intervention comprised of chat- and internet-based cognitive behavioral therapy (CBT) can reach, be delivered to and reduce symptoms of depression in adolescents.

Methods: The efficacy of a chat- and internet-based intervention based on CBT was compared against an active control (monitoring and non-specific online counselling). Adolescents 15-19 years of age, presenting with depressive symptoms, were randomized in a 1:1 ratio to CBT ($n = 33$) or to control condition ($n = 37$). The main outcome was reduction in depressive symptoms assessed with the Beck Depression Inventory (BDI-II). Assessments were made at baseline, post-treatment (eight-weks) and for the treatment group at 6 month (follow-up).

Results: Significant reductions in depressive symptoms were found following the CBT treatment compared with the control group (between-group Cohen's $d = 0.71$). The effect was maintained at 6-month follow-up. Adherence to and satisfaction with the treatment program was high.

Conclusions: Chat- and internet-based CBT for adolescents with depressive symptoms can be feasible and effective ($d = 1.22$). The findings regarding participants' acceptance of treatment is encouraging and indicate the potential of this approach for young individuals to seek and undergo treatment.

Learning Objectives:

- Examples: How is internet-delivered CBT (ICBT) defined and how is it currently delivered within existing health care systems
- Empirical support: State of the art of ICBT for adult and adolesent depression
- Business case (this RCT): Potential advantages and challenges of ICBT for the adolescent population

References:

1. Gore FM, Bloem PJ, Patton GC, Ferguson J, Joseph V, Coffey C, et al. Global burden of disease in young people aged 10-24 years: a systematic analysis. Lancet. 2011;377(9783):2093-102
2. Patel V, Flisher AJ, Hetrick S, McGorry P. Mental health of young people: a global public-health challenge. Lancet. 2007;369(9569):1302-13
3. Andersson, G. (In press). Internet-delivered psychological treatments. Annual Review of Clinical Psychology

Thu Sept 22 | 09:00–10:30 | TELUS 111

W61 Intervening with Families in High-Conflict Post-Separation Parenting

Jeffrey C. Chang

Athabasca University/Calgary Family Therapy Centre, Calgary, AB, Canada

Workshop Description: High conflict post-separation parenting has deleterious effects on children and adults. Children of high conflict divorces experience elevated substance misuse, school problems, earlier sexual activity, antisocial behavior, more anxiety and depression, poorer relationships with parents, and a feeling of obligation to choose one parent over another. Parents preoccupied conflict and litigation with a former spouse have less time and energy to devote to their children, and fewer financial resources. With parental time, energy, and resources diverted to litigation, children typically pay the psychological price.

Practitioners who work with children of high-conflict parents are often themselves conflicted. These children often require therapy and one parent's compelling narratives of the misdeeds of the other parent can be inviting. On the other hand, high conflict parents are often the most litigious and child custody matters lead to more ethical complaints than any area of practice. Accordingly, many practitioners avoid these families altogether, leaving children underserved.

In this workshop, Dr. Chang will:

- review the literature on high conflict post-separation parenting
- describe how to position therapy for maximum effect and minimal ethical risk
- provide steps to develop a treatment focus
- discuss how to invite parents to understand the distress of their children
- suggest how to decide who to see when

Learning Objectives:

1. Understand the effects of high conflict divorce and parenting on children
2. Articulate ethical risks and risk management practices
3. Learn a framework for planning treatment and intervening

References:

Chang, J. (2016, in press). Post-divorce counselling and dispute resolution: Services, ethics, and competencies. *Canadian Journal of Counselling and Psychotherapy, 50*(3).

Thu Sept 22 | 11:00–12:30 | Acadia B

O57 Innovations in Psychiatry

O57.1 EQUAL (Equine-Assisted Learning) Programme: Supporting Social and Emotional Learning of Adolescents

Ailsa Goh[1], Carol Tan[1], Cher Chong Tan[2]

1. National Institute of Education, Nanyang Technological University, Singapore, Singapore, 2. Academy of Singapore Teachers, Ministry of Education, Singapore, Singapore

Introduction: Equine-assisted psychotherapy has been used to treat various childhood behavioural and mental health issues, including children at high risk for academic or social failure.[1-3] EQUAL is an equine-assisted learning programme for adolescents in Singapore. The twofold purpose of this research study were to (a) investigate the effectiveness of the EQUAL programme to improve the social skills of adolescents, and (b) evaluate the social validity of the EQUAL programme.

Methods: A quasi-experimental, between subjects, group design was utilised. The participants were 196 secondary two students at-risk for learning and behavioural difficulties in Singapore. The instrument used was the Student (Ages 13-18) Form of the Social Skills Improvement System (SSIS) Rating Scale.[4] Qualitative semi-structured interviews were conducted to study the social validity and qualitative impact of the EQUAL programme from the perspectives of 24 students and 9 teachers.

Results: The results on between-subjects effects showed statistically significant differences on the subscales of *Responsibility*, $F(1, 194) = 5.91$, $p < 0.05$ and *Assertion*, $F(1, 194) = 5.26$, $p < 0.05$, with the EQUAL group scoring higher than the control group in both subscales. These findings were further supported by the qualitative interviews where many teachers reported improvement in terms of *Responsibility* and *Confidence* in students in the EQUAL group. In addition, both teachers and students reported positive perceptions of the EQUAL programme.

Conclusions: The findings suggest that the EQUAL programme is a promising programme for supporting social and emotional learning of adolescents. Implications and recommendations for further research will be discussed.

Learning Objectives:

1. To discuss the effectiveness of the EQUAL programme for adolescents.
2. To identify the critical components of the EQUAL programme.

References:

1. Bachi, K., Terkel, J., & Teichman, M. (2012). Equine-facilitated psychotherapy for at-risk adolescents: the influence on self-image, self-control and trust. *Clinical Child Psychology and Psychiatry, 17*(2), 298-312.
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3. Lentini, J.A., & Knox, M. (2009). A qualitative and quantitative review of equine facilitated psychotherapy (EFP) with children and adolescents. *Open Complementary Medicine Journal, 1*, 51-57.
4. Gresham, F. M., & Elliott, S. N. (2008). *Social Skills Improvement System (SSIS) rating scales manual*. Minneapolis, MN: Pearson Education Inc.

O57.2 The Effect of Oxytocin on Detection of Altruistic Person for Children

Michiko Koizumi[1], Yukiko Matsumura[2], Shunsuke Ishikawa[2], Hiyori Matsumoto[2], Yasuhiro Masuya[2], Ryoko Okazaki[2], Yuko Okamoto[1], Toru Fujioka[1], Shinichiro Takiguchi[2], Akemi Tomoda[1, 2], Hirotaka Kosaka[1, 2]

1. University of Fukui, Eiheiji-cho Yoshida-gun, Fukui, Japan, 2. University of Fukui Hospital, Eiheiji-cho Yoshida-gun, Fukui, Japan

Introduction: A number of recent studies tried to elucidate the functions of oxytocin, such as improving communication skills. However, previous studies have showed that oxytocin may decrease vigilance and increase trust in human, regardless of whether they are altruistic. In the study, we examined whether single-dose nasal administration of oxytocin could promote the accuracy in judging others' altruistic acts, or it could merely make them judge others more altruistic.

Methods: Thirty-five healthy children (10-17 years old, 15 boys) participated in the study. Forty minutes after administrating oxytocin or placebo, the subjects performed two altruistic judgement tasks (relative task and absolute task) and an attractiveness judgement task. In the relative task, the subject watched some movies, in which two persons spoke, and then they chose which person was more altruistic. In absolute task, the subjects watched movies, but only one person speaking this time: they rated the person's character, altruistic or egoistic. In attractiveness judgement task, the subjects rated the attractiveness of the people on these movies. The degree of altruism of the persons on the movies were measured by their behavior on either trust game or prisoner's dilemma game.

Results: There was no oxytocin effect in relative task. In contrast, boys with oxytocin tended to judge egoistic persons more altruistic than those with placebo at absolute task ($t(13)=1.9$, $p<.076$), and rated the egoistic person more attractive than those with placebo ($t(14)=3.2$, $p=.006$). Such differences were not observed in girls.

Conclusions: Our results suggest that oxytocin makes boys, but not girls, blind to egoistic character.

Learning Objectives:

- intronasal administration of oxytocin
- judging others altruitic character

References:

Guastella, A. J., et al. (2010). Intranasal oxytocin improves emotion recognition for youth with autism spectrum disorders. *Biol Psychiatry, 67*(7), 692-694

Baumgartner, T., et al. (2008). Oxytocin Shapes the Neural Circuitry of Trust and Trust Adaptation in Humans. *Neuron, 58*(4), 639-650

Shinada, M., et al. (2010). Accuracy of judgement about other's cooperative behavior: Effects of attractiveness and facial expressiveness. *The Japanese Journal of Psychology, 81*(2), 149-157

Kiyonari, T. (2010). Detecting defectors when they have incentives to manipulate their impressions. *Letters on Evolutionary Behavioral Science, 1*(1), 19-22

O57.3 The Characteristics Differences Between the Younger and Older Hikikomori People

Roseline Yong[1, 2], Koji Fujita[3], Hisanaga Sasaki[1], Yoshihiro Kaneko[1]

1. Akita University, Akita, Japan, 2. The University of Tokyo, Tokyo, Japan, 3. Hiroshima University, Hiroshima, Japan

Introduction: In Japan, especially in rural areas where the pressure to conform to social structures is particularly strong, self-stigmatization causes people who exhibit acute social withdrawal (hikikomori) to become even more reclusive, resulting in prolonged social withdrawal and giving rise to older hikikomori. To gain ideas about how to improve intervention strategies, this study aimed to clarify the differences between younger and older hikikomori in terms of how they feel about themselves.

Methods: A cross-sectional, community-based population study was conducted among residents aged 15–64 of a small town in northern Japan ($n = 3059$; response rate = 72.8%). Questions included basic demographics, social participation, loneliness, feeling of isolation, depression/anxiety, suicide ideation, decision-making ability (degree of compulsion to follow the advice of parents or superiors and degree of fear to decide things for themselves).

Results: The prevalence of younger hikikomori (age 15–29) was 9.1% (men, $n = 20$; women, $n = 25$) and older hikikomori (age 30–64) was 11.9% (men, $n = 163$; women, $n = 143$). Older hikikomori had significantly higher rates of loneliness, feeling of isolation, depression and anxiety, and suicide ideation. Multiple logistic regression analysis showed that older hikikomori had significantly lower decision-making ability (OR = 1.3, 95% CI = 1.035–1.444) and stronger depression tendency (OR = 1.1, 95% CI = 1.034–1.132) than other participants. Similar characteristics were not observed in the younger hikikomori.

Conclusions: Prolonged hikikomori may result in increased symptoms of mental distress, necessitating the use of more social resources and support in interventions for older hikikomori.

Learning Objectives:

1. To generate discussions among the participants on the mental health impact for prolonged social withdrawal and isolation cross-culturally.
2. To gain insights and ideas about the relationship between society connectedness with depression and anxiety of different age groups.

References:

1. Yong, R. and Kaneko, Y. (2016) Hikikomori, a Phenomenon of Social Withdrawal and Isolation in Young Adults Marked by an Anomic Response to Coping Difficulties: A Qualitative Study Exploring Individual Experiences from First- and Second-Person Perspectives. *Open Journal of Preventive Medicine*, **6**, 1-20. doi:10.4236/ojpm.2016.61001.
2. Watts, J. (2002) Public Health Experts Concerned about "Hikikomori". Lancet, 359, 1131. http://linkinghub.elsevier.com/retrieve/pii/S0140673602081862 http://dx.doi.org/10.1016/S0140-6736(02)08186-2
3. Takatsuka, Y. (2008) Jittai chousa kara miru hikikomori wakamono kokoro (a Glimpse to the Young People's Mind through Field Research on Actual Condition). In: Tokyo Metropolitan Government Office for Youth Affairs and Public Safety, Ed.
4. Toivonen, T., Norasakkunkit, V. and Uchida, Y. (2011) Unable to Conform, Unwilling to Rebel? Youth, Culture, and Motivation in Globalizing Japan. Frontiers in Psychology, 2, 207. http://dx.doi.org/10.3389/fpsyg.2011.00207 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3171786/
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6. Li, T.M. and Wong, P.W. (2015) Youth Social Withdrawal Behavior (Hikikomori): A Systematic Review of Qualitative and Quantitative Studies. Australia and New Zealand Journal of Psychiatry, 49, 595-609. http://dx.doi.org/10.1177/0004867415581179 http://anp.sagepub.com/cgi/pmidlookup?view=long&pmid=25861794
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Thu Sept 22 | 11:00–12:30 | Glen 201 - 203

RS31 The Study of Gamblers and Non Gamblers on Personality Mental Health and Stress

Nabhit Kapur, Harsha Agarwal

Peacfulmind Foundation, Delhi, DL, India

Symposia Overview: A study of gamblers and non gamblers on personality, mental health and stress.

Gambling is a common and widely prevalent behaviour among adolescents. As compared with adults, adolescents have been found to have high rates of behavioural problems including pathological gambling. Personality is one of the most important determinants of gambling. It has also been repirted that gambling is associated with various mental health problems. The present study was aimed at investigating differences in the personality, mental health and stress between gamblers and non gamblers. The sample comprised of 240 adolescents (120 males & 120 females) selected randomly from different schools in the NCR region. Sample was devided into two groups, namely non gamblers and gamblers. Gamblers' grouos was further categorised into four groups, namely non gamblers, social gamblers, at-risk gamblets and problem gamblers. The results revealed significant differences on the dimensions of impulsivity, mental health and stress among gamblers and non gamblers.

References:

Sehgal, M., & Agarwal, H. (2015). A comparative study of problem gamblers and non-gamblers on stress, coping and parental bonding. Indian Psychological Review, 84(3), 87-96.

Thu Sept 22 | 11:00–12:30 | Glen 204

W62 Treatment Planning for Recovery: Beyond Categories and Dimensions

Gordon Harper[1], Ayesha Mian[2]

1. Harvard Medical School, Chestnut Hill, MA, USA, 2. Aga Khan University, Karchi, Pakistan

Workshop Description: Treatment planning for troubled children and youth, especially for those requiring more intensive treatment, tends to be either reductionistic (based on categorical diagnoses alone), elitist (giving no voice to youth and parent), exclusively youth- or parent-driven (with no place for professional expertise or experience), deficit-based (with no mention of strengths), non-integrated (with each member of a team making separate contributions, or based on a formulation that may be comprehensive and thoughtful but does not easily translate into operational interventions.

A method of treatment planning will be presented that starts with defining the person (in terms of strengths and challenges); discusses a life vision or recovery vision for a person with such a profile; identifies the problem that stands in the way of the youth's moving forward and requires the current treatment; defines the related goal; states the relevant contributing factors in terms of adaptive processes; and from those factors, chooses those that lead to interventions. Throughout, explicit consensus among youth, parents, and professionals is sought. This approach is summarized as "C.A.R.E." an acronym for treatment planning that is Consensus-based, Adaptation-focused, Recovery-oriented, and Explicit. A handout will spell out the method, define key terms, and provide illustrative examples. Participants in the Workshop will then present cases and apply this method.

Learning Objectives:

1. Participants will learn the problems that limit the usefulness of conventional methods of treatment planning.
2. Participants will learn an approach that addresses these shortcomings, giving voice to youth and parent, based on a recovery vision, drawing on best practices, facilitating operational planning, and fostering alliance and consensus.
3. Participants will apply this method to cases of their own to evaluate whether this approach is useful.

References:

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3. Harper G.Workshops on Future Vision Treatment Planning presented at International Congresses of IACAPAP, Paris (2012) and Durban (2014)

Thu Sept 22 | 11:00–12:30 | Glen 205

O58 Training and Literacy of School Caregivers

O58.1 Building Mental Health Capacity in Schools to Develop and Sustain Mental Health Promotion and Prevention Culture and Literacy and Fight Stigma

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Introduction: The Mental Health Capacity Building in Schools (MHCB) Initiative, led by Alberta Health Services, has been gradually spread across Alberta to promote mental health in students, families and communities and fight stigma. The 37 MHCB projects use schools as "entry points" for a multifaceted collaboration between mental health and education systems and local communities.

Methods: The research protocol employed mixed methods. In 2015 comprehensive survey data were collected from several thousand students and were analyzed using quantitative and qualitative techniques. The preliminary analyses focused on grades 4-9.

Results: Various groups of students showed high awareness of and participation in mental health activities and programs (68-86 percent). Over 70% of teachers reported integrating these activities in their interactions with students. A broad spectrum of participation benefits were realized by 75 to 84 percent of students, such as better understanding of mental health, positive relationships, how to think positively and where to find help. Multiple linear regression analysis showed a strong positive association between perceived benefits and reduced mental health stigma. There were consistent, positive associations between students' participation in MHCB activities and anticipated ability to handle specific mental health and life issues.

Conclusions: Students involved with MHCB projects indicated they were able to understand mental health and associated experiences and also showed higher self-efficacy in handling potential issues than their non-participating counterparts. Over time, positive outcomes demonstrated may contribute to better mental health and less stigma for students, their families and the communities.

Learning Objectives: Examine the ways of integrating mental health promotion and prevention in school, including everyday education practices, and demonstrate the perceived benefits and effects on student attitudes, including mental health stigma.

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O58.2 Strengthening Teacher Positive Mental Health Through Engagement in Visual Arts

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Introduction: Positive teacher mental health is an essential ingredient in the establishment of healthy teacher-student relationships so necessary for student wellbeing and positive mental health. However, discussions on strengthening teacher mental health are often absent within the debate on student mental health. Drawing on psychodynamic theory, arts therapy and neuroscience, this study investigates the contribution of teacher engagement in visual art making as a means to strengthen teacher positive mental health. It examines the contribution of visual arts in strengthening teacher mental health through bringing forth clarity and surfacing the unknown as a means to enrich teachers' understanding of self and the other.

Methods: Using an a/r/tography methodology, this study engages a visual art reflective journaling practice to enrich teacher awareness when implementing a visual arts program for young people impacted by poverty, neglect, violence and trauma in Nicaragua, Central America.

Results: The initial results identify that teacher engagement in art making allows new and otherwise alternative thinking to surface and contributes to awareness of self and an empathic understanding of another. It provides a vehicle for understanding and responding to the cultural situation and assists in developing appropriate responses to the young people.

Conclusions: The practice of visual art reflective journaling, so small in time, contributes to teacher awareness of self, the other and the cultural and education environment. This awareness enriches their capacity to establish healthy relationships with students, strengthens their positive mental health and contributing to their sense of wellbeing.

Learning Objectives:

To understand the relationship between teacher postive mentsl health and teacher-student relationships.

To identify the role that visual artmaking plays in strengthening teacher awareness of self and the other, and the contribution of this awareness to estblishing healthy relationships with their students.

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O58.3 The Empathy Program: Improving Mental Health in Youth

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Introduction: Many mental health disorders are first observed in youth and the frequency of some may be increasing. One approach to this problem is screening and treatment in school settings. The EMPATHY study was designed for the prevention, early identification and rapid treatment of mental illness in middle and high school students and paired universal screening and resiliency training with focused interventions for a selected group.

Methods: The study took place in a single school district in Alberta. Students aged 11 – 18 were screened on 4 occasions during a 15-month period with the EMPATHY tool, which combines 5 domains (Depression, Anxiety, Quality of Life, Self-Esteem and Substance Use). The top 10% of each grade in each school were invited to participate in supervised internet-based CBT interventions. Resiliency training was provided universally to those aged 11 – 14 in participating schools.

Results: Up to 4,500 students were screened at each of 4 occasions, with 1,884 completing EMPATHY assessments at all 4 screenings. The EMPATHY score improved significantly from the first to last screening, with the largest improvement between screening 1 and 2. There were significant improvements in depression and anxiety within 3 months of the program being introduced, and these were maintained throughout the 1-year follow-up.

Conclusions: This program demonstrated effective, lasting improvements in depression and anxiety in a large group of students representing an entire school district. This supports the generalizability of the EMPATHY program and the program may help identify key future approaches which may help the long-term trajectory of students.

Learning Objectives:

- Understand the effect of universal screening and resiliency training on important mental health domains in a school setting.
- Consider the impact of age and gender on important mental health domains in middle school and high school youth.

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Thu Sept 22 | 11:00–12:30 | Glen 206

O59 Epidemiology in CAMH

O59.1 Characterization and Structure of Hypomania in a British Nonclinical Adolescent Sample

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Introduction: There is a paucity of research concerning the characterization of hypomania among community adolescent samples, particularly in the UK. This study aimed to explore the structure and characterization of hypomania in a British adolescent nonclinical cohort.

Methods: Over 1400 17 year olds (Mean=17.05 years; SD= 0.88) completed the Hypomania Checklist-16 [HCL-16] along with measures of different psychological and psychopathological dimensions.

Results: Principal components analysis revealed a 2-component solution for the HCL-16, described as active-elated and irritable/risk-taking. Hypomanic symptoms were significantly correlated with many of the psychopathological dimensions. There were distinct correlation patterns for the two hypomania subscales, with the irritability/risk-taking subscale showing significantly stronger associations with psychotic-like experiences, reduced life satisfaction as well as internalizing and externalising problems relative to the active-elated dimension.

Conclusions: The structure of the HCL-16 in this UK adolescent sample mirrored that observed in adult and clinical

cohorts. The observed links between the HCL-16 and psychopathological dimensions known to be associated with clinical levels of hypomania and bipolar disorder lend support to the HCL-16's validity as a hypomania instrument when administered to an adolescent population. The evidence that the irritable/risk-taking dimension was associated with more psychopathology relative to the active-elated subscale warrants further investigation, but also has clinical implications (eg. provide explanations for delays in bipolar disorder diagnosis).

Learning Objectives:

- To explore whether there are different dimensions to hypomania in adolescence which can be distinguished in terms of their outcomes.
- To determine the validity and reliability of using HCL-16 to identify youth at risk of developing bipolar disorder.

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O59.2 Prevalence and Pattern of Mental Disorders in Primary School Children and Correlates with Academic Achievement in Kumasi, Ghana

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Introduction: Studies have shown that most adult mental disorders begin in childhood- 50% before age of 14(1). Most research into Childhood mental disorders (CAMHD) is carried out in high-income settings. Currently there is no data on the prevalence and correlates of CAMHD in Ghana. Also recent reports suggest an increasing underperformance and school dropout rate despite increased enrolment(2). Uncovering the reasons for this trend by looking into the mental health of children in schools is important.

Methods: This is a cross-sectional study of 400 pupils aged 5-12 years in Kumasi who are selected based on academic performance at school. Two hundred (200) pupils who show performance below the 50th percentile would be age-sex matched by with 200 pupils who consistently perform above the 50th percentile. Children would be assessed for mental disorders using the Child Behaviour Checklist (CBCL ages 6-18) and the Teacher's Report Form (TRF ages 6-18). The interviews will involve the children, the parents and teachers. Information on other childhood neurological disorders such as epilepsy will also be obtained.

Results: Primary outcome measures will be scores above the diagnostic threshold of the Achenbach CBCL (ages 6-18) scale after combining both forms.

Conclusions: The results of this study will help to clarify some of the possible reasons for consistent underperformance in school children. It will also provide much needed data on the prevalence of some common CAMHDs in Ghana.

Learning Objectives: to compare the prevalence and pattern of CAMHD in under-performing and well-performing children attending primary schools in Kumasi, Ghana.

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O59.3 Emotional and Behavioral Problems Among Adolescents in a City in Nepal - a Cross Sectional Study

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Introduction: Adolescents are highly vulnerable to psychiatric disorders, which often have serious negative consequences for their academic achievement and potential social life.

Methods: A descriptive cross-sectional study design was adopted to identify the emotional and behavioral problems (EBPs) among adolescents using cluster sampling technique. EBPs was assessed on students of grade 7-11 from two schools in Pokhara city using self-administered questionnaire, Youth Self-Report (YSR-11/18)2001, developed by Achenbach System of Empirical Based Assessment (ASEBA) and self developed socio-demographic questionnaires. Data was coded and analyzed using SPSS(20).Descriptive statistic and inferential statistic (Chi square, Fisher Exact and Odds ratio-OR) were used to analyze data.

Results: Altogether 330 adolescents were enrolled in study with mean age 14.3 yrs (range 11-18, male-152,female-178). Prevalence of EBPs was 30.0% (Male-38.8% female-22.5%).

Internalizing problems (35.8%) were more common than externalizing (18.5%). Occurrence of EBPs was significantly associated with sex(Male:Female OR= 2.2 p=0.001), type of family (nuclear:joint OR=1.8 p=0.035) and types of school(private:public OR=2.1 p=0.004).

Among narrow band scales most common problems were social-problem(17.6%), thought-problem(15.5%), somatic-complains(13%), anxious-depression (12.1%) and aggressive behavior(10.3%)

There was significant association between sex with EBPs on narrow band scales, male adolescents were more likely to have thought-problem (OR=3.7 p=<0.001, rule-breaking problem (OR=8.5, p=0.02), aggressive behavior (OR=3.7 p=0.001) while female were more likely to have social problems (OR=2.6 p=0.002).

Conclusions: On the basis of the study, it is evident that EBPs are a serious mental health concern among adolescents. An intervention strategy (School-based mental health service) maybe required to understand their problems and provide appropriate counseling.

Learning Objectives:

General Objective

1. To identify the emotional and behavioral problems among adolescent in a city in Nepal.

Specific Objectives

1. To assess the prevalence of emotional and behavioral problems among adolescents
2. To examine the association between demographic variables, and emotional and behavioral problems among adolescents

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Thu Sept 22 | 11:00–12:30 | Glen 208-209

W63 An Overview of Avoidant and Restrictive Food Intake Disorder (ARFID)

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Workshop Description: Avoidant and restrictive food intake disorder, or ARFID, is a newly defined DSM-5 feeding disorder that is of major interest to child-adolescent psychiatrists. Unlike eating disorders, such as anorexia nervosa, restricted food intake and weight loss, or failure to "thrive" or gain, is not driven by body image distortion or fear of weight gain. Anorexia nervosa and ARFID will be compared in terms of their other differences and similarities. In addition, this workshop presentation will review the current diagnostic criteria for ARFID, its epidemiology, clinical phenomenology, medical and psychiatric comorbidity and therapeutic approaches, which usually require a team approach that may also include pediatricians, dieticians and occupational therapists. Basic treatment principles of this challenging condition will be examined and include behavior therapy, family therapy and psychopharmacology. Results in a series of patients with ARFID who were successfully treated in a residential and partial hospital program with low dose, adjunctive olanzapine will be presented.

Learning Objectives:

1. List the DSM-5 criteria for avoidant and restrictive food intake disorder (ARFID).
2. Name 3 similarities and 3 differences between ARFID and anorexia nervosa.
3. Identify 3 common medical conditions associated with ARFID.

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Thu Sept 22 | 11:00–12:30 | Macleod E1

SG18 Accessing Children's Mental Health in Canada?

Raj R. Rasasingham, Mark D. Hanson

University of Toronto, Dept of Psychiatry, Toronto, ON, Canada

Study Group Description: The focus of this study group is to examine how we can collectively improve access to children's mental health. All communities in Canada and the US are facing a crisis in terms of access to care. How can we collectively work together to improve access to children's mental health. What are the barriers we are facing when we try to improve access to care? How can we overcome these barriers? How can we engage our provincial and federal counterparts to improve this situation? Are we doing enough to alert the public and solve the problem for future generations. Are their solutions within education? Are their solutions with recruitment of residents into our profession. Does the solution lie with allied health professional or is it a funding issues. These are the topics that will be explored in this special interest group. The Chief of Psychiatry at UofT and the Former Associate Dean of Medicine at UoT, a child psychiatrist, will also be invited to participate in the discussion. A leading transcultural Psychiarist from McGill will also be invited to give a different perspective to this interest group.

Learning Objectives:

1. What is the epidemiology of this problem? The scope nationally and internationally.
2. What has been tried in the past and what has worked?
3. How can we learn from our international counterparts to find a solution for this problem?

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Thu Sept 22 | 11:00–12:30 | Macleod E2

W64 HEADSTRONG: Fighting Stigma, Promoting Resiliency, Building Networks and Partnerships

Bob Heeney[1], Heather Stuart[2, 1], Stephanie J. Knaak[1], Romie Christie[1], Fiona Hayes[3]

1. Mental Health Commission of Canada, Ottawa, ON, Canada, 2. Queen's University, Kingston, ON, Canada, 3. Mental Health Commission of Canada, Calgary, AB, Canada

Workshop Description: HEADSTRONG is the Mental Health Commission of Canada's (MHCC) evidence-based national youth anti-stigma initiative, where regional summits are held in communities and attending students are inspired to deliver anti-stigma activities to fellow students back in their schools. A core element of the program is contact-based education, where speakers tell personal stories of mental illness and recovery.

In 2014, HEADSTRONG was rolled out and evaluated in more than 19 regions across the country. Over 500 schools and 5000 students participated, with a potential reach of more than 200,000 youth. Program evaluations show it is indeed effective at reducing stigma, and fidelity to the program is correlated with more positive attitudinal outcomes (MHCC 2016). With ongoing evaluation, we continue to refine components of the program to create even better outcomes.

This highly interactive workshop will demonstrate the key components of the HEADSTRONG summit program and provide hands-on exploration of its toolkits: Your Speaker's Story, Sharing Your Personal Story, Planning a Youth Anti- Stigma Summit, and School-Based Activities (access all materials and program information at www.mhccheadstrong.ca). HEADSTRONG is easily replicable and freely available for sharing.

Learning Objectives:

1. Participants will learn about the process of contact based education, how it works to reduce stigma, how it empowers youth to take action, and the "dos and don'ts" for delivering social contact-based initiatives effectively.
2. Participants will understand the central role partnerships with other community organizations and stakeholders play in ensuring program success.
3. Educators and clinicians will see how the initiative works through a collaborative process, and as complimentary to existing in-class and school-based mental health programs.

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Thu Sept 22 | 11:00–12:30 | Macleod E2

O60 Self Harm

O60.1 About Self Inflicted Lesions (SIL) and Suicide Attempt (SA) in Two Educational Institutions

Federico Melian Charamelo[1], Adriana Martínez Schiavo[1], Ana Carbajal Garcia[1], Ivannah Campodonico Magallanes[1], Sofia Francois Manini Rios[1], Sofia Fernandez Viola[1], Gabriela Gomez Sepulveda[1], Laura M. Viola[2, 1]

1. Sociedad Uruguaya de Psiquiatria de la Infancia y la Adolescencia, Montevideo, Uruguay, 2. IACAPAP, Montevideo, Uruguay

Introduction: Suicide as a cause of death in the adolescent population situates our country in the first places worldwide. In the clinical practice in a pediatric hospital, suicide attempt is one of the most frequent reasons of consultation to the Pediatric Psychiatrist, as well as child abuse.

Between 2010 and 2015 there is a strong perception among clinicians of a significant increase in the consultation about SIL.

In a context of prevention and considering SIL as a risk factor for SA a research is carried out in a non-referred population attending first grade of secondary school (adolescents aged 12-14. N=150).

Methods: It is a descriptive and transversal study of a sample of 150 adolescents and their families.

The Child Behavior Checklist *Parents* (CBCL-P) and Child Behavior Checklist *Youth* (CBCL-Y) were used.

The application of Complementary Questionnaires, specially designed for this investigation.

Data analysis with statistics software package SPSS17.

Patients without explicit informed consent were excluded.

Results: The prevalence of females with a mean age of 13.

TP, EP and IP Mean in SIL and SA groups were higher than in the control groups.

The association with violence situations is high.

Conclusions: It is remarkable the importance of systematizing the registry of patients who perform SIL and / or SA.

The importance of preventing these behaviors.

Learning Objectives:

- To promote health care policies with regards to SIL and/ or SA
- To provide to secondary school teachers tools to work with this population in prevention and early detection of the problem.

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O60.2 Decision Aid for Young People Who Self-Harm (DASH): a Feasibility Trial

Sarah Rowe[1], Claire Henderson[1], Paul Moran[2]

1. King's College London, London, United Kingdom, 2. University of Bristol, Bristol, United Kingdom

Introduction: Decision-aids (DA) have been shown to increase knowledge, encourage more active participation in decision-making and lower levels of decisional conflict (O'Connor, Rostom et al, 1999). We have developed a novel web-based DA designed to help young people get support for their self-harm. A feasibility trial was conducted to test the acceptability and potential efficacy of the DA.

Methods: Young people aged 12-18 years were recruited from a secondary school in London, England and screened for self-harm. Those that reported self-harming behaviour in the past year were randomised to either 1) the control condition whereby they received general information about mood and feelings or 2) the experimental condition where they completed the DA and received help-seeking options based on their personal responses. Participants were followed-up at 4 weeks.

Qualitative interviews were conducted after follow-up with a subset of participants, to evaluate and explore the young person's experience of the study and the (potential) effects of the decision aid.

Results: Recruitment for the study began in October 2015 and will be completed in June 2016.

Conclusions: Preliminary findings will be available in September 2016. Challenges of conducting a study of this nature will be dicussed.

Learning Objectives:

- To explain the development of a novel web-based intervention for young people that self-harm
- To present preliminary findings on the effects of a web-based decision aid (baseline to 4 week follow up)
- To discuss the challenges of recruiting young people and their parents to take part in a study addressing a sensitive issue (self-harm)
- To explore possible alternative study designs for a larger randomised controlled trial

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O'Connor, A. M., A. Rostom, V. Fiset, J. Tetroe, V. Entwistle, H. Llewellyn-Thomas, M. Holmes-Rovner, M. Barry and J. Jones (1999). "Decision aids for patients facing health treatment or screening decisions: systematic review." BMJ **319**(7212): 731-734.

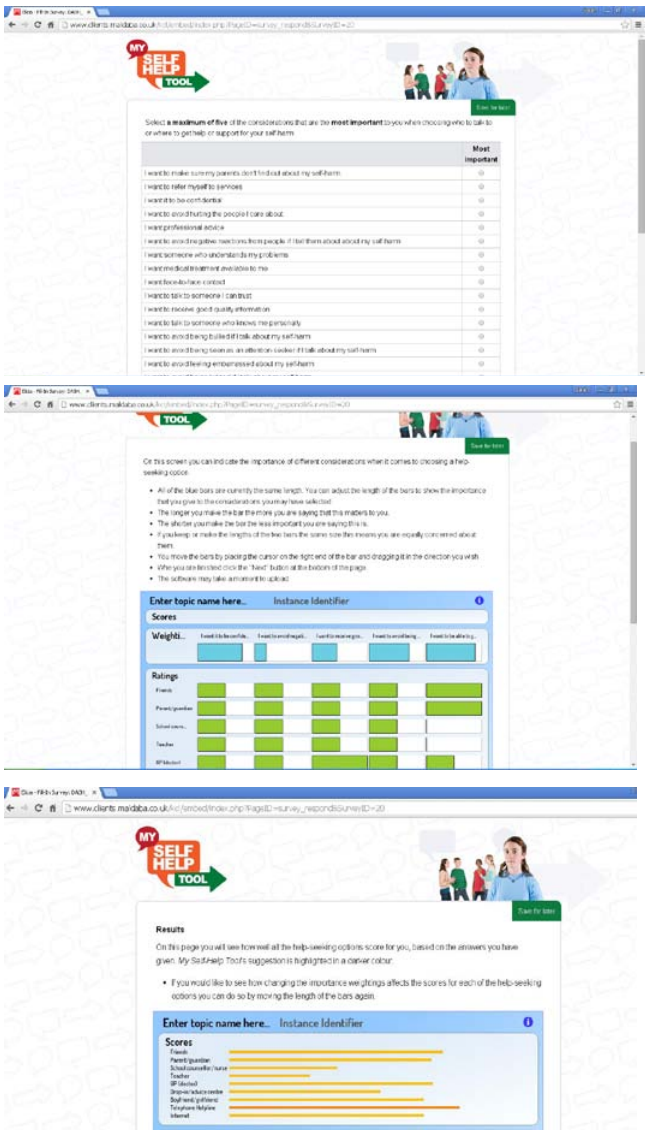
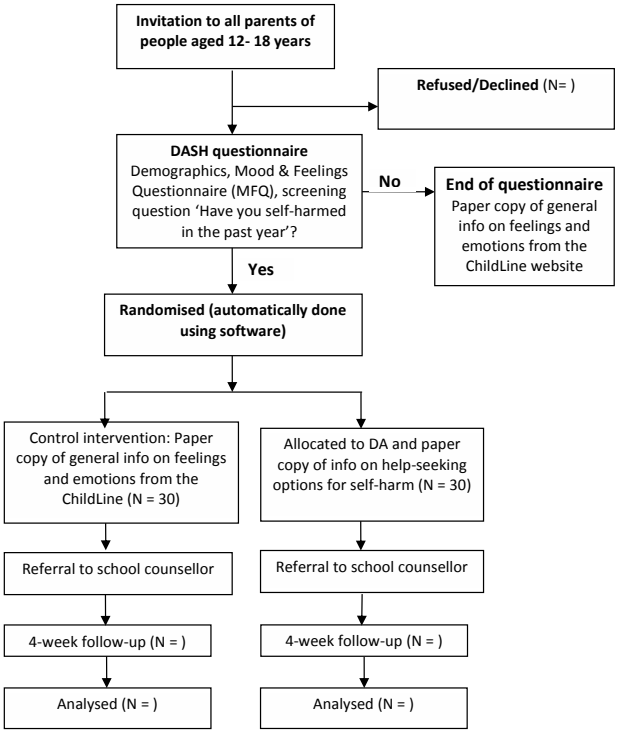


Figure 1. Consort diagram of DASH trial design.



Thu Sept 22 | 11:00–12:30 | Macleod E4

O61 Training Curriculum

O61.1 Child and Adolescent Psychiatry: Overview of Training System and Update Situation in Asian Countries

Hidekazu Kato[1,2,3], Li-Te Chiang[4], Fransiska Kaligis[5], Nisarat Wadchareeudomkarn[6]

1. Kanagawa Psychiatric Center, Yokohama, Japan, 2. Kanagawa Children's Medical Center, Yokohama, Japan, 3. Japan Young Psychiatrists Organization, Tokyo, Japan, 4. Taipei City Psychiatric Center, Taipei City Hospital, Songde Branch, Taipei, Taiwan, 5. University of Indonesia, Cipto Mangunkusumo Hospital, Jakarta, Indonesia, 6. Mental Health Center, Bangkok Hospital Phuket, Phuket, Thailand

Study Group Description: The need for child mental health services has been increased in both developing and developed countries. However, there is a gap between the child mental health services and the need for youth mental health services in many countries. Child and adolescent psychiatry (CAP) training to be a specialist in child psychiatry per se, as well as general psychiatry curriculum, can play a pivotal role in improving the gap. Asia is dramatically developing both economically and culturally with a very young population, whereas elderly population is rapidly increasing and the young population is decreasing in East Asia. Little is reported regarding CAP training in Asian countries. To discuss CAP training system from an early career child and adolescent

psychiatrists' point of view, we invite four speakers from Asia. Two come from East Asia, Japan and Taiwan, and the other two are from Southeast Asia, Indonesia and Thailand. The overview of CAP training systems and an update of the situation in each country will be shared and discussed. We expect more child and adolescent psychiatrists from different countries to attend this symposium and have an active discussion altogether.

Learning Objectives: Sharing the overview of CAP training systems and the update situation in each asian country

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O61.2 The CanREACH Pediatric Pharmacology Program Continuing Medical Education: Standard REACH Evaluation Results

Geraldine Farrelly[2], Samuel Chang[1], Abdul Rahman[1], Eden McCaffrey[1], David Cawthorpe[2]

1. Alberta Health Services, Calgary, AB, Canada, 2. University of Calgary, Calgary, AB, Canada

Introduction: The pediatric pharmacology program was developed by Peter Jensen founder and CEO of the reach institute. Based on funding from the Alberta Children's Hospital foundation a pilot was mounted by the champion team that brought this pilot to fruition in Alberta Canada. This presentation is related to two other presentations.

Methods: The pediatric pharmacology program comes with a standardized assessment protocol that includes pre-post six-month and nine-month post training measurement of knowledge, attitudes and practices related to the assessment, managementand treatment of pediatric mental disorder. The results of these baseline and outcome surveys were compared using repeated measures analysis of variance.

Results: Participants reported post-training change in their knowledge and attitudes related to the assessment, mamangment and treatment of pediatric mental disorders, which was retained at 6 months. First cohort nine month data collection was still pending at the time of abstract submission.

Conclusions: Participant self-report of program impact was as expected and aligned with the changes observed in independent measurement of the clinical profiles of referrals made to tertiary services post training.

Learning Objectives:

- To learn how to assess pediatric psychopharmacology medication in primary mental health
- To learn how to treat pediatric psychopharmacology medication in primary mental health
- To learn how to manage pediatric psychopharmacology medication in primary mental health

References:

thereachinstitute.org

Thu Sept 22 | 11:00–12:30 | TELUS 108-109

O63 Psychological Correlates of Autsim

O63.1 Validity and Reliability of Systemic House-Tree-Person Test to Assess Social Defects of High-Functioning Autism

Xue Li, Jing Liu, Yufeng Wang

Peking University Institute of Mental Health, Beijing, China

Introduction: To assess the reliability, validity of systemic house-tree-person (S-HTP) test in assessment of social impairment in high functioning autism (HFA) patients.

Methods: The systemic house-tree-person (S-HTP) test were performed in 107 children with HFA and 106 typically developing children matched in gender, age and intelligence measured by Ravens test and diagnosed according to DSM-IV criteria. The reliability, validity, sensitivity and specificity of S-HTP test in assessment of social impairment in HFA children were analysed.

Results: Reliability: The Cronbach's αscore for the entire drawing, the person, the house and the tree were 0.539~0.844. Correlation coefficient between total score and scores of the four factors were 0.509~0.893 (*Ps* <0.05). Psychiatrist assessed same 10 pictures, the total ICC score was 0.96 (*P* =0.001). Retesting reliability: Correlation values for total score and each factor in HFA group varied between 0.691~0.914. Validity: Discriminant validity: Comparison analysis between the drawings of 107 autistic patients and 106 normal controls revealed significant difference between HFA and normal control across total score and each factor score (*P* <0.05). Criterion Validity: Correlation analysis between S-HTP test and results of ADOS in HFA group revealed 54 items have correlation with items of ADOS (*Ps*<0.05). Sensitivity and Specificity: Using ROC curve, for HFA and normal control group, at cut-off of 15, sensitivity is 0.907, specificity is 0.85.

Conclusions: S-HTP test has good validity, reliability, sensibility and specificity for assessment of social impairment in children with autism.

Learning Objectives: To get some idea on the possible non-language assessment method for the social impairment of children with autism.

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O63.2 Hyperlexia in Autism Spectrum Disorder (ASD): Giftedness or Stereotyped and Restricted Interest?

Rim Bourourou, Sarra Bouslah, Hela Ben Abid, Zeineb Ghattassi, Naoufel Gaddour

Department of Psychiatry, University Hospital of Monastir, University of Monastir, Monastir, Tunisia

Introduction: Although, many children with autism spectrum disorder (ASD) have language disorders, a growing number of them have several linguistic peculiarities. Early reading abilities, also referred to as hyperlexia, are one of them.

This phenomenon is not well documented or explained: a super-ability or simply a stereotyped interest to be added to the many others associated with autism.

Methods: A cross sectional descriptive study including 26 children with ASD. Diagnosis was made by board certified child psychiatrist according to DSM IV with the use of the Childhood Autism Rating Scale (CARS). Specific data were collected on reading skills that appeared with no previous academic teaching. Repetitive and stereotyped behaviours were assessed with repetitive behaviours questionnaire (RBQ)

Results: The average age of onset of this early reading ability was 3 years.

A fascination with letters, words and especially for logos and writing classical Arabic was noted. A compulsive reading was noted also in half of cases. Most of kids had difficulties on pseudo-word decoding. The children had higher scores on decoding words than on reading- comprehension tasks. High scores of RBQ (Insistence on Sameness) were also noted.

Conclusions: Hyperlexia in ASD could be a stereotyped behavior and a limited interest, nevertheless, we could take advantage of this interest to provide interventions to strengthen the semantic skills that are lacking in both the oral and written language domains. A better understanding of hyperlexia may provide insight into interventions aimed at improving the language skills of children with ASD

Learning Objectives:

To describe early reading skills in a clinical sample of children with ASD

To correlate this reading skill with repetitive behaviors scores.

References:

Nation K et al,. Patterns of Reading Ability in Children with Autism Spectrum Disorder, . J Autism Dev Disord (2006) 36:911–919

Lawson J,Baron-Cohen S, Empathising and Systemising in Adults with and without Asperger SyndromeJournal of Autism and Developmental Disorders, Vol. 34, No. 3, June 2004

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O63.3 Access to Diagnostic and Early Intervention Services: Lived Experiences of Parents of Children with Autism in India

Atul Jaiswal, Shikha Gupta, Kalyani Talvelkar

Queen's University, Kingston, ON, Canada

Introduction: The objective of this study was to understand the lived experiences of parents related to the diagnostic and early intervention services for their child with autism in New Delhi, India.

Methods: In this study, descriptive phenomenological research approach was adopted in which interviews were conducted with thirty-seven parents of children with autism in New Delhi, India. Experiences of parents related to diagnostic process, immediate aftermath effects, associated stress and challenges faced to access early intervention services were explored.

Results: The study revealed that majority of parents were misguided by the medical practitioners with the doubtful diagnosis of their child's condition and they had to go for "doctor shopping" from one doctor to another to get the correct diagnosis. There were delays in getting a confirmatory diagnosis ranging from one to three years, which was one of the most stressful phases of parent's life. Their children missed the critical years of early intervention due to lack of information and referrals from the medical team to the appropriate early intervention services. Results indicate that the complete process of getting the diagnosis is a major source of stress and dissatisfaction for many parents. The way the assessment is conducted and diagnostic information are conveyed to the parents by professionals had a long-term influence on parents 'attitudes, the level of stress, and coping strategies.

Conclusions: The lived experiences of parents highlight the need for specialized autism-specific services with the timely diagnostic system and referrals to appropriate early intervention services for their child optimal rehabilitation.

Learning Objectives:

The learning objectives are:

1. To develop an understanding of the experiences and challenges faced by parents in accessing diagnostic and early intervention services for their child.
2. To develop tools to improve the service delivery of diagnostic and early intervention services and provide suggestions for the development of autism specific specialized services in India.

References:

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Thu Sept 22 | 11:00–12:30 | TELUS 111

O64 Gender Issues

O64.1 Gender Differences in Adolescent Negative Emotion Regulation in the Context of Peer Interactions

Setareh Shayanfar

University of Calgary, Calgary, AB, Canada

Introduction: Research has demonstrated that the way peers respond to the expression of negative emotions differ considerably for adolescent girls and boys. It has been suggested that girls tend to provide more supportive and less punitive responses to their peers than boys. However, there is a paucity of research on the distinct role that peer interactions and emotional interchanges may play in girls' and boys' management of negative emotions. Therefore, the present study aimed to examine gender differences in how peer interactions contribute to youths' regulation of negative emotions.

Methods: Participants were 7 girls and 9 boys in junior high school. Using the Enhanced Critical Incident Technique, a one-hour semi-structured interview was conducted with each adolescent. Adolescents were asked to recall emotionally salient situations during the past school year when they experienced strong negative emotions, explain how their peers responded to their display of these emotions, and indicate the specific responses that helped or hindered their emotion regulation processes.

Results: Results are discussed with regards to how the influence of peer responses on adolescent negative emotion regulation differed by gender. Results provide an interesting spin on our understanding of gender differences in youth negative emotion regulation in a peer context.

Conclusions: This study is one of the first studies to specifically investigate gender differences in youths' negative emotion regulation in the context of peer interactions. The findings help expand our understanding of how peer relationships and interactions affect youths' experience of negative emotions and how peers contribute to girls' and boys' emotion regulation practices.

Learning Objectives: Understanding the role peers play in the management of negative emotions in girls versus boys will: 1) increase our knowledge of the emergence and development of peer interaction processes that contribute to youth emotional and behavioural adjustment, and 2) inform the development of effective interventions to promote adolescents' emotional health and well-being.

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O64.2 Results of the 2013 BC Adolescent Health Survey: Youth Researching Youth Mental Health in British Columbia

Mitchell D. Mammel

McCreary Centre Society, Vancouver, BC, Canada

Introduction: The incidence of diagnosed mental health disorders among Canadian youth is 15 percent. The BC government has created services aimed at supporting youth mental health, however research into BC youth specifically is still lacking. Youth Researchers (28 youth aged 15-24) examined the 2013 BC Adolescent Health Survey (AHS) across a range of mental health indicators including self-harm, suicide, substance use, and protective factors (community connectedness) to describe current trends in BC youth mental health.

Methods: Researchers used a combination of quantitative and qualitative methods to analyze data. Survey results were used to produce descriptive and correlational data using SPSS and associations were tested at the 99 percent confidence level. Comments were organized into broad categories of mental health, personal experience, and personal experience of mental health. Comments were further coded into emotional categories such as anger, stress, and depression. Word counts in comments were also compiled to determine the frequency of certain expressions/emotions.

Results: We found a significant gendered difference in reported mental health. Females reported higher rates of anxiety, depression, self harm, thoughts of suicide and attempted suicide, and lower rates of confidence and self-competence than males. Community support and support from adult figures was found to be a significant protective factor in all youth health.

Conclusions: Further attention and research into gender divides in youth mental are needed to address the gender inequalities found in this study. Further examination of data from the 2013 AHS could provide valuable information across multiple subjects of youth mental health.

Learning Objectives:

- To provide a general overview of youth mental health in British Columbia
- To identify possible protective factors in youth mental health
- To determine if there are gender differences in youth mental health, and if so, where they lie.

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Davidson, J., Wiens, S., & Anderson, K. (2010). Creating a provincial family council to engage youth and families in child & youth mental health systems. *Journal of the Canadian Academy of Child and Adolescent Psychiatry = Journal De l'Académie Canadienne De Psychiatrie De l'Enfant Et De l'Adolescent, 19*(3), 169-17

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O64.3 Sex Differences in the Prevalence of Oppositional Defiant Disorder During Middle Childhood: a Meta-Analysis

David H. Demmer, Merrilyn Hooley, Jade Sheen, Jane A. McGillivray, Jarrad A. Lum

Deakin University, Burwood, VIC, Australia

Introduction: This review provides a meta-analysed male:female prevalence ratio of oppositional defiant disorder (ODD) during middle childhood in non-referred children. It also analyses sex differences in prevalence across cultures and over time.

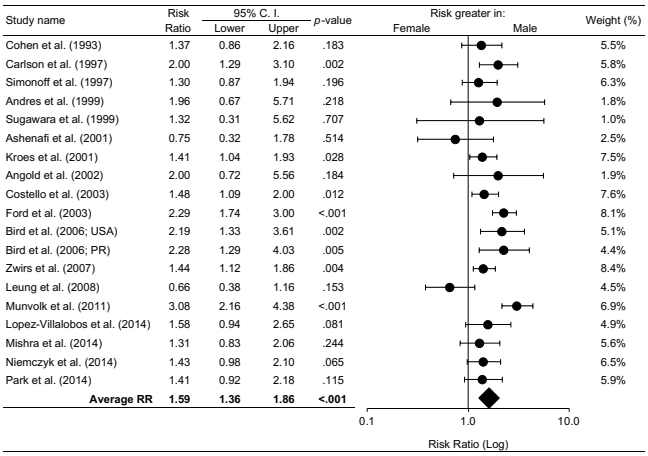
Methods: A systematic search was conducted via PsycInfo, Web of Knowledge, Medline Complete, Scopus, EMBASE, InfoRMIT, Psychological and Behavioural Sciences Collection, Cochrane Library, PubMed and ProQuest Health. The studies presented in two previous systematic reviews were added to the search results. Inclusion/exclusion criteria were then applied and studies were appraised for methodological quality.

Results: Nineteen effect sizes met inclusion criteria (aggregated sample *N*=44,107). Overall, the prevalence of ODD was significantly higher in boys than girls (RR=1.59, 95% confidence interval [CI], 1.36-1.86, *p*<.001), with the male:female prevalence ratio being 1.59:1. Sex differences in prevalence were significant in Western (RR=1.80, 95% CI, 1.55-2.10, *p*<.001) but not non-Western cultures (RR = 1.08, 95% CI, 0.76-1.53, *p*>.05). Sex differences in prevalence were significant in studies published prior to and post the year 2000 (RR=1.57, 95% CI, 1.22-2.02, *p*<.001; RR=1.64, 95& CI, 1.35-2.00, *p*<.001) and were consistent between these two periods (Q (1)=0.360, *p*=>.05).

Conclusions: A significant sex difference exists in ODD prevalence, however appears less prounouced than for other disruptive behavioural disorders, possibly due to ODD being less action- and activity-orientated than ADHD and conduct disorder. The lack of sex differences in non-Western cultures may be due to their more traditional gender expectations than Western cultures.

Learning Objectives:

1. To understand the nature of sex differences in ODD prevalence
2. To consider how ODD may differ from other disruptive behavioural disorders due to its mood- and internalising-based symptomology.
3. To consider the role gender may play in the development and diagnosis of ODD.



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O64.4 Adulthood Gender Identity and Gender Role Variances in Males and Females with Autism

Meng-Chuan Lai[1, 2, 5], Amber N. Ruigrok[2], Andrew S. Baron[3], Michael V. Lombardo[2, 4], Bhismadev Chakrabarti[2, 4], Stephanie H. Ameis[1], Peter Szatmari[1], Simon Baron-Cohen[2]

1. Department of Psychiatry, University of Toronto, Toronto, ON, Canada, 2. Autism Research Centre, University of Cambridge, Cambridge, United Kingdom, 3. Department of Psychology, University of British Columbia, Vancouver, BC, Canada, 4. Centre for Integrative Neuroscience and Neurodynamics, School of Psychology and Clinical Language Sciences, University of Reading, Reading, United Kingdom, 5. Department of Psychiatry, National Taiwan University Hospital, Taipei, Taiwan

Introduction: Recent studies (1-3) suggest possible linkages between autism and variant gender identity / gender role.

Methods: Participants were 34 biological males and 48 females with autism, and 46 neurotypical control males and 39 females. Measures included the Gender-Identity/Gender-Dysphoria-Questionnaire-for-Adolescents-and-Adults, Lippa's gender-stereotyped occupation/hobby-preference questionnaires, and a self-gender Implicit Association Test (IAT).

Results: Autistic men reported more variant gender identity than control men (Mann-Whitney U=261.5, p<0.001), as did autistic women compared to control women (U=493, p<0.001). Across diagnosis men showed stronger preference

for gender-stereotyped masculine hobbies/occupations than women (hobbies: $F(1,158)=60.2$, $p<0.001$; occupations: $F(1,158)=32.4$, $p<0.001$). Autistic women reported stronger preference for masculine hobbies/occupations than control women (hobbies: $T(82)=5.0$, $p<0.001$; occupations: $T(82)=4.3$, $p<0.001$); effects were in the same direction but less strong (occupations: $T(72)=2.6$, $p=0.01$) or non-significant (hobbies: $T(72)=0.4$, $p=0.72$) in autistic men compared to control men. IAT showed strong implicit associations between self and gendered terms of one's natal sex in both sexes, irrespective of diagnosis. There was no difference between men with and without autism ($T(76)=0.2$, $p=0.82$), but autistic women showed weaker self-female implicit association than did control women ($T(83)=2.5$, $p=0.01$). Correlations between IAT effect and self-report gender identity were significant in autistic women ($\rho=0.28$, $p=0.03$) but minimal in other groups.

Conclusions: Autistic adults reported more variant gender identity than control adults. Autistic women reported stronger preference for gender-stereotyped masculine hobbies/occupations, weaker self-female implicit association, and stronger implicit-explicit correlation in gender identity than control women. Gender variance in autism may reflect phenotypic overlap between the autistic and gender spectra, and common biological and gender socialization underpinnings.

Learning Objectives:

1. Understanding adulthood gender role and gender identity variances in male and female individuals with autism (autism spectrum disorder).
2. Understanding how gender variance can be measured by explicit measures (self-report questionnaires) and cognitive measures of implicit association (implicit association test, IAT).

References:

1. Bejerot, S., & Eriksson, J. M. (2014). Sexuality and gender role in autism spectrum disorder: a case control study. *PloS one*, *9*(1), e87961.
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Thu Sept 22 | 14:00–15:30 | Acadia B

O65 Strengthening Youth

O65.1 An Exploration of Canada's Aboriginal Youths' Strengths and School Engagement

Jenna M. Young, Kelly D. Schwartz, Harriet Winterflood

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Introduction: Little research exists that explores the strengths of Canada's Aboriginal youth. Most research on Aboriginal youth focuses on deficits rather than the positive qualities and strengths these youth possess. Much less research has been conducted exploring school engagement in this population from a strengths-based perspective. What has been found is that cultural engagement is a key ingredient in engaging Canadian Aboriginal youth in their schooling experiences. This current project extends upon the current findings to understand the relationship between Aboriginal youth's school engagement and their developmental assets. Developmental assets represent the positive skills, experiences, relationships and behaviours of youth that contribute to healthy outcomes like school engagement.

Methods: On-reserve students in Alberta, Canada were given a developmental strength, cultural engagement, and school engagement questionnaire. Attendance records were also examined.

Results: Statistical analysis determined what developmental assets Aboriginal youth possess and what strengths correlate to school engagement. Aboriginal youth's cultural engagement and attendance at school are also examined to further understand the relationship between developmental assets and school engagement.

Conclusions: This study provides insights into the developmental strengths that Canada's Aboriginal youth possess, and how these strengths relate to their school engagement. The findings from this study will provide educators and mental health professionals working with Canada's Aboriginal youth insights into the strengths these youth possess, and how to apply the findings to work with their strengths to effectively engage them at school.

Learning Objectives:

- Mental health professionals will learn about what strengths Canadian Aboriginal youth possess and how to incorporate these strengths while working with Aboriginal youth
- Mental health professionals will gain insights into how to best support Canadian Aboriginal youth in their schooling experiences from a strength's based perspective

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O65.2 Student Self Advocacy

Katherine M. Thompson

OISE University of Toronto, Ottawa, ON, Canada

Introduction: Since adolescents spend a large amount of their time in school, it follows that many of their key social relationships and supports are located within the school community. This study investigates the role of student self-advocacy efficacy and academic strengths and student well-being indicators within the school context.

Methods: Surveys from 250 secondary school students included the 6 item Student Self-advocacy Efficacy Scale to assess students' perception of their ability to advocate for themselves in the classroom. Results were analyzed to determine whether student self–advocacy skills associated with accessing teacher support were related to positive outcomes within the academic environment and the role of student self-advocacy and student wellness indicators.

Results: Student self-advocacy efficacy was found to be related to academic outcomes and school factors such as attendance and experience of suspensions. Students with higher levels of teacher support had higher levels of school connectedness and academic achievement and missed less school due to feeling depressed or stressed or due to being suspended. Students who reported poor mental health were more likely to report lower scores of hopefulness, connectedness to their school and a belief in their ability to approach their teacher for assistance.

Conclusions: The results of this study furthers our understanding of the mechanisms underlying the link between teacher support, student well-being indicators and academic outcomes.

Learning Objectives:

As a result of this paper discussion we will:

- Explore the role of student self-advocacy efficacy in student wellness indicators and academic outcomes.
- How the student contributes to this relationship by examining the role of self-advocacy efficacy.

References:

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O65.3 Systematic Review of the Effectiveness of School-Based, Resilience-Focussed Interventions on Child and Adolescent Mental Health

Julia Dray[1, 2, 3], Jenny Bowman[1, 3], Libby Campbell[1, 2, 3], Megan Freund[1, 3], Luke Wolfenden[1, 2, 3], Rebecca K. Hodder[1, 2, 3], Kathleen McElwaine[1, 3], Danika Tremain[1, 2, 3], Kate Bartlem[1, 2, 3], Tameka Small[1, 2, 3], Jacqueline Bailey[1, 3], John Wiggers[1, 2, 3]

1. University of Newcastle, Callaghan, NSW, Australia, 2. Hunter New England Population Health, Wallsend, NSW, Australia, 3. Hunter Medical Research Institute, Hunter Region Mc, NSW, Australia

Introduction: Positive mental health in children and adolescents is integral to promoting positive life outcomes for young people. Previous studies have suggested resilience-focussed interventions as a potential avenue for supporting positive mental health outcomes in children and adolescents. Schools provide a setting conducive to supporting the well-being of young people. A review was undertaken that aimed to assess the effectiveness of universal, school-based, resilience-focussed interventions on mental health outcomes in children and adolescents.

Methods: Eligible studies were RCTs or CRCTs of universal school-based interventions that were explicitly described as resilience-focussed or that comprised strategies to strengthen a minimum of three internal protective factors and targeted children and adolescents aged 5-18 years. Medline, PsychINFO, ERIC, EMBASE, CINAHL, and CENTRAL databases were searched. All articles were screened by two reviewers. Two reviewers assessed the risk of bias and extracted data from included studies. Synthesis and analysis of trial effects is in progress.

Results: The presentation will report on the results of the review which at the time of abstract submission was in progress.

Conclusions: The present study is the first systematic review to assess the effectiveness of universal, school-based, resilience-focussed interventions on child and adolescent mental health outcomes. The review provides an opportunity to better inform the development of interventions to reduce or ultimately prevent mental health problems in children and adolescents.

Learning Objectives:

1) A comprehensive and systematic summary of randomised controlled trials of universal, school-based, resilience-focussed interventions with child and adolescent mental health outcomes.
2) Knowledge of the effectiveness of such trials on improving mental health outcomes in children and adolescents.

References:

Reference for the protocol paper of the current review:

Dray, J., Bowman, J., Wolfenden, L., Campbell, E., Freund, M., Hodder, R., & Wiggers, J. (2015). Systematic review of universal resilience interventions targeting child and adolescent mental health in the school setting: review protocol. *Systematic Reviews, 4*, 186. doi: 10.1186/s13643-015-0172-6

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Thu Sept 22 | 14:00–15:30 | Glen 201-203

W65 Integrated Model of Practice Responding to Child Abuse: Sheldon Kennedy Child Advocacy Centre

Jenny Ofrim[1], Laura Pattison[1], Ashley Hayes-Sparks[2], Jeff Klinger[3], Linda Anderson[1]

1. Sheldon Kennedy Child Advocacy Centre, Calgary, AB, Canada, 2. Calgary Child and Family Services, Calgary, AB, Canada, 3. Calgary Police Service, Calgary, AB, Canada

Introduction: In its first 36 months of operations, the Sheldon Kennedy Child Advocacy Centre (SKCAC) assessed over 4,500 infants, children and youth – dealing with all cases of child sexual abuse and the most severe and complex cases of physical abuse and neglect. The not-for-profit Centre, in partnership with Alberta Health Services, Calgary Police Service, Calgary Region Child & Family Services, RCMP, and Calgary Crown Prosecutor's Office co-locates more than 110 professionals to provide an integrated model of practice that has proven to push the boundaries of innovation in the areas of preventing, assessing, investigating and treating child abuse cases.

Methods: This Workshop will provide an in depth perspective of the integrated model of practice developed at the SKCAC. To help illustrate this integrated response to child abuse, representatives from partner organizations will highlight critical aspects of the Integrated Practice Framework as they are operationalized with youth who struggle with complex and acute mental health issues related to experiences of child abuse and trauma.

Results: All of the youth served through the Mental Health Program struggle with at least one concern related to mental health, suicide, self-harm, aggression, or criminal involvement, and 79% struggle with 2 or more of these concerns. Half of the youth referred have previously been admitted to pediatric inpatient mental health units, and 98% of these children and their families have had previous involvement with both police and child and family services. 46% of the children have been formally diagnosed with mental health disorders, and many have multiple diagnoses.

Conclusions: The benefit to children, youth and families is on–site, immediate access to intervention with specific expertise in the area of child and adolescent mental health, trauma based interventions and system navigation. The co-location and integration of this program has resulted in timely and specialized case planning and interdisciplinary practice for children and youth struggling with acute mental health related to trauma.

Learning Objectives: Participants will gain an understanding of the impact of this integrated model of practice on children

and families and how the CAC has strived to improve outcomes and build capacity within the community.

Participants of the Workshop will be provided with information on:

- Principles of Integrated Practice at the SKCAC
- Principles of CAC Integrated Multidisciplinary Teams
- Using a trauma informed lens with youth who are experiencing acute and complex mental health issues
- Outcomes of using a multi-disciplinary integrated practice model to address mental health and trauma

Thu Sept 22 | 14:00–15:30 | Glen 205

W66 The Challenges and Rewards of Teaching Social and Emotional Skills in School Settings: the Lived Experience From Two Practitioners

Allan Donsky[1], Kara Budden[2]

1. University of Calgary, Calgary, AB, Canada, 2. Renfrew Educational Services, Calgary, AB, Canada

Workshop Description: This workshop is co - presented by a an Occupaitional Therapist and a Child and Adolescent Psychiatrist. As part of a multidisciplinary team, the presenters were involved in offering social and emotional skills programming in different high school setttings. Given that so many students are stressed, dysregulated, traumatized and generally overwhelmed by the demands of our culture, this workshop will examine the ongoing necessity for students to be in a self regulated and ready state of mind prior to engaging in academics. We will present a summary of research that supports social emotional competency as a prerequisite for school success and living well in the world. This workshop will also review the importance of identifying the needs of different educators and student populations, the kinds of programming that was offered (individual, group, mindfulness skills, Social Thinking®, The Daring Way™) and the challenges and rewards of this work.

Learning Objectives:

By the end of this workshop participants will have a greater knowledge and understanding of :

1. The importance of social emotional learning in educatiional settings and it's relevance to the promotion of mental health.
2. The current literature supporting the importance and value of social - emotional programming in schools.
3. Personal and professional challenges and rewards in offering social - emotional curriculum.

References:

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Thu Sept 22 | 14:00–15:30 | Glen 206

RS32 Unpacking Youth Self-Harm and Suicide in WA: Emotion Dysregulation, Social Media and the Role of Gatekeepers and Health Professionals

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1. Child and Adolescent Mental Health Service, Perth, WA, Australia, 2. Murdoch University, Perth, WA, Australia

Symposia Overview: **Introduction:** Child suicide in WA has become the leading cause of death between 13 and 17 year olds, accounting for approximately 39% of all child deaths, a much higher rate than the national average [1,2]. Self-harm (SH) rates by young people in WA are also high and increasing each year (refer Figure 1). As young people with a history of deliberate self-harm (DSH) generally report an increase of methods, frequency and lethality of self-harming behaviours over time [3], the risk for suicide dramatically increases the longer self-harming behaviour continues.

DSH among young people in WA can partially be explained by the increased risk associated with living in rural or remote areas, the impact of contagion, and regular engagement with DSH related social media. Although online DSH communities may initially provide social support and interaction much needed by isolated youth [4], long-term engagement may also devalue the help and support available offline [5]. As a result, DSH behaviours remain largely secretive and misunderstood, perpetuating the stigma surrounding this behaviour and impacting on the attitudes and understandings of potential caregivers such as health professionals (e.g., general practitioners, mental health professionals and emergency department staff) and gatekeepers (e.g., school teachers, school psychologists and chaplains).

Aim: We aim to: discuss a synthesis of data gathered from a number of ongoing projects relating to the incidence, maintenance and spread of self-harm and suicidal behaviours among the youth of WA, including the role of emotion dysregulation and social media in perpetuating this behaviour; and examine whether the prevailing attitudes and understandings of health professionals and gatekeepers are informed by effective treatment and management strategies or actually create barriers preventing young people from seeking help.

Part 1:

- Current risk factors and trends occurring among this population with particular concern on the increase of rural copycat suicides.
- Possible explanations for the increase in self-harm and suicidal behaviours: including the influence of contagion, lack of opportunities for positive engagement and availability of health services experienced by young people living in rural areas.

Part 2: Part 2 will discuss the following questions:

- Do negative childhood and adolescent experiences have separate or cumulative pathways to self-harming behaviour?
- Does emotion dysregulation directly mediate the relationship between negative experiences and the experience of self-harm thoughts and behaviours?
- Do the protective factors associated with using self-harm and suicide related social media outweigh the risks?
- Does resiliency mediate the risks associated with self-harm behaviour?

Part 3: The attitudes and perceptions of health professionals and gatekeepers will be examined; knowledge of treatment protocols and long term management strategies for self-harm and suicidal behaviours will be considered; and barriers preventing effective engagement and treatment of young people presenting with self-harm will be discussed.

Part 4: Part 4 will discuss the use of DBT (originally developed to treat adult women) as an effective treatment and intervention to improve the mental health and wellbeing of 'at risk' adolescents and youth.

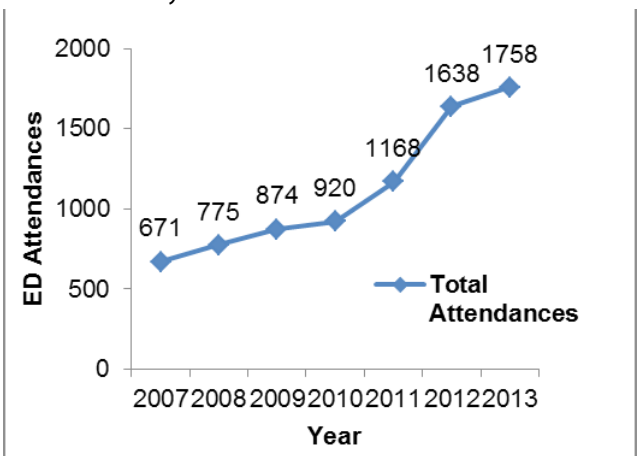

Figure 1. Total Number of ED Attendances in Western Australia for Self-Harm at Ages 0-18 Stratified by Age from 2007-2013.

Learning Objectives:

- The use of DSH related social media among youth has both positive and negative implications for the incidence and management of self-harm and suicidal behaviours. Social media use in itself will not necessarily predict DSH behaviour, but should alert health care professionals to the presence of risk and prompt appropriate discussion and risk management procedures.
- There needs to be a timely and coordinated response to the identification and management of potential suicide clusters including communication with health professionals, schools and general public to eliminate sources of contagion.
- The use of Dialectical Behaviour Therapy (DBT)[7], as a promising treatment model for adolescents and young people with a variety of mental health concerns, including depression and self-harm [8].

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Thu Sept 22 | 14:00–15:30 | Glen 208 - 209

W68 Attention Deficit Hyperactivity Disorder in Autism Spectrum Disorders: Assessment, Treatment and Case Examples

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Workshop Description:

Background: Attention deficit/hyperactivity (ADHD) is now allowed as a separate diagnosis in the presence of comorbid Autism Spectrum Disorder (ASD) in DSM-5. Compared with rates in typically developing youth, ADHD prevalence is three times higher in children with intellectual disability, and even higher with ASD and in youth with comorbid epilepsy. In these individuals, ADHD is less likely to improve with age, and more disabling symptoms continue into adulthood than is documented in otherwise typically developing individuals. Youth with ASD and ADHD symptoms are also more likely to be misdiagnosed with bipolar disorder, and then undergo unnecessary exposure to mood stabilizer treatments and antipsychotic polypharmacy. Even if correctly diagnosed, ADHD treatment is more problematic in individuals with ASD since they tolerate stimulants poorly and manifest higher side effect rates of insomnia, appetite decrease, gastrointestinal pains, anxiety and irritability.

Method: This workshop will interactively discuss key studies and cases examples of ADHD assessment and treatment in individuals of all ages with ASD, noting pitfalls that may lead to a misdiagnosis of Bipolar Disorder. Adjustments needed in applying DSM-5 criteria for ADHD will be outlined as they apply to individuals with ASD. While risperidone is well studied in youth with ASD and may mildly ameliorate ADHD symptoms, other more specific ADHD treatments are usually

needed. Studies of stimulant and nonstimulant drugs will be reviewed, including methylphenidate, guanfacine, atomoxetine and amitriptyline in ASD. Antiseizure medications such as phenobarbital, primidone and others that may worsen ADHD symptoms will also be discussed.

Learning Objectives:

- Participants will appreciate diagnostic differences between ADHD and bipolar disorder in youth with ASD.
- Interactive case discussions will elaborate on the approach used clinically in diagnosis and treatment in ASD with ADHD.
- The evidence base and future research directions for ADHD treatments as they apply in ASD will be discussed.

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Thu Sept 22 | 14:00–15:30 | Macleod E2

AP19 Just as Important as Sleep: The Crucial Role of Nutrition in Child and Adolescent Mental Health

Wendy J. Spettigue, Mark L. Norris, Annick Buchholz

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Symposia Overview: While most psychiatrists realize the importance of sleep to well being, many do not realize that nutrition is equally important. Dieting can cause effects which mimic mental illness, and can lead psychiatrists to treat the symptoms while missing the underlying cause. SSRI's may not work if the patient is underweight. Discussions about weight, dieting and exercise, or the dangers of 'bad foods,' can trigger eating disorders (EDs) in vulnerable youth, as evidenced by our study of EDs triggered by teachers at school. Nonetheless, physicians need to monitor weight in patients on antipsychotic medications: how does one do this without 'triggering' an eating disorder? And what about obese patients? Obesity is associated with physical and mental illness. Should we be talking to these youth about dieting and exercise? The speakers are co-leaders of CHEO's Pediatric Research into Eating Disorders and Obesity team, a team dedicated to the treatment, research and prevention of eating disorders and obesity.

Part 1: The Dangers of Dieting, The Psychological Effects of Under-nourishment, and What Psychiatrists Need to Know About Nutrition in Children and Adolescents

Few psychiatrists are aware that insufficient nutrition can cause depression, anxiety, obsessiveness and mood lability, which can lead psychiatrists to treat the symptoms while missing the underlying cause. A young person may be experiencing these symptoms, but still look 'normal' if they have a higher set point. Case examples will be presented of patients who are suffering from the effects of poor nutritional intake, with tips on how to assess and treat these youth, including examining the role of psychotropic medications in treatment.

Part 2: What is a normal amount of Food? The Medical Effects of Insufficient Nutrition, The Idea of 'Set Point,' and Monitoring Weight in Youth Taking Antipsychotic and Stimulant Medications.

Attendees of this talk will: 1) Learn what "normalized nutrition" means; 2) Learn how goal weights are determined; 3) Understand the role and influence of nutrition, weight and "set point" on medical and psychiatric outcomes; and 4) Review current research and guidelines pertaining to metabolic and weight-related surveillance for youth taking antipsychotic medications, and learn how to talk to these patients about weight and shape. Case examples, including a patient with ARFID, will be used and open discussion will be encouraged

Part 3: Promoting Positive Body Image, Mental Health and Health Behaviours in Children and Youth Living with Obesity

Youth living with obesity are at risk for medical and mental health complications. Individuals living with obesity report weight discrimination in many realms of life including health care, and clinicians often feel that they lack the tools to help these patients. This talk will present a mental health framework to weight management that integrates knowledge around current weight science. Treatment strategies with a focus on promoting body size acceptance and engagement in health behaviours, and a de-emphasis of weight based approaches will be reviewed

Learning Objectives:

1. Participants will learn of the crucial role of nutrition in mental health, the dangers of dieting, the concept of "healthy weight" and set point, what "healthy eating" should look like in an adolescent, and the psychological effects of insufficient nutrition.
2. Participants will learn how the effects of insufficient nutrition can mimic and cause serious mental illnesses, and will be given case examples of how to assess, identify and treat these patients, including a case example of a patient with weight gain on antipsychotics, and a patient with Avoidant/ Restrictive Food Intake Disorder (ARFID), a new DSM-5 diagnosis.
3. Participants will learn the medical and psychosocial complications associated with obesity, the effects of weight

bias, and a mental health approach to weight management that integrates recent evidence in weight science to provide clinicians with tools to properly help and support young patients who are obese.

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Thu Sept 22 | 14:00–15:30 | Macleod E3

SG19 Common Mental Health Problems in South Asian Children and Adolescents Living in the Greater Toronto Area

Muhammod M. Bakht

Assistant Clinical Professor at MacMaster University, Hamilton, Ontario, Canada, and Consultant Child and Adolescent Psychiatrist at Brampton Civic Hospital, Brampton, ON, Canada

Study Group Description: Greater Toronto Area (GTA) remains a diverse city with higher shares of immigrants than the rest of Canada overall. Statistics Canada's Canadian Community Health Survey (CCHS) defines "South Asian" as those reporting their origin as at least one of Bangladeshi, Bengali, East Indian, Goan, Gujarati, Kashmiri, Pakistani, Punjabi, Nepali, Sinhalese, Sri Lankan,and Tamil. South Asian populations are the largest visible minority group, however, a literature search reveals that there is very little information available on the mental health problems of South Asian children and adolescents living in the GTA. It is important to do an epidiomelogical study to identify the common mental health problems, risk and protective factors to determine the mental health needs for the children and adolescents of South Asian origin living in GTA.

Learning Objectives:

1. Explore the need for epidemiological surveys to identify the common mental health problems among South Asian children and adolescents living in the Greater Toronto Area.
2. Discuss the unique mental health services to be responsive for the children and adolescents of South Asian origin in the GTA.

References:

1. Statistics Canada 2011 National household survey
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Thu Sept 22 | 14:00–15:30 | Macleod E4

W69 Increasing Parental Involvement in the Treatment of Mental Health Issues in Children & Adolescents: Lessons Learned from Emotion-Focused Family Therapy

Adele Lafrance Robinson[1], Joanne Dolhanty[2]

1. Laurentian University, Sudbury, ON, Canada, 2. Mt Pleasant Therapy Centre, Toronto, ON, Canada

Workshop Description: There is data on the cost-effectiveness and efficacy of family therapy and yet the treatment offered to many is child-centered. In some cases, parents refuse involvement or insist on individual therapy, while in others, clinicians judge that the parent's involvement is inappropriate. Emotion-Focused Family Therapy provides a model for family therapy as well as a framework for formulating, processing, and resolving such impasses in order to increase parental involvement across the lifespan.

Part of the Emotion-Focused "family", the essence of EFFT is to afford caregivers a significant role in their loved ones recovery. The therapist's role is to support them in four domains:

- Becoming their loved one's recovery coach via behavioural support;
- Becoming their loved one's emotion coach;
- Facilitating relationship repair;
- Working through and resolving emotion blocks that surface in the caregiver along the way.

This last component is critical since clients and their caregivers can present as hopeless, angry, or shut down, creating challenges for the most experienced clinicians. One of the over-arching targets of the therapy – and this workshop - is the attention paid to these emotional "blocks" in parents that interfere with their sense of empowerment and supportive efforts.

This workshop will begin with a description of the EFFT model followed by outcome data and process research on its use with various clinical presentations. This workshop will then outline a framework for working through therapy-interfering behaviours on the part of caregivers. This experiential component will be the main focus of the workshop.

Learning Objectives: Participants will:

LOI 1: consider a larger and more comprehensive role for caregivers throughout the recovery process, regardless of their loved one's involvement in treatment / willingness for family involvement

LOI 2: recognize the emotional processes underlying therapy-interfering behaviours in clients, caregivers, clinicians and treatment teams

LO 3: apply emotion processing skills to resolve emotional blocks in caregivers thereby increasing their motivation to

actively and positively support their loved one's recovery and thus improve outcomes

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Thu Sept 22 | 14:00–15:30 | TELUS 101-102

O67 Bullying

O67.1 Investigating the Prevalence and Impact of Peer Abuse (Bullying) on the Development of Jamaica's Children

Randell T. Bailey[1], Claudia Chambers[2], Shatha Richards[2], Samora Bain[2]

1. Child Development Agency, Kingston, Jamaica, 2. PSEARCH Associates Company Limited, Kingston, Jamaica

Introduction: This study is aimed at identifying and assessing the intervening variables that contribute to bullying, while also developing profiles of both the bully and victims.

Methods: Purpose-built qualitative and quantitative instruments were employed in a mixed methods study approach that sampled students, teachers and administrators from primary and secondary level schools across the island, as well as private and public stakeholder organisations.

Results: The research findings show that 70% of students interviewed were bullied during the 2013-14 academic year, with 65% having experienced same at some point in their lives. Additionally, almost all stakeholders agreed that due to the prevalence and potential impact of bullying an immediate and effective response is necessary.

Conclusions: There is great need to confront this issue through actions that will be guided by a strategic response framework aimed at addressing variables relevant to the local education system, community spaces, residential child care facilities, and familial environments.

Learning Objectives:

1. Participants will be able to appreciate the reality regarding the prevalence among and impact of bullying on Jamaica's children and adolescents.
2. Participants will be able to evaluate current response mechanisms being employed and provide input on additional targetted and policy actions that may be considered by local stakeholders.

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O67.2 A Comparative Study Between Traditional Types of Bullying vs Cyberbullying in the Associations with Adolescent Mental Health Problems

Soyeon Kim, Kathy Georgiades, Jinette Comeau, Irene Vitoroulis, Michael Boyle

McMaster University, Hamilton, ON, Canada

Introduction: Cyberbullying is aggression intentionally and repeatedly carried out in an electronic context against vulnerable individuals. Prevalence estimates of cyberbullying victimization (CV) are 10-40%, and exposure to CV is linked to suicidal ideation, depression, anxiety, and substance use (van Geel, Vedder, & Tanilon, 2014).The current study examined the extent to which (1) CV is a common risk factor across multiple types of mental health problems; and (2) CV is more strongly associated with mental health problems compared to traditional types of bullying.

Methods: Secondary analysis is performed on a province wide study (School Mental Health Survey) that includes data from 31,148 students from 248 schools. Multilevel Structural Equation modelling (Mplus 7.4) was conducted to address the study objectives.

Results: Controlling for age and sex, and the nested nature of sampling, the model accounted for a good amount of (co)variance (RMSEA=.050, CFI=.982). All 4 types of bullying victimization (Verbal, Social, Physical, and Cyberbullying) explained significant variance in adolescent mental health problems (Depression, Anxiety, Oppositional Defiant Disorder, Conduct disorder). Particularly, Cyberbullying and physical bullying explained similar amount of variance (.122) for CD, followed by verbal (.075), and social (.050) bullying.

Conclusions: The results confirm existing findings on the adverse impact of bullying on adolescent mental health. The present findings suggest that CV represents a common risk factor across common mental health problems in adolescents. The magnitude of risk is similar for CV and physical bullying for CD.

Learning Objectives:

Existing studies examining the association between CV and adolescent mental disorders are few in number and characterized by methodological weaknesses, including exclusive focus on a single mental disorder, relatively small sample size, and failure to control for confounding variables that may lead to inflated effect sizes. The dataset informing current research include cluster sampling, broad concept coverage, and strong measurement. Based on the robust dataset, current study quantified and identified the adverse impacts of CV in adolescent mental health accurately in comparison to traditional types of bullying. The present findings suggest that CV represents a common risk factor across common mental health problems in adolescents. CV particularly increased the risk for CD along with physical bullying more than other types of bullying.

References:

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O67.3 Sexual Cyberbullying and Quality of Life with Late Adolescents: Practical Theology Study

Anne-Lize Koen

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Introduction: The use of technology, especially the Internet and cell phones have increased dramatically in recent years. The use of social media is a rapidly developing phenomenon and it's role in present-day life cannot be denied. Social media increasingly serve as communication medium and has become the new mode by which interaction takes place and ideas, feelings, knowledge and information are shared. Despite the positive way in which the technology can be used it can also be abused by adolescents and even adults who become involved in cyberbullying. Technology is a normal part of adolescents' lives and is a source of knowledge to which they did not have access before. Furthermore, through technology relationships are established and strengthened. The phenomenon of cyberbullying is a reality that occurs increasingly and mainly through the use of social media. The negative effects of cyberbullying are often remembered by victims while some of them resort to suicide as a direct result of the trauma they may have experienced. In the practical theological search for possible concrete actions to prevent and manage cyberbullying, it's important to gain as much knowledge and insight into this phenomenon as possible.

Methods: The research will be administered and documented through the use of an extensive literature study as well as through the use of a qualitative research methodology.

Results: not yet available

Conclusions: not yet available

Learning Objectives: The research question is thus as follows: "How faith is used to create sense and meaning in the world of cyberbullying?" Individuals should experience sense and meaning in their lives in order to live with joy and hope, despite the problem of cyberbullying. A further objective is to develop a strategic and normative contribution in dealing with cyberbullying

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Thu Sept 22 | 14:00–15:30 | TELUS 108-109

RS33 Non-Suicidal Self Injury in Youth: An International Research Perspective

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Symposia Overview: Non suicidal self injury (NSSI) is the deliberate destruction of body tissue, not culturally sanctioned and without suicidal intent (Nixon and Heath, 2009). Community prevalence rates in westernized countries are 14-20% and much higher in clinical populations. The more recent NSSI research has aided in conceptualizing NSSI beyond a symptom of borderline personality disorder. Functions of NSSI have been examined including internal emotion regulation, social influence, external emotion regulation and as a sensation seeking behaviour (Nixon et al., 2015). NSSI is often first noticed in the school context. School staff often feel overwhelmed when being confronted with students engaging in NSSI. Supporting and educating school personnel in managing NSSI in schools is important. New research is informant of risk and protective factors associated with continuance of the behaviour into young adulthood which could aid early intervention or prevention approaches. Clinically, NSSI can present as a marker of future suicide attempts and co occur with suicidal behaviour. Understanding the related psychopathology can assist clinicians in better assessing both NSSI and suicide risk.

Part 1: Rebecca Groschwitz, M.Sc, working with Dr. Plener at the University Hospital of Ulm, Germany will present data from the German school prevention program *Strong Schools against Suicide and Self-Injurious Behaviors (4S)*. The 4S pro-

gram is two-day workshops for teachers, school social workers and school psychologists, in which they learn about suicidality and NSSI, and practice how to respond to a students' NSSI or suicidal behaviors. Aims of the program are to further the knowledge of school staff, improve confidence in dealing with and reduce negative attitudes towards NSSI/suicidality.

Part 2: Dr Nixon will be presenting her work with Drs. Barnes and Jansson at the University of Victoria, BC Canada, on the multiwave Health Youth Survey. A randomized population sample of youth followed into young adulthood were evaluated for NSSI and risk and protective demographic, social and individual factors related to the presence and continuance of NSSI over a six year period . Key findings include a threefold risk of presence of baseline depressive symptoms in the initial and two years mark, questioning or non heterosexual orientation at baseline contributing up to a six fold risk of NSSI six years later and positive baseline body satisfaction providing significant protection against NSSI at year six (ages 20 to 27).

Part 3: Prof. Çuhadaroğlu will present work with Mahmut Kara, at Hacettepe University Medical School, Ankara, Turkey on a study of youth with NSSI, youth with NSSI and suicide attempts (SA) and a psychiatric control group. While NSSI and SA groups where significantly higher on a range of issues (eg. emotion regulation, non-adaptive coping styles, depression, ADHD), adolescents with NSSI+SA had more depression, PTSD, difficulty in emotion regulation, frequent self-injury. Low self-esteem, ADHD, history of illness, high trait anxiety, body image problems, non-adaptive coping styles were predictive for NSSI while depression and difficulties in emotion regulation were predictive for SA in NSSI group.

Part 4: DISCUSSANT: Prof. Omigbodun, University College Hospital, Ibadan, Nigeria will act as discussant and comment also on cultural/societal influences of NSSI.

Learning Objectives:

1. To understand an approach to helping school professionals manage NSSI in the school setting
2. To understand risk factors associated with NSSI in youth and how these may be applied to assessment and early intervention
3. To understand the association and differences between NSSI and suicidal behaviour in youth
4. To understand societal and cultural influences of NSSI in youth

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Poster Presentations

Mon Sept 19 | Macleod Hall A & B

P1 Posters, General Child and Adolescent Mental Health

P1.01 Comparison of Health and Wellbeing Among Public and Private Secondary School Students in Abeokuta, Nigeria

Sewanu S. Awhangansi, Niran Okewole, Adetoun Soyemi, Oluyemi Akinmolayan

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Introduction: The incorporation of mental health into school health programs, now an ongoing process in many parts of the developed world (Salmon & Kirby, 2008), still lags behind in most of Africa. It is imperative that to promote mental health behaviors and protective factors among school age children and adolescents, mental health promotion programs need to be integrated into school curriculum. It is likely that these will bridge the gaps of unmet service needs as well as ensure early detection and prompt intervention for at-risk children and adolescents in the developing world.

Methods: The study was conducted among students of randomly selected secondary schools in the Abeokuta metropolis. Criteria for inclusion were being able to communicate fluently in English and having no prior history of mental or neurological illness. To each student was administered a questionnaire containing basic demographic information and the Global School-based Student Health Survey (GSHS) – Nigeria 2004 GSHS Questionnaire. Ethical approval was obtained from the Neuropsychiatric Hospital, Aro Abeokuta, as well as the Ogun State Ministry of Education. Verbal assent was obtained from the students, while the permission of their parents/guardians was also sought.

Results: Results will be presented as frequencies and means. 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 15.

Conclusions: We hope to show health behaviors among secondary school students in Nigeria and make comparisons of health behaviors between private and public secondary school students in Nigeria.

Learning Objectives: To assess health behaviors among secondary school students in Nigeria and to make comparisons of health behaviors between private and public secondary school students in Nigeria.

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P1.02 Structural Invariance of the Antisocial Process Screening Device in Clinical and Community Samples of Elementary School-Aged Children

Vincent Bégin[1, 2], Yann Le Corff[1], Michèle Déry[1, 2], Jean Toupin[1, 2], Jean-Pascal Lemelin[1, 2]

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Introduction: Psychopathic traits are associated with severe and persistent conduct problems. Modeled after Hare's *Psychopathy Checklist*, the *Antisocial Process Screening Device* (APSD) is a 20-item scale rated by parents or teachers and designed to assess psychopathic traits in children aged 6 to 13. The 3-factor model (Narcissism, Impulsivity, Callous-unemotional) of the APSD has been widely validated in community-based samples, but more scarcely among clinic-referred children. Only one study has tested for invariance across sample types, and results suggested structural invariance across community and clinic-referred children. The objectives are to validate the APSD's 3-factor model and to test for structural invariance across community-based and clinic-referred children.

Methods: The sample consisted of 702 children (mean age: 8.40, *s.d.*; 0.93; 45.7% receiving psychoeducational services at school for conduct problems). APSD ratings from a parent and a teacher were obtained for each child. Data were scored according to the recommended combined-informants method: for each item, the highest score among informants was retained.

Results: Confirmatory factor analyzes using weighted least square mean and variance-adjusted estimator showed an excellent fit of the 3-factors model (CFI > 0.96; TLI > 0.96; RMSEA < 0.06; SRMR < 0.06). Structural invariance across samples was demonstrated ($\Delta\chi^2 = 2.56$; $\Delta df = 15$; $p = 0.999$).

Conclusions: Results are consistent with studies on the original version and support construct validity of the APSD. They suggest that the APSD can be validly used both within clinical-setting assessment and as a detection tool of at risk children among larger populations.

Learning Objectives:

1. Frick and Hare's 3-factor model of children psychopathy (Narcissism, Impulsivity, Callous-unemotional) is valid in both community-based and clinic-referred school-aged children.
2. The French (Quebec) version of the APSD shows excellent structural validity.

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P1.03 Communal Commitment and Youth Development: An Ethnographic Case Study of the Calgary Stampede Showband

Allison Bichel

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Introduction: The role of community in the development of youth and emerging adults is a significant area of scholarship and practice.

Methods: An ethnographic case study of the Calgary Stampede Showband serves to explore and describe the experience, processes, and practices of this internationally acclaimed performance ensemble in order to understand key features of this organization and community. The Calgary Stampede Showband is an official ambassador for the Calgary Stampede. Between 100-140 youth ages 16-21, participate in the band which provides experience through education in the performing arts. Data collection included 165 hours of ethnographic observation and 30 open-ended interviews with staff, band members, alumni, and volunteers.

Results: This ethnographic case study makes a number of contributions to the literature. Significantly, it supports conceptualization of youth development through the performing arts enabled by non-profit capacity. Key features related to the social structure of communal commitment are described including youth development programs that support, performing arts that create, and family involvement that facilitates. This ethnography highlights the web of connection and support necessary to create social capital.

Conclusions: The features of communal commitment are instructive for youth development program design and enabling contextual factors that promote resiliency and positive mental health.

Learning Objectives:

- Identify key features of communal commitment that emerged from this case study.
- Asses how constructs related to communal commitment can inform organizational or community level intervention to improve child and youth mental health outcomes.

- Learn about ethnography as a method for exploring culture, and gain exposure to a major Calgary event, the Calgary Stampede.

A Bichel: An Ethnographic Case Study of the Calgary Stampede Showband

Communal Commitment Key Themes

Features	Dimensions
Youth development Program supports…	Developmental ladder for skill development and socialization
	Intensive Participation
	Provocative Competence
	Peer Leadership
Performing arts create….	Striving for performance excellence
	Band community supports the collaborative endeavor
	Physical, emotional, and cognitive connection to the product
	Serving as ambassadors
Family participation facilitates	Intensive participation and organization supports family involvement with youth
	Active engagement builds commitment (voluntold)
	Volunteerism

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Communal Commitment Images.pdf

P1.04 Gemellite et troubles psychiatriques chez l'enfant: profil clinique

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Introduction : D'après différentes études épidémiologiques, les jumeaux développent plus de maladies psychiatriques que les enfants singuliers. Cette prévalence serait liée, d'une part, à une plus grande morbidité périnatale et d'autre part, à des facteurs génétiques et environnementaux.

Méthodes : Etude descriptive rétrospective portant sur les enfants issus de grossesses gémellaires et ayant consultés en pédopsychiatrie à Monastir entre janvier 2003 et janvier 2015 (N=65). Le recueil des données a été fait à partir des dossiers médicaux.

Résultats : Une consanguinité de second degré a été notée dans 19% des cas.

Comme antécédent familial, nous avons noté essentiellement un trouble neurodeveloppemental dans 31% des cas, un retard simple du langage (RSL) dans 15% des cas, un trouble psychiatrique internalisé et un trouble sensoriel dans 6% des cas chacun. Pour les antécédents personnels, les convulsions fébriles, la souffrance fœtale aigue, le faible poids à la naissance à un taux égal avec la prématurité, ont été trouvés dans respectivement 11%, 9% et 5% des cas. Les motifs de consultation étaient à type de retard du développement (58%), de troubles du comportement (25%), de retard du langage (9%) et de difficultés scolaires (8%). Les diagnostics pédopsychiatriques les plus retenus étaient ; un trouble autistique (54%), une encéphalopathie épileptique avec DI (17%), des troubles internalisés (12%), un TDAH (12%). Dans 37% des cas, toutes psychopathologies confondues, les deux jumeaux étaient atteints.

Conclusions : L'étude des pathologies pédopsychiatriques à travers le profil clinique des enfants issus de grossesses gé-

mellaires permet d'approcher l'influence de l'environnement et de la génétique sur l'apparition des troubles mentaux.

Objectifs d'apprentissage : -Dresser le profil clinique des enfants issus de grossesses gémellaires et suivis en pédopsychiatrie.

- Discuter l'influence des facteurs génétiques et environnementaux sur le développement des troubles mentaux de l'enfant chez cette population
- Retenir la gémellité comme facteur de vulnérabilité aux troubles mentaux chez l'enfant

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P1.05 Adolescents' Reactions Toward Parental Deployment and Depression: the Moderating Role of Child-Parent Communication

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Introduction: Parental deployment separates adolescents from their parents, which increases adolescents' risk for depression (Chandra et al., 2010). Some research has shown that high quality adolescent-civilian parent communication helps adolescents cope with the military parents' deployment (Houston et al., 2013). However, research has not examined the adolescent-military parent communication quality and whether it influences adolescents' well-being. Therefore, the present study investigated: (1) the unique contributions of adolescents' emotional reactions toward deployment and child-civilian and military parent communication quality on adolescents' depression; and (2) the moderating role of child-civilian and military parent communication on the relation between deployment reactions and depression.

Methods: Participants were $N = 137$ adolescents (58 boys, 78 girls, 1 did not indicate) between 14 to 19 years of age ($M_{age} = 16.41$, $SD = 1.63$) from families in which the father was a member of the Regular Force Canadian Armed Forces. Adolescents self-reported on their deployment reactions, quality of child-mother and father communication, and depression.

Results: Results from hierarchical regressions showed that within the child-civilian parent context, negative deployment reactions uniquely predicted greater depression, while high quality child-civilian parent communication uniquely predicted lower depression. There was no moderating effect of child-civilian parent communication between reactions and depression. Within the child-military parent context, negative deployment reactions uniquely predicted greater depression, while high quality child-military parent communication uniquely predicted lower depression. Moreover, high quality child-military parent communication buffered the impact of negative reactions on depression.

Conclusions: Findings suggest the importance of improving the adolescent-civilian parent communication in order to reduce adolescents' depression.

Learning Objectives: By the end of the present study, the researcher will be able to identify the unique and interacting effects that influence adolescents' depression from Canadian military families.

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P1.06 Effects of Audience Types on Children's Drawings of Emotionally Significant Human Figures

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Introduction: The present study assessed if children would present different information in drawings of emotion eliciting stimuli when drawing for an adult or a child audience. This question is important as children's drawings of emotive topics are used in interview and diagnostic settings often without reference to whether children alter their graphic communication depending on the audience of their drawings.

Methods: Ninety-five 6-year-olds (54 boys and41 girls) were allocated to three groups: the reference group, the child audience group and the adult audience group. The reference group were not informed of an audience and the child and adult audience groups received audience appropriate instructions. All children completed a drawing session where they first drew a neutral uncharacterised figure, followed by drawings of a sad and a happy figure in counterbalanced order. Affect ratings towards the drawn topics were taken immediately after completion of each drawing.

Results: The findings demonstrated that children did consider who would be viewing their drawings when communicating affective information and included different features for different audiences within their drawings. The study showed that children altered positive and negative affective elements of their drawings depending upon whether they were drawing for a peer or an adult audience.

Conclusions: The results highlight the need to understand the role of the audience when interpreting children's drawings for emotional information about the child artists. It is posited that further systematic research is required to continue to examine communicative aspects of children's drawings in a range of applied settings.

Learning Objectives:

1. To undestand how children draw how they feel about specified human figures
2. To understand how chidlren draw emotional information differently depending on whom they think will need to understand their drawings

3. To discuss the importance of target audiences when interpreting children's drawings of emotional topics

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P1.07 Concept Analysis of Bodily Integrity in Infants Born Intersex/With Disorders of Sex Development

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Introduction: Bodily integrity is central to discussions of intersex/disorders of sex development (DSD). For infants born with ambiguous external genitalia immediate and longterm treatment choices have to be made affecting the child's bodily integrity. Philosophically, bodily integrity is grounded in the idea of the body as something which both connects and separates the self from the world. These discussions inform the medical-legal and medical-ethical literature wherein bodily integrity is an integral facet of personal autonomy the violation of which requires consent. Social science and social justice literature describe bodily integrity as a central feature of one's autonomy that must be protected.

Methods: This poster presents an analysis of bodily integrity as it pertains to infants born with DSD/intersex using Walker and Avant's (2011) method of concept analysis. This process involves identifying all uses of the concept in the literature, identifying defining attributes, a model case, and alternative cases to help clarify concept components.

Results: Congruity, autonomy, transformation, and temporality are the defining attributes of bodily integrity. The antecedents and consequences for each of these attributes are elucidated. Model, contrary, borderline, related, and illegitimate cases connect the abstract concept and its components to the lived reality.

Conclusions: Bodily integrity in the context of infants born intersex/with DSD can be delimited by

- the congruity of the external, physical self and the internal embodiment of self;
- the social relation of self with others yet individuated from them;
- the transformation of self in response to new experience;
- experience (or potential for experience) over time.

Learning Objectives:

- To review the literature on bodily integrity in the context of infants born intersex/with disorders of sex development (DSD).
- To delimit the use the concept bodily integrity in the philosophical, medical-legal, medical-ethical, and social science/social justice literature.
- To identify the defining attributes of bodily integrity in this context.
- To explain what the concept is and is not through application to cases.

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P1.08 PCIT-Based Behavioural Treatment of Selective Mutism: Sample Characteristics, Treatment Acceptability and Preliminary Outcome Data

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Introduction: Selective mutism (SM) is a debilitating anxiety disorder affecting children's ability to communicate in multiple settings. Research on treatment for SM is sparse, however recent pilot studies show promising results for behavioral treatment. This poster describes a novel modular intervention for SM incorporating 1) parent coaching derived from Parent-Child Interaction Therapy, 2) behaviourally-based in-office exposures targeting speech in new settings and with new people, 3) teacher training and school-based practice, and 4) parent-facilitated community practice.

Methods: Children ages 4-10 meeting criteria for SM according to the Anxiety Disorders Interview Schedule were recruited from BC Children's Hospital outpatient mental health. Research design was a within-subject waitlist control and the final sample will include 30 children. Treatment intervention is delivered weekly over 16 sessions including 3 school visits. Outcome measures, including the Selective Mutism Questionnaire, School Speech Questionnaire, and the CGAS, were collected at baseline, pre-treatment, post-treatment, and at 3 month follow-up.

Results: We present preliminary data from the first year cohort (n = 15) who will complete treatment by June 2016. Sample characteristics reveal a modest rate of ESL in parents (55%) and children (33%). Children demonstrated average receptive language (M = 100.7) and one-word expressive language (M = 98.0) but lower expressive language when demands were more complex (M = 89.6). Preliminary results suggest robust increases speech in school and community settings following treatment. Parents report very high satisfaction with treatment.

Conclusions: Behavioural treatment incorporating parent coaching is a palatable approach to intervention that appears to yield significant increases in speech across settings.

Learning Objectives:

1. Participants will become familiar with a novel treatment for selective mutism incorporating behavioural approaches and parent coaching derived from Parent-Child Interaction Therapy.

2. Participants will learn about language characteristics of children presenting for treatment for selective mutism.
3. Participants will learn about preliminary outcome data regarding treatment approach.

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P1.09 A Scoping Review of Mental Health Prevention and Intervention Initiatives for Infants and Preschoolers At-Risk for Socio-Emotional Difficulties

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Introduction: Risk for infant mental health difficulties include maternal depression, parental substance abuse, family violence, and poverty (Japel, 2008). Early behavioural problems and anxiety disorders are common referrals for intervention and show continuity with later psychopathology (Egger & Angold, 2006; Rapee et al., 2009). Using a public health framework (Mrazek & Haggerty, 1994), infant mental health interventions can be categorized as universal, selective, and indicated prevention, and as direct treatment for formally diagnosed children. To date, a mapping of the research landscape regarding infant and pre-school interventions has not yet been conducted.

Methods: Our scoping review was informed by the procedure outlined by Daudt et al., (2013), an extension of Arksey and O'Malley's (2005) approach. In consultation with library scientists and knowledge users we searched MEDLINE, PsycINFO, EMBASE, and other data-bases using relevant search terms.

Results: Included studies (n=163) from 1974-2012 revealed that over 50% of research were RCTs conducted in Westernized countries. Most were indicated or selective prevention initiatives, with few universal prevention programs or direct treatment for diagnosed children. Risk factors were heterogeneously defined and numerous outcome measures were used. Intervention mechanisms included parenting groups, dyadic, in-home, cognitive-behavioral therapy and day-care based interventions.

Conclusions: We identified gaps in the literature, including the need for research from non-western countries, better defined risk factors, consistency of outcome measures used, and greater understanding of fathers' involvement in interventions. Few evaluated universal programs exist and even fewer interventions exist that explore program effectiveness for formally diagnosed populations despite claims by many programs of effectiveness for diagnoses.

Learning Objectives:

1.) To develop a working knowledge of scoping methodologies,
2.) To understand the research landscape regarding infant and preschool mental health interventions, including the limitations of this knowledge base.

References:

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P1.10 Information-Seeking Behaviour of Young People and Mental Health

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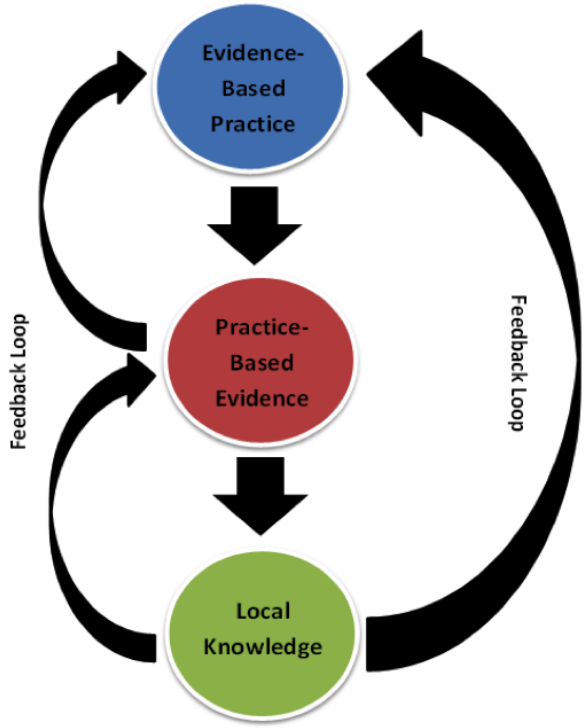
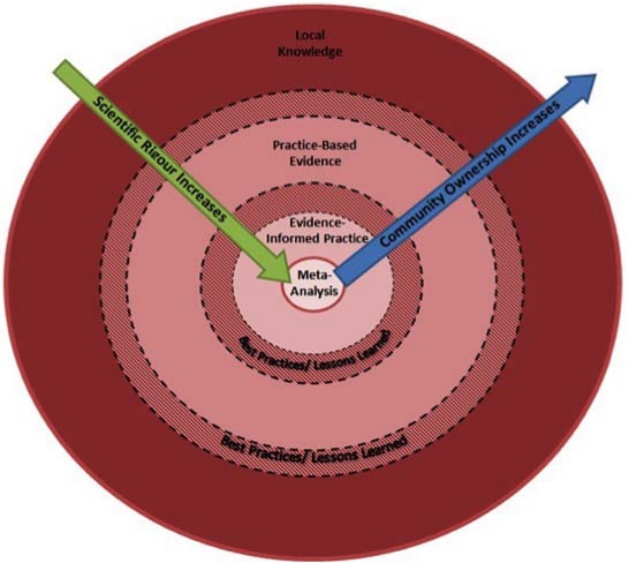
Introduction: The Children and Youth in Challenging Context (CYCC) Network is a knowledge mobilization network that was created to improve mental health and well-being for vulnerable and at-risk children and youth in Canada. In 2015, the CYCC Network produced a knowledge synthesis report entitled, "Information Seeking Behaviour of Young People and Mental Health." The objective of the report was to synthesize existing local, practice, and research knowledge on youth information seeking in order to shed light on the diverse information seeking experiences of youth, and to identify areas of interest which are relevant to improve programming that could help youth find the information they need. Drawing from the report, the proposed poster presentation will focus on the following: 1) background information on CYCC;

Methods: 2) the methodology used to complete the report (a scoping review, environmental scan, and case examples);

Results: 3) key findings highlighting: a) the diverse experiences of mental health among children and youth; and b) the factors that serve as barriers for youth from diverse communities in Canada in accessing both information about mental health and mental health services.

Conclusions: Finally, we will conclude by sharing strategies and recommendations that human service professionals can utilize to ensure that youth will be able to access information and services for their mental health.





Learning Objectives:

1. Participants will have an enhanced understanding of how youth from diverse backgrounds access information related to mental health
2. Participants will become more aware of the barriers that young people from various backgrounds encounter when seeking mental health information

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P1.11 To Characterize and Verify the Risks for Mental Disability in the Population of Children From 5 to 15 Years in Vitória ES Brazil

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Introduction: The APAE - ES is a Brazilian institution which is reference in clinical treatment, educational support and social inclusion of children and adolescents with mental disabilities.

Methods: A total of 466 clinical records was utilized to collect and analyze clinical and socioeconomic data of families and children aged from 5 to 15 years, attended within 2005 and 2015. Descriptive statistics were used to present the prevalence and characteristics of the population. For risks verification it was used multiple logistic regression and odds ratio (OR).

Results: Larger prevalence of Down Syndrome (26.6%), followed by Cerebral Palsy (24.1%), Mild Intellectual Deficit (17.6%); Autism (7.4%) and Moderate Intellectual Deficit (5.7). To those, were associated other Disorders: Motor (65.6%); Visual (32.6%) and Hearing (14.4%). The average Income *per capita* was US$ 106.24 ± 8.5. There was low prevalence of cohabited parenting (12.4%). 21.5% of the families had regressive history of cognitive deficit. Less than 6 prenatal appointments and prematurity were risk for multiple disabilities (p<0,01, OR3,08; p=0,028, OR2,16). Mechanical ventilation with O^2; over 40% and low birth weight were risks for visual (p=0,038, OR2,01; p< 0,01, OR3,36). Low income was risk for mild and moderate Intellectual Deficit (p<0,001, OR4,07; p=0,034 OR3,78).

Conclusions: The results corroborate the literature regarding the clinical risk, however, only income was risk for Intellectual Deficit, which is a significative data, considering the *per capita* income in Vitória City which was, in the same period, way higher than the evaluated population income. (US$701,44).

Learning Objectives: To characterize and verify the risks for mental disability in the population of children from 5 to 15 years.

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P1.12 Acceptability and Effectiveness of the Resilience Promotion Program "Volantin" (Kite): a Community Mental Health Intervention. Phase I and II Studies

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Introduction: The aim of this study is to describe the acceptability and effectiveness of a resilience promotion program designed for the Chilean School-aged population.

Methods: Phase I considered the development of "Volantin", a resilience promotion program adapted for Chilean population. It's acceptability and applicability was tested in a sample of school-aged patients from a community mental health center (N = 10).

In phase II, the program was modified and applied to 31 students from a public school, eight and nine years old (41% female). Children were assessed pre and post intervention with the Screen for Child Anxiety Related Emotional Disorders, Children Depression Questionnaire, Piers Harris Self Concept Scale for Children, The School Aged Resilience Scale and the "Volantin" questionnaire.

Results: In Phase I, a resilience promotion program using evidence-based interventions was designed; it was easily applied and well accepted by participants. In phase II, the intervention was modified to 10 sessions for children and 1 parental session. Children participants evidenced significant reduction in anxiety symptoms ($F= 14.204$; $p<0.001$). Decrease in depressive symptoms and increased self-esteem were observed, however, these results were not statistically significant. There were no sex differences in the results.

Conclusions: "Volantin" program appears to be a promising intervention for school-aged children showing a significant reduction in anxiety symptoms. Given the limitation of this study, a larger randomized controlled-trial is required to test the efficacy of the program and to better assess other variables that showed no significant reduction.

Learning Objectives:

1. Describe the Volantin resilience promotion program's objectives and contents
2. Identify acceptability and efficacy outcomes of the Volantin resilience promotion program in a school-aged sample of Chilean children
3. Discuss the importance for evidence based mental health promotion programs for Latino American children

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Halpern M, Montt ME, Larraguibel M. [Volantin: Resilience Promotion Program]. Oral presentation, XXXIII Child and adolescent Psiquiatry and Neurology Congress, Chile, 2015.

P1.13 Age and Gender Influences on Substance Use Reasons and Motivation in Treatment Seeking Youth

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Introduction: Differences in substance use and treatment seeking motivation have been studied across various subgroups. Youth have recently become more represented in this research (Goodman et al., 2015). The aim of the present study is to examine the influence of age and gender on the way that youth view the pros and cons of their substance use, and how these factors influence their readiness to change and motivation to seek treatment.

Methods: Data were collected from 164 youth (60.4% male) aged 15-24 (M=19.49) presenting to an outpatient treatment program for substance abuse and concurrent disorders in Toronto, Canada. Youth completed the following measures: the Substance Use Decisional Balance Scale to assess pros/cons of their substance use, the Treatment Entry Questionnaire to assess motivation, and the Contemplation Ladder to assess readiness to change.

Results: Results showed that female youth endorsed significantly more pros of their substance use than males. Moreover, endorsing more pros of substance use was positively correlated with external motivation and a low score on the Contemplation Ladder. In contrast, endorsing more cons of substance use was associated with internal motivation and a high score on the Contemplation Ladder. Lastly, age was positively correlated with readiness to change, internal motivation, and the endorsement of more cons of substance use.

Conclusions: This study expands upon previous research and demonstrates that, in youth seeking substance use treatment, there are both age and gender differences in reasons for

substance use. Implications for gender-informed and developmentally-informed treatment will be discussed.

Learning Objectives: After attending this poster presentation, attendees will be able to understand and explain 1) how male and female youth differ in their attitudes toward the pros and cons of substance use, 2) how age influences internal and external motivation and readiness to change, and 3) implications for treatment of substance abuse and concurrent disorders in youth.

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P1.14 Maternal Reports of Stress in Mid-Pregnancy is Associated with Poorer Child Language and Cognitive Development at Age 2 Years

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Introduction: Prenatal maternal stress, depression and/or anxiety (SDA) has been associated with poorer child neurodevelopment. We study longitudinal associations between prenatal maternal SDA in the 1st, 2nd, and 3rd pregnancy trimesters and child cognitive and language abilities at age 2 years, and whether these associations are moderated by infant sex.

Methods: Analyses were conducted within the 3D pregnancy cohort study. Mothers (n=2366) were recruited in the 1st trimester of pregnancy with infant follow-up to age 2 years. Maternal SDA was assessed in the 1st, 2nd, and 3rd trimesters of pregnancy and postnatally (3, 12, and 24 months) using the Perceived Stress Scale, the Pregnancy anxiety measure, and the Center for Epidemiological Studies –Depression Scale. At age 2 years, the Bayley's Scales of Infant development and the MacArthur test of language ability were administered.

Results: Following adjustment for postnatal maternal SDA, 2nd trimester maternal stress was associated with poorer language abilities. Sex moderated associations (p=0.03), with lower language scores among girls. There was a trend for 2nd trimester stress (estimate=-0.07, p=0.05) and 3rd trimester anxiety (estimate=-0.08, p=0.05) to be associated with poorer cognitive abilities. Prenatal depression was not associated with child cognitive or language abilities.

Conclusions: Mothers' perceived stress, particularly in the 2nd trimester, was associated with poorer language abilities in girls. Our associations between 2nd trimester stress and poorer language and cognitive outcome is consistent with existing literature. Healthcare professionals should be aware of the importance of perceived stress and anxiety in pregnant women for later child outcomes.

Learning Objectives:

1. To discuss mechanisms by which maternal mental health difficulties during the prenatal period can impact child development.
2. Highlight the importance of timing of exposure to maternal symptoms of stress and anxiety for child cognitive development.

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P1.15 What Does Being "Concurrent Capable" Mean Within the Field of Addiction and Mental Disorder Prevention?

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Introduction: Delivering "concurrent capable" treatment is an identified goal within addiction and mental health services; however, concurrent capable prevention remains poorly defined. To be truly "concurrent capable", addiction and mental health services require more information specific to prevention of concurrent disorders.

Methods: A literature review was conducted using a variety of search engines looking for information specific to prevention of concurrent disorders. Results were synthesized.

Results: There are commonalities in risk and protective factor profiles for mental health and substance use outcomes. It follows that prevention of both outcomes could potentially be addressed by similar strategies. No evidence currently exists to support or refute this claim.

Literature on prevention of concurrent disorders is divided into primary and secondary prevention. Primary prevention is rarely addressed. Targeting infancy and early childhood, it aims to prevent the development of an initial mental health/addiction issue. Suggested strategies are universal, and focus on generic risk and protective factors.

More often the literature refers to secondary prevention, which focuses on those already identified as "at risk" or with mental health issues, and aims to prevent worsening illness or accumulation of multiple disorders. Suggested strategies are universal, indicated and targeted, and may include school-based skills programmes (problem solving, social skills,

coping), anxiety prevention programmes, and parent-based interventions.

Conclusions: Addressing demand for concurrent capable treatment requires attention be given to the full spectrum of potential intervention strategies, including prevention efforts. Literature suggests that particular prevention strategies may be more effective in addressing concurrent disorders. Further research is required.

Learning Objectives:

1. Awareness of the differences between primary and secondary concurrent disorder prevention.
2. Awareness of the commonalities in risk and protective factors for mental health and substance use outcomes.
3. Awareness of potential concurrent disorder prevention strategies as suggested by the literature.

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P1.16 Assessing Infant Mental Health Care Knowledge, Attitudes and Practices Among Health Service Providers in a Sample of Primary Health Care Centers in Ismailia, Egypt

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Introduction: Latest report of the WHO in 2014 regarding the demographics in Egypt stated the 13 % of Egypt's population are below 5. There are ongoing efforts to provide child health care especially through primary health care units but still, despite the recently acknowledged immense importance of mental health of young children and infants, it is still not disseminated among primary health care providers, which constitutes a great loss to the quality of the health care provided, as "There is no child health without child mental health".

Methods: A descriptive cross-sectional survey study, among health care providers in Primary health care centers in Ismailia Governorate. The studied sample included 100 general practitioner and family physicians in randomely selected primary health care units. The numbers recruited from different areas were based upon their proportionate numbers;Ismailia city (65%) and 35% at suburbs. The self-administered questionnaire was developed based on KAP (Knowledge, Attitude and Practice) study guidelines.

Results: Knowledge of Infant Mental Health was generally poor, among both urban and rural health care providers. More than half of the family physicians recommended training to improve their knowledge and awareness of infant mental health and its provision among primary health care services.

Conclusions: Development of a coordinated system of care that offers sustainable infant mental health knowledge to health care providers in primary health care centers and consecuently services from promotion to prevention and also proper intervention, would comprise a step towards increasing efficiency and utilization of primary health care services.

Learning Objectives:

- To assess the knowledge of primary health care service providers regarding infant mental health.
- To explore the attitude and practice of health care providers in Ismailia Primary health care centers, regarding infant mental health.

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P1.17 The Impact of Maternal Anxiety on Maternal-Infant Attachment: a Systematic Review

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Introduction: The maternal-infant relationship can have a profound impact on neurological and emotional development of the infant in terms of adapting, regulating and moderating behavioural responses (1,2,3). Insecure, maternal-infant attachment has been shown to be detrimental to a child's emotional and behavioural development. Behaviour disorders such as aggression, antisocial behaviours, anxiety, and depression have been strongly associated with insecure and disorganized attachment (4,5,6,7). Maternal stress and anxiety deprivation are all correlated to the development of disruptive behavioral disorders (8). Because of the importance of the maternal-infant attachment to children's development, factors that interfere with attachment warrant exploration. This knowledge can inform nursing interventions in caring for expectant and new parents. In this review, we summarized the current literature regarding the impact of maternal, prenatal anxiety on maternal-infant attachment.

Methods: A systematic review of the qualitative and quantitative literature was performed by searching key terms in the Medline, CINAHL and PsycINFO databases. No date restrictions were applied. The CASP tool was utilized to assess study quality. Findings will be organized according to key themes derived from the data.

Results: The anticipated results are expected to highlight the impact that maternal anxiety has on developing insecure attachment which puts children at risk of disruptive behavioural disorders.

Conclusions: Maternal-infant attachment is fundamental in children's development. Prenatal anxiety poses a risk to maternal-infant attachment and may lead to disruptive childhood and adolescent behavioural disorders. This review will provide a point of reference for future nursing research and interventions to minimize the impact of prenatal anxiety on maternal-infant attachment.

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P1.18 Intergenerational Risk Transmission and Toxic Stress: Impact on Child Development in a Community Social Pediatrics

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Introduction: Postnatal environment and early life experiences influence child development. Chronic adversity exposure will engender toxic stress that will jeopardize cognitive, emotional and health development. Therefore, reducing toxic stress during early childhood is of primary importance. However, conclusive evidence about special programs adapted to vulnerable populations is very scarce. Community Social Pediatrics (CSP) is an integrated social medicine model that brings together expertise from the medical, legal and social science in an eco-biological way in order to detect, reduce or eliminate sources of toxic stress in vulnerable children. The goal of this study is to examine the influence of maternal history of early adversity (MHEA) and toxic stressors on child well-being in the context of CSP.

Methods: Questionnaires, psychometric and physiological measures were used to assess MHEA, stressor exposure, and child development among CSP users. Thus far, 20 mother-infant dyads have been assessed.

Results: Preliminary results show that MHEA is significantly higher among CSP users than in normative samples ($p < .05$). Follow-up analyses will be performed to evaluate: 1) The interaction between MHEA and the presence of stressors as a predictor of child development and 2) CSP interventions on reduction of toxic stress.

Conclusions: To our knowledge, this study is the first to evaluate both the effects of maternal history of early adversity on living conditions of families in a Community Social Pediatrics context and the benefits of interventions on toxic stress levels and on child development. This is of critical importance, as the CSP model can be easily implemented in different communities.

Learning Objectives:

- To share our experience on reduction of toxic stress in the context of Community Social Pediatrics.
- To exchange latest research data on chronic adversity and toxic stress and their impact on child development.

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P1.19 Current Status of and Issues in Child and Adolescent Psychiatric Treatment at a General Psychiatric Hospital in Japan

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Introduction: Our hospital's philosophy is to provide community-oriented psychiatric treatment. However, recently, we have started to place increasing importance on psychiatric treatment for children and adolescents. Currently, the provi-

sion of specialized child and adolescent psychiatric treatment is unevenly distributed among major institutions such as university hospitals, and the number of community-based child and adolescent mental health organizations is insufficient.

Methods: We collected patients' data at our hospital.

Results: At our hospital, in recognition of the importance of prompt therapeutic intervention for serious mental illness and continuous psychiatric treatment and education for children and adolescents, we provide early intervention for acute psychosis, support for developmental disorders, consultation regarding maladaptation at school, crisis intervention for destructive behaviors such as family violence, among other services.

Conclusions: In this report, statistical data are presented with illustrative case reports, and current and future issues in child and adolescent psychiatric treatment are discussed.

Learning Objectives: Community -orientated child and adolescent psychiatric treatment

P1.20 Mental Health Problems in Children and Adolescents with Obesity

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Introduction: This study was to investigate mental health problems in obese children and adolescents . We assess the frequency of mental health problems and see its difference in according to sex, school grade and obesity rates. Also we analysed factors affecting the depression of them.

Methods: The sample consisted of 66 children and adolescents aged 8~16 years and they were diagnosed as obesity patients and recruited at Department of Pediatric of the Jeju National University Hospital. The participants completed the Child behavior checklist(CBCL), Children's depression inventory(CDI), somatotype drawings. And we analysed the difference of these scales' scores in according to sociodemographic factors(sex, grade) and obesity rate.

Results:

High risk group of CBCL(above CBCL T-score 70) : 28.8%(N=19)

High risk group for depression(above CDI score 17) : 22.9%(N=11) (Table 2)

- There are no significant differences between sex in the mental health properties, excluding girls want more thin ideal body image than boys (p=0.003).
- Middle school students showed high CBCL T-score in somatic symptoms(p=0.047) and high CDI scores(p=0.006) than elementary school students.
- Severe obesity group showed significantly high CBCL T-score in attention problem(p=0.010) and high CDI scores(p= 0.048) than mild to moderate obesity group.
- In the multivariate regression analyses, middle school students(p=0.05) and less preference for exercise(p=0.022) has relevance to high risk of depression among obese children and adolescents.

Conclusions: Significant proportions of obese children and adolescents suffer mental health problems. Clinicians need to pay attention to mental health risk especially in both obese adolescents and severe obese children and adolescents.

Learning Objectives: To know the risk of mental health problems in obese children and adolescents and the siganificance of identification and prevention of these problems in these population. Intervention should be provided as erarly as possible. The importance of body image as mediating factor should be explored.

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P1.21 The Effect of a School Violence Prevention Program for Elementary School First Grader

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Introduction: In Korea, School violence is one of major social issues and Ministry of Education has launched school violence prevention policy since years ago.

But still it continues and many students are traumatized by it.

We carried out this study in order to investigate the effectiveness of a school violence prevention program for elementary school first graders.

Methods: The subjects of the study were 29 elementary school first graders. 29 students were assigned to 8 sessions of school violence prevention program offered for 8 weeks.

To evaluate the impact of the program to their mental health, their awareness of school violence, and their coping abilities to school violence, we have assessed participants at baseline and post-treatment by a set of self-report questionnaires including Child Depression Inventory (CDI), the questionnaires about school violence experiences, an awareness of school violence, and coping abilities to school violence. In addition, we examined Child Behavior Checklist (CBCL), a parent-report questionnaire, to evaluate behavioral and emotional change after program

Results: CDI score has significantly reduced after program. Also, an awareness of violence and abilities to cope with violence have ameliorated. In Child Behavior Checklist (CBCL), there was no change in behavioral and emotional problem profile, but the adaptive function scale has significantly improved

Conclusions: The results of our study suggest that the school violence prevention program could help to improve student's mental health, adaptive function, their awareness and coping abilities to school violence.

Learning Objectives: The effort for school violence prevention could be effective by school based prevention program and the effect could be better if started as early as possible.

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P1.22 PTSD and Quality of Life in Out-of-School Youths

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Introduction: Although the mental health of students is monitored regularly by the Ministry of Education, young people are dropped from the National Management System when they leave school. This study examined the mental health status of out-of-school youths (OSY) in a metropolitan area of South Korea.

Methods: Fifty participants (24 males, 26 females; mean age: 16.6 yrs) were recruited from an OSY support center. Participants were interviewed by psychiatrists after completing the Youth Self-Report (YSR) and other self-report instruments measuring post-traumatic stress (PTS) symptoms, suicidality, and quality of life.

Results: Results: Most participants (n=49) reported more than one traumatic event, and 27 (54%) reported clinically significant PTS symptoms. Eleven (22%) were judged to have high levels of suicidality, and 27 (54%) reported a very low quality of life (≤5percentile) in at least one area. We recommended that 30 (60%) participants seek psychiatric treatment, and 14 (28%) were found to have comorbid diagnoses. Additionally, 12 (24%) met criteria for high-risk drinking, and 17 (34%) were smokers. Four of 26 girls had a history of sexual abuse. OCY with runaway experiences reported more lifetime traumatic experiences, lower quality of life, more hazardous alcohol use, and higher YSR scores, especially with regard to externalizing problems. The number of traumatic events was associated with the severity of PTS symptoms, total YSR scores, quality of life, and hazardous drinking.

Conclusions: Regular screening of the mental health of, and follow-up treatment for, OSY should be provided by the National Health Screening System.

Learning Objectives: to screen and manage out-of school youths

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P1.23 The Influences of Perceived Social Support and Personality on Trajectories of Co-Development of Depression and Delinquency in Taiwanese Youth

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Introduction: Little is known about the combined effect of personality and social support in family on trajectories of depressive symptoms and delinquent behaviors in youth. On the basis of mutual influence theories of depression–delinquency covariation, the current study aims to examine the impact of family support on the developmental trajectories of depressive symptoms and delinquent behaviors during adolescence and whether the association is moderated by adolescents' personality.

Methods: The data using in this study is selected from the Taiwan Educational Panel Survey (TEPS), a longitudinal panel study since the year 2000 (at age 13) and three more waves (at ages 15, 17, and 18). Latent growth curve modeling is used to study the co-development of depressive symptoms as well as delinquent behaviors and the factors affecting the dynamic bidirectional associations between the two domains in the nationwide sample of four waves of students (N = 4163).

Results: Our findings show the initial level of depressive symptoms would predict developmental trajectories of delinquent behaviors and vice versa. Further analyses indicate that only maternal support and sibling support are common risk factors across development of depression and delinquency, while paternal support and extroversion personality is associated with depression only. Meanwhile, significant interactions between paternal support and extroversion personality, sibling support and extroversion personality, are associated with trajectories of depression.

Conclusions: Social support in family and extroversion personality is not equally risky across the trajectories of depression and delinquency. Intervention of adolescents' mental health that improves social support should take account for adolescent's personality.

Learning Objectives:

1. This study is the integration of directional model, common vulnerability model, and interaction model in a unitary model.
2. We evidence that there are unique risk factors for depression and common risk factors across domain of depression and delinquency.
3. We evidence that developmental mechanism of comorbidity operates differently for extroversion personality

by showing different effects of each social support in family across levels of extroversion personality.

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P1.24 Prenatal and Subsequent Factors Predicting Internalizing Problems in Adolescence

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Introduction: Maternal depression is a well-known risk factor for child mental health, predicting particularly internalizing symptoms of children. We explored whether maternal depressive symptom trajectories and prenatal factors identified as predictors of them would predict adolescents' internalizing problems. A selection of subsequent risk factors was included in the analyses.

Methods: A longitudinal study with an original sample of 349 mother-children dyads was conducted in Tampere, Finland. Information on maternal well-being and socio-demographic factors was collected by questionnaires during pregnancy. Maternal depressive symptoms were screened with the EPDS prenatally and at two months, six months, 4-5 years, 8-9 years and 16-17 years of child's age. A model including four maternal depressive symptom trajectories was created. At 8-9 years and at 16-17 years the mothers of the children completed the CBCL and at 16-17 years the adolescents completed the YSR. Complete data were available for 127 adolescents.

Results: Maternal feelings of loneliness during pregnancy and concurrent maternal depressive symptoms predicted internalizing problems in adolescents' YSR reports in multivariate analysis. Mother's urgent desire to conceive, child's internalizing problems in middle childhood and concurrent maternal depressive symptoms predicted adolescent's internalizing problems in mothers' CBCL reports.

Conclusions: Maternal depressive symptoms should be identified in services for adolescents. The well-being of depressed mothers' children should be considered in adult mental health services. The study highlights three possible foci for early interventions: loneliness among pregnant mothers, imbalance between expectations and reality of motherhood and internalizing problems among children in middle childhood.

Learning Objectives:

- Risk factors concerning the development of internalizing problems in adolescence.
- Intergenerational transmission of depressive symptoms.

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P1.25 Prevalence of Anxiety Disorders Among Patients Referred for Urgent Psychiatric Consultation

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Introduction: Children with anxiety disorder present with increased risk and with comorbidity in emergencies, but no large studies exist regarding the characteristics of such a population attending urgent psychiatric services. This study describes anxiety disorders presenting to a Child and Adolescent Mental Health Urgent Consult Clinic (CAMHUCC), a locally developed alternative to emergency department to provide easier access for specialist psychiatric assistance within 48 hours of referral.

Methods: A cross-sectional survey of all anxiety related visits by patients below 18 years of age to the CAMHUCC between 2012 and 2014 was completed. Demographic variables and clinical co-morbidity were evaluated. The association between anxiety and other psychiatric disorders presenting to the CAMHUCC were evaluated using descriptive statistics.

Results: Patient's with anxiety disorders (n = 103) accounted for 12.8% of all patients(n = 805). The findings show that the odds of being diagnosed with GAD increased by 5.47 times once referred for anxiety and 72% lower for a person who was referred for anger/aggression. Odds of having GAD was 47% lower for males and 67% lower for persons who had previous physical trauma. Further descriptive statistics will be provided

Conclusions: Patients referred to the CAMHUCC for anxiety were more likely to be diagnosed GAD and less likely to receive a diagnosis of GAD if they were male, had a history of physical trauma or referred for anger.

Learning Objectives:

The objectives of this paper is to provide a descriptive analysis of patients with anxiety and their co-morbidity presenting to CAMHUCC.

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P1.26 Youth at Risk of Serious Mental Illness

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Introduction: The majority of serious mental illnesses (SMI) first emerge in adolescence, with 75% of persistent SMI beginning between the ages of 10 and 24. There are many components that remain unknown in regards to youth mental health including how best to (i) identify those who are at-risk, (ii) ap-

propriately define the stage of illness, and (iii) predict who will go on to experience an SMI. As there are many changes that occur during adolescence it can be challenging to determine an accurate diagnosis. One possible way to circumvent this issue is to use a clinical staging model, with a focus on severity of concern rather than a specific diagnosis. The aim of the current study is to provide additional knowledge regarding the types of risk factors young people present with when they are initially help-seeking and to determine the stage of illness at first presentation.

Methods: The current study will consist of 240 youth, ages 13 – 25 that are experiencing early mood symptoms or subthreshold psychotic symptoms, youth at risk due to a family history of SMI and healthy controls. The following will be assessed: depression, anxiety, mania, subthreshold psychotic symptoms, trauma, family history, functioning, alcohol and drug use. MRI scans and blood draws will be completed.

Results: Study design and preliminary data will be presented.

Conclusions: The purpose of the study is to develop predictive models using clinical data. Biomarker data will also be added to the predictive model.

Learning Objectives: To highlight a study focusing on the development of stages in a mental health setting and predicitive models using clinical and biomarker data.

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P1.27 Sociocultural Attitudes Towards Appearance and Eating Problems in Japanese Female Adolescents

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Introduction: Thinness in adolescent girls and young women has been a serious societal concern in Japan for several decades. However, only a few empirical studies have been conducted to examine the sociocultural aspect of body dissatisfaction and eating problems. The present study aimed at understanding developmental transitions in perceived sociocultural pressure toward thinness and eating problems in young female Japanese.

Methods: A total of 377 female students in 6th grade through college sophomore participated in a questionnaire study, assessing the perceived sociocultural pressure toward thinness and eating problems. The measures employed were Sociocultural Attitudes towards Appearance Questionnaire-3 (SATAQ-3JS) and Eating Attitudes Test (EAT), along with height, weight, and the ideal weight.

Results: Both perceived sociocultural pressure and eating problems were higher in the senior high school and college students than in the elementary and junior high school students (SATAQ:$F(3,376)=20.129$, $p<.001$; EAT: $F(3,376)=32.726$, $p<.001$). The significant differences between the junior and senior high school students suggest an elevated risk among the senior high school students. While the 6th graders scored lower in most measures, there were no significant differences on the pressure subscale of SATAQ between the elementary and junior high school students, suggesting that the 6th graders were experiencing a comparable degree of sociocultural pressure toward thinness with junior high school students.

Conclusions: The senior high school students were found to be at heightened risk for body dissatisfaction and eating problems. The results further suggest that educational programs to prevent the internalization of sociocultural pressure for thinness must include elementary school girls in Japan.

Learning Objectives:

- By directly comparing female adolescents in a relatively broad age range, we attempted to detect developmental transitions in the risk for eating problems.
- By examining the degrees of pressure to be thin, body dissatisfaction, and eating problems in early adolescent girls, we aim at developing programs for preventive education and primary intervention.

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P1.28 Psychological Distress, Psychopathological Dimensions and Psychosocial Problems of Difficult Adolescents in Kinshasa

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Introduction: The Democratic Republic of Congo (DRC) is experiencing a resurgence of psychosocial problems of difficult adolescents and their marginalization, despite social interventions and repressive measures. Failure to take consideration of the psychological distress that accompanies these adolescents can explain this. The objective was to determine psychological distress and the psychopathological dimensions on their psychosocial problems.

Methods: A cross-sectional study involved 66 adolescents (27♂, 39♀) aged 17.53 ± 2.33 years in the Health Zone of Masina 2 from May to October 2010. The t Student test was used to compare means of psychological distress indices and appreciate the significance of associations with psychosocial problems. The Pearson Chi^2 test and Fisher exact when small numbers were performed with a significance level of $p<0.05$ to determine the relationships between the dimensions of

psychopathology and psychosocial problems according to the "Symptom Checklist-90-Revised"(Derogatis, 1977).

Results: As results, 53% of those adolescents had a distress index above the average (1.90±0.57) (p=0.0487) and very high index for addiction (t=2.81, p=0.0060) and abuse (t=2.11, p=0.0370). Interpersonal sensitivity (59.1%) was the main psychopathological dimension (p<0.0001).

Conclusions: So the management of difficult adolescents in Kinshasa requires the assessment of the psychological distress and psychopathological dimensions of each adolescent. Thus, interpersonal psychotherapy integrating psychological distress may be offered in place of repression and the marginalization.

Learning Objectives: When a person has a significant social disruption, an assumption of psychological distress is required. However, poorly marked or badly accompanied this distress can worsen and hamper the reintegration if it is not integrated in the therapeutic management. Hence the importance of assessing psychological distress difficult adolescents.

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P1.29 Forum Theatre as Mental Health Promotion for Patients and Caregivers

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Introduction: Theatre and drama are increasingly common methods utilised to promote health and service engagement. Research literature indicates promising outcomes in better knowledge in physical, mental and social health that lead to increased positive health behaviours and reduced unhelpful health practices. Most of them are targeted at school-based or general population. The effectiveness of theatrical efforts specific to mental health promotion in the clinical, sub-clinical and caregivers population is lesser known.

Methods: Love Out Loud (LOL) – family stories that bind is a compilation of 3 short stories, inspired by actual clinical cases. Crafted as a forum theatre, the interactive experience invites the audience to think about mental health issues in the family – coping with post-natal depression as a couple, consistency in multi-generational care for a child with special needs, parenting in the cyber-age. Alternative views and suggestions on communicating and connecting as a family are explored within the stories.

Results: Targeted at patients and families it was presented in the Family Forum 2014 organised by the Department of Psychological Medicine, KK Women's and Children's Hospital Singapore. 97.37% reported it as good and excellent sources of information on mental health.

Conclusions: Audience feedback indicated that the real-life scenarios were easy to relate to and engage with. The interactive audience component was highlighted as helpful in reinforcing key messages on mental health behaviours such as problem-solving and communication techniques to provide care and support as a family. Follow-up research is required to explore the impact of this forum theatre on patient and family outcomes.

Learning Objectives: Forum theatre as health promotion in clinical, sub-clinical and caregiver population

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P1.30 A Survey on Professional Awareness of Early Screening of Autism Spectrum Disorder

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Introduction: The prevalence of autism spectrum disorder (ASD) has been increasing recently and the age of onset appears to have become earlier as well.

Methods: A total of 674 people participated in the study. Out of the 674, there were 260 psychological therapists, 68 doctors from primary medical care services, 301 from nursery institutions, and 45 from public institutions such as health centers. There were 620 (92%) females who participated in the study and the remaining 54 (8%) were male counterparts.

Results: Out of those who were thought to have ASD, 24.9% were around the ages of 24-35 months and 24.3% were around the ages of 36-47 months. However, 28.2% of the professionals believed that autism is diagnosable by the ages of 12-23 months, while 34% checked 24-35 months and 22% said 36-47 months. Generally, it was believed that ASD is diagnosable once the toddler was over the age of 12 months and this applied similarly to each occupational cluster. While screening tools exist for the diagnosis of autism in early childhood, 60.8% believed that these tools lack in its assessment function, and 92.9% agreed that an effective screening tool is required for early assessment of ASD.

Conclusions: The early assessment and treatment of autism spectrum disorder is crucial, yet it seems that the screening tools aren't being used efficiently. Therefore, the development of a tool that can be used easily by many professionals has become a foremost priority.

Learning Objectives: The purpose of this survey was to observe the domestic condition of autism spectrum disorder diagnosis.

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P1.31 The Relationship between Diagnosis of Developmental Disorders during the Preschool Years and Student Adjustment in Late Elementary School Period

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Introduction: Early detection and early support in cases of developmental disorders are thought to be critical, but determining their usefulness requires long-term follow-up. We conducted a screening for developmental disorders among all 5-year-olds in town A, then later evaluated the children's adjustment during their fifth year of elementary school.

Methods: Of the 5-year-old children screened in 2009, 254 were still residing in town A. Of those 254, we obtained guardian consent to the follow-up assessment for 202 (79.5%). We conducted an interview with the homeroom teacher for each child, and the resulting data was used to evaluate the child's adjustment according to the Children's Global Assessment Scale

Results: Five children were determined to have "significant difficulty in adjusting"; all five had been diagnosed with a developmental disorder at the 5-year-old screening (2 with ADHD, 3 with PDD: including suspected cases). Eleven children were determined to have "partial difficulty in adjusting"; of these, five had been diagnosed at the screening (2 with PDD, 2 with problems in mental functioning, and 1 with problems in motor development: including suspected cases). Successful adjustment was observed across 96.1% of children with no diagnosis prior to starting school, but only across 64.3% of diagnosed children.

Conclusions: Thus, developmental disorders play a role among fifth-grade elementary school students who are unable to adjust. Furthermore, the majority of such disorders are apparent prior to beginning school. This suggests the importance of establishing a continual support system from before a child enters school.

Learning Objectives:

- Prognosis of Developmental Disorders
- The importance of establishing the continual support system

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P1.32 Pattern of Child and Adolescent Psychiatric Disorders Among Patients Consulting Sbrana Psychiatric Clinics in Botswana

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Introduction: Attention is currently being drawn to child and adolescent psychiatric care, most especially in the developed countries. This type of care is still rudimentary in the developing countries. Although Botswana is one of the African countries with good health care services, mental illness is given the low priority; child and adolescent mental health care is almost nonexistent. This may likely be a reflection of the dearth of research which would drive a policy change in this direction. We consequently decided to conduct this research as a step towards establishing a well-structured child and adolescent mental health care in Botswana.

Methods: This is a descriptive, retrospective investigation comprising patients aged below 18 years, seen at Sbrana psychiatric hospital over a 5-year period. It involves extraction of information (using a pro-forma) from over 400 patients' case notes on various aspects of socio-demographic characteristics, family history, presenting symptoms, diagnostic classifications (as documented by the attending specialists' using DSM IV criteria) and management, including follow-up visits.

Results: Data collection is in progress and will be analyzed using Chi-square test for the associations between categorical variables, while the predicting variables (independent factors) will be further investigated using logistic regression analysis. This will be ready for presentation before the congress.

Conclusions: As the first of this nature in Botswana, we believe this study will reveal the true picture of commonly encountered Child and Adolescent mental disorders, the available services and possibly suggests the need for more attention in this area. It will also provoke more research in this area

Learning Objectives: To determine the prevalence and pattern of Child and Adolescent psychiatric disorders, as well as the available services in the national psychiatric referral hospital in Botswana.

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P1.33 Why are Father's Not Included in Research on Infant Mental Health Intervention and Prevention Initiatives: Findings From a Scoping Review

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Introduction: Infant mental health (IMH) has emerged as a unique area of practice and research distinguished from by its advocacy for a relational practice framework with an emphasis on parents/caregivers being integral to assessment, treatment and prevention initiatives (Zeanah & Zeanah, 2009). In most cases IMH interventions and prevention initiatives consider the parent-child relationship as the principal mechanism for change.

Methods: Our scoping review was informed by the procedure outlined by Daudt et al., (2013), an extension of Arksey and

O'Malley's (2005) approach. In consultation with library scientists and knowledge users we searched MEDLINE, PsycINFO, EMBASE, and other data-bases using relevant

search terms.

Results: Of the 163 studies included in our review only four studies (n=4) focused on fathers and/or had a significant number of father participants. Fourteen (n=14) studies examined the differential influence of mothers and fathers when exploring parent's roles in mental health interventions. Most studies a) relied almost exclusively on mother's participation in interventions, b) relied on mother's reporting on assessment and outcome measures and/or c) had caregiver samples comprised largely (i.e., 84%, 90%, 94%, 96%) of mothers.

Conclusions: Despite the value placed on relational-based interventions within IMH and the importance placed on caregivers for positive child outcomes, most IMH research failed to meaningfully include fathers. Our scoping review identified a major gap in the research literature showing that fathers were only marginally involved in research on interventions and prevention initiatives for young children. Future research should endeavor to meaningfully include fathers.

Learning Objectives:

1.) To develop an understanding about the level of involvement of fathers in IMH research.

2.) Be able to identify strategies for involving fathers in future research related to intervention and prevention initiatives for young children.

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P1.34 Coping Strategies for Stress Used by Adolescent Girls in Riyadh, Kingdom of Saudi Arabia

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Introduction: Adolescents, who are affected with stress and depression early in life, suffer from depression throughout their lives especially if they are utilizing improper ways to cope with it.

Methods: A cross sectional, school based survey was conducted among 1028 adolescent girls aged 15-19 years in secondary schools of Riyadh city. Riyadh was divided into clusters and within each cluster both public and private schools were enrolled, from the selected schools students from grade 10-12 were surveyed.

Results: About 25% stated that they cry, 19% listen to music, 15% start eating a lot, 12% sit alone/isolate themselves, 11% pray/read the Quran, 10% get into a verbal argument or a fight. Only a few, 3% exercise, and 2% stated that they find someone to discuss and talk to.

Conclusions: Majority of the adolescent girls in our survey, rely on emotion related coping mechanisms rather than problem solving mechanisms. This can cause long term implications in these adolescents as there is an increased probability to develop depression later on in life. Policy makers need to implement strategies for early identification of stress and depression. Talking to friends and family can serve as an effective way to cope with stress.

Learning Objectives:

1. Coping strategies used by adolescent girls in Riyadh when stressed

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P1.35 Understanding the Impacts of Child Welfare Involvement on Adolescent Pregnancy Risk: a Systematic Review and Meta-Analysis

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Introduction: Adolescents in the child welfare system may be at higher risk of adolescent pregnancy than their peers in the general population, due to their exposure to childhood sexual abuse, physical abuse, or neglect; family instability; or placement instability, all of which are risk factors for adolescent pregnancy.

Methods: To examine this issue, we conducted a systematic review and meta-analysis to determine if adolescents in the child welfare system had higher rates of pregnancy as compared to the baseline population. Five databases were searched for articles relating to pregnancy, adolescence, and child welfare involvement; thirteen studies that assessed pregnancy risk in child welfare populations were identified. A meta-analysis comparing risk of pregnancy in each study population was conducted; potential covariates or modifiers were extracted and discussed.

Results: Results showed that adolescents with experiences in child welfare systems were up to 5.43 times more likely to experience pregnancy than their peers in the general population, indicating a dire need for intervention in this population.

Conclusions: More research in this area is needed to better understand the risks faced by this population, potential protective factors against adolescent pregnancy risk, and the impact of child welfare involvement on adolescent pregnancy.

Learning Objectives: Understanding special risks to the sexual and reproductive health of children and adolescents in the child welfare system and its potential impact on life outcomes.

P1.36 The Direct and Indirect Effects of Victimization on the Mental Health of Gay Adolescents and Young Adults

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Introduction: Gay adolescents and young adults have increased levels of mental health disorders which are predicted by victimization (Burton, Marshal, Chisolm, Sucato, & Friedman, 2013; D'Augelli, 2002). Also, their well-being is deteriorated by minority stressors such as internalized homonegativity (IH; Shilo & Savaya, 2012). In the current study it is proposed that victimization between age 16 and the last year (V16) predict mental health symptoms via the following mediators: last year victimization (Vly), rejection sensitivity, IH, and low social support.

Methods: N = 49 gay male youths with a mean age of 19.16 years (SD = 1.12, range = 17 to 21) participated in a German-language cross-sectional study online. Homonegative V16 and Vly was assessed with a victimization scale by Herek and Berrill (1992), rejection sensitivity with the Rejection Sensitivity Scale (Pachankis, Goldfried, & Ramrattan, 2008), internalized homonegativity with the Internalized Homonegativity Inventory (Mayfield, 2001), and social support with a short version of the Questionnaire for Social Support (Fydrich, Sommer, & Brähler, 2007).

Results: A mediated regression, which was controlled for certain personal and demographic variables, was conducted in SPSS PROCESS. V16 predicted lower levels of IH ($\beta = -3.86$, $p < .05$) and had a direct effect on current mental health problems ($\beta = .51$, $p < .01$). IH and Vly predicted mental health problems as well ($\beta = .05$ and .60, $p < .001$). No further predictions were found. Also, being in a same-sex relationship and having a higher degree of education ($\beta = -.36$ and -.38, $p < .01$) predicted less symptoms. A post-hoc analysis revealed that Vly predicted higher levels of internalized homonegativity ($\beta = 3.14$, $p < .05$).

Conclusions: Victimization plays an important role on mental health symptoms of gay adolescents and young adults in this cross-sectional study: V16 and Vly both predict mental health problems. Also, internalized homonegativity predicts mental health problems. While recent victimization predicts higher levels of IH, V16 predicts lower levels of IH; indicating that V16 has an indirect healthy effect and Vly an indirect unhealthy one. The effect of victimization on IH seems to be depending on the recency of the event. IH levels and thus mental health might be improved by changing cognitions on victimization event in victimized gay youths and by reducing actual homonegative victimization (e.g., anti-bullying campaigns).

Learning Objectives: Readers of the poster should learn about factors that influence the mental health of gay adolescents and young adults.

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P1.37 Epidemiological Study of Child and Adolescent Mental Health in Egypt

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Introduction: Children in Egypt are around 45% of the total population.Parents are authoritarian, their awareness of psycho-social development of children and adolescent is lacking.

Methods: A literature review from Ministries of Health& Education according to different age groups since infancy, toddler and pre-))school . School age is the main concern of Ministry of Education through the 3 levels of educations (primary, preparatory & secondary

Results: Common emotional problems; Anxiety disorder (Separation Anxiety, Generalized anxiety mainly among secondary schools. Depression can be a problem particularly Major depression.

Minor behavioral problem as nail biting & temper tantrum while overt one as ADHD, Oppositional & Conduct disorders.

Cognitive problems as reccorded from Ministry of Education that the last 2 decades an enormous increase in enrollement in basic education with lack of qualified trained personels, this lead to an over estimation of mentally retarded children in school. Qualitative developmental disorder ASD is refered to absent eye to eye contact,

Conclusions: Child mental health in Egypt is the parents responsibility, while the school'role is refering misbehaving children to health centers.

Learning Objectives: Portray the child & adolescent Mental health in a developing country as Egypt

References:

Seifeldin A; Wig N; Billington D ; A MULTI-SECTORIAL APPROACH to school mental healthWHO

P1.38 Maladie Métabolique (Phénylcétonurie) et Troubles Neurodéveloppementaux

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Introduction : L'association entre Phénylcétonurie PCU et les troubles neurodéveloppementaux est bien décrite, notamment l'association entre la PCU et le trouble du

spectre autistique(TSA).Cependant peu d'études ont évalué l'incidence du trouble déficit de l'attention/ hyperactivité (TDAH) chez les enfants ayant la PCU.

Méthodes : 5 patients sont suivis à la consultation de pédopsychiatrie de Mahdia ayant la PCU (P1, P2, P3, P4, P5).P1 est un garçon âgé de 9ans, P2 est un garçon âgé de 8ans, P3 est une fille âgé de 7ans, P4 est une fille âgée de 8ans et P5 est un garçon âgé de 2ans. P2 et P3 ainsi que P4 et P5 sont frère et sœur. 3 patients présentent un TSA (P1, P3, et P4). 2 patients (P2 et P3) présentent un TDAH.

Résultats : La phénylalanine hydroxylase est une enzyme nécessaire pour la conversion de phénylalanine en tyrosine. Dans la PCU le gène qui code pour cette enzyme est défectueux. Ceci résulte à des faibles taux de tyrosine,nécessaire pour la synthèse de Dopamine. Théoriquement la PCU et le TDAH sont liés par ce déficit en Dopamine auquel le cortex préfrontal est sensible. Bien que cette explication neurobiologique ait été bien décrite, peu d'études ont été publiées pour examiner l'association entre ces deux troubles. La comorbidité entre le TSA et les syndromes génétique a été plus détaillée dans la littérature.L'association entre PCU et TSA varie entre 2.7% et 5.7% selon certaines études.

Conclusions : la recherche systématique de maladies métaboliques notamment la phénylcétonurie s'avère nécessaire chez les patients souffrant de troubles neurodéveloppementaux.

P1.39 Impaired White Matter Integrity and Social Cognition In High Functioning Autism Spectrum Disorders: A Diffusion Tensor Imaging Study

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Introduction: Several studies have showed strong evidences suggesting that many of the cognitive and social deficits associated with autism can be aroused from abnormal functional connectivity between brain networks. This aberrant functional connectivity can be explained by impaired integrity of white matter tracts that link distant regions of the networks.

Methods: We compared individuals with high functioning autism to normal controls using DTI to determine whether the high functioning autism group demonstrated decreased FA in association fiber tracts. We also evaluated the relationships between FA and ADI-R-K scores for social interaction, communication and stereotypic behaviors.

Results: There are significantly lower FA in the left inferior fronto-occipital fasciculus, left superior longitudinal fasciculus, left inferior longitudinal fasciculus, and right amygdala. Significant negative correlations were found between social interaction scores of the ADI-R-K and FA of the left inferior fronto-occipital fasciculus, left inferior longitudinal fasciculus, and left superior longitudinal fasciculus in the high functioning autism group, suggesting that the severity of white matter impairment in these regions was related to poor social cognition. FA of significantly affected regions in the high functioning autism group also showed negative correlations with communication and stereotypic behavior scores of the ADI-R-K.

Conclusions: We could find impairment of neural connectivity in long association fiber tracts in high functioning autism, evidenced by decreased FA, the index of white matter integrity, of these tracts. Among them, IFOF, which connects social brain, had significant relationships with various domains like social interaction, communication, repetitive behavior, verbal IQ, performance IQ, and functional IQ in HFA.

Learning Objectives: In this study, we aimed to determine whether patients with ASDs have less intact functional connectivity between cortico-cortical areas involved in social cognition than a normally developing control group. We assessed severity of impairment of social interaction and communication by subscales of the Autism Diagnostic Interview-Revised-Korean version (ADI-R-K). Subsequently, we investigated the relationship between the degree of impaired connectivity in relevant brain areas and severity of the symptom scores.

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P1.40 Early Traumatic Experiences, Perceived Discrimination and Conversion to Psychosis in those at Clinical High Risk for Psychosis

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Introduction: There is evidence to suggest that both early traumatic experiences and perceived discrimination are associated with later onset of psychosis. Less is known about the impact these two factors may have on conversion to psychosis in those who are at clinical high risk (CHR) of developing psychosis. The purpose of this study was to determine if trauma and perceived discrimination were predictors of conversion to psychosis.

Methods: The sample consisted of 764 individuals who were at CHR of developing psychosis and 280 healthy controls. All participants were assessed on past trauma, bullying and perceived discrimination.

Results: Individuals at CHR reported significantly more trauma, bullying and perceived discrimination than healthy controls. Only perceived discrimination was a predictor of later conversion to psychosis.

Conclusions: Given that CHR individuals are reporting increased rates of trauma and perceived discrimination, these should be routinely assessed, with the possibility of offer-

ing interventions aimed at ameliorating the impact of past traumas as well as improving self-esteem and coping strategies in an attempt to reduce perceived discrimination.

Learning Objectives:

1) CHR participants report experiencing more trauma, bullying, and perceived discrimination compared to healthy controls.
2) The more lifetime perceived discrimination endorsed, the greater the chance of conversion to psychosis.
3) The consistently reported high rates of trauma and discrimination in this population warrant further attention, and may be an important area of intervention.

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P1.41 One Year Trajectory Analysis for ADHD Symptoms and Its Associated Factors in Community Samples of Taiwan

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Introduction: Limited studies have identified different developmental trajectories of attention deficit/hyperactivity disorder(ADHD) symptoms in large community samples of children and adolescents.

Methods: This prospective study consisted of 1,281 students in grade 3, 5 and 8 with a four-wave quarterly follow-up within one year. Main outcome measures, symptoms of inattention (IA), hyperactivity-impulsivity (HI) and opposition-defiance (OD), were rated by the SNAP-IV. Group based trajectory modeling were applied in the three of symptom groups and developmental stages. Multivariable regression analyses with stepwise selection were undertaken to explore the factors (e.g. sex, externalizing behavior, internalizing behavior, functions at school and home, and perceived family's function) associated with differentiating trajectories.

Results: All the trajectories in 3 symptom groups were classified as Low (33.6-37.8% of participants across grades), Intermediate (48.9-57.1%) and High (9.3-11.7%) based on the symptom severity. In regression analyses, lower functions at school and home in the IA group, lower functions at school, higher externalizing problems, lower perceived family functions in the HI group, alongside higher externalizing problems, lower functions at school and home in the OD group, were significantly associated and could predict the High severity trajectory. Being female and having high prosocial behaviors had protective effects for the high IA and HI trajectories.

Conclusions: The High trajectories identified in the current community cohort of a large sample size conform to the prior results of prevalence for ADHD. Functions at school and home, level of externalizing problems and perceived family function are major factors in predicting and differentiating the trajectories, and could serve as intervening targets.

Learning Objectives: Different developmental trajectories of ADHD symptoms and major factors predicting and differentiating the trajectories in large community samples of children and adolescents were identified in current study.

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P1.42 Screening of Emotional and Behavioral Problems Among Urban Children and Adolescents Attending in Bangla Medium, English Medium and Religious School

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Introduction: Epidemiological surveys indicate that psychiatric disorders in children and adolescents are common, affecting at least one in ten 5–16-years old. The total population of Bangladesh is 166 million. Among them 0-14 year's age group is about 53 million. The total numbers of enrolled students from primary grade to secondary level were 32 million in last year. Among them, 86% study in Bangla medium school, 13% study in religeous schools (madrasah) and rest are in English medium school. SDQ can screen mental health problems within very short time. Researcher mainly intended to know the emotional and behavioral problems among the urban child and adolescents of Bangla medium, English medium and Religious school (madrasah). It will further look for any

variation of problems according to types of school and socio demographic variables.

Methods: This is a descriptive and cross sectional study. There will be random selection of 196 students of both sexes (4-17 years) from each school. SDQ (Parent, Teacher and Student versions) will be used to generate scores. Multi informant scores will be applied in paper pencil algorithm to predict emotional and behavioral disorders in students (Mullick and Goodman,2001). Data will be analyzed by Statistical Package for Social Science (SPSS).

Results: The study will detect the frequency of emotional and behavioral problems among urban children and adolescents attending in three contrast schools.

Conclusions: It will aware the community and policy makers regarding mental health problem among school students. Such findings will be important evidence to develop school mental health program nationwide.

Learning Objectives:

1. Overview of current gap between service and demand specially in school mental health in Bangladesh
2. Scope of CAMH research and developing school mental health program in Bangladesh

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P1.43 Self-Harm in Child and Adolescent Psychiatric Inpatients: a Retrospective Study

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Introduction: Youth suicidality is a rising concern. For every completed suicide in youth, there are approximately 400 suicide attempts(1). While one of the key purposes of inpatient psychiatry is to keep patients safe(2), despite all interventions, suicidal behaviour in inpatient settings remain as a challenge. This study presents a comprehensive report of children and adolescents who engaged in self-harm during their admission to a psychiatric inpatient unit.

Methods: A chart review was conducted on all admissions to a psychiatric inpatient unit in a Canadian children's hospital over a one-year period. Details on patients with self-harm behaviour during the admission were recorded, including: demographics, presentation to hospital, self-harm behaviour and outcome. Baseline variables for patients with and without self-harm behaviour during admission were compared.

Results: Self-harm incidents were reported in 60 of 501 (12%) admissions during the study period. 14% of patients (50 of 351) accounted for total number of 136 self-harm incidents. Half of these incidents (49%) occurred outside of the hospital setting, when patients were on passes. Using Beck Lethality Scale (0-10), mean severity of the self-injury attempts was 0.33, and there were no serious negative outcomes.

Conclusions: Self-harm behaviour during inpatient psychiatric admission is a common issue among youth, despite safety strategies in place. While self-harm behaviour is one of the most common reasons for admission to psychiatric inpatient unit, our understanding of nature of these acts during the admission and contributing factors are limited. Further research is required to better understand these factors, and to develop strategies to better support these patients.

Learning Objectives:

1) Recognize self-harm behaviour during admission as a common concern, in particular in youth.
2) Learn about incident rate of self-harm behaviour in youth during admission, method of self-harm, lethality and outcome in a Canadian tertiary children's hospital.
3) Recognize the gaps in current literature about self-harm incidents during admission; and promote future research in the field.

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P1.44 The Impact of Bullying on Physical Health and Immune Function in Adolescents

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Introduction: One third of children report occasional bullying or victimization[1], making bullying in school a significant issue. Bullying is associated with numerous adverse outcomes: depression, anxiety, and increased risk of suicide[2]. Being victimized has been found to be predictive of physical health complaints[3], including abdominal pain and sleep problems[4]. There is little knowledge of the impact of bullying on immune function although literature suggests a relationship between childhood maltreatment and increased inflammatory level[5].

Methods: Forty-six participants were recruited from the community and divided into the bullied group or control group based on the subject's self report. Physical health information was collected by survey and saliva samples were obtained. The saliva samples were analyzed for levels of TNF-α, IL-6 and CRP by ELISA.

Results: On physical health survey, those who are bullied were significantly more likely to experience stomach aches, backaches, and difficulty sleeping compared to controls (Table 1). On cytokine analysis, there was a trend towards higher levels of IL-6 in individuals who are bullied.

Conclusions: The differences between the two groups on physical health survey suggest that being victimized has significant physical health impact. Preventative action against bullying could potentially have positive impact on physical health. The preliminary cytokine results indicate that a larger sample size may be needed to elucidate the differences between the two groups.

	Non-Victimized	Victimized
Stomach ache		
Rarely/Never	18	8
About every month	7	4
At least once a week	3	5
Backache		
Rarely/Never	16	6
About every month	8	5
At least once a week	4	6
Difficulties Sleeping		
Rarely/Never	11	2
About every month	6	5
At least once a week	11	10

Learning Objectives:

1: To elucidate differences in self reported physical health in adolescents who have been bullied compared to adolescents who have not been bullied

2: To evaluate immune function using levels of cytokine in saliva, comparing adolescents who have been bullied to adolescents who have not been bullied, predicting a higher inflammatory level in bullied individuals

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P1.45 Growth in a 2-Year, Open-Label Study of Lisdexamfetamine Dimesylate in Children and Adolescents with Attention-Deficit/Hyperactivity Disorder

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Introduction: Study SPD489-404 was the first 2-year safety and efficacy study of lisdexamfetamine dimesylate (LDX) in children and adolescents with attention-deficit/hyperactivity disorder (ADHD). Reduced weight trajectories have been reported for children and adolescents receiving stimulant ADHD medication.[2,3]

Methods: Participants (aged 6–17 years) with ADHD received dose-optimized, open-label LDX (30, 50 or 70mg/day) for up to 104 weeks. Z-scores for weight and BMI were derived using the Centers for Disease Control and Prevention (CDC) norms.[1]

Results: All enrolled participants (N=314) were included in the safety population and 191 (60.8%) completed the study. From baseline to last on-treatment assessment (LOTA), mean (SD; range) weight increased by +2.1 kg (5.83; -20 to +34 kg) and BMI decreased by -0.5 kg/m^2 (1.72; -7 to +10 kg/m^2). Z-scores for weight and BMI were within one SD of the mean (≥ –1 to < 1) for the majority of participants at baseline and LOTA (Table 1). In general, weight and BMI z-scores shifted lower over the first 36 weeks and then stabilized.

Z-score range	Baseline (N = 314) n (%)	LOTA (N = 313) n (%)
Weight		
< –2	2 (0.6)	7 (2.2)
≥ –2 to < –1	14 (4.5)	45 (14.4)
≥ –1 to < 1	197 (62.7)	210 (67.1)
≥ 1 to ≤ 2	85 (27.1)	43 (13.7)
>2	16 (5.1)	8 (2.6)
BMI		
< –2	4 (1.3)	14 (4.5)
≥ –2 to < –1	22 (7.0)	70 (22.4)
≥ –1 to < 1	193 (61.5)	189 (60.4)
≥ 1 to ≤ 2	94 (29.9)	39 (12.5)
>2	1 (0.3)	1 (0.3)

Conclusions: As anticipated, over the 2-year study, z-scores for weight and BMI decreased, with most of the decrease occurring in the first year. The majority of participants had z-scores within one SD of the CDC population mean for weight and BMI at LOTA.

Study funded by Shire Development LLC.

Learning Objectives:

- To understand the weight and BMI changes observed among children and adolescents with attention-deficit/hyperactivity disorder (ADHD) receiving long-term treatment with the stimulant lisdexamfetamine dimesylate (LDX) in a 2-year, open-label clinical trial (SPD489-404).
- To understand how the weight and BMI changes observed in SPD489-404 compare with expected growth trajectories based on population norms.

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Tue Sept 20 | Macleod Hall A & B

P2 Posters, Psychiatric Disorders and Comorbid

P2.01 Gender Difference in Association Between ADHD Symptoms and Childhood Overweight: Mediational Effect of Emotional Problem and Eating Pattern

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Introduction: Studies on associating factors with overweight reported a number of variable such as dietary patterns, physical activity and psychiatric comorbidity. Among psychiatric comorbidity, ADHD possibly lead to dysregulated eating patterns through its main symptoms. Moreover, children with ADHD are known to spend more time on computer/video games and TV watching. We assumed, if there is ADHD-overweight link, it would preside over a complex path including several mediators including emotional problems, physical activity, and eating patterns, and would be moderated by gender.

Methods: A total of 669 children of sixth grade (327 boys, 342 girls) participated by completing the self-rated Strengths and Difficulties Questionnaire and the Three-Factor Eating Questionnaire. Weight and height were measured, and screen time, parental supervision and SES were obtained from the self-report questionnaire. A zero order correlation matrix was computed for all variables. A structural equation model was used to test our hypothesized pathway.

Results: ADHD score was directly and indirectly related to BMI. In boys, the direct effect of ADHD on BMI was higher than that in girls. Emotional problem, screen time, parental supervision and disinhibition of eating patterns mediated the link, but parental SES and dietary restriction did not. The final model fit the data considerably well (CMIN/df < 3, RMSEA = 0.03, CFI = 0.97, TLI =0.95).

Conclusions: We found good evidence that emotional problem and disinhibition of eating patterns are important mediators of the ADHD-overweight link in preadolescent youth. These findings suggest explanatory models which attempt to identify the possible mechanisms linking them.

Learning Objectives:

1. To examine the association between ADHD and overweight/obesity in children.
2. To identify the possible mechanisms linking ADHD and overweight/obesity.
3. To envestigate the gender difference in the link.

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P2.02 L'association Trouble obsessionnel compulsif et Trouble bipolaire à l'enfance : comorbidité ou continuum ?

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Introduction : L'association du trouble bipolaire (TB) au trouble obsessionnel –compulsif (TOC) est courante en psychiatrie.

L'intérêt porté à l'étude de cette association serait en raison de ses implications cliniques, pronostiques et thérapeutiques. Cet intérêt trouve aussi sont origine dans les différentes hypothèses explicatives de chacun de ces deux troubles qui se rejoignent sur plusieurs aspects étiopathogéniques posant ainsi un problème sur la nature de cette association : une comorbidité ou un continuum ?

Méthodes :

- Rapporter une vignette clinique d'un enfant ayant consulté à l'unité de pédopsychiatrie à l'hôpital de Monastir pour un TOC compliqué de TB
- Etudier le lien entre le TB et le TOC et en déduire les différentes hypothèses explicatives à travers une revue de la littérature

Résultats : Il s'agit d'un enfant âgé de 11 ans aux développements psychomoteur et psychoaffectif normaux, qui a été amené à la consultation de pédopsychiatrie pour des troubles du comportement avec des antécédents familiaux de trouble de l'humeur chez le père. L'histoire de ses troubles remonte à 2 ans marquée par l'apparition d'obsessions idéatives à thématiques blasphématoire et sexuelle contre lesquelles il luttait par des rites conjuratoires.

L'évolution a été marquée depuis 3 mois, par un changement du comportement avec apparition d'une symptomatologie à type d'euphorie, d'accélération du débit du discours, d'instabilité motrice, de troubles instinctuels associés à des troubles de la perception.

Conclusions : Des exlications physiopathologique reposant sur des facteurs de vulnérabilité génétique, neurobiologique ou psychologique communs ont été proposés mais la réponse à cette question reste controversée.

Objectifs d'apprentissage :

- Etudier à travers une revue de la littérature les différentes hypothèses explicant la relation entre le TOC et le TB
- Proposer un model de compréhension multifactoriel de cette association

Références :

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P2.03 Impure ADHD as Bipolar Disorder Prodrome

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Introduction: It was found in several studies that childhood Attention deficit hyperactivity disorder (ADHD) is highly associated with Bipolar disorder (BPD) onset. in fact these two syndromes share some clinical similarities related to problems with mood regulation, stress intolerance, and hyperactive and impulsive behavior. To address a better prediction and earlier recognition, more specified description for ADHD is needed.

Methods: A case report discussion using a literature review performed based on a MEDLINE research with the following key words: Bipolar disorder-ADHD-Prodrome.

Results: We report the case of 8-year-old girl who was diagnosed with ADHD and Stuttering disorder in Child and Adolescent Psychiatry Unit of the hospital of Monastir. Treatment was based on Cognitive Behavior Therapy and Psychoeducational Therapy. As Stuttering was resistant and anxious elements have been noticed, the treatment was enhanced by an SSRI (Fluoxetine). Soon after, the patient became much more hyperactive, insomniac and exhibited an elated mood. Her diagnosis was changed to BPD type I. She responded fairly well to Valproate. We found several published reports suggesting that comorbidity of ADHD with conduct disorder, oppositional- defiant disorder, major depressive disorders and generalized anxiety disorder increased the risk of later BPD compared to ADHD alone. Comorbidity of ADHD and language disorders was not described in literature as a prodrome of BPD.

Conclusions: There is growing evidence that ADHD does manifest as a prodrome before the onset of BPD. Further evaluation and specification of new subtypes of ADHD (pure and impure ADHD) according to the existence of comorbidity, are needed.

Learning Objectives:

The purpose of this work is to illustrate through a case report and litterature review the specific features of ADHD as a precursor of BPD.

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P2.04 Repetitive-Restricted Behavior and Sensory Response in Children with Autism Spectrum Disorder (ASD)

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Introduction: repetitive and restricted behavior (RRB) is one of core symptoms in ASD. Could the abnormalities of sensory processing be the explanation to these behaviors?

Aim:finding a relationship between RRB and abnormal sensory response

Methods: A descriptive study, including 30 children with ASD who are attending our child and adolescent psychiatry unit at the university hospital of Monastir (Tunisia).Their average age was 7 year old (min 5-max 11). We used the Repetitiv behavior scale-revised: a 43-item caregiver with six subscales on the different repetitive behaviors and the sensory profile 2 for children to assess sensory processing. Both of the scales were translated to Arabic and filled by parents.

Results: We have found significant correlation between high scores on the restricted behavior subscale and hyper-response on the movement (p=0,018) and body position processing (p=0,06). We've also noticed that being hyper-sensitive in the visual processing section is significantly correlated to low scores on the compulsive behavior subscale. The "seeking" sensory-model is significantly correlated to high score on the sameness behavior subscale (p=0,003), while the "avoider" model is much correlated to high scores on the compulsive behavior subscale (p=0,016).

Conclusions: It is important to find answers concerning the interference of the sensory processing features in children with ASD with the RRB to have better understanding and efficient intervention on them.

Learning Objectives: better understanding of ASD

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P2.05 Love, Sex, and Social Support: Correlates of Paternal Postpartum Depression

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Introduction: Postpartum depression (PPD) is associated with negative cognitive, emotional, and behavioural outcomes in children.[1] Further, children exposed to two parents with depression experience exponentially higher risk for deleterious outcomes.[2] Thus, investigating correlates of paternal PPD is important to facilitate early intervention and promote positive child development.

Methods: Seventy-three men in the year following childbirth were recruited from low-risk maternity clinics. Participants completed an online survey that included the Centre for Epidemiological Studies – Depression (CES-D), Edinburgh Postnatal Depression Scale – Partner (EPDS-P), Global Measure of Sexual Satisfaction (GMSEX), Interpersonal Support Evaluation List (ISEL), and Couples Satisfaction Index (CSI).

Results: Participants (N=73) were primarily married (86.3%), Caucasian (72.6%), and university educated (54.8%) with an average age of 32.92 years (SD 4.64). Approximately 14% of men were experiencing clinical levels of depressive symptoms. Paternal PPD was significantly correlated with maternal PPD ($r = .31$, $p = .009$), relationship (CSI, $r = -.39$, $p = .001$) and sexual satisfaction, (GMSEX, $r = -.24$, $p = .046$), and social support (ISEL, $r = -.35$, $p = .003$). However, when all predictors were considered simultaneously in a model, only maternal PPD remained significantly correlated above and beyond paternal education and household income, $F(3, 66) = 6.72$, $p = .012$. No other variables were significant in the model with maternal PPD ($p > .05$).

Conclusions: Maternal PPD is a strong correlate of paternal PPD. These findings provide compelling evidence for frequent PPD screening in new fathers especially when maternal PPD is present.

Learning Objectives:

The aim of this research is to investigate early childhood factors, such as parental mental health, that have a known association with poor developmental outcomes in children. By investigating risk factors of paternal postpartum depression, we seek to inform early intervention and screening procedures in order to prevent negative child outcomes.

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P2.06 Traumatic Brain Injury in Individuals at Clinical High Risk for Psychosis

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Introduction: Recent research suggests that a traumatic brain injury (TBI) can significantly increase the risk of later development of psychosis. However, it is unknown whether people at clinical high risk (CHR) of psychosis have experienced TBI at higher rates, compared to otherwise healthy individuals. This study evaluated the prevalence of mild TBI, whether it was related to past trauma and the relationship of mild TBI to later transition to psychosis.

Methods: Seven-hundred forty-seven CHR and 278 healthy controls (HC) were assessed on past history of mild TBI, age at first and last injury, severity of worst injury and number of injuries using the Traumatic Brain Injury Interview. Attenuated psychotic symptoms were assessed with the Scale of Psychosis-risk Symptoms. IQ was estimated using the Wechsler Abbreviated Scale of Intelligence and past trauma and bullying were recorded using the Childhood Trauma and Abuse Scale.

Results: CHR participants experienced a mild TBI more often than the HC group. CHR participants who had experienced a mild TBI reported greater total trauma and bullying scores than those who had not, and those who experienced a mild TBI and later made the transition to psychosis were significantly younger at the age at first and most recent injury than those who did not.

Conclusions: A history of mild TBI is more frequently observed in CHR individuals than in HC. Inclusion or study of CHR youth with more severe TBI may provide additional insights on the relationship between TBI and later transition to psychosis in CHR individuals.

Learning Objectives: To understand the role of mild TBI in those at CHR of psychosis by looking at the prevalence of mild TBI and its relationship to later transition to psychosis in young people at CHR for psychosis. Another objective is to determine if mild TBI relates to past experience of trauma and bullying in those at CHR for psychosis.

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P2.07 Impact of Impact of Allergy on Chlildren with Attention Deficit Hyperactivity Disorder: an Egyptian Study

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Introduction: Attention deficit hyperactivity disorder (ADHD) and allergy depend on complex environmental and genetic interaction . Both of them meet hypersensitivity criteria.

Methods: 127 children diagnosed as ADHD according to Mini Kid schedule for psychiatric assessment, with an age range from 6-16 years, were recruited to the study. They were subjected to Conners parent rating scale, Wechsler Intelligence scale, complete history of allergy and its medication, skin prick test to common environmental allergens, and total immunoglobulin E (IgE).

Results: from the 100 children who completed the study 35 were proved to be allergic.Most of the cases had comorbid allergic rhinitis and bronchial (25%), followed by atopic dermatitis (8%).Common allergens were hay dust(43%)followed by different pollens (37.5%). There was statistical significant relation between Conners ADHD index and coexistence of allergy with ADHD.

Conclusions: Children with ADHD have increased prevalence of allergic disease. Proper evaluation is mandatory to decrease the burden of ADHD

Learning Objectives:

- To screen allergy in a clinical sample of ADHD children
- To determine the relation between ADHD severity and allergy in those children

References:

Brawly A, Silverman B, Kearney S, Guanzon D, Owens M, Bennet H (2004) : Allergic rhinitis in children with attention deficit hyperactivity disorder. Ann Allergy Asthma Immunol: 92:663-667.

P2.08 Acquisition of Functional Skills by Autistic Children Between 36 and 90 Months in Vitória - ES- Brazil

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Introduction: It is known that development in autism is distinguished by dysfunctional psychomotor and communication, but there isn't previous development classification or neither functional acquisitions standards, important knowledge to systematize treatments and provide support to health and social organization.

Methods: It was used Pediatric Evaluation of Disability Inventory to assess 211 autistic children between 36 and 90 months, classified 5 age ranges, GMFSC IV, V. Considered the standard normative score of the domains: mobility, self-care and social function. The Kruskal-Wallis and Tukey tests were utilized to compare performance and age. The association between age and income with scores was measured using multiple linear regression. Spearman test was utilized to correlate score and age.

Results: The performance in all domains was worse than expected to age ($p<0.001$, $p<0.001$, $p<0.001$). The performance comparison between the domains showed no difference between 36 and 47 months and in the range between 48 and 90 months the performance in mobility is better ($p<0.001$, $p<0.001$, $p<0.001$, $p=0.002$). A lower *per capita* income was associated with poorer mobility between 72 and 90 months ($p=0.002$, $p<0.001$) and poorer social function between 60 and 71 months ($p=0.028$). There was correlation between age and performance in mobility and social function (0.462, 0.561).

Conclusions: Autistics functional performance is worse than expected to age with integrated growth between 36 and 47 months. Between 48 and 90 months, the mobility is better than social function and Sef-care. There is a correlation between age and performance on mobility and social function. Income does not affect performance in self-care.

Learning Objectives: To evaluate and classify the functional development of autistic children, reading possible patterns and similarity in development.

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P2.09 Validation of an Arabic Version of the "Scale for Social Adaptation in Children " (EASE)

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Introduction: Despite of the importance of the theory of mind (TOM) for both children with typical development and those with neuro-developmental disorders, there is still no validated measure of TOM in Tunisia. This fact leads to limited researches in our country.

Methods: This study was conducted from March to Jun 2015. At first, Forward and backward translations of EASE were undertaken to develop an Arabic version. The validity and reliability of EASE was then tested **on 390 typically developing children (TD) aged from 4 to 9 years.** To validate this scale we studied : face validity, criterion validity, construct validity and reliability.

Results: Criterion-related validity was confirmed, in fact we have found correlations between EASE and false belief tasks.

A good temporal reliability was demonstrated (r=0,75). Inter-rater concordance was excellent for EASE TOM (ICC=0.91) and good for EASE NO-TOM (ICC=0,86). The Bland and Altman method showed a low-variability mean difference.

The Cronbach coefficient was 0,80 for the sub-scale EASE TOM and 0,75 for the sub-scale EASE NO-TOM. Factorial analysis identified six factors explaining the total variance of 50% for the sub-scale EASE TOM and seven factors explaining the total variance of 53% for the sub-scale EASE NO-TOM.

Conclusions: Overall, this study provides a valid and reliable Arabic version of the EASE scale. This tool helps for the assessment of the TOM for 4 to 9 years-old children, and mainly, the longitudinal assessment of this ability.

Learning Objectives: Describe the procedure for trans-cultural validation of a scale

Use different assessments of theory of mind for children

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P2.10 Factors Influencing the Theory of Mind Skills in 390 Tunisian Typically Developing Children

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Introduction: Recently, theory of mind (TOM) is a core topic in both social neuroscience and developmental psychology. However, we still know relatively little about variables that influence TOM development during childhood.

Methods: We conducted a cross-sectional and descriptive study involving 390 typically developing children (TD) aged from 4 to 9 years recruited among kindergartens and schools in Sousse (Tunisia).

The developmental and psychosocial factors were explored according to the axis IV of the DSM IV.

The assessment of explicit TOM was carried out by two classic tests of false belief: Sally and Anne and the Smarties box that have been adapted to our cultural context. We used the scale for social adaptation (EASE) to study the implicit TOM skills.

Results: Different factors were correlated with better TOM abilities. These factors could be divided into two fields: environmental and developmental factors.

TOM skills were significantly correlated to environmental factors such as living in urban areas (p=0.002 for the Sally and Anne test and p=0.000 for the EASE), the parents' quality of life (p=0.000 for EASE) and parental educational level (p=0.000 for the EASE).

Finally, we identified developmental factors such as age (p=0.02 and p=0.03 for classic tests and p=0.04 for EASE), school results (p=0.03 for EASE), language abilities (p=0.02 for EASE) and social behaviour (p=0.00 for EASE) that were positively correlated with better TOM skills.

Conclusions: The study of factors influencing the development of TOM in childhood is crucial. Their recognition will allow us to develop strategies for prevention and detection of these deficits.

Learning Objectives:

- The development of theory of mind during childhood
- Environmental and developmental factors influencing the theory of mind skills in typically developing children

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P2.11 Parental Age: Risk Factor for Autism?

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Introduction: According to recent studies, risk of ASD could increase with the parental age. Hence, the interest of this research whose principle aim was to study the association of parental age with severity of autistic symptoms

Methods: Descriptive study including parents (60 mothers, 60 fathers) of 60 children diagnosed with ASD according to DSM-IV from the Child and Adolescent Psychiatry Clinic at the hospital of Monastir, Tunisia, (Mean age 6±2, 8 years, 74% males).

Parental age at the time of conception was collected from medical records.

Intensity and clinical profile of autism in children were assessed by the scale Childhood Autism Rating Scale (CARS).

Results: Average maternal age at the time of conception was 30 years, ranging from 21 to 41 years, while average paternal age at conception was 36.23 years, ranging from 27 to 47 years.

Average score on CARS was 34, 86 ranging from 28 to 44 indicating a majority of moderate intensity.

Correlations: Paternal age was positively related and statistically significant with CARS scores

Maternal age was positively related to severity but statistically insignificant

Conclusions: Our results support the probable existence of a link between aging fathers and autism spectrum disorder. A genetic mutation of male reproductive cells over time could be the cause of this phenomenon. The increased risk in children aging mothers could be related to chromosomal changes. Possible biological mechanisms include de novo aberration and mutations or epigenetic alterations associated with aging, further studies are needed

Learning Objectives:

- relate autism to genetic factors
- present parental age as a possible risk factor to autism

References:

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P2.12 Autism and Deafness: Common Features or Comorbidity?

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Introduction: Autism spectrum disorder (ASD) and deafness share common problems in communication. Deafness can be a predisposing or aggravating condition, or simply a co-occuring coincidence.

The purpose of our study was to determine the frequency of autism and deafness association and to describe the clinical characteristics of children with this association.

Methods: Retrospective descriptive study on children with ASD followed at the Child and Adolescent Psychiatry Clinic in Monastir, Tunisia, during the period from 2003 to 2014

Diagnosis was made by board certified child psychiatrist according to DSM IV with the use of the Childhood Autism Rating Scale.

Children were diagnosed with deafness after an ENT examination and a Brainstem Auditory Evoked Response test.

Results: In our study, 19 children with ASD had an associated deafness which represents 2% of all children with ASD. We found a family history of language disorders in 47 % of cases, deafness in 32% of cases and Otitis media in 16% of cases.

The average age of the discovery of deafness was 30 months. Hearing loss was bilateral in 84% of cases with hearing thresholds ranging from 30 to 100 dB.

95% of children received a correction of deafness by equipment or by implant.

64% of cases showed significant improvements of autistic behavior after auditory correction.

Conclusions: Our findings are similar to those of literature concerning the frequency of association between autism and deafness. Such association can cause a delay in diagnosis, a worsening of the prognosis and difficulties in treatment.

Learning Objectives:

- show developmental association between autism and deafness
- evaluate clinical significance of this comorbidity

References:

Rosenhall, U., Nordin, V., Sandström, M., Ahlsen, G., & Gillberg, C. (1999). Autism and hearing loss. *Journal of autism and developmental disorders*, *29*(5), 349-357.

P2.13 Psychiatric Comorbidity in Children with Autism Spectrum Disorders and Association with Maternal Emotional Manifestations

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Introduction: Psychiatric comorbidities are often described in association with autism . The challenging behaviors presented by many children on the spectrum are one of the most significant sources of stress for mothers. Hence, comorbidity of major internalizing and externalizing psychiatric disorders can be associated to maternal emotional manifestations

Methods: Our sample consisted of 30 children with a mean age of 6, 7 years old.The Childhood Autism Rating scale (CARS) was administrated to evaluate the Autistic symptoms. Psychiatric comorbidities were screened through parent semi-structured interview using the Mini International Neuropsychiatric Interview for Children and Adolescents translated into Arabic. All Mothers will be assessed through structured Clinical Interview for DSM-IV-TR Axis I Disorders and MINI-PLUS adapted and validated for Tunisian Arabic dialect to diagnose current or lifetime psychiatric disorder.

Results: More than 3/4 of children were comorbid for another psychiatric (an internalizing or externalizing) disorder. Out of those children 20 % had two psychiatric comorbidities. The most common diagnoses were separation anxiety disorder (55%) followed by oppositional defiant and conduct disorders disorder (35 %) and attention deficit/hyperactivity disorder (25%).Findings reveled also that three out 20 mothers who's had child with psychiatric comorbidity had anxiety disorder, one had bipolar disorder and one had depression disorder.

Conclusions: Our results confirm those of literature concerning the frequency of psychiatric comorbidities in ASD. Moreover, maternal emotional manifestations were associated with psychiatric comorbidities in children with ASDs. Hence, dysfunctional interaction patterns can be a real challenge for therapists working within the field of autism.

Learning Objectives:

The current study explored

- The prevalence and comorbidity of major internalizing and externalizing psychiatric disorders in a sample of children with ASDs.
- Explore association between psychiatric comorbidity in children with autism spectrum disorders with maternal psychiatric manifestations

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4. Smith, L.E., J.S. Greenberg, and M.R. Mailick, The family context of autism spectrum disorders: Influence on the behavioral phenotype and quality of life. Child and adolescent psychiatric clinics of North America, 2014.

P2.14 Prevalence of Somatic Comorbidity in Children with Autism Spectrum Disorders

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Introduction: Children with ASD have a higher risk of developing somatic conditions such as epilepsy and other neurological disorder. Somatic comorbidity in Children with ASD may be explained by mediating mechanisms such as unfavorable pathophysiological disturbances and may have a predisposing, causal, aggravating role or be a simple co-occurrence.

Methods: Descriptive study of outpatients meeting the DSM-IV criteria of autism spectrum disorder (ASD) and regularly consulting in the Child and Adolescent psychiatry department of Monastir, Tunisia. Our sample consisted of 84 children (17 girls, 67 boys) with a mean age of 4.7 ± 2.8 years. Patients with ASD were identified through a systematic review of medical records, containing information about case history, electro-encephalography (EEG), cerebral magnetic resonance imaging (MRI), genetic tests, urinary screening for metabolic inherited diseases, blood samples, treatment, and other investigations

Results: Findings revealed that out of 84 children, 51 (subgroup prevalence 60.71%) had somatic comorbidity. Twelve children (subgroup prevalence 14.28%) had two comorbidities. The estimated prevalence was 24.4% for epilepsy, 16.3% for sensory deficits, 14 % for infectious diseases, gastrointestinal diseases, 3.5% for Phenylketonuria (PKU), 3.5% for neurofibromatosis , 3,5% for genetic diseases, 2.3% gastrointestinal diseases and 2.3% for endocrine diseases Out of those with sensory deficits, 15, 1% had auditory disorders such us deafness.

Conclusions: The high prevalence of somatic comorbidity justifies the necessity of neurological exam with specific investigations for children with ASD. Moreover, it is very important to recognize, to diagnose and treat somatic comorbidity in order to provide optimal services to this vulnerable patients.

Learning Objectives: The aim of the present study is to describe the prevalence of somatic comorbidity in children with ASD

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Ming X, Brimacombe M, Chaaban J (2008) Autism spectrum disorders: concurrent clinical disorders. Journal of Child Neurology 23: 6–13.

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P2.15 Conversion Disorder: Co-morbidity with Depression, Anxiety and Trauma. A Case Study among Female Warsay-Yikealo Secondary School (WYSS) Students

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Introduction: To the best of our knowledge, there is no record of any psychological research conducted on conversion disorder (CD), locally known as '*Lewt*', in Eritrea. CD is uncommon but highly disabling condition especially in childhood to young adulthood years.

Methods: To assess prevalence, 165 students identified as "conversion" students and 100 students as control group were compared using the translated version of the Somatoform Dissociation Questionnaire (SDQ-20). To study co morbidity, the conversion group was then randomly assigned into three different groups of (N=55) each and answered the translated versions of Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and Traumatic Experience Checklist (TEC) questionnaires respectively. Finally the conversion group (N=165) answered the Four Dimensional Symptom Questionnaire (4DSQ).

Results: Mean scores of somatoform dissociation for 60.6% of the conversion group (*M*=36, *SD*=13.3) was higher than the non-conversion group (*M=24.2*, *SD*=5.93). CD patients were found with significantly higher rates of anxiety (82.3%) than with depression (72.7%) and trauma (60.0%). There was significant correlations between symptoms of CD and anxiety *r* (55) = .54, *p*=0.00 than the depressive and traumatic symptoms. The results from the 4DSQ indicated the scale of somatization (conversion) was strongly correlated with anxiety r (165) =.49, *p*=0.00 than it was with the scale of depression r (165) =.25 *p*=0.001.

Conclusions: The study found that students who reported CD in WYSS have significant psychiatric co-morbidity with anxiety, depression, and trauma. School physicians and counselors should be aware that patients with CD are likely to have other co-occurring psychiatric symptoms.

Learning Objectives: This research was designed to investigate psychiatric co-morbidity, the co-occurrence of multiple psychiatric disorders, among the WYSS students diagnosed with CD. The main aim of the study was to quantify the prevalence of conversion disorder and its co-morbidity with multiple psychiatric disorders namely, depression, anxiety and trauma using the DSM-IV criteria (APA, 1994) as a primary diagnosing criteria for CD. Therefore these are the learning objectives of the study:

1. To determine the incidence of psychiatric co-morbidities among students with the symptoms of CD.
2. To assess the frequency of these psychiatric disorders among students who experience CD.

References:

1. American Psychiatric Association, Diagnostic And Statistical Manual Of Mental Disorders, Fourth Edition (DSM-IV), 1994.
2. Ellert R. S. Nijenhuis, Philip Spinhoven, et.al., " Degree of Somatoform and Psychological Dissociation in Dissociative Disorder Is Correlated with Reported Trauma." *Journal of Traumatic Stress, 1998.*
3. Ellert R. S. Nijenhuis et.al. "Somatoform Dissociation, Reported Abuse and Animal Defense-Like Reactions." *Australian and New Zealand Journal of Psychiatry*, 2004.
4. *Ellert R. S. Nijenhuis "*Somatoform Dissociation and Somatoform Dissociative Disorders, 2008"
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P2.16 Educational Achievement at Age 9.5 Years in Children Born to Methadone-Maintained Mothers

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Introduction: Maternal opioid addiction in pregnancy is a global public health concern due to adverse neonatal and neurodevelopmental consequences. Methadone maintenance therapy (MMT) is the standard of care for treatment of opioid addiction in pregnancy. The extent to which prenatal exposure to methadone, a synthetic opiate, can adversely effect children's long-term developmental outcomes remains unclear. Accordingly, the objective of this study was to examine educational achievement outcomes of children born to methadone-maintained mothers.

Methods: Data were drawn from a subsample (N=51) of a prospective longitudinal follow-up of a regional cohort of children born to opioid-dependent women enrolled in MMT by the third trimester of pregnancy. An age- and sex-matched comparison group of children (N=62) was also included. At age 9.5 years, children's educational outcomes were assessed using the Broad Reading (Letter-Word Identification, Reading Fluency, Passage Comprehension) and Broad Math (Calculation, Math Fluency, Applied Problems) subtests of the Woodcock Johnson-III Tests of Achievement.

Results: Four years post-school entry, 54% of children who were born to methadone-maintained mothers had significant educational delay in either literacy, numeracy, or both, compared with 13% of their comparison peers (p<.001). Further examination of performance across individual subtests showed similar results. Specifically, mean differences for reading subtests ranged from 12–16 points (p<.001) and 8–14 points (p<.004) for various math subtests.

Conclusions: School-aged children born to methadone-maintained mothers are at high-risk of significant educational underachievement. The current findings, although preliminary and warranting further studies, are critical for public health surveillance and educational service planning.

Learning Objectives:

1. Document rates of educational underachievement in children born to methadone-maintained mothers.
2. Describe the nature of educational underachievement in children born to methadone-maintained mothers.

References:

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P2.17 Autism Spectrum Disorders (ASD) in South Asia: A Systematic Review

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Introduction: Autism spectrum disorders (ASD) refers to a group of complex neurodevelopment disorders *(1)*. The symptoms are present from early childhood, affect daily functioning *(1)*. In 2010, prevalence of ASD around the world was 7.6/1000 or one in 132 persons *(2)*. Although South Asia represents a significant percentage of the world population, the burden of ASD in this part of the world is still unknown. The aim of this study was to provide a systematic review of epidemiological surveys of ASD in South Asia.

Methods: We searched, collected and evaluated for English language articles on the prevalence of ASD in South Asia based on the PRISMA checklist published between 1962 and September, 2015.

Results: We identified only 5 articles from Bangladesh, Pakistan and Sri Lanka which met our pre-defined eligibility criteria. The reported prevalence of ASD in South Asia ranges from 0.16 (Bangladesh) to 6.31% (Pakistan). Study sample sizes ranging from 374 to 7280. The age ranges varied between 18 months to 18 years. Male had higher prevalence than female in all studies. Substantial methodological differences in definition, screening instruments and diagnostic criteria were evident between countries which make it very difficult to compare the studies. Autism services are heavily concentrated around institutional based and absent in primary care. Prevalence of ASD in India, Nepal, Bhutan and Maldives is still unknown.

Conclusions: Knowing the burden and extent of disease could help design screening tools that are applicable, culturally acceptable, and cost-effective to identify individuals who can benefit the most from early diagnosis and intervention.

Learning Objectives: The aim of this study was to provide a systematic review of epidemiological surveys of Autism spectrum disorders (ASD) in South Asia. This review was conducted to understand the prevailing situation that may assist health professionals and policy makers in defining the need and planning service delivery models.

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1. National Institutes of Health. Autism Spectrum Disorder Fact Sheet. Office of Communications and Public Liaison, National Institute of Neurological Disorders and Stroke, 2016, Bethesda, MD 20892.
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P2.18 Emotional Dysregulation, Dysfunctional Beliefs and Attitudes –Predictive Factors of Low Resilience in Conduct Disorders and Depression in Adolescents

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Introduction: Resilience is a dynamic process, through which, a person succeed to adapt to different stressors.

Through this study, the authors aim to evaluate specific predictors of resilience in adolescents from a low socioeconomic environment.

Methods: 20 adolescents diagnosed with conduct disorder, 20 adolescents diagnosed with depression and 20 adolescents without a psychiatric diagnosis were evaluated. The diagnosis was established using the semi-structured interview Kid-SCID. The following questionnaires were used: The Profile of Affective Distress, PDA (Opris, Macavei, 2007), Attitudes and Beliefs Scale 2, ABS-2 (DiGiuseppe, Leaf, Exner, Robin, 2007) and Unconditional Self-Acceptance Questionnaire, USAQ (Chamberlain, Haaga, 2007), that are validated on the Romanian population.

Results: Statistical correlations were made using SPSS Statistics 17.0 between a) parental pathology (antisocial behavior, alcohol dependence, depression, and anxiety), b) positive emotions and negative functional (concern) and dysfunctional (anxiety) emotions, c) irrational beliefs and d) unconditional acceptance of self in the three groups.

Conclusions: The correlations that were found suggest directions for intervention in order to prevent the onset of externalizing/ internalizing disorders in children.

Learning Objectives:

- to unfold the complexity of resilience and resilience-related processes
- to circumscribe specific areas of prevention

References:

Sandra Prince-Embury, Donald H. Saklofske, Resilience in Children, Adolescents and Adults, Translating Research into Practice, Springer Science+Business Media New York 2013, DOI 10.1007/978-1-4614-4939-3

P2.19 Familial Factors Involved in Adolescent Substance Use Disorders

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Introduction: The objective of the current study is to identify the familial factors that are involved in the onset and maintenance of substance use disorders.

Methods: 60 adolescents who admitted that they did drugs were compared with the control group, equivalent in terms of numbers, age, sex ratio, and without drug use.

We collected the following data: age at the moment of the study, organization of family, history of divorce in the family, parent working abroad, age at the beginning of drug use, group of friends, type of drugs used, associated tobacco use, existence of mental illness in the family, type of mental illness, drug use within the family, duration and frequency of drug use, role of drug use.

The Parental Stress Index (developed by Richard Abidin) was applied to the family.

Percentage calculations and significance calculations were used in statistical analysis.

Results: Average age for initiating drug use was 12.58 in boys and 12.82 in girls.

Substance use has been admitted as being practiced for one year (40% of the users) or two years (35 % of the users).

The Parental Stress Index allowed making the following observations regarding the study group: fulfillment of parental tasks was difficult due to the child's inability to adapt to the physical or social environment, lack of emotional closeness between parent and child, real or perceived inability of the parent to observe and understand the child's feelings and needs ($p<0.05$).

Conclusions: Identifying the familial factors of adolescent substance use is crucial for successful prevention and intervention programs.

Learning Objectives:

- assessment of the familial factors that could initiate and maintain the substance use
- building the intervention on familial risk factors

References:

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P2.20 Altruistic Sharing Behavior in Children with Autism Spectrum Disorder

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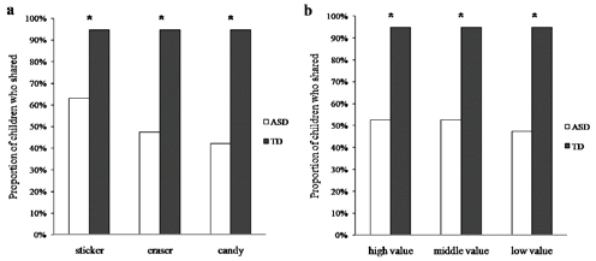
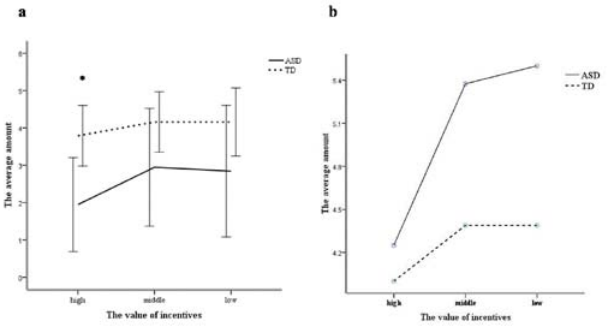
Introduction: Deficits in sharing are considered a primary reason why ASD children have poor social relationships. However, the characteristic of altruistic sharing behavior in ASD children and its related mechanism remain unclear.

Methods: This study examined altruistic sharing behavior in ASD children and typically developing (TD) children using a dictator game and investigated the role of theory of mind, IQ and inhibitory control in altruism.

Results: The results indicated that ASD children behaved less altruistically than TD children, which could not be fully explained by deficits in the abovementioned cognitive abilities. The average amount of resources that ASD children shared was similar to that of TD children once they decided to share. ASD children were also sensitive to the value of resources.

Conclusions: These results suggest that the less altruistic sharing in ASD children might be caused by impaired altruistic motivation and that the value of resources is important in economic games.





Learning Objectives:

- ASD children behaved less altruistically than TD children;
- Difficulties in IQ, theory of mind and inhibitory control could not explain ASD children's unnormal performance in the DG;
- ASD children were also sensitive to the value of resources.

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P2.21 Perception of the Teachers Toward Disruptive Behavior of School Children and Their Role in Identifying ADHD Symptoms

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Introduction: Among childhood psychiatric disorders, one of the most challenging behavioral problems for practitioners and educators is ADHD with or without Oppositional Defiant Disorder (ODD). Many studies identify teachers as the most frequent initial referral source by recommending to parents that their child receive assessment for ADHD.

The objective of the study was to examine teachers' knowledge and attitudes regarding the disruptive behavior of children in school that could be related with ADHD or Oppositional Defiant Disorder in order to reporting symptoms and seek for interventions.

Methods: In the period of January-May 2015, 53 teachers from 3 schools from Timis County filled in the Disruptive Behavior Disorder Rating Scale- Teachers' Form (DBDRS) and the School Situations Questionnaire (SSQ) for 651 children ages between 6-16(mean age 10.64; SD=2.41). The two instruments assess the disruptive behaviors of children in school and identify specific symptoms for ADHD or Oppositional Defiant Disorder. Before they filled the scales all teachers answered to a short questionnaire that assessed their level of information regarding the disruptive behavior of their students.

Results: In each classroom the teachers identified at least 1 or 2 children with specific symptoms for ADHD or ODD and most of the children had compliance problems in different situations in school. The frequency of symptoms with clinical level severity was around 22%.

Conclusions: Even some teachers who lack knowledge about ADHD may overlook behaviors signifying a child in need of assistance, in most of situations the teachers could have an important role in early diagnostic and treatment of ADHD.

Learning Objectives: Teachers have an important role in diagnosing children with ADHD and also may become a significant part of the therapeutic team.

The study showed that in Romania teachers still need to participate in training courses for developing the skills for the identification and the management of ADHD and/or ODD symptoms in school age children

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P2.22 The Characteristics of the Children with 'Hikikomori' (Prolonged Social Withdrawal) and Its Difference From School Absenteeism in Japan

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Introduction: Hikikomori, is definede as Table1. This issue has attracted much attention in Japan from 1990s. The epidemiology and the characteristics of hikikomori have been revealed. But, the profiles of children with hikikomori have not been well known and the difference from school absenteeism is not clear. In this study, we compare the children with hikikomori, and the children with school absenteeism without hikikomori. Then we aim to reveal the clinical characteristics of the children with hikikomori.

Methods: Our study was a medical chart review. We reviewed the charts of children who first visited the child psychiatry department at a children's hospital during the months of April to September 2008. From this review we recruited 41 children with school absenteeism, whose information on clinical profiles and clinical courses of social adjustment status were collected and followed up until 31 March 2014. We used the tetrameric way as Tabel2 to evaluate the social adjustment status.

Results: Results are shown in Table3.

Table.1 The definition of hikikomori and schoolabsenteeism

The definition of 'hikikomori' (Guideline of hikikomori for their evaluations and supports, Saito, 2010. in Japanese)
- A phenomenon in which persons become recluses in their own homes, avoiding various social situations. - It lasts for at least six month. - People with hikikomori may go out without any social contact with others. - It is considered a non-psychotic condition distinguished from schizophrenia. - There is a possibility of underlying prodromal schizophrenia.

The definition of the children with schoolabsenteeism (Ministry of Education, Culture, Sports, Science and Technology, 1991. in Japanese)
Students who did not attend or unable to attend to school more than 30 days per year due to psychological, emotional and physical reasons, or due to sociological factors and backgrounds. The figure excludes absence due to both illness and economic reasons.

Table 2. The tetrameric way to evaluate the clinical course of social adjustment.

Well adapted	Being able to be part of society for at least a year, and well adapted.
Slightly adapted	Being able to be part of society most of a year. The life activities could be restricted by one's own psychological symptoms.
Semi-maladapted	Being able to be part of society intermittently in a year. The life activities could be greatly restricted by one's own psychological symptoms.
Maladapted	No social activities in a year. Most hours are spent at home or in psychiatric hospital.

Table 3 Clinical characteristics of patients

	hikikomori (N = 8)	school absenteeism without hikikomori (N = 33)
Age (years)	13.5 ± 2.3	12.5 ± 1.8
Gender		
Female	3 (37.5 %)	15 (45.4 %)
Male	4 (62.5 %)	18 (54.5 %)
Follow up period (years)	3.5 ± 1.5	2.2 ± 2.1
The period to the first visit (years)	1.1 ± 1.3	0.7 ± 0.7
Diagnosis (ICD-10)		
F42 (Obsessive-compulsive disorder)	3 (37.5 %)	1 (3.0 %)
F40 (Phobic anxiety disorders)	2 (25.0 %)	0 (0.0 %)
F32 (Depressive episode)	1 (12.5 %)	2 (6.0 %)
F45 (Somatoform disorders)	1 (12.5 %)	9 (27.2 %)
F94 (Disorders of social functioning)	1 (12.5 %)	5 (15.1 %)
F93 (Emotional disorders)	0 (0.0 %)	5 (15.1 %)
F41 (Anxiety disorders)	0 (0.0 %)	2 (6.0 %)
F43 (Adjustment disorders)	0 (0.0 %)	2 (6.0 %)
F50 (Eating disorders)	0 (0.0 %)	2 (6.0 %)
Comorbid pervasive developmental disorders	3 (37.5 %)	5 (15.1 %)
Medication	6 (75.0 %)	13 (39.3 %)
Hospitalization	1 (14.2 %)	4 (12.1 %)
Improvement of social adaptation	4 (50.0 %)	13 (39.3 %)
Social adaptation status at the endpoint		
Well adapted	0 (0.0 %)	0 (0.0 %)
Slightly adapted	0 (0.0 %)	0 (0.0 %)
Semi-maladapted	0 (0.0 %)	33 (100.0 %)
Maladapted	8 (100.0 %)	0 (0.0 %)
Social adaptation status at the endpoint		
Well adapted	2 (25.0 %)	3 (9.0 %)
Slightly adapted	1 (12.5 %)	3 (9.0 %)
Semi-maladapted	0 (0.0 %)	2 (6.0 %)
Maladapted	0 (0.0 %)	0 (0.0 %)
Social adaptation status at the dropout		
Well adapted	0 (0.0 %)	1 (3.0 %)
Slightly adapted	1 (12.5 %)	5 (15.1 %)
Semi-maladapted	1 (12.5 %)	19 (57.5 %)
Maladapted	3 (37.5 %)	0 (0.0 %)

Conclusions: Many of the children with hikikomori were diagnosed with neurotic disorders unlike in the case of adults. In half of them both with and without hikikomori, the social adaptation improved within five years.

Learning Objectives:

- To compare the characteristics of the children with school absenteeism and hikikomori, and the characteristics of the children with school absenteeism without hikikomori.
- To reveal the clinical characteristics of the children with hikikomori.

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P2.23 Risk Factors Associated with Dissociative and Somatoform Disorders in Children and Adolescents - a Case Control Study From India

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Introduction: Little is known about the exact incidence or prevalence of somatoform disorders.[1] Clinic-based studies have reported high rates of Dissociative and Somatoform disorders from India however sparse literature exists on risk factors associated with dissociative and somatoform disorders in children and adolescents. [2,3]

Methods: 201 patients and caregivers participated with prospective purposive sampling. Children and adolescents who fulfilled criteria for somatoform and dissociative disorders based on I.C.D.-10 diagnostic criteria[4], diagnosed by team of psychiatrist were the cases and the controls comprised of children and adolescents without dissociation and somatoform disorder. They were interviewed on measures of demographic factors, socio-economic condition, coping, life events, temperament and family functioning using prior reliable scales and predesigned data collection form, Kuppuswami Socio-economic scale Modified Coddington Life events scale, APGAR scale, Jalowiec Coping scale and temperament scale. Informed consent was obtained. Ethical clearance was obtained. Statistical analysis used were Descriptive analysis, independent student's t test and Chi-square with Yates correction, bivariate regression and multivariate regression analysis using SPSS.

Results: Presence of role model in family and maternal psychopathology were significantly associated with dissociation and somatoform disorder in children and adolescents. Perceived poor functioning of the family, emotive coping, life events, temperament domains of threshold of responsiveness and rhythmicity were significant throughout univariate, bivariate analysis and multivariate analysis.

Conclusions: Risk Factors that have emerged significant have relevant clinical and research implications for developing countries like India.

Table 1: Demographic characteristics for the entire sample.

Demographic variables	N=201
Chronological age : mean(sd) in years	13.25(3.33)
Gender	
Male	108 (53.87 %)
Female	93 (46.3%)–
Habitat	
Rural	50 (24.9 %)
Semi-Urban	59 (29.4 %)
Urban	92 (45.8 %)
Family Structure	
Nuclear	127 (63.2 %)
Extended	3 (1.0 %)
Joint	71 (35.3 %)
Role Model	
Present	64 (31.8 %)
Absent	137 (68.2 %)
Mother's Psychopathology	
Present	41(20.2%)
Absent	160(78.8%)
Father's Psychopathology	
Present	65(32%)
Absent	136(67%)
Co-morbidity	
Present	26 (12.8%)
Absent	175 (86.2%)

Table 2 : Multivariate analysis of the variables those were significant in bivariate analysis after controlling for the confounders.

Variables[a]	ß	t	P value
Presence of Role model	1.64	21.12	0.001
Mother's psychopathology	0.71	3.3	0.06
Perceived family functioning	0.29	4.34	0.001
Life events	0.21	3.028	0.003
Emotive coping	-0.30	-4.40	0.001
Temperament	0.32	4.68	0.001
a = The confounders controlled were co-morbidity, age, gender and family structure			

Learning Objectives:

a. To study and discuss risk factors associated with dissociative and somatoform disorders in children and adolescents.
b. To assess role of life events, coping, family functioning and temperament in children and adolescents with dissociative and somatoform disorders.
c. To study demographic and socioeconomic factors and study correlations in children and adolescents with dissociative and somatoform disorders.
d. to discuss relevant clinical and research implications.

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P2.24 The Differences in Cognitive Deficits Between Affective Psychosis and Non-Affective Psychosis in Korean Adolescents

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Introduction: It is well established that robust cognitive deficits are already evident in first-episode schizophrenia. However, in bipolar disorder, it was suggested that cognitive deficits develop after the onset of the illness. The purpose of this study was to find the differences in cognitive deficits between affective psychosis and non-affective psychosis among Korean adolescents in early phases of the illness.

Methods: The Korean Wechsler Intelligence Scale for Children-fourth edition (K-WISC-IV), Comprehensive Attention Test (CAT), and Child Behavior Checklist (CBCL) were administered to 52 adolescents with first-episode psychosis. Pearson correlation, student t-test, and χ^2 test were used.

Results: There was no statistically differences in the means of Working Memory Index and Processing Speed Index between affective psychosis and non-affective psychosis. Omission errors on auditory CAT were higher in affective psychosis than in non-affective psychosis (t=0.592, p=0.026). Omission errors also showed significant correlations with academic sub-score (r=-0.447, p<0.05).

Table 1. Demographic data

	Affetive Psychosis (N=20)	Non- Affective Psychosis (N=23)	t / χ^2	P
Age, Years, mean	15.1 ± 2.1	16.0 ± 1.1	-1.85	0.072
Education Years, mean	9.3 ± 2.5	10.4 ± 1.3	-1.53	0.136
DUP Years, mean	19.4 ± 31.0	27.5 ± 40.4	-0.74	0.465
Sex, N(%)				
Male	3 (6.8%)	14 (63.6%)	10.79	0.005
SES, N(%)				
High	8 (18.2%)	8 (18.2%)	3.25	0.917
Middle- high	2 (4.5%)	3 (6.8%)		
Middle- mid	5 (11.4%)	7 (15.9%)		
Middle- low	4 (9.1%)	3 (6.8%)		
Low	1 (2.3%)	2 (4.5%)		
Father- education, N(%)			4.39	0.625
Middle school	2 (7.1%)			
High school	2 (7.1%)	2 (7.1%)		
University	4 (14.3%)	7 (25.0%)		
≥Graduate	4 (14.3%)	6 (21.4%)		
Mother- education, N(%)			27.19	<0.001
Middle school				
High school	5 (18.5%)	7 (25.9%)		
University	6 (22.2 %)	6 (22.2%)		
≥Graduate	1 (3.7%)	1 (3.7%)		

Table 2. Differences in cognitive functions between affective psychosis group and non-affective psychosis group.

		Affetive psychosis (N=20)	Non- Affective psychosis (N=23)	t	P
CAT					
Visual stimuli	O	86.7 ± 25.5	91.2 ± 24.1	1.362	0.133
(mean±SD)	C	86.6 ± 27.2	94.8 ± 8.6	0.257	0.754
	M	85.6 ± 15.1	85.8 ± 9.8	-0.022	0.835
	SD	78.4 ± 24.4	80.6 ± 19.8	1.013	0.819
Auditory stimuli	O	97.2 ± 9.7	91.1 ± 12.8	0.592	0.026
(mean±SD)	C	86.4 ± 8.8	87.1 ± 9.3	0.107	0.755
	M	95.6 ± 15.7	94.2 ± 18.9	0.354	0.739
	SD	63.1 ± 45.7	56.6 ± 41.2	0.500	0.387
K-WIS-IV					
FSIQ-4		93.9 ± 15.9	87.8 ± 14.7	0.894	0.817
VCI		96.6 ± 12.6	97.4 ± 14.3	-0.146	0.741
PRI		93.7 ± 14.2	91.2 ± 15.9	-0.378	0.987
WMI		96.0 ± 22.7	88.0 ± 9.4	1.42	0.597
PSI		87.0 ± 14.9	77.5 ± 15.0	1.442	0.620

O- omission error, C-commission error , M-mean, SD-Standard Deviation

Table 3. Association between CAT and CBCL subscore

	total	int.	ext.	anxiety	attention	delinquency	aggressive	academic
visual stimuli								
omission errors	.329	.136	.044	.086	.199	.117	-.029	-.447+
commission errors	-.161	-.242	-.412	-.381	-.330	-.198	-.449	.064
mean time	.070	.214	-.099	.099	-.386	-.241	-.018	.120
Standard Deviation	.424+	.223	-.266	.048	-.445+	-.213	-.268	.174
auditory stimuli								
omission errors	-.108	.001	-.200	.160	.137	-.390	-.272	.372
commission errors	.192	-.284	-.066	-.173	-.078	-.094	-.093	-.116
mean time	-.004	.438+	.043	.287	.110	-.014	.209	-.111
Standard Deviation	.168	.206	-.904	.205	-.016	-.026	-.146	.100

*: p<0.05

Conclusions: As the results of this study, between-group differences (affective psychosis and non-affective psychosis) for cognitive impairment except inattention might be similar to each other in early phases of the illness. Follow-up studies are needed.

Learning Objectives:

1. There is differences in attentional ability between affective psychosis and non-affective psychosis in early phases of the illness.
2. We suggest in this study that affective psychosis patients in early phases of the illness have more academic problems than non-affective psychosis patients.
3. To assess attentional ability might be important for differential diagnosis between affective and non-affective psychosis.

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P2.25 Environmental Lead and Tobacco Smoke Exposure and Neurocognitive Performance in Attention-Deficit/Hyperactivity Disorder

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Introduction: Previous studies have suggested that blood lead and urinary cotinine concentrations are associated with attention-deficit/hyperactivity disorder (ADHD) in youth. However, only a few studies have analyzed what specific neurocognitive functions are associated with the concentrations of lead and cotinine in youth with ADHD.

Methods: Ninety four youth with ADHD and thirty controls (aged 5 to 18 years) participated in this study. A structured diagnostic interview (K-SADS-PL) was conducted for psychiatric diagnostic evaluation, and blood lead and urinary cotinine concentrations were measured. All participants were assessed using the ADHD Rating Scale-IV (ADHD-RS), the continuous performance test (CPT), the Stroop color-word test (SCWT). Multivariable linear regression model were used to evaluate associations of blood lead and urinary cotinine concentrations with the neurocognitive test results; IQ, age, and gender were adjusted.

Results: There was a significant difference in blood lead concentrations between the ADHD and control groups (1.5±0.4 μg/dL vs. 1.2±0.3 μg/dL, p=0.008), but no difference in urinary cotinine concentrations. Blood lead concentrations showed a positive correlation with the CPT omission errors (r=0.31, p<0.05) and response time variability (r=0.25, p<0.05), but urinary cotinine concentration had no meaningful correlation with the variables. In the multivariable linear regression model, blood lead concentrations were associated with CPT omission errors (B=0.274, p=0.009).

Conclusions: Our results showed that high blood lead concentrations are associated with poor neurocognitive performance in ADHD, but urinary cotinine concentrations did not show any significant difference in between the ADHD and control groups and any association with the results of neurocognitive tests.

Learning Objectives: At the conclusion of the presentation, attendees will be able to understand the relationships between results of neurocognitive tests and concentrations of blood lead and urinary cotinine in youth with ADHD and the importance to obtain information on the environmental factors, such as lead exposure.

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P2.26 Heart Rate Variability and Inhibitory Control in Adolescents with Attention-Deficit Hyperactivity Disorder

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Introduction: Converging evidence suggests problems with inhibitory control to be a predominant dysfunction in Attention-Deficit Hyperactivity Disorder (ADHD). Poorer inhibitory control associates with lower abilities in self-regulation, such as with higher physiological stress responses. Such stress responses can be indexed with lower heart rate variability (HRV) - variance in consecutive heart beat intervals. We hypothesized that HRV would be lower in ADHD than in healthy controls (HC), and that this lower HRV would reflect poorer inhibitory control.

Methods: ECG was recorded in a five-minute resting condition in 11-16 year old adolescents with ADHD (n = 24) and HC (n = 31). The high frequency (HF) band was used as a measure of HRV and the stop signal reaction time (SSRT) from a stop signal task as a measure of inhibitory control. Univariate analyses were conducted to test between-group differences controlling for the effects of age and gender, and a bivariate correlation analysis investigated the relationship between HRV and inhibitory control.

Results: Preliminary analyses showed that adolescents with ADHD had significantly lower HF activity and higher SSRT compared to HC. However, the HF activity did not correlate with level of SSRT.

Conclusions: Our findings indicate that adolescents with ADHD had higher stress responses than HC. Lower HRV is associated with emotional dysregulation and increased risks of health problems such as heart disease. However, HRV did not associate with level of inhibitory control (SSRT). Future studies are called for to investigate the association between HRV and stress responses such as anxiety in individuals with ADHD.

Learning Objectives:

- Explain how HRV reflects the CNS-ANS-interaction.
- Describe background for the use of HRV as a marker of inhibitory control abilities in ADHD.

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P2.27 Relations Between Childhood Adversities and Specific Psychotic Experiences in Children with First-Episode Psychosis

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Introduction: Experiencing a first episode of psychosis (FEP) at young age plays an important role in one's future life, considering its peculiarities. Since a growing emphasis on relationship between childhood adversities (CA) and increasing risk of psychosis is given, we aimed to explore associations between different types of CA and specific psychotic symptoms in FEP patients.

Methods: Case histories of 91 FEP patients (ICD-10 F20-29, F30-33) aged 10-17 years, hospitalized for the first time during the years 2009-2015 were surveyed retrospectively. Data about psychotic experiences (Hallucinations, Delusions, Paranoia, Grandiosity and Negative Symptoms), mood symptoms and CA (bullying, sexual, physical and emotional abuse), also other psychosocial risk factors were collected by analyzing findings of the clinical examination and observations, psychological testing results. Correlations were assessed using phi coefficient.

Results: Comorbid psychiatric disorders showed association with sexual abuse (ϕ=0,25; p=0,017). Bullying (ϕ=0,355; p=0,025), physical (ϕ=0,382; p=0,016) and emotional

(ϕ=0,339; p=0,032) abuse among girl showed association with paranoia while bullying among boys were associated with Negative Symptoms (ϕ=0,28; p=0,046). Sexual abuse among those who do not consume alcohol were associated with Grandiosity (ϕ=0,303; p=0,018). No differences between family composition, learning abilities, extracurricular activities etc. have been found (p>0,05).

Conclusions: Our findings supplement the evidence of the link between childhood adversities and psychosis while showing specific relations between different childhood adversities and psychotic symptoms. However, any firm conclusions cannot be made considering small size of the sample. Further prospective studies are required to prove specific relations.

Learning Objectives: childhood adversities shows specific relations with psychotic experiences in children

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P2.28 Psychiatric Diagnoses in Individuals at Clinical High Risk for Psychosis: findings from the NAPLS-2 Cohort

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Introduction: The onset of a psychotic disorder is typically preceded by subthreshold or attenuated psychotic symptoms. Individuals who are experiencing these early signs and symptoms of illness are considered to be at clinical high risk (CHR) of psychosis and have been the focus of significant research over the past 20 years. During this time, it has been consistently reported that CHR participants often present with other psychiatric diagnoses, such as mood and anxiety disorders. However, it remains unclear to what extent the presence of these diagnoses increases the risk of conversion to psychosis in individuals at CHR.

Methods: Seven-hundred and sixty four CHR and 279 healthy control (HC) participants who were recruited as part of the North American Prodrome Longitudinal Study (NAPLS 2) were compared on the prevalence of psychiatric diagnoses. During the 2-year study follow-up, 86 CHR participants converted to psychosis and were compared to those who did not convert on the presence of co-morbid psychiatric diagnoses. Diagnoses, current and lifetime, were established using the Structured Clinical Interview for DSM-IV (SCID).

Results: CHR participants had more current and lifetime psychiatric diagnoses at baseline compared to HCs, and the highest prevalence was for mood and anxiety disorders. Additionally, there was no difference in the prevalence of psychiatric diagnoses between CHR participants who converted to psychosis and those who did not.

Conclusions: Although psychiatric diagnoses are prevalent in CHR individuals compared to their healthy peers, their presence at baseline did not differentiate those who developed a psychotic illness from those who did not.

Learning Objectives: To investigate the prevalence of psychiatric diagnoses in individuals at clinical high risk (CHR) for psychosis and whether these diagnoses increase the risk of conversion to psychosis.

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P2.29 Key Considerations in Mental Health Treatment for Adolescents with Autism

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Introduction: Reported prevalence rates for co-morbid mental health diagnosis in ASD have approached 70% [1]. De-

spite awareness of the need for access to effective treatment options, mental health supports and clinicians knowledgeable in dual-diagnosis are rare.

Methods: Since 2012 the Launch Program (Sinneave Foundation, Calgary) has assisted 400+ children with ASD with transition to adulthood and lifespan planning. Individuals were assessed across 10 broad domain areas in order to identify factors that might limit education, vocation or independent living opportunities. Individualized transition plans were developed along with navigation to appropriate community resources.

Results: Mental health issues were present in over 60% of clients (ADHD, anxiety disorders, and depression most common) Individuals and families had difficulty finding mental health practitioners and effective treatment. An interdisciplinary team approach including psychiatry, psychology, OT and social work proved beneficial and revealed several key considerations:

1. Deficits in social communication (echolalia, idiosyncratic language, receptive/expressive language difficulties) present challenges in what clients say
2. Limited ability to notice, understand, rate and express emotion
3. Poor insight or emotional awareness
3. Frequent suicidal ideation/expression can be a result of a learned behavior to avoid undesirable tasks or to avoid situations that are anxiety provoking
4. Reduced or limited cognitive processing that can interfere with psychotherapy
5. Challenges with emotional regulation in our clients can contribute to significant difficulties in managing mood swings and behavioral disturbances

Conclusions: Mental health services taking into account the unique needs of individuals with autism throughout the lifespan with varying cognitive and emotional abilities are desperately needed.

Learning Objectives:

1. To understand the unique challenges of assessment and treatment for children and adolescents with autism and co-morbid mental health diagnoses.
2. To share knowledge about effective strategies for working with this population including modified CBT and other psychotherapeutic approaches that are client and family centred.

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P2.30 Symptom Content Over Time in Clinical High Risk Youth: From Baseline to Conversion

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Introduction: Efforts to better understand psychosis have been focusing on individuals who appear to be at high risk of developing psychosis based on the presentation of clinical symptoms, most often attenuated psychotic symptoms (APS). The content of positive symptoms has often been considered irrelevant, however it is possible that examining the content of APS could provide insight into the development of psychotic symptoms. Not only would it be possible to examine how symptom content changes over time, but it would be possible to explore what content lead to determining that a conversion to a first episode of psychosis had occurred.

Methods: The attenuated psychotic symptoms of 13 clinical high-risk (CHR) individuals, as determined by the Structured Interview for Psychosis-Risk Syndromes (SIPS), were described in comprehensive and detailed vignettes. Each vignette contained 4 attenuated psychotic symptoms from the SOPS, including unusual thought content, suspicious ideas, grandiose ideas, and perceptual abnormalities. Symptom coding of case vignettes was completed by two raters, each of whom was trained on the Content of Attenuated Positive Symptoms (CAPS) codebook. Vignettes were written for each participant at baseline, 6, 12, 18, and 24 months, as well as conversion.

Results: Thematic data at each time point will be presented with an emphasize on symptom content changes over time.

Conclusions: The purpose of this study was to qualitatively explore the specific content of subthreshold psychotic symptoms from baseline to conversion, to explore how content changed overtime and to examine the symptom content at time of conversion.

Learning Objectives: To explore the changes of symptom content overtime from baseline to conversion.

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P2.31 Associations of Mismatch Negativity with Severity of Child and Adolescent Patients with Attention Deficit/Hyperactivity Disorder

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Introduction: Cognitive impairment is an important predictor of functional outcome in patient with attention deficit/hyperactivity disorder (ADHD), yet its neurophysiology is still incompletely understood. Event-related potentials (ERPs) is a noninvasive technique giving knowledge about physiological measures of cognitive function. Mismatch negativity (MMN) is presumed to index pre-attentive monitoring of changes in the auditory environment. Previous studies have shown that MMN amplitude or latency, a main component in ERPs, is altered in patients with ADHD. However, little is known about the relationship between MMN and severity of ADHD symptoms.

Methods: We sought to measure both MMN amplitude and latency and ADHD rating scale-IV-Japanese version scores in treatment naïve 51 child and adolescent patients with ADHD (aged 10.42 ± 3.35 [years ± SD]) and 15 age- and gender-matched normally developing children (aged 11.80 ± 3.36 [years ± SD]).

Results: In ADHD group, MMN related measures were attenuated at Cz (centro-parietal) positons and prolonged at Pz (parietal regions) compared to controls. Furthermore, levels of MMN amplitude at Pz positions are negatively correlated with the full scale, hyperactivity-impulsively subscale scores and inattention subscales scores measured by ADHD rating scale-IV-Japanese version. MMN latency at Pz positions are positively correlated with the hyperactivity-impulsively subscale scores measured by same rating scale.

Conclusions: The present study revealed that the degree of MMN components might reflect the severity of ADHD symptoms with children and adolescents, suggesting that ERPs might be a useful technique to evaluate the severity of ADHD symptoms.

Learning Objectives: Since there are no biological indicators to estimate the severity of ADHD, determining the relationship between the severity of ADHD symptoms and a change in MMN in treatment naïve child and adolescent with ADHD would inform us to what extent MMN components are involved in ADHD. In the present study, we hypothesized that more severe ADHD symptom is associated with a lower the MMN amplitude, and longer the MMN latency.

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P2.32 P300 Correlate with the Severity of Child and Adolescent Patients with Attention Deficit/Hyperactivity Disorder as Measured by Event Related Potentials

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Introduction: Attention deficit/hyperactivity disorder (ADHD) symptoms can continue through adolescence and adulthood, including difficulty staying focused, paying attention, difficulty controlling behavior, and hyperactivity. While children and adolescents with ADHD have functional impairments at multiple dimensions, there are no objective biological indicators to assess the severity of ADHD. Recently, event-related potentials (ERPs) are widely used as a non-invasive method evaluating the sensory and cognitive processes involved in attention tasks. Previous studies have shown that P300 amplitude or latency, a main component in ERPs, is altered in patients with ADHD. However, little is known about the relationship between P300 and the severity of ADHD symptoms.

Methods: We sought to measure both P300 amplitude and latency in ERPs during auditory odd-ball tasks in 44 patients with ADHD (aged 10.28 ± 3.43 [years ± SD]) and 15 age- and gender - matched normally developing children (aged 11.40 ± 3.02 [years ± SD]).

Results: In ADHD patients, we also assessed symptom severity using ADHD rating scale-IV-Japanese version. In ADHD groups, P300 amplitude and latency were attenuated and prolonged compared to controls at Fz (fronto-central), Cz (centro-parietal) and Pz (parietal regions) positions. Furthermore, levels of P300 latency at these positions are positively correlated with the inattention subscale scores measured by ADHD rating scale-IV-Japanese version.

Conclusions: The present study revealed that the degree of P300 latency might reflect the severity of ADHD symptoms with children and adolescents, suggesting that ERPs might be

a useful technique to evaluate the severity of ADHD symptoms.

Learning Objectives: Since there are no biological indicators to estimate the severity of ADHD, determining the relationship between the severity of ADHD symptoms and the changes in P300 related measures in children with ADHD would provide us to what extent P300 components are involved in ADHD. In the present study, ERPs were used to measure P300 amplitude and latency using auditory odd-ball tasks in treatment naïve children and adolescent patients with ADHD.

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P2.33 High Prevalence of Psychotic Symptoms in Children with High-Functioning Autism Spectrum Disorders

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Introduction: In the general child population, psychotic symptoms, hallucinations, and delusions occur more frequently than clinical psychotic disorders. Although the prevalence of these symptoms in children with high-functioning autism spectrum disorder (HFASD) has been reported, there were methodological limitations (e.g., inclusion or exclusion criteria, or adjusting for potential confounders). This study aimed to clarify the high prevalence of psychotic symptoms in children with HFASD, and examine the association between the presence of psychotic symptoms and HFASD.

Methods: This was a cross-sectional, case-control study. Participants were 66 children with HFASD and 78 children with other mental disorders (except schizophrenia), aged 6–15 years. Participants were consecutive referrals to the Department of Neuropsychiatry, Osaka City University Hospital. We conducted clinical interviews to determine the presence of psychotic symptoms, and used the standardized Japanese version of the Child Behavior Checklist to assess anxiety and depression.

Results: In total, 44 (67%) children with HFASD had any psychotic symptoms, which was significantly higher than children with other mental disorders (35.9%, $p<0.001$). Logistic regression analyses adjusted for age, sex, anxiety or depression, and socioeconomic status showed that the presence of psychotic symptoms was significantly associated with HFASD (odds ratio: 3.31, 95% confidence interval: 1.36–8.35).

Conclusions: The prevalence of psychotic symptoms in children with HFASD is higher than previously reported. Psychotic symptoms in children with HFASD may be misdiagnosed as psychotic disorders. As treatment differs depending on whether psychotic symptoms arise from psychotic disorders, psychotic symptoms in children should be carefully evaluated.

Learning Objectives: The prevalence of psychotic symptoms in children with HFASD

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P2.34 Niveau de connaissance des médecins des institutions publique de santé sur les caractéristiques de l'autisme à Kinshasa, R.D.Congo

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Introduction : l'autisme est méconnu et peu diagnostiqué en Afrique subsarahienne en général et en République Démocratique du Congo (R.D.Congo) en particulier.

L'objectif de la présente étude était de determiner le niveau des connaissances des médecins généralistes et spécualistes sur l'autisme à Kinshasa,capitale de R.D.Congo.

Méthodes : Du Juillet à Octobre 2012, une étude transversale multicentrique, a concerné 224 sur les 2000 médecins soit 11 % dans 12 sur 30 soit 40% institutions médicales publiques de la ville province de Kinshasa (RDC).

Les caractéristiques sociodémographiques et le niveau de connaissance sur les caractéristiques de l'autisme des médecins ont été évalués par une fiche d'enquete préetablie.

Résultats : Les médecins enquêtés étaient jeunes avec un âge moyen (±ET) de 37,49 ±7,16 ans ; la majorité de médecins étaient du sexe masculin (71,9%), marié (68,3%), issue des universités officielles 77,68%.

Un médecin Kinois deux n'a jamais attendu parlé de l'autisme (infantile) notamment les spécialistes en pédiatrie et neuropsychaitres.

L'autisme était sous diagnostiqué par rapport aux autres troubles neuro-développementaux par les médecins Kinois.

La triade et les outils diagnostics (DSM, ADIR, ADOS,M-CHAT) étaient méconnus tant des généralistes que des spécialistes .

Le niveau de connaissance variaient selon les termes utilisés (TED, TSA, psychoses infantiles, autisme de Kanner) chez les généralités et spécialistes .

Le média était dans la première source d'information sur l'autisme des médecins à Kinshasa.

Les spécialistes avaient consultés les enfants avec les signes de la triade de TSA sans évoqué l'autisme que les généralistes ;

Conclusions : l'autisme est méconnu et confondus des médecins Kinois.

Objectifs d'apprentissage : La sensibilisation des médecins sur évolution des connaissances de l'autisme

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P2.35 prévalence de l'autisme chez les enfants de moins de 5 ans au Congo:étude préliminaire en milieu semi-rural de Kisantu

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Introduction : La prévalence de l'autisme reste méconnue en Afrique subsaharienne. Certaines observations cliniques en occident signalent une prévalence élevée de l'autisme chez les immigrés Africains et Congolais. Aucune étude ne décrit la prévalence de l'autisme dans la population Congolaise et notamment en milieu rural.

Objectif de la présente étude était de dépister l'autisme chez les enfants de moins de 5 ans dans la population en milieu rural et de déterminer les facteurs associés.

Méthodes : Entre 1 et 14 juillet, une étude transversale a recruté 113 enfants de moins de 5 ans choisie de façon aléatoire à la zone de Kisantu, province de Congo-Centrale, en République Démocratique du Congo.

Les marqueurs de l'autisme ont été évalués par M-CHAT. Les variables d'intérêt étaient sociodémographiques et clinique.

Résultats : Sur 113 enfants évalués, 5 (4 Garçons et 1 une fille) soit 4,42% avaient les marqueurs de l'autisme. Ils avaient un âge moyen (±ET) de 30±14 mois. Les facteurs associés à l'autisme étaient le sexe masculin, le cri faible à la naissance, l'écart d'âge de plus de 10 ans entre les deux parents, les antécédents psychiatriques dans la famille.

Conclusions : Le risque de l'autisme est fréquent dans la population .Il est associé au sexe masculin, à l'écart d'âge de plus de 10 entre les parents, aux antécédents neuropsychiatriques dans la famille. Une étude épidémiologique à large échelle est recommandée dans toute la population Congolaise.

Objectifs d'apprentissage : montrer que l'autisme est fréquent et que son depistage est possible avec M-CHAT en Afrique subsaharienne .

Références :

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P2.36 Usefulness of Animal Type Robot Assisted Therapy for Autism Spectrum Disorder in the Child and Adolescent Psychiatric Ward

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Introduction: PARO is a baby harp seal type therapeutic robot that was developed by Japan' National Institute of Advanced Industrial Science and Technology. PARO assisted therapy is expected to be able to provide therapy similar to Animal-assisted therapy (AAT) for patients in a variety of clinical settings. Unlike AAT, it does not cause any allergies, infections, bites and scratches and can be introduced at lower cost. To date, there are some studies of its effectiveness for elderly people or dementia patients. However, the effectiveness of it in the treatment of Autism Spectrum Disorder (ASD) remains unclear.

Methods: In the Child and Adolescent Psychiatry Ward of Shikoku Medical Center for Children and Adults, we put PARO near the door of the nurse station and told the inpatients to play with it freely in the hall of the ward after getting permission from the staff. The interaction between patients and PARO was observed.

Results: It was thought to be useful for same patients with ASD in developing good communication or in reduction of impulsive behaviors or anxiety. However, others hated it for some features such as its big eyes or a slight drive noise.

Conclusions: Before animal type robot-assisted therapy is introduced as a tool for the patients with ASD, the kind of patients who are benefitted by this approach and how the approach would work in the treatment must be clarified.

Learning Objectives: The purpose of this study is to assess the effectiveness of PARO assisted therapy for Autism Spectrum Disorder (ASD) in the child and adolescent psychiatric ward.

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P2.37 Autistic Traits in Adolescents of Schizophrenia Spectrum Disorder

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Introduction: The distinction between autism and schizophrenia remains unclear since Kanner first used the term "autism" in 1943 to describe the children who had social interaction difficulties. Recent studies showed that people with high-functioning autism are likely to get psychosis during puberty. On the other hand many studies showed that schizophrenia patients had various autistic traits during early childhood.

Methods: 21 patients (10 boys and 11 girls) with schizophrenia spectrum disorder (SSD) under treatment at Shikoku Medical Center for Children and Adults from May in 2013 to December in 2014 were examined. The patients with SSD were diagnosed by two trained child psychiatrists according to DSM-5 criteria. Age, gender, age of onset, classification of SSD and Pervasive Developmental Disorders Autism Society Japan Rating Scale (PARS) score which was administered to each parent were considered as major factors.

Results: Four out of thirteen patients with schizophrenia were diagnosed with Autism Spectrum disorders. In schizophrenia patients, negative correlation was found between age of onset and PARS peak score in childhood.

Conclusions: Early onset schizophrenia may be strongly correlated with autistic traits.

Learning Objectives: The purpose of this study is to assess the relationship between autism and schizophrenia.

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P2.38 A Modern Approach in Child and Adolescent Psychoses: New Perspectives

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Introduction: We approach an integrated, multisystemic, multidisciplinary, innovative research-action model in child and adolescent psychoses and for the DSM 5 "risk syndrome for psychosis".

Methods: Our research was conducted in the period 2010-2015 on children and adolescents with psychosis and/or with "risk syndrome for psychosis"– a group of 150 children, who benefited from pharmacogenetic testing, 24 of them also being evaluated through MR Spectroscopy.

We applied: the PANSS (Positive and Negative Syndrome Scale), the CGI-S/I (Clinical Global Impression Severity/ Improvement), CGAS (Clinical Global Assessment of Functioning), Neuropsychological Cognitive Testing - CANTAB Battery at baseline and in different timepoints. The pharmacogenetic testing was done through genotyping the SNP-Single Nucleotide Polymorphisms through RT-PCR.

Results: Our results, show the proof of some relevant biosignatures and vulnerability markers in psychosis and also statistically significant improvements of the clinical scores and also of the neuroimagistic parameters captured through the spectroscopy measured metabolites after choosing the proper tailored pharmacotherapy.

Conclusions: The dimensional, syndrome cluster approach in psychosis proves to be a fruitful pathway in tandem with the categorical approach.

Our future projects and ambitions rely on: implementing the testing of relevant parameters- neurobiological, genetic, neurocognitive and neuroimagistic markers in the routine clinical care as gold standards; obtaining pertinent targets for new drugs discovery in a tailored personalized medicine frame, after a proper dimensional diagnostic stratification and according to the results obtained from the electronic matrix platform created

Learning Objectives: Shifting the paradigm from the actual categorical diagnostic approach to a more dimensional symptoms cluster approach (according to DSM-5) in child and adolescent psychoses and for "the risk syndromes for psychosis"; Creating a national and international electronic matrix platform - a support vector machine for the multimodal stratification on dimensional symptoms constellations and a dataset algorithm for calculating the treatment of choice in correlation with the neurobiological, pharmacogenetic, imagistic markers and the clinical profile of the targeted neuropsychiatric patients.

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P2.39 Clinical Features of Autism Spectrum Disorder as Background Factor of School Refusal - a Retrospective Chart Review

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Introduction: School refusal is a problem that is stressful for children, families, and school personnel, and also effect on children's social, emotional, and educational development. The cause of school refusal is complicated including biological, psychological, and social factors. Autism spectrum disorder (ASD) is one of biological factors strongly related to school refusal, however, the relationship between school refusal and ASD has not been fully investigated. The aim of this study was to investigate the relevance between ASD and school refusal, and to clarify the clinical features of school refusal children with ASD compared school refusal children without ASD retrospectively.

Methods: Participants were evaluated, who were less than 18 years old at the first visit and met the following criteria: (1) fulfilled the Berg's all four definitions for school refusal; (2) retrospectively fulfilled DSM-V criteria for ASD. We investigated the differences between the school refusal children with and without ASD, and the causes of school refusal in those groups.

Results: Out of 138 school refusal children, 40 children were diagnosed as ASD (29 males; ages 13.2±2.4 years old) and 98 children were not (31 males; ages 14.4±2.2 years old). At the beginning of school refusal and at the first visit to hospitals, children with ASD were significantly younger than school refusal children without ASD. Bullying, school regulations, absence due to illness were significantly related causes for ASD children.

Conclusions: To prevent maladaptation and school refusal of ASD children, we should understand characteristic features of children earlier and enhance the support system.

Learning Objectives: We investigated the relevance between ASD and school refusal, and studied to clarify the clinical features of school refusal children with ASD compared school refusal children without ASD retrospectively. We should understand characteristic features of children earlier and enhance the support system.

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P2.40 Relationship between attention and psychopathology in Autism Spectrum Disorder

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Introduction: Patients with Autism Spectrum Disorder without Intellectual Disability (ASD without ID) often present various psychiatric symptoms which resembles those in psychotic disorders such as schizophrenia. Previous studies suggest that such features in ASD can be derived from specific attentional deficits. In the present study, we compared dysfunction of attention between in patients with ASD without ID and in those with schizophrenia. Furthermore, we investigated the relationship between attentional deficit and psychopathology in patients with ASD without ID.

Methods: To assess general profile of attention and specific psychiatric symptoms, we performed Clinical Assessment for Attention (CAT) and Brief Psychiatric Rating Scale (BPRS). Participants: 25 patients with ASD without ID (mean ± S.D.: 33 ± 9.5 years), 30 age-matched patients with schizophrenia (mean ± S.D.: 30.5 ± 9.6 years), and 35 healthy controls (mean ± S.D.: 30.1 ± 8.2 years) .

Results: Profile of attentional function in the ASD without ID group was similar to that in the schizophrenia group. Pearson's correlation analysis revealed a significant correlation between "Lack of energy" item in BPRS and deficits in selective, switch-

ing, and divided attention in the ASD without ID group. No significant correlation was found in the schizophrenia group.

Conclusions: Our results suggest that, in contrast to patients with schizophrenia, an aspect of psychopathology in ASD without ID could be derived from the specific attentional dysfunction. This indicates that cognitive rehabilitation focused on specific attentional deficit might be effective in alleviating psychiatric symptoms in ASD without ID.

Learning Objectives: Relationship between attention and psychopathology in Autism Spectrum Disorder

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P2.41 Dyskinesia in an Un-Medicated 17 Year Old with 5 Year History of Tobacco Use: a Case Report

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Introduction: Tobacco withdrawal is not often reported in Africa, however, attendant anxiety symptoms and delirium have been described.

Methods: Case report

Results: Case: AO, a 17-year-old male presented to the psychiatric hospital with 5 years history of tobacco smoking. He started with a stick of Peters Stuyvesant (Nicotine content = 1.3mg/cig) brand of cigarette and gradually stepped up his use over the next 2-3 years to about 20-30 sticks/ day. He admits to craving for this substance and so does dirty jobs for people to sustain the habit. He has had several unsuccessful attempt to control the amount he takes daily.

He had no psychotic or mood symptoms either previously or on admission, but was restlessness. Blood and other investigation including CT were unremarkable. Drug screening was also negative for other substances. Three days post admission, some abnormal involuntary movement such as occasional chewing movements, trunk twisting, truncal tremor and coarse tremor of the hands were observed. These movements often disappear during sleep and briefly whenever his attention was drawn to them. Patient admitted to the fact that they reduced with smoking and in support of his claim, he had some relief with nicotine gums (Nicorette).

Conclusions: The fact that Nicotine induces cognitive enhancement and locomotor stimulation may be dependent on dopamine release, most especially because it increases striatal and cortical dopamine release. Since dyskinesia is associated with dopamine blockade, sudden reduction in nicotine blood level in chronic users may therefore lead to dyskinesia and this may be an unexplored symptom of nicotine withdrawal.

Learning Objectives:

Dyskinesia is not a well-known symptom of nicotine withdrawal, especially among un- medicated adolescents without mental or medical illness, hence the need to report this case after a sudden cessation of tobacco.

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P2.42 Disruptive Mood Dysregulation Disorder and Familial History of Major Mood Disorders: FORBOW Data

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Introduction: Increased risk for disruptive mood dysregulation disorder (DMDD) has been reported in offspring of parents with bipolar disorder. In this study we test the specificity of DMDD to familial history of major mood disorders

Methods: We used the Kiddie Schedule for Affective Disorders and Schizophrenia for DSM-5 (K-SADS-PL-5) to establish the diagnosis of DMDD and other psychiatric disorders in 137 youth (65 males, 72 females) aged 6.2 to 22.8 years (mean age 11.5 + SD 3.9 years), including 66 offspring of parents with major depressive disorder, 47 offspring of parents with bipolar disorder and 24 offspring of healthy parents.

Results: Full criteria for DMDD were met in 6 participants, all of whom were offspring of parents with major depressive disorder. DMDD symptoms (frequent temper outbursts and persistent irritability) were also more common among offspring of parents with major depressive disorder. DMDD in all participants was comorbid with at least one other psychiatric disorder, especially oppositional-defiant / conduct disorder and attention deficit hyperactivity disorder

Conclusions: DMDD is not specifically associated with familial history of bipolar disorder and both DMDD and the DMDD symptoms are more common among offspring of parents with major depressive disorder.

Learning Objectives:

1. Evaluate specificity of disruptive mood dysregulation disorder (DMDD) to familial history of major mood disorders
2. Compare DMDD and DMDD symptoms (frequent temper outbursts and persistent irritability) as an early sign of vulnerability to major mood disorders
3. Review psychiatric comorbidity associated with DMDD

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P2.43 Parenting Stress and Childhood ADHD: What Role Does Stigma Play in Parents' Difficulties Accepting Their Children with ADHD?

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder typically emerging in early childhood. Parents of children with ADHD are shown to be significantly more stressed compared to parents of non-ADHD populations (Theule et al., 2013). However, little research examines the factors making these children more stressful. The current study examines how parents' difficulties accepting their child's special needs may contribute to elevated parenting stress.

Methods: A secondary analysis was conducted on a cross-section of 2 years of initial psychiatric assessment material for 240 young people diagnosed with ADHD who attended an urban psychiatric clinic. A key outcome measure was the Parenting Stress Index (PSI), which demonstrates good reliability and validity. A proportionality analysis was conducted to determine the contribution of the PSI subscales to Child Domain (CD) composite scale (i.e., stress directly related to the child).

Results: The sample was 167 males and 73 females diagnosed ADHD, including 42 ADHD-PI; 141 ADHD-C; and 57 ADHD-C with comorbid Oppositional Defiant Disorder. The PSI hyperactivity/distractibility subscale represented 25% of the total CD stress, with the demandingness and adaptability scales representing 22% and 19% respectively. Parental acceptance of the child's special needs, as measured by the PSI acceptance subscale, represented 14% of CD parenting stress.

Conclusions: Parents reported significant difficulties accepting their children and/or their special needs, which contributed to their overall parenting stress. The 'invisible' nature of ADHD (Miller & Sammons, 1999; Wolf, 2001), may contribute to parental acceptance difficulties, likely compounded by social stigma and inaccurate media messages related to the nature of ADHD.

Learning Objectives:

1.) Develop an understanding of parenting stress in relation to childhood ADHD,

2.) Understand how ADHD can be considered a hidden or nonobvious disability/impairment and how this hidden nature may be linked with issues of acceptance for parents, and

3.) Understand stigma's possible role in acceptance issues.

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P2.44 The Role of Rare Genetic Variants in Pediatric Obsessive-Compulsive Disorder

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Introduction: Earlier genetics studies in Obsessive-Compulsive Disorder (OCD) were beset by focusing on common variants, although there is growing evidence that rare variants play a major role in OCD. The objective of this study is to discover rare genetic variants associated with pediatric OCD.

Methods: First, utilizing a trio-based approach, 75 OCD probands along with their parents and siblings were recruited at SickKids (248 samples). Second, utilizing an extended pedigree-based approach, 5 families with multiple affected individuals were identified. Probands and parents in the first approach, and the two most distantly related affected individuals with shared alleles in the second approach, were Whole Genome or Whole Exome Sequenced. Probands and siblings in both approaches were assessed by a clinician and various psychometrics (CY-BOCS; TOCS) in order to determine phenotype. Parent phenotype was assessed through parent questionnaires and interviewing.

Results: Preliminary clinical data identified that all probands had moderate OCD or worse (CY-BOCS >= 15). In the trio sample, 30 families were identified where both parents did not qualify for any psychiatric disorder. Twenty-five families had one parent affected with depression, anxiety or OCD. Preliminary genetic data in the extended pedigree dataset has identified several rare variants in pathways known to be associated with OCD.

Conclusions: We have demonstrated the viability of our methodology in identifying families enriched for rare variants in OCD, and identified some rare variants in genes previously associated with OCD. Our results are significant first steps towards understanding the role of rare variants in pediatric OCD and novel targets for therapeutics.

Learning Objectives:

1) Using whole exome and whole genome sequencing in order to identify rare variants in OCD.
2) Approach to filtering for rare variants in sequencing data.

P2.45 Circadian Typology of Primary School Children Diagnosed with Attention Deficit Hyperactivity Disorder in the Presence of Sleep Disturbances

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Introduction: The circadian typology (CT) can be classified as morning types (MT) who prefer morning hours for their physical and mental activities, and evening types (ET) prefer the afternoon or evening hours. Attention Deficit and Hyperactivity Disorder (ADHD) has been linked with disturbances in CT, particularly increased ET. Despite the possibility of an association between CT, sleep disturbances (SD) and ADHD symptoms, there is little evidence on this relationship in children. The purpose of this study is to examine the CT in primary school children diagnosed with ADHD in the context of SD.

Methods: The Schedule for Affective Disorders and Schizophrenia for School Age Children- Present and Lifetime Version, Conner's Rating Scales, Children's Sleep Habit Questionnaire, and Children's Chronotype Questionnaire were utilized for the evaluation of children between 7-12 years of age who were diagnosed with ADHD.

Results: ADHD group was 73% combined type and the ET scores of the ADHD group (N: 52) were significantly higher than the control group (N: 52) ($p< 0,01$). There was a positive correlation between the higher scores of ET and total scores on resistance to sleep time ($p< 0,09$), respiratory problems during sleep, and daytime sleepiness in ADHD group. We also found that sleep disorders ($p< 0,01$) were a predictive factor for ET expression regarding CT among children diagnosed with ADHD in multiple linear regression analysis.

Conclusions: These findings highlight the reciprocal links between ADHD symptoms, sleep and diurnal preference in primary school children that might further lead to individualized treatment options.

Learning Objectives: To search for the chronotype typology in primary school children diagnosed with ADHD To identify the effects of morningness and eveningness subtypes of circadian preference on the clinical presentation of ADHD in children To determine the subtypes of ADHD based on chronotype typology in the context of sleep disturbances which might help to decide for the personalised treatment alternatives.

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P2.46 Early Morning Functioning in School-Age Children With Attention-Deficit/Hyperactivity Disorder

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Introduction: Despite improvements with delivery systems of stimulant medications used in treating attention-deficit/hyperactivity disorder (ADHD), early morning functioning (EMF) remains an issue in many school-age children with ADHD.[1] Commonly prescribed long-acting stimulants can leave up-to two hours of the early morning routine (EMR) with inadequately controlled ADHD symptoms.[2-4] This study examined the temporal occurrence and severity of inadequate ADHD symptom control throughout the day and related EMF impairments and their impact on caregivers, in school-age children with ADHD currently treated with stimulant medications.

Methods: An on-line, primary caregiver-completed questionnaire (n=201) was designed to determine if inadequately controlled ADHD symptoms exist in school-age children with ADHD, currently treated with stimulants. Caregivers who identified inadequately controlled ADHD symptoms during the EMR (Likert severity rating >2) were asked to continue the survey by answering a series of questions.

Results: On a 10-point scale (1=no ADHD symptoms and 10=significant ADHD symptoms), inadequately controlled ADHD symptoms were rated as equally severe during the EMR (6.45) and the evening homework time (6.46). Majorities of caregivers reported early morning ADHD symptoms (74%) and impairment of EMF (76%) as moderate to severe (Likert rating score 5-10). Parents reported that they often: felt overwhelmed and exhausted (41%), raised their voice more (37%) and felt constantly stressed (30%) as a result of their child's ADHD symptoms during the EMR.

Conclusions: Despite early morning administration of stimulants, caregivers of school-age children with ADHD report a high prevalence of inadequately controlled, early morning ADHD symptoms which has a negative impact on caregivers.

Learning Objectives:

1. Discuss the concept of early morning ADHD symptoms and related functional impairments as a significant unmet clinical need in school-age children diagnosed with ADHD
2. Review data from a recent quantitative research survey assessing temporal occurrence and severity of inadequate ADHD symptom control and related functional impairments in children and adolescents with ADHD currently taking stable doses of stimulant medications
3. Evaluate the impact of early morning ADHD symptoms and functional impairments on the parent-child relationship

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P2.47 Mental Health and Adaptation in 7/8 Year-Old Children Prenatally Exposed to Methadone and Buprenorphine (OMT)

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Introduction: Children exposed to OMT prenatally are at risk of cognitive and behavior problems, particularly evident when children enter school. We here present follow-up data from a national Norwegian cohort of 32 children prenatally exposed to OMT, and 22 general population controls.

Methods: Childen's cognitive level was assessed with WASI, behavioral symptoms with SDQ, and diagnostic assessment was performed online with the DAWBA. Caregiver reported own mental and physical well-being on SCL-25 and SF-36. Both caregiver and child itself rated quality of life on the PedsQL.

Results: Full scale IQ was lower for exposed children than for controls, but still within the normal range. Exposed children also had 2-3 times higher mean SDQ Total difficulties and subscale scores (except for emotional problems and parent reported impact). DSM-IV disorders were seen in 17 exposed children (53.1%). Mothers in the OMT group reported high levels of psychological distress and somatic complaints. Children in the OMT group were rated lower on the PedsQL than non-exposed peers.

Conclusions: In spite of a normal mean cognitive level, exposed children had high levels of behavior symptoms, and a very high prevalence of mental disorders. Mothers in OMT report impaired physical health and high levels of pscychological distress. Being the first study of mental disorders in children prenatally exposed to OMT, this study needs replication in larger longitudinal studies, where other contributing factors during development may be controlled for.

Learning Objectives: This study has highlighted that children prenatally exposed to maintenance drugs are likely to develop mental health problems in school-age. In addition to maternal engagement in OMT, predictors of child problems included maternal depression and socio-familial adversity. Ongoing surveillance of this high-risk gorup will continue to be important, as will the development of systematic social policies and familiy support measures directed at improving the the outcome of these children.

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P2.48 Japanese Doctors' Attitude Towards Disclosure of Diagnosis to Children with Autism Spectrum Disorder

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Introduction: The number of high-function autism spectrum disorder (ASD) has been drastically increasing in the last decades. However, the complexity of disclosure of a child's ASD is not well understood in Japan. The aim of this study is to investigate the current practice regarding Japanese doctors' disclosure of ASD in child patients.

Methods: Physician members of the Japanese Society for Child and Adolescent Psychiatry were asked to complete a specific questionnaire focusing on their beliefs and practices of the diagnosis disclosure in children with high-function ASD. The survey covered the number of patients who have been diagnosed with high-function ASD from November 2014 to October 2015, and also the number of patients who have been diagnosed and informed about the disorder during the same period. Diagnosis disclosure rate was defined as number of diagnosis disclosure patients over diagnosed patients. All data were analyzed using the Statistical Package for Social Sciences (SPSS) version 22.

Results: Of 610 physicians surveyed (response rate:30.7%), 461 of them diagnosed children with ASD during the given period. The average diagnosis disclosure rates to child patients and to their parents were 20.3% and 83.6%, respectively.

Conclusions: Japanese doctors in this study were rare to tell child patients about ASD diagnosis. There was a gap between ideality and practicality regarding diagnosis disclosure in child patients with ASD. Further studies are needed to investigate the reasons of the gap.

Table: How Japanese doctors see disclosure as ideality and practicality

	Number of doctors Ideality	Number of doctors Practicality
Disclosure	78 (16.9%)	31 (6.7%)
Case-by-case	359 (77.9%)	226 (49.0%)
Non-disclosure	17 (3.7%)	162 (35.1%)
Others	7 (1.5%)	42 (9.1%)
Total	461 (100.0%)	461 (100.0%)

Learning Objectives:

1. Diagnosis disclosure rate for children with ASD in Japan
2. Gap between ideality and practicality regarding diagnosis disclosure in ASD child patients

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P2.49 Sleep Characteristics in Child and Adolescent Offspring of Parents with Bipolar Disorder

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Introduction: Bipolar disorder (BD) is a lifelong psychiatric condition that severely impairs the quality of life. The earliest onset of BD occurs in childhood and adolescence. Sleep disturbances and impaired sleep quality might represent an early stage in the development of full blown BD. The aim of this study was to explore the baseline sleep characteristics in the offspring at high risk for BD because of parent illness (HRO).

Methods: Sleep was assessed in a sample of 43 HRO and 43 sex and age matched controls using Morningness/Eveningness questionnaire, Pediatric Sleep Questionnaire and 14 days of actigraphy. Current presence of DSM-5 diagnoses was assessed using Kiddie Schedule for Affective Disorders and Schizophrenia Present-Lifetime.

Results: According to parent reports several sleep related disturbances were significantly more frequent present in HRO compared to controls, including nightmares (21.6% vs. 2.4%, p=0.008), headache after wake-up (17.9% vs. 2.4%, p=0.02), excessive daytime sleepiness (38.5% vs. 10.0%, p=0.003), apparent tiredness at wake-up times (43.6% vs. 15.0%, p=0.005). No differences were found in circadian preference and actigraphic measurement. Current mood disorder was found in 28% HRO, while no case of mood disorder was found in controls (p<0.001). Anxiety disorder was present in 51% of the HRO and in 12% of the controls (p<0.000).

Conclusions: The parents of high-risk offspring reported sleep disturbances of their children more often than the parents of controls. The actigraphy did not reveal significant differences between both cohorts. Further prospective research is needed to verify our findings.

Learning Objectives: To demonstrate, that sleep characteristics are important clinical feature in high-risk offspring.

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P2.50 Theory of Mind in Children with High Functioning Autism: a Case Control Study From Tunisia

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Introduction: From the beginning of the last century, a substantial body of literature has accumulated on the theory of mind (TOM) of children with autism. Two main hypothesis have emerged : delayed or deviant development.

The purpose of the study was to explore TOM skills in children with high functioning autism.

Methods: A case control study including 56 children was conducted. These children, aged from 4 to 9 years, were divided into two groups:

- 28 children with high functioning autism followed at the child psychiatry clinic of Monastir. The diagnosis was made by a certified child psychiatrist according to DSM IV. The Childhood Autism Rating Scale (CARS) was also used for diagnosis.
- 28 typically developing children.

The assessment of explicit TOM was carried out by Sally and Anne test and the Smarties box test that have been adapted to our cultural context. We also used the scale for social adaptation (EASE) to explore the implicit TOM skills.

Results: The case-control study revealed a significant deficit in explicit and implicit TOM in children with autism. These children were generally less efficient in TOM classic tests and had obtained lower scores in EASE.

The following clinical factors were correlated with better TOM abilities: the age, the intelligence and the severity of the disease.

Conclusions: The deficit in theory of mind remains a main challenge for children with high-functioning autism. Our outlook is to develop interventional strategies that will permit the improvement of TOM skills in children with neurodevelopmental disorders.

Learning Objectives: Assessment of the theory of mind in children with high functioning autism

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P2.51 Structural Difference in Youth with ADHD with Emotional Dysregulation as Compared to Those Without: a Voxel-Based Morphometry Study

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Introduction: Emotion dysregulation (ED) is common in Attention-Deficit/Hyperactivity Disorder (ADHD) but pathophysiology associated with ED in ADHD remains under-investigated. This study aimed to explore brain structures underpinning ED by comparing ADHD youth with ED problems to those without and to typically developing controls (TDC).

Methods: Voxel-based morphometry was performed to obtain gray matter (GM) and white matter (WM) volumes in 83 youth with ADHD (aged 7 to 18 years) with ED, 65 youths with ADHD without ED, and 138 TDC without ED. The ED severity was defined by the subscales of Anxiety/Depression, Attention, and Aggression in the Child Behavior Checklist, and those with ED problems were specified by the sum of T-score of these subscales larger than 180. General linear analyses of the proportional volumes of brain regions, adjusting for age, full-scale IQ, and sex were used to for the group comparison.

Results: ADHD youth with and without ED, alongside TDC did not differ significantly in total GM or WM volumes. For regional volume, ADHD without ED had significantly greater GM volumes than ADHD with ED in the left para-hippocampal gyrus, left superior frontal gyrus and right mid-cingulate gyrus. ADHD without ED had no regional difference as compared with TDC. However, they had the same pattern of increasing volume over left middle frontal gyrus and decreasing volume over the right middle temporal gyrus as their ED severity scores increased.

Conclusions: Our findings suggest that the conflicting reports on the atypical neuroanatomy of ADHD may substantially originate from their comorbid ED status in study samples.

Learning Objectives: Emotion dysregulation is common in ADHD and the conflicting reports on the atypical neuroanatomy of ADHD may substantially originate from their comorbid ED status defined by the subscales of the CBCL.

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P2.52 School Functions in Unaffected Siblings of Youths with Autism Spectrum Disorders

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Introduction: Little is known about the school functioning of unaffected siblings of youths with autistic spectrum disorder (ASD). This study investigated the school functioning among unaffected siblings of youths with ASD and identified the correlates for school maladjustment.

Methods: We recruited 66 youths with a clinical diagnosis of ASD, aged 8-19, their unaffected siblings (n = 66) and 132 typically developing controls (TDC). Besides the autism diagnostic interview-revised interview, the parents reported school functions, core autistic symptoms, symptoms of ADHD and oppositional defiant disorders, autistic-like social deficit and parenting style.

Results: ASD youths had poorer school functions in all domains than unaffected siblings and TDC. Unaffected siblings had poorer attitude toward school work and more severe behavioral problems than TDC. Stepwise backward model selections revealed that lower academic performance was correlated with older age, lower IQ and more inattention; poorer attitude toward school work was correlated with lower IQ and poorer sibling relationship; poorer social interaction was correlated with more severe inattention/oppositional problems of siblings and communication deficits of probands; school behavioral problems were predicted by overall autistic traits and inattention/oppositional problems in unaffected siblings.

Table 1. Demographics and IQ

Mean±SD or N(%)	ASD (n=66)	SIB (n=66)	TD (n=132)	F statistic or χ^2	comparison
Age, in years (8-19)	13.17 ± 2.51	12.80 ± 2.92	12.64 ± 2.06	F=1.06, p=.347	
Sex, male	63 (95.45)	35 (53.03)	98 (74.24)	χ^2=31.06, p<.001	
FIQ	98.73 ± 23.95	109.12 ± 12.58	--	F=8.71, p=.004	
ASD subtypes					
Autism	38 (57.58)	--	--		
Asperger's Disorder	28 (42.42)	--	--		
SNAP-IV					
Inattention	5.09 ± 2.96	0.91 ± 1.84	0.56 ± 1.19	F=130.02, p<.001	ASD>SIB, TD
Hyperactivity-impulsivity	3.21 ± 2.59	0.56 ± 1.34	0.25 ± 0.82	F=83.08, p<.001	ASD>SIB, TD
Oppositional	3.27 ± 2.92	0.85 ± 1.67	0.35 ± 1.19	F=54.98, p<.001	ASD>SIB, TD
Parent education					
Father, college and above	46 (75.41)	46 (75.41)	85 (64.39)	χ^2=3.64, p=.162	
Mother, college and above	42 (67.74)	42 (67.74)	86 (65.15)	χ^2=0.19, p=.908	
Maternal PBI					
Affection/care	29.15 ± 5.01	29.74 ± 4.42	29.65 ± 4.44	F=0.33, p=.721	
Protection	13.12 ± 5.60	10.25 ± 5.11	11.75 ± 4.55	F=5.46, p=.005	ASD>SIB
Overprotection	6.94 ± 3.83	5.71 ± 3.53	6.34 ± 3.35	F=1.99, p=.139	
Authoritarianism controlling	6.18 ± 3.00	4.54 ± 2.73	5.41 ± 2.33	F=6.46, p=.002	ASD>SIB

Conclusions: Unaffected siblings of ASD probands showed impairment in attitude toward school work and school behavioral problems without more severe impairments in academic performance and social interaction at school.

Learning Objectives: Our findings highlight school functional assessments need to be carried out not only for ASD youths but also for their unaffected siblings

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P2.53 Prevalence of Attention Deficit Hyperactivity Disorder in Selected Rural Primary School Children in Bangladesh

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Introduction: Attention deficit hyperactivity disorder (ADHD) is highly prevalent globally as well as developing country like Bangladesh and there is limited source of information regarding the prevalence of ADHD in rural primary school going children in Bangladesh. So the objective of the study was to identify the prevalence of ADHD in rural primary school going children in Bangladesh.

Methods: This descriptive cross sectional study was done in three selected primary school of Shariatpur district district of Bangladesh from July 2015 to December 2015. Children aged between 5 and 12 years were taken purposively. After obtaining informed written consent from the parents and teachers (where necessary) ADHD was assessed by using Bengali translated version of Conner's Abbreviated Rating scale given to parents and teachers. A semi structured questionnaire was used to collect socio-demographic data of the participants. Ethical issues were maintained accordingly.

Results: Out of 587 respondents 318(54.17%) were boys and 269 (45.83%) were girls of lower class and lower middle class social status. Among the participants 38 (6.47%) were found having ADHD. Prevalence were higher among boys 27 (4.60%) than girls 11 (1.83%)

Conclusions: Result of the study indicates that early identification and proper management of ADHD will help to the school going children in rural area of Bangladesh. Further broad based study is required in this field.

Learning Objectives: Identification of ADHD among rural primary school going children in Bangladesh

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P2.54 Autistic Traits, Mental Well-Being, and Adjustment to Daily Life in Japanese University Students

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Introduction: We predicted that students' autistic traits would have a substantial impact on levels of adjustment to daily student life in association with mental well-being.

Methods: We investigated the relationship among autistic traits, mental well-being, and levels of adjustments in daily life of 2137 Kyoto University students. Participants completed the Autism Spectrum Quotient (AQ; those scoring >32 were classed as high-AQ), the General Health Questionnaire (GHQ), and College Life Questionnaire (CLQ), which is an index of difficulties in daily life. We also examined the relationship between depressive state measured with GHQ and CLQ subscales in the high-AQ group (N = 125, out of 2137).

Results: Among 2137 students, AQ scores were correlated with GHQ (r = .251) and CLQ (r = -.341) scores. GHQ scores and CLQ scores were correlated (r = -.329). High-AQ was associated with depressive state (OR = 2.049). In the high-AQ group, lower GHQ depression subscale scores were positively associated with CLQ items of younger age, friends, comfortableness about student life, and less addictive use of mobile phones, and negatively associated with that of engagement in part-time jobs.

Conclusions: Further investigation is needed using narrative interviews to clarify associations between specific aspects of daily life and depression in high-AQ individuals.

Learning Objectives:

- Describe the factors that contribute to mental health in university students.
- Describe the association between mental health and autistic traits.

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Conley et al., A Meta-analysis of Universal Mental Health Prevention Programs for Higher Education Students. Prev Sci (2015) 16:487–507.

P2.55 Childhood and Impulsivity. Evolution and Treatment in One Child with Comorbidity Between Emotional Dysregulation and Bipolar Spectrum

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Introduction: The irritability and Emotional Dysregulation are causes of consulting that increase day by day in our services of Child & Adolescent Mental Health. This irritability and impulsivity dysfunctional in Children, must be studied in their overall states.

Methods: A five-years-old child, with a two year history of hypoprosexia, hyperactivity, inattention, and impulsivity in the context of family dysfunction.There was also occasional hyperphagia. He had received psychoterapeutic and psychopharmacological treatment to ODD, then to Attention Deficit Disorder with Hyperactivity and later increased of the symptoms. We needed to change the psychopharmacological treatment, because still the sintomatology with irritability,distrac tibility,restlessness, anger outburst, hyperactivity,grandiosity and dysphoria. In the test of Young Mania Rating Scale and HCL-32, the results were compatible with BD. The new pharmacological treatment were with Antipsychotic and doubts for mood stabilizer. He had psychotherapeutic management-social skills- and family therapy.Now the prognosis is excellent(CHIP),and there is absence of irritability.

Results: There is a high comorbidity between the impulsivity, frequent irritability, outburst of anger, inattention, hyperactivity and greater degree of oppositional defiant behavior seen in Externalizing disorders, and Bipolar Spectrum or Bipolar disorder(BD), being a challenge to diagnosis and treatment in children.

Conclusions: The irritability dysfunctional, emotional dysregulation and impulse control deficits,have a high etiopathogenic relationship with Bipolar disorder in children, where the same psychotherapeutic treatment could be effective. However, the psychopharmacological treatment is a challenge and should be monitoring step by step.

Learning Objectives: Demostrate by reviewing a case, the diagnostic comorbidity between Oppositional Defiant Disorder (ODD), Externalizing Disorders, Attention Deficit Disorder with Hyperactivity(ADHD), associated with a pattern of Bipolar Spectrum. Its effective psychoterapeutic and psychopharmacological treatment.

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P2.56 Non Violent Aggression and Attention Deficit Disorder. Subtype or Comorbidity?

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Introduction: The presentation will focus on a hypothesis:

Does the presence of irritability or non violent aggression, distinguish two subtypes of attention deficit disorder?

ADD has a complex and varied pattern of comorbidities. The irritability is an important symptom in childhood psychopath-

ology and It has received an increase research attention in the last decade.

There is not an oper**a**tional definition of irritability that represents one and the same phenotype, which could be used by different researchers. In this research, the variable used is non-violent aggression.

Methods: It is a retrospective review of 1004 consecutive patients (6-16 Y.O) referred to a CAPMH with CBCL-P 6-18. The variable of non-violent aggression (NVA) is constructed by integrating 8 questions of the CBCL6-18 parents. (α .855), and the cut-points 9:92.5th and 12 97.5th. The variable CBCL-suicidability is applied.

Results: The TP mean of 1004 is 58 in girls and 66 in boys. 47% has ADD, according to the sub-scale CBCL- ADD-DSM oriented. 48% of the sample is captured by the sub-scale irritability or non-violent aggression. 75% of ADD has NVA. 43% of ADD and NVA had thoughts or suicide attempts.

Conclusions: The variable non-violent aggression or irritability (α .855), is present in severe child psychopathology (50%) and distinguishes two sub-groups of ADD patients..

There are significant differences between those sub-groups:

- in mean of Total Problems (ẊTP 57.7 DE 16.3 and ẊTP 93.1 DE 26.7),
- in the pattern of comorbidity,
- and presence of suicidal ideation.

Learning Objectives:

1. Recognize the importance of the pattern of comorbidities in ADD
2. The possibility to apply simples scales to identify subgroups with severe ADD
3. Design therapeutics strategies for these patients

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P2.57 Functional Outcomes in Adolescents with ADHD Treated with PRC-063 in a Randomized, Placebo-Controlled, Multicenter Study with a 6-Month Open Label Extension

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Introduction: The study was a double-blind, fixed-dose, parallel comparison of the clinical efficacy and safety of PRC-063 (controlled-release methylphenidate) and placebo in adolescents with ADHD, with a six-month open-label extension.

Methods: After washout, subjects were randomized to PRC-063 25, 45, 70 or 85 mg or placebo administered once-daily. Subjects underwent forced-titration over two-weeks followed by an additional two weeks at their final assigned dose. During the open-label extension, subjects were titrated to an optimal dose (25, 35, 45, 55, 70 or 85 mg/day). The Weiss Functional Impairment Rating Scale was performed at baseline, end-of-double-blind and end of open-label by the subject and parent.

Results: 354 adolescents (12 to 17 years) with a DSM-5 ADHD diagnosis were enrolled, 323 completed the double-blind study and 176 entered the open-label study. Results are summarized in Table 1. Parents rated functional improvements from baseline in all subscales and improvement from placebo on School Learning subscale. Subjects rated functional improvements from baseline on Family, School, Life-Skills, Self-Concept and Social Activities. During the double-blind study, decreased appetite (16.1%) and headache (13.9%) occurred in 10% or more subjects. During the open-label extension, 8 subjects discontinued due to adverse events, 98% were mild or moderate in severity and 2 SAEs occurred. No suicidal behaviors, clinically significant laboratory, vital signs or ECG findings were observed.

Conclusions: PRC-063 demonstrated significant improvements in functional outcome compared to baseline in the treatment of ADHD in adolescents.

Table 1. Mean (SD) Summed WFIRS Scores by Subscale

	WFIRS-Parent Rated				WFIRS-Self Rated			
Subscale	Baseline	Placebo	Active	Open Label	Baseline	Placebo	Active	Open Label
N	326	59	257	151	326	64	257	152
Total	44.8 (21.5)	41.3 (24.6)	37.3 (22.5)	31.1 (19.5)*	37.7 (25.4)	34.9 (25.5)	29.0 (26.6)	27.8 (23.2)
Family	10.2 (6.7)	9.8 (7.8)	8.6 (7.0)	6.9 (5.5)*	5.1 (4.1)	4.5 (3.9)	4.1 (4.0)	4.3 (3.7)*
Work	n/a	n/a	n/a	n/a	4.5 (6.7)	2.1 (3.7)	3.9 (5.6)	5.3 (5.4)
School (learning)	8.1 (3.4)	7.4 (3.9)	6.4 (3.9)*	5.2 (3.4)*	10.3 (6.6)	8.8 (7.2)	7.7 (6.7)	7.9 (6.5)*
School (behavior)	4.7 (4.7)	4.0 (4.4)	3.6 (3.8)	2.8 (3.6)*				
Life-Skills	10.9 (5.1)	10.9 (6.2)	9.9 (5.6)	8.4 (5.0)*	8.7 (5.9)	8.4 (6.1)	7.3 (5.9)	7.4 (6.3)*
Self-Concept	2.4 (2.3)	2.6 (2.5)	2.0 (2.1)	1.9 (2.1)*	3.3 (3.9)	2.6 (3.2)	3.0 (3.9)	3.0 (3.8)*
Social Activities	4.7 (4.7)	4.4 (4.8)	2.6 (4.4)	3.2 (3.8)*	4.8 (5.0)	4.2 (4.3)	3.6 (4.5)	4.1 (5.0)*
Risky Activities	3.8 (4.3)	2.9 (2.6)	3.0 (3.5)	2.5 (2.6)*	2.1 (2.8)	1.7 (2.1)	1.4 (2.5)	1.4 (3.0)

* $p < 0.05$

Learning Objectives:

1. Readers will learn the functional impairment characteristics of a cohort of adolescent ADHD subjects at baseline.
2. Readers will observe the improvements in functional impairment parallel the improvements in ADHD symptomatology.

3. Readers will observe the stability of functional improvements over a six month, open label period.

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P2.58 Impairments of Event-Related Potentials in Drug-naïve Pediatric Patients with Obsessive-compulsive Disorder

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Introduction: Obsessive-compulsive disorder (OCD) is a serious psychological disorder that occurs in approximately 2% of children and adolescents. OCD is one of the most common mental health disorders, characterized by obsessive thoughts and/or compulsive behaviors, which may involve specific disorders in cognition and/or information processing. Event-related potentials (ERPs) are commonly used as physiological measures of cognitive function as they are easily measured and noninvasive. However, no study have investigated to compare drug-naïve pediatric patients with OCD and healthy control participants.

Methods: In the present study, 20 drug-naïve pediatric patients with OCD were compared with 20 healthy control participants who were age- and sex-matched to perform the ERPs. Based on the guidelines for evoked potential measurement, the P300 and mismatch negativity (MMN) were obtained by auditory odd-ball tasks.

Results: We found that the amplitudes of the P300 components in the Fz (fronto-central), Cz (centro-parietal), Pz (parietal regions), C3, and C4 regions were significantly smaller in the OCD group compared with the control group. There were no between-group differences in P300 latency, MMN amplitude, or MMN latency. Moreover, we found significant correlations between scores on the Children's Yale–Brown Obsessive-Compulsive Scale (CY-BOCS) and the amplitudes of P300 components at Cz, Pz, and C3.

Conclusions: Thus, our research indicates that drug-naïve pediatric OCD patients might have cortical hypoactivity. Moreover, lower cortical activity is associated with more severe OCD symptoms. Therefore, the P300 amplitudes are sensitive tools for measuring the biological aspects of OCD severity.

Learning Objectives:

- We found that the amplitudes of the P300 components were significantly smaller in the OCD group compared with the control group.
- we found significant correlations between OCD severity and the amplitudes of the P300 components.
- These data suggests the P300 amplitudes are sensitive tools for measuring the biological aspects of OCD severity.

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P2.59 Event-Related Potentials Reflect the Efficacy of Pharmaceutical Treatments in Children and Adolescents with Attention Deficit/Hyperactivity Disorder

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Introduction: Few objective biological measures of the efficacy of pharmacological treatments for attention deficit/hyperactivity disorder (ADHD) exist. ADHD is characterized by inattention, hyperactivity, impulsively, and abnormalities in one or more cognitive processes. The psychostimulant methylphenidate (MPH) and the selective norepinephrine reuptake inhibitor atomoxetine (ATX) are commonly used for treatment of ADHD symptoms. Also, event-related potentials (ERPs) is commonly used as physiological measures to explore the underlying neurophysiological mechanisms and characteristics of cognitive dysfunctions in several psychiatric disorders, including ADHD. We previously demonstrated the effects of osmotic-release MPH in treatment naïve pediatric

patients with ADHD, as measured by ERPs. However, whether ERPs reflect the therapeutic effects of ATX is unknown.

Methods: We used the ADHD rating scale-IV-Japanese version to evaluate 14 patients with ADHD. Present study also included 14 age- and sex-matched controls. We measured P300 and mismatch negativity (MMN) components during an auditory odd-ball task in a treatment naïve condition and 2 months after initiation of ATX treatment.

Results: Compared with controls, the P300 components was attenuated and prolonged in the treatment group at Fz, Cz, Pz, C3 and C4 at baseline. ATX reduced ADHD symptomology. P300 latencies after onset of ATX treatment were significantly shorter than those at baseline at Fz (fronto-central), Cz (centro-parietal), Pz (parietal regions), C3, and C4. Moreover, MMN amplitudes were significantly greater than those at baseline at Cz and C3.

Conclusions: ERPs may have potential in evaluating the pharmacological effects of ATX in pediatric and adolescent patients with ADHD.

Learning Objectives:

- We found that the P300 components was attenuated and prolonged in the treatment group at Fz, Cz, Pz, C3 and C4 at baseline compared with controls.
- We found that P300 latencies after onset of ATX treatment were significantly shorter than those at baseline.
- We found that MMN amplitudes were significantly greater than those at baseline.
- These data suggests that ERPs may have potential in evaluating the pharmacological effects in patients with ADHD.

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P2.60 Do Autistic Traits Influence Food Preferences? : a Large-Scale Study with a General Population of Preschool Children in Japan

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Introduction: It is not unusual for children to exhibit problematic eating behaviors in early childhood. Children with autism spectrum disorder (ASD) often have more serious eating problems than typically developing children. However, little is known about the actual states as well as the influencing factors of problematic eating behaviors, especially in children with ASD.

Methods: Participants comprised the general population sample of 709 children (317 boys, 392 girls) in a province area, aged 4–6 years. Their parents were asked to complete a self-report questionnaire consisting of items on food preferences, eating problems, and environmental factors including the Index of Child Care Environment (ICCE), as well as autistic traits by the Social Responsiveness Scale (SRS). The participants were divided into three groups according to the SRS *T*-score.

Results: None of the three groups showed any dislike-tendencies for 19 food categories. The groups showed almost the same tendency to favor rice dishes, noodles, dairy products, fruits, and drinks. Multiple regression analyses revealed the predictors of categorized food preferences (age, sex, family structure, and subscale scores of ICCE) and itemized preferences (age, sex, family structure, subscale scores of ICCE, and SRS *T*-score).

Conclusions: The food preferences did not differ greatly between children with a trend toward ASD (the High-SRS group) and probable typically developing children (the Low-SRS group). The results also suggest that factors other than autistic traits might have greater impact on food preferences in children.

Learning Objectives: To clarify the actual state of children's eating problems and the influencing factors

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Wed Sept 21 | Macleod Hall A & B

P3 Posters, General Child and Adolescent Mental Health, and Psychiatric Disorders and Comorbid

P3.01 Gender Dysphoria and ADHD in Children: Cases Report About the Role of Narrative Skills Development

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Introduction: Knowing factors that could influence the persistence of GID in a lifetime remains an essential research issue. The influence of comorbidity with others psychiatrics conditions should be studied. The co-occurrence of GID and ADHD has rarely been described.

The gender identity can be conceptualized as a developmental process and as a part of the

general construction of identity. ADHD is a complex neurodevelopmental disorder. They are

both lifetime conditions.

Methods: By studying cases report in therapeutic setting, we observed the influence of narrative skills developement in GID children with ADHD and promoted therapeutic tools to enhance narrative skills development.

As children with ADHD are showing impairments of executive functioning which directly contributes to narrative organization; as news psychodynamics frameworks are suggesting that children with ADHD are showing lack of mentalization, narrative skills impairment and discontinuity in their identity construction process; as « Human identity is mainly a narrative identity » (Ricoeur),

we could make the hypothesis that narrative skills impairment in GID children with

ADHD may be a core deficit, influencing both developmental trajectories of GID and

ADHD.

Futhermore, from the perspective of cognitive anthropology, researchers agree that manual

dexterity and language are developed phylogenetically and ontogenetically in similar ways

and in synchrony due to shared neural network.

Results: By enhancing the narrative skills and manual dexterity synchrony in GID children with

ADHD, we could develop a simple and efficient therapeutic tool for a low cost.

Conclusions: Narrative skills development influences positively the developmental trajectories in GID children with ADHD.

Learning Objectives:

Improve knowledge of developmental trajectories in GID children with comorbid disorders

Propose simple and efficient therapeutic tools

References:

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P3.02 Physician Attitudes Towards Transgender People

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Introduction: Transgender people may engage mental health professionals due to stigma, discrimination and other mental health difficulties. Studies suggest that negative attitudes towards transgender individuals are prevalent and measurable within the general population. The Genderism and Transphobia Scale (GTS) measures anti-transgender feelings, thoughts, and behaviours. This study used the GTS to investigate physician attitudes towards transgender individuals.

Methods: We surveyed staff and residents from the Departments of Psychiatry, Pediatrics and Emergency Medicine at a Canadian University. The online survey consisted of sociodemographic questions and the GTS. An analysis of variance (ANOVA) was used to determine differences in GTS scores according to physician practice area, amount of experience, professional/personal contact with transgender individuals, and sociodemographic factors. The sample's mean GTS score was descriptively compared to other published data.

Results: More positive attitudes towards transgender individuals were noted among physicians with a female gender identity ($F = 10.28$, $p = 0.002$), a liberal political ideology ($F = 19.13$, $p < 0.001$) and lower levels of religiosity ($F = 3.08$, $p = 0.03$). GTS scores were not influenced by professional/personal contact, physician experience, or age. Regardless of medical specialty, physician respondents endorsed less negative attitudes towards transgender people compared to other published data.

Conclusions: Gender, political ideology and religiosity are more reliable predictors of physician attitudes towards transgender people than medical specialty, transgender population contact, physician experience or age. Larger studies may further elucidate factors that modify physician attitudes towards this patient population. Such studies may further the development of less stigma-laden medical treatment for this population.

Learning Objectives:

- Transgender patients reportedly experience discriminatory/ 'stigmatizing' health care.

- Although possibly not receiving extensive education regarding this patient sub-population, physicians appear to have a more tolerant attitude towards transgender people.
- Gender, political ideology and religiosity are more reliable predictors of physician attitudes towards transgender people than medical specialty, transgender population contact, physician experience or age.

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P3.03 Predictive Utility of the Limited Prosocial Emotion Specifier for Later Psychosocial Adjustment of Children with Conduct Disorder

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Introduction: The inclusion of limited prosocial emotion (LPE) as a new specifier to the diagnosis of conduct disorder (CD) in the DSM-5 is based on growing evidence that LPE can identify a distinctive group of youths particularly at risk of negative outcomes. Concerns remain, however, about the incremental usefulness of this specifier regarding the current childhood-onset subtype of CD. This study aims to examine psychosocial adjustment in early adolescence of youths with CD or CD + LPE before age 10.

Methods: Participants were 455 French-Canadian youths aged from 12 to 14 years old, including 119 youths with CD in childhood (56.3% with the LPE specifier) and 336 without CD or LPE (control group). The diagnosis of CD was established when children were aged from 6 to 9 years old. Psychosocial adjustment was assessed five years later using measures of conduct problems, depression, anxiety, substance use, and academic performance.

Results: A multivariate analysis of covariance using age as covariate revealed a significant group effect on psychosocial outcomes. One-way analyses of variance and simple contrasts showed that groups with CD only and with CD + LPE presented worse outcomes than the control group on all measures. However, there was no significant differences between groups with CD + LPE and with CD only.

Conclusions: These results suggest that youths with CD only or with CD + LPE in childhood have similar psychosocial adjustment in early adolescence and question the predictive utility of the LPE specifier regarding the childhood-onset subtype of CD.

Learning Objectives:

1. Children exhibiting early CD with or without LPE are at elevated risk of negative developmental outcomes.
2. The LPE specifier may have a limited prognostic utility with children meeting all criteria of CD before the age of 10 years old.

References:

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P3.04 Internet Addiction and Risk Factors in a Cohort of Tunisian Adolescent

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Introduction: There are few studies interested in internet addiction in Tunisia despite a worldwide concern about this problematic.

Aim: To estimate the prevalence of internet addiction in high scholars in the city of Monastir, Tunisia and identify potential risk factors.

Methods: A cross-sectional study was conducted on adolescents attending high schools in the city of Monastir, Tunisia. Population consisted in 415 males (M) and 567 females (F) with a mean age of 17.10±0.92 years. Participants filled the Internet Addiction Test and a data file regarding the socio demographic information, physical and psychological health record and information about the internet access. Risk factors were identified by a multi-way analysis by a binary logistic regression.

Results: Prevalence of internet addiction was 11.6% (IC 95%: [9.60-13.61]); M: 12.8% (IC 95%: [9.55-15.99]), F: 10.8% (IC 95%/ [8.20-13.31]). The multi-way analysis had identified four principal factors: home access to internet (ORa=4.587 [1.184-17.777]), long time spent on the internet (ORa=4.855 [2.991-7.879]), stress factors (ORa=1.709 [1.041-2.806]) and loneliness (ORa=3.545 [2.262-5.555]).

Conclusions: Prevalence of internet addiction seems high in Tunisia. Many factors are incriminated. Urgent measures should be taken to counter the problem.

Learning Objectives: awareness about internet addiction and its causes

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P3.05 La resilience chez les enfants victimes d'abus sexuel

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Introduction: le concept de résilience désigne la capacité pour un individu à « rebondir » et faire face après une situation traumatique.

Objectif : Décrire les facteurs de résilience chez les enfants victimes d'abus sexuel.

Methods: c'est une étude descriptive rétrospective ayant porté sur les patients suivi pour agression sexuelle entre juillet 2004 et janvier 2016 (N=93, moyenne d'âge=10 ans ± 3.9, sex-ratio=0,97). Le recueil des données a été réalisé à l'aide de fiches préétablies traitant 38 items relatifs aux caractéristiques biographiques et cliniques chez ces patients.

Results: Les sévices subis étaient essentiellement à type d'attouchements sexuels dans 46% des cas et de pénétration vaginale ou anale dans 44% des cas. 79% des agressions ont été commises dans un lieu familier pour l'enfant, par une personne de l'entourage de l'enfant dans 56% des cas. Dans la totalité des dossiers étudiés, le délégué de la protection de l'enfance a été alerté mais les procédures judiciaires n'ont été activées que dans 11.6% de cas. L'examen psychiatrique initial n'a pas objectivé de trouble dans 20.7% des cas. La résilience a été constatée chez 34.4% des enfants. Statistiquement, la corrélation de la résilience n'était significative qu'avec l'âge jeune de l'enfant et la présence d'une déficience intellectuelle chez lui (p respectivement égale à 0.01 et 0.02)

Conclusions: Identifier et renforcer les différents facteurs qui y interviennent devraient faire partie intégrante de tout projet de soins à proposer chez ces enfants.

Learning Objectives: connaitre pour mieux agire

References:

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P3.06 Internet Addiction and Depression

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Introduction: Internet use is growing especially among young people who can easily slip into a problematic Internet use or addiction to the Internet. Several consequences are connected to this use including depression.

The aim of our study was to evaluate the prevalence of internet addiction in a population of students in the governorate of Nabeul and study its relationship with depression.

Methods: A total of 111 students were asked to complete the Beck Depression Inventory and the questionnaire measuring the intensity of addictive behavior in the Internet (QMICA-I) as well as complete an epidemiological record.

Results: Our population consists of 71.2% of female (n = 79) to 28.8% male (n = 32), a sex ratio F / M = 2.46. The mean age was 16.75 years. All teenagers included in the study used the internet at least once in their lives. 70% of adolescents had ADSL at home. 80% of adolescents use the internet to chat through social networks, 53% search for information, 49% of online games. The average score QMICA-I test was 25. The mean score on the Beck scale was 15.86 with 39% of mild to severe depression. A statistically significant relationship was found between internet addiction and depression with p <0.001.

Conclusions: Internet problematic use should be treated with more interest investing in awareness campaigns is essential

Learning Objectives: open the debate about the relationship between internet problematic usage and depression

References:

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P3.07 Referral Pathways for Youth Seeking Help for Mental Distress

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Introduction: The majority of serious mental illnesses typically begin in adolescence or young adulthood. These young people often present initially with mixed symptom patterns, or brief or undifferentiated symptoms several months or even years before the development of a diagnosable mental disorder. It is important to find ways to identify these young people early so that we can learn what may predict later mental illness and to offer early intervention.

Methods: We utilized referral and recruitment data for three large-scale studies of youth at risk for developing serious mental illness, such as psychosis, major depressive disorder, or bipolar disorder. We divided our sample based on a clinical staging model where those at least risk have a family history but are asymptomatic, the next stage includes those who are presenting with mild mood symptoms and the third stage includes those who have subthreshold symptoms indicative of a higher risk of serious mental illness such as psychosis. Referral sources were divided into specialist physicians (pediatricians, psychiatrists), specialized mental health or addiction services, emergency room presentations or crisis services utilization, general practitioners, school-based mental health providers, community mental health services and psychologists, and self or family referrals.

Results: Data will be presented to show referral trends that are related to age, gender, and stages of risk.

Conclusions: The goal of this project was to examine referral sources to several large research projects to better understand the points at which this young population sought help.

Learning Objectives: To explore recruitment pathways for youth seeking help for mental distress.

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P3.08 The CanREACH Pediatric Pharmacology Program Continuing Medical Education: Evidence of Behavioral Change Based on the Clinical Profiles of Referral

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Introduction: The pediatric pharmacology program was developed by Peter Jensen founder and CEO of the reach institute. Based on funding from the Alberta Children's Hospital foundation a pilot was mounted by the champion team that brought this pilot to fruition in Alberta Canada.

Methods: The measurement of clinical profile was based on information extracted from the outcome measurement structure embedded in the regional access and intake system in the Calgary zone. Complex multiple logistic regression analysis indicated that post training physicians who participated in the pediatric pharmacology programs made referrals with clinical profile is distinct from before training and from those made by not participating physicians (N=3751).

Results: Systematic and predicable changes were observed in all the standardized REACH outcome measures completed by participants before and after training. Participating physicians compared to their own referrals before training similarly differed on psychotic symptoms, externalizing symptoms/ disruptive behavior, problems in the context of the home, and length of stay.

Conclusions: Traditionally, self-report instruments attempting to assess the effects of training pre-and post training suffer from the Hawthorne effect. As an external objective measure directly assessing the behavior of physicians, the post training referral patterns of trained physicians support the self-reported effects of training. This is perhaps the first time that the clinical effect of training has been measured by a third-party using an independent means of assessment

Learning Objectives:

- To learn how to assess pediatric psychopharmacology medication in primary mental health
- To learn how to treat pediatric psychopharmacology medication in primary mental health
- To learn how to manage pediatric psychopharmacology medication in primary mental health

References:

thereachinstitue.org

P3.09 Child and Teenager Abuse: About 36 Cases

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Introduction: Child abuse was recognized by the WHO in 2006 as a major public health problem. This subject remains underestimated in our country, despite an increase of abuse reports and a greater request of juridical examinations.

Methods: Retrospective and descriptive study of cases of children and teenagers followed at the department of child and teenager psychiatry of Mongi Slim Hospital, La Marsa, Tunisia, from August 2013 until August 2015. The diagnoses were retained according to DSM-IV criterias. Data was collected from patients' records.

Results: Our study featured 36 patients. The average age was of 10,41 years. The sex ratio was 0,56. A psychiatric expertise was requested for 55% of the patients. The period separating the beginning of the facts and the examination was about 30 months. Two types of abuse were associated in 47% of cases. Physical abuse was the highly reported (58%), followed by sexual (54%), psychic abuse (50%) and neglect (28%). The aggression was repetitive in 70% of cases with an average duration of 18 months. 91,4% of the abusers were familiar to the victim. Four cases of incest were identified. Most of sexual abuses were committed under threat (56%) and violence (31%). These children suffered mainly from anxiety disorders (33%) and major depressive disorder (25%). 1 patient reported a suicidal attempt.

Conclusions: The complexity of abuses and their psychological impact make necessary to form all specialists in early detecting and managing these situations.

Learning Objectives:

1. Describe the socio-demographic and clinical profile of children and teenagers victims of abuse.
2. Study the characteristics of abuse.

References:

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P3.10 The Relationships of Insomnia and Short and Long Nocturnal Sleep Durations with Quality of Life and the Moderating Effects of Sex and Age in Taiwanese Adolescents

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Introduction: We hypothesized that insomnia and short nocturnal sleep duration are associated with poor QOL in adolescents.

Methods: A total of 5,590 students of high schools completed the questionnaires. Self-reported Nocturnal sleep duration was measured. The severity of self-reported insomnia was measured by the Athens Insomnia Scale. Average, short and long sleepers were classified based on the self-reported nocturnal sleep duration. The levels of QOL were measured using the Taiwanese Quality of Life Questionnaire for Adolescents. The associations of insomnia and nocturnal sleep duration with QOL and the moderating effects of sex and age on the associations were examined by multiple regression analysis models to control for the effects of depression.

Results: The results found that after controlling for the effects of age, sex and depression, the severity of insomnia was negatively associated with all domains of QOL except for the social relationships dimension. Short sleepers had poorer family domain of QOL than average sleepers; however, long sleepers had better pain and psychological wellbeing domains of QOL than average sleepers. Sex and age had moderating effects on the associations of insomnia with several domains of QOL.

Conclusions: The level of insomnia and nocturnal sleep duration are significantly associated with several domains of QOL among the adolescents. Insomnia and nocturnal sleep duration should be taken into consideration when intervening adolescents' QOL.

Learning Objectives: The aims of this cross-sectional study were to examine the relationships of insomnia and short and long nocturnal sleep durations with quality of life (QOL) and the moderating effects of sex and age on the relationships after controlling for the effects of depressive symptoms in a large-scale, representative population of Taiwanese adolescents.

References:

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Chiu HF, Xiang YT, Dai J, Chan SS, Leung T, Yu X, Hou ZJ, Ungvari GS, Caine ED. The prevalence of sleep problems and their socio-demographic and clinical correlates in young Chinese rural residents. Psychiatry Res. 2012;200(2-3):789-94.

P3.11 Gene Transfer Altering Brain GAD65 Impacts Audiogenic Seizure Activity in Long-Evans Rat

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Introduction: Gene transfer technology may be useful in studying and modulating a wide variety of disorders including anxiety and seizure behaviors. Audiogenic seizures are easily quantifiable behaviors to examine the effects of viral vector alteration of GAD65 expression in a brain structure critical for generation of audiogenic seizures (AGS)--a developmentally primed disorder.

Methods: Novel injections of replication-defective herpes simplex virus (HSV) vectors that upregulate (sense) or downregulate (antisense) GAD65 expression with 10% *lac*-Z (for neuron identification) were bilaterally injected into the central nucleus of inferior colliculus (CNIC) of Long-Evans rats made seizure-sensitive animals by intense postnatal sound exposure.

Results: Injection of GAD65 in the sense orientation increased wild running latencies and reduced incidence of clonus compared to *lac*-Z, unoperated and vehicle seizure groups. In contrast, infection of CNIC with GAD65 antisense virus resulted in 100% incidence of wild running and clonus behaviors in AGS animals. Unoperated animals not primed continued to show uniform absence of seizure activity. However, in some unprimed animals CNIC injection of GAD65 antisense virus produced wild running and clonus behaviors. Later staining for β-galactosidase in vector animals revealed typical small and medium multipolar/stellate, and medium fusiform neurons.

Conclusions: These results demonstrate that gene transfer methods such as manipulation of a GABA system can influence developing seizure symptoms; more broadly, viral vector technology with the capability of altering numerous neuron systems has potential for therapeutic application beyond epilepsy to many other disorders appearing during development.

P3.12 Child Sexual Abuse Images Online: A Scoping Review

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Introduction: With advances in technology, we have witnessed an explosion in the creation and distribution of child sexual abuse images in cyberspace. Child sexual abuse images online (CSAIO) often remain online indefinitely, and the increasing use of technology by perpetrators has aided in continuous, lifelong abuse of victims (Binford, Giesbrecht-McKee, Savey, & Schwartz-Gilbert, 2015). The Canadian Centre for Child Protection (2016) study shows that 78% of images and videos depict children under 12 years old and images are depicting more infants and toddlers, greater violence and more extreme abuse.

Methods: Our research team has conducted a scoping review of the research regarding CSAIO. This process was informed by Arksey and O'Malley's (2005) framework to summarize, synthesize and highlight findings to inform policy makers, service users and service providers working with victims of CSAIO. Databases accessed include PubMed, Ovid, Google Scholar, and Social Services Abstracts, to identify quasi-experimental designs, mixed methods and qualitative research on CSAIO. Our review includes grey literature, such as dissertations, government documents, and stakeholder and organization publications.

Results: Our search identified 121 articles that met the inclusion criteria for review.

Conclusions: A major finding of the scoping review is that the majority of research primarily focused on perpetrators of child sexual abuse images. There is limited research on the disclosure process, short and long-term impacts on victims depicted in CSAIO, or how professionals can work with victims and families. Further research in this area is necessary to inform treatment of CSAIO victims and develop effective public policy.

Learning Objectives: To discuss the findings and the implications of CSAIO for all populations affected; and to utilize this synthesis to inform and identify future research, as well as clinical and policy implications.

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P3.13 Eating Disorders in Childhood and Adolescence and Comorbidities: From the Viewpoints of Depression and ASD

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Introduction: Eating disorders in childhood and adolescence often coexist with depression and autism spectrum disorder (ASD). Eating disorders should be reexamined from the viewpoints of these disorders.

Methods: The present study investigated 24 patients who were diagnosed with eating disorders in childhood and adolescence. The patients' diagnoses, comorbidities, clinical characteristics, treatment, and outcomes were examined. Patients were divided into a childhood-onset group and an adolescence-onset group.

Results: In childhood-onset group (3 boys and 6 girls), the initial diagnoses (restricting-type) did not change during the course of treatment. ASD was diagnosed in 7 patients. Other comorbidities comprised major depressive disorder (2), generalized anxiety disorder (2), and selective mutism (1). Effective treatment was achieved with family therapy in all patients and antidepressant drugs in 2 patients and atypical antipsychotic drugs in 2 patient. Remission and improvement were achieved in 6 and 2 patient, while 1 patient showed no change. In adolescence-onset group (1 boy and 14 girls), all patients were initially diagnosed with restricting-type-AN. Final diagnoses comprised restricting-type (5), binge-eating/purging-type (5), and bulimia nervosa (5). ASD was diagnosed in 3 patients, and major depressive disorder in 8 patients. Effective treatment was achieved with CBT or family therapy in all patients and antidepressant drugs in 8 of these patients. Remission and improvement were achieved in 7 and 5 patients, while 3 patients showed no change.

Conclusions: Appropriate diagnosis of depressive disorder and ASD who also have eating disorders enables a better understanding of each case, more specific therapeutic strategies, and more comprehensive approaches to treatment.

Learning Objectives:

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References:

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P3.14 Resequencing and Association Analysis of CLN8 with Autism Spectrum Disorder in a Japanese Population

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Introduction: Rare variations contribute substantially to autism spectrum disorder (ASD) liability [1]. A recent whole-exome sequencing study in two families with affected siblings identified ceroid-lipofuscinosis neuronal 8(*CLN8*) as a potential genetic risk factor for ASD [2]. To further investigate the role of *CLN8* in the genetic etiology of ASD, we performed resequencing and association analysis of *CLN8* with ASD in a Japanese population.

Methods: All participants were unrelated and of Japanese descent. The first sample consisted of 256 patients with ASD and 667 control individuals. The second sample consisted of 312 patients with ASD and 352 control individuals. The CLN8

coding region was resequenced in 256 ASD patients of the first sample by direct sequencing. Rare non-synonymous variations with mutant allele frequencies < 0.01, identified by resequencing, were genotyped in the first and second samples using the TaqMan 5′-exonuclease assay.

Results: Resequencing the *CLN8* coding region in 256 ASD patients identified five rare missense variations: g.1719291G>A (R24H), rs201670636 (F39L), rs116605307 (R97H), rs143701028 (T108M) and rs138581191 (N152S). These variations were genotyped in 568 patients and 1017 controls (Table 1). However, no significant association between these variations and ASD was identified.

Table 1 Association analysis of five rare missense CLN8 variations with ASD

Variation	ASD				Control				Allelic p	OR	95% CI
	1/1[a]	1/2[a]	2/2[a]	MAF	1/1[a]	1/2[a]	2/2[a]	MAF			
R24H	G/G	G/A	A/A	A	G/G	G/A	A/A	A			
First	255	1	0	0.0020	666	1	0	0.0007	0.48	2.6	0.2–41.8
Second	309	0	0	0	350	0	0	0	-	-	-
Combined	564	1	0	0.0009	1016	1	0	0.0005	1.00	1.8	0.1–28.8
F39L	T/T	T/G	G/G	G	T/T	T/G	G/G	G			
First	255	1	0	0.0020	664	2	0	0.0015	1.00	1.3	0.1–14.4
Second	310	1	0	0.0016	352	0	0	0	0.47	∞	-
Combined	565	2	0	0.0018	1016	2	0	0.0010	0.62	1.8	0.3–12.8
R97H	G/G	G/A	A/A	A	G/G	G/A	A/A	A			
First	255	1	0	0.0020	644	0	0	0	0.28	∞	-
Second	311	1	0	0.0016	351	0	0	0	0.47	∞	-
Combined	566	2	0	0.0018	1015	0	0	0	0.13	∞	-
T108M	C/C	C/T	T/T	T	C/C	C/T	T/T	T			
First	255	1	0	0.0020	665	0	0	0	0.28	∞	-
Second	309	0	0	0	351	1	0	0.0014	1.00	0	-
Combined	564	1	0	0.0009	1016	1	0	0.0005	1.00	1.8	0.1–28.8
N152S	A/A	A/G	G/G	G	A/A	A/G	G/G	G			
First	255	1	0	0.0020	659	1	0	0.0008	0.48	2.6	0.2–41.3
Second	310	0	0	0	352	0	0	0	-	-	-
Combined	565	1	0	0.0009	1011	1	0	0.0005	1.00	1.8	0.1–28.6

ASD, autism spectrum disorder; CI, confidence interval; MAF, mutant allele requency; OR, odds ratio.

a Genotypes: reference and mutant alleles are denoted by 1 and 2, respectively.

Conclusions: This study does not support a contribution of rare missense *CLN8* variations to ASD susceptibility in the Japanese population [3].

Learning Objectives:

1. Identify risk genetic variations of autism spectrum disorder (ASD).
2. Discuss effects of the variations for the pathophysiological basis of ASD.

References:

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P3.15 Dropout From Psychiatric Care Among Young Patients with Suicidality and Their Poor Help-Seeking Attitude

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Introduction: Suicide is the leading cause of death among young people in Japan. Despite the high prevalence of suicide deaths among youth and the resulting need for treatment, a poor help-seeking attitude might remain the barrier to psychiatric care. However, the relationship between a poor help-seeking attitude and dropping out against doctor's instructions among young patients with suicidality has been poorly understood.

Methods: We conducted a one-year follow-up study of the first referrals, who were aged 10 to15 years old with suicidal ideation at Kanagawa Children's Medical Center from 2011. One year after their first visit, we administered a battery of self-reported questionnaires to the participants in order to evaluate their help-seeking attitude and stigma toward psychiatric care. The dropout rate during a one-year period was then, investigated. Forty-two out of 74 referred patients agreed to join this study and replied to the questionnaires.

Results: 19 (45.2%) patients indicated unwillingness for psychiatric care after one year from their first visit. This poor help-seeking attitude was associated with unexpected dropout (OR16.2, 95%CI1.7-159.9; p<0.01). However, 6 (50.0%) out of 12 dropout patients with a poor help-seeking attitude still indicated suicidal ideation after one year from their first visit. Over 60% of 12 dropout patients with a poor help-seeking attitude felt they could not afford enough money and time for psychiatric care.

Conclusions: A poor help-seeking attitude may lead to unexpected dropout among young patients with suicidality. Suicide preventive care for youth should be conducted along with efforts to improve their living conditions outside of medical care.

Learning Objectives: The aim of the current study is to examine the relationship between poor help-seeking attitudes and dropout from psychiatic care among youth, and their stigma.

References:

de Haan AM, Boon AE, de Jong JT, Hoeve M, Vermeiren RR. A meta-analytic review on treatment dropout in child and adolescent outpatient mental health care. Clin Psychol Rev. 33:698-711, 2013

P3.16 Shaping the Future for Transitional Youth with PDD

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Overview: The transition drom adolescence to adulthood is marked by number of critical social achivment including school graduation, securing employment and developing vacational skills.This includes accepting responsibility and making independent decisions and becoming self reliant.

Part 1: But what happens when Youth have PDD and /or are recent immigrants and are new to the community It is well known that mental health disorders are more prevalent among young people experiencing higher levels of distress, as well as among those who are socially and economically disadvantaged, therefore some groups of immigrants have an elevated risk than the general population for a variety of specific mental disorders related to exposure to war, violence, forced migration and exile with up to 10 times the rate of post-traumatic stress disorder.

Part 2: According to numerous studies there are significant disparities in the care for racial and ethnic minority youth, as ethnic minorities are less likely to receive mental health care compared to Caucasians even after the need and financial factors are controlled. Also ethnic minority patients tend to receive care less consistent with evidence-based practice. Some of the aspects that contribute to these differences are language barrier, patterns of seeking help, ways of coping and attitudes towards mental disorders and treatment.

Part 3: We have analyzed socio-demographic aspect of a tertiary subspecialty clinic providing care for patients aged 15 to 25, of this population 40% are of ethnic minorities, with psychotic symptoms coupled with other mental disorder including Pervasive Development Disorder / Autistic Spectrum Disorder and Traumatic Spectrum Disorder / Complex PTSD.

Learning Objectives: Review service availability for young people with PDD transitioning from adolescent to adult the system in Calgary, Canada. Patient outcomes and level of satisfaction while accesing transictional services.

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P3.17 The Role of Genetic Risk in the Later Development of Psychosis

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Introduction: Individuals with a family history of schizophrenia, typically a first degree relative, have an increased risk of developing the illness compared to those with no family history. High risk research in schizophrenia have more recently been focusing on those at risk of developing psychosis based on well-established clinical criteria. However, little is known about the risk of those who meet criteria for clinical high risk (CHR) of developing psychosis when they have the additional risk of having a first degree relative with the illness. The North American Prodromal Longitudinal Study (NAPLS) is aimed at determining predictors of developing psychosis.

Methods: In this study of the 764 CHR participants that were followed up over a 2 year period, 119 of them had a first degree relative with psychosis while 643 did not. The groups were compared on presenting symptoms, IQ, social functioning, substance use, life events, negative thinking and past history of trauma.

Results: Those CHR participants with a family history of psychosis were older, and reported more cannabis and tobacco use in the past month. There were no other differences between the groups. Sixty-eight of those with no family history and 17 with a family history converted to a psychotic illnesssis. There were no differences in the percentage of converters in between the two groups.

Conclusions: Although family history of psychosis may be a risk factor for later psychotic illness in the general population, it did not predict conversion to a psychotic illness in the group individuals at CHR for psychosis.

Learning Objectives:

1) Recent research focuses on those who may be at clinical high risk (CHR) of developing psychosis based on clinical symptoms and thus experiencing a potential prodrome for psychosis. Little however is known about the risk of those who meet criteria for CHR of developing psychosis when they have the additional risk of having a first degree relative with the illness.
2) In this study of those at CHR for psychosis and who had a first degree relative were older and reported more cannabis use in the past month.
3) Therefore, although family history of psychosis may be a risk factor for later psychosis in the general population, in

this group of those at CHR for psychosis, it did not appear to be a risk for later psychosis.

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P3.18 Severe Autism in Patient with Peutz-Jeghers Syndrome: a Case Report

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Introduction: The Peutz-Jeghers Syndrome (PJS) is a autosomal dominant inherited intestinal polyposis syndrome in association with a distinct pattern of skin and mucosal macular melanin deposition. It is known that patients with PJS have an increased risk of neoplasms compared with the general population. It is considered to be a rare genetic disorder with prevalence rates reaching from 1 in 60,000 to 1 in 300,0000 people in the USA. In this case report we describe a 12 year-old male patient who presents the association between PJS and severe autism with important communication and social interaction impairment.

Methods: The case reported is followed on a tertiary referral hospital in child and adolescence psychiatry in Brazil. The informations were obtained during medical evaluations and medical records of the patient. Also, a literature review was performed by the authors on PubMed and Scielo database trying to find any association between the terms "PJS", "Peutz-Jeghers Syndrome" and "Autism Spectrum Disorder" or "Autism".

Results: Besides this case report there was no evidence in literature that shows significant association between PJS and Autism Spectrum Disorder.

Conclusions: This case report, by registering this association, allows that similar co-occurences might instigate future scientific productions in area.

Learning Objectives: To report co-morbid conditions in Autism Spectrum Disorder.

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P3.19 Medium-And-Long Term Prognosis of the Developmental Disorder Children Destabilized

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Introduction: Four years passed from the Great East Japan Earthquake and nuclear accident, but there are many unstable developmental disorder children now. We examined adaptation level of both just after the damage and two years after, intended for them turned worse after the earthquake disaster, retrospectively.

Methods: The subjects :13 cases (Age:13.8 y, Diagnosis:12 ASD, 1 ADHD) . Psychiatric symptoms : strong anxiety and fear 9, emotional instability 6, regression 5, sleep disorder 4, avoidant action 4, flashback 3, panic 3, inattention 2, monologue 2, self-injury /stupor/ violence for each one.

Results: Adjustment environment were effective, such as the security of the private room and amusement place at the shelter, attending school in the transfer, the maintenance of carrying and the fixed life pattern .

Adaptation level just after the damage:5 bad, slightly bad 5, slightly good 3, good 0 cases. The prognosis two years after the damage: 1 bad, slightly bad 3, almost good 8, good 1.

Conclusions: Both earthquake disaster and refuge collapsed life rhythm, and caused characteristic symptoms . When two years passed after the earthquake disaster, there were many cases improved by resilience and neighboring relations. However, in two cases, the PTSD-like symptoms still remained. In these examples, it was thought that a continuous intervention was necessary in future.

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P3.20 Structuring and Mother Sensitivity as Major Determinants of Shared Pleasure Moments

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Introduction: In a trial to understand factors encouraging occurrence of SPs, having the data from a recent study done by our research group (EMORE) that revealed who initiates SP

moments and who happens to mostly begin the first initiation in a set. We tried to explore those, in terms of mothers' structuring of the play set and their sensitivity towards their infants social capacities.

Methods: 114 mothers and their 7-month-old-infants participated in this study from Tampere area. Mother-infant interaction was analyzed from videos. SP was coded from the first 5 minutes of the recorded mother-infant interaction. Initiation of the SP moments was categorized into mother initiating (M-SP), infant initiating (I-SP) and both initiating (B-SP). Emotional Availability (EA) Scale used, exploring the relation between sensitivity and structuring dimensions with SP moments.

Results: SP sequences detected in our sample were 303, the 46% I-SP statistically significantly ($p < 0.05$) associated with better mother's structuring (> 5) and sensitivity (>5) on the EA scales and also having the infants being the 1st initiators of the SP moments.

Conclusions: The results indicate that good structuring of a play set provides the healthy atmosphere needed for the existence of moments of shared pleasure, paving the way for the infants to initiate them, and even having the infants being the 1st initiators of the SPs. Also helps mothers to keep a prolonged efficient one. Mother's sensitivity to her infant's needs and emotional capacities help in attaining the best of the valuable moments of Shared Pleasure.

Learning Objectives:

- To investigate the association between structuring of the play set and the infant's initiation of the shared pleasure moments.
- To further study the effect of mother's sensitivity in relation to their infant's ability to initiate shared pleasure.

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P3.21 Disruptive Mood Dysregulation Disorder versus Bipolar Disorder- A Shift in Diagnostic Practice Since the DSM-5

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Introduction: Considerable controversy surrounds the diagnostic application of Bipolar Disorder in Children and Adolescents and how the diagnostic habits of clinicians have changed with the emergence of the new DSM-5 in May 18, 2013 with Disruptive Mood Dysregulation Disorder (DMDD).

Methods: Over 1500 cases are seen per year from non metropolitan sites in Ontario. Each case has computer-based log in data and it is checked for completeness by the administrative staff. The data can be quickly extracted through an Excel program to be analyzed.

Results: The two pools of data (Group A was 2013; Group B was 2015) were divided into subgroups: ADHD (and their various subtypes), ODD, BD and DMDD. In total, there were n = 1757 cases for Group A and n = 1720 in Group B. Within the subgroups the total number from Group A to B were: ADHD n = 1236 to 1196, ODD n = 332 to 339. But in the cases of BD the differences were n = 114 to 20 (86% reduction) and for DMDD n = 75 to 175 (75% gain) (resp.). Since the DSM-5 came out in May, the changes in aggregate scores might reflect a narrower number of months in 2013 compared to 2015.

Conclusions: DMDD cases are not being pulled from ADHD or ODD but from BD, consistent with the literature. As the field of BD diagnostics is emerging, there seems to be division as to the nomenclature- the broad definition purported by Biederman versus the much narrower definition by Carlson and Leibenluft.

Learning Objectives:

- To help clinicians examine the controversies behind the changes in nomenclature and the impact on their own practices
- To reflect on the prescribing practices of clinicians and whether they believe there is a difference in outcomed
- To acknowledge that the cases of DMDD are coming from BD and not from ODD or ADHD which might help clinicians feel more confident about those disorders

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P3.22 Depression Masquerading as Behavioral Problems in Children and Adolescents with Chronic Medical Conditions

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Introduction: Chronic illnesses in children are significantly associated with early-onset depressive symptoms, impairment in social functioning, learning problems and challenging behaviours.[1,2]

Aims: To describe rare cases of depression masquerading as behavioral problems in medically sick children and adolescents referred for consultation liasion psychiatric evaluation.

Methods: Case series:

Case 1- Master ABC, 17 year old boy, a known case of α- Thalassemia was referred in view of withdrawn behavior and getting angry easily.

Case 2- Miss PQR, 11 year old girl, diagnosed with systemic lupus erythematoses, referred in view of behavioural problems such as irritability, getting angry, refusing to eat food, quarreling, etc.

Case 3- Miss XYZ, 7 year old girl, a case of Xeroderma Pigmentosum was referred in view of behavioural disturbances in the ward like pushing other children, throwing things, temper tantrums.

Results: All three cases when evaluated had certain common factors. They were referred in view of behavioral problems, had depressed affect, reported feeling low and depressed,

perceived themselves as a burden on the family,felt guilty and hopeless but had not shared it with anyone else, were subsequently diagnosed with Depression comorbid with medical condition, were started on SSRI Medications and psychotherapy and showed considerable improvement in mood symptoms and behavioral problems.

Conclusions: Symptoms of depression in children may differ from those of adult depression in terms of its nature and intensity.[3] Pediatricians should be attentive to depressive symptoms which can have behavioral overlays. Chronic medically sick children should be screened for depression and provided appropriate consultation-liasion psychopharmacological and psychotherapeutic services.[4,5]

Learning Objectives:

a. To Learn about depression in children and adolescent with chronic medical conditions such as α- Thalassemia, Systemic Lupus Erythematoses and Xeroderma Pigmentosum.
b. To understand the atypical behavioral presentations of depression in chronic medically sick children.
c. To appreciate challenges in diagnosis and management of depression in chronic sick children and adolescents.

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P3.23 Relationship between Psychosocial Adjustment and Internet Addiction / Overuse in Adolescents

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Introduction: Addiction to the internet among adolescents becomes a serious problem, and may cause school refusal and mental health problems[1]. Students who spend more time using internet might cause negative effects on mental health. The aim of this study was to examine the association of Internet addiction with psychosocial adjustment in adolescents.

Methods: Junior high school students (n=853, male/female: 425/428, age, 12–15 years) were assessed for Internet addiction and behavioral/emotional problems using Young's Internet Addiction Test (IAT)[2] and the Strengths and Difficulties Questionnaires (SDQ)[3]. Addicted, Possibly-addicted and non-addicted groups were determined according to the cut-off values of IAT. SDQ subscales were compared among the three groups with nonparametric multiple comparison.

Results: Based on the total IAT score, 2.0% and 21.7% of adolescents were classified as Addicted and Possibly-addicted, respectively. The total score of SDQ was significantly higher in Addicted group(20.3+5.7) and in Possibly-addicted group(13.6+5.1) than in Non-addicted group(9.8+4.9). Four subscale scores of the SDQ(emotional symptoms, conduct problems, hyperactivity/inattention, and peer problems) were significantly higher in Addicted group and in Possibly-addicted group than in Non-addicted group.

Conclusions: Internet addiction is strongly associated with mental states. Poor psychiatric condition was observed not only in Addicted group but also in Possibly-addicted group. Internet addiction/overuse should be considered in examining adolescent emotional and behavioral problems.

Learning Objectives:

- Prevalence of problematic Internet use in Japanese adolescents was more than 20 %.
- Relationship between Internet addiction and mental problems in adolescents was observed.

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P3.24 Prevalence of Psychiatric Disease of a Youth Detention Center Inmates in Korea

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Introduction: Youths in detention show high tendency of behavior and substance use problem. Recent national survey shows more than 1 of 5 youths in detention suffering from psychiatric disease. Psychiatric rehabilitation of juvenile delinquencies is crucial since it effects future crime rates. There have been no detailed study using structured psychiatric interviews of inmates in youth detention center so far in Korea.

Methods: 200 inmates in a single youth detention center participated. Participants completed self-report questionnaires of general identification data,Conners-Wells' Adolescent Self-Report Scale,Internet Addiction Proneness Scale,Childhood Traumatic Questionnaire,and Pediatric quality of life inventory. Interview was based on K-SADS-PL and K-MINI, 5.0.0. All analyses were done using SAS enterprise 4.2 and $p < .05$ was considered statistically significant. The study was approved by the Sanggye Paik hospital internal review board which conforms to the provisions of the Declaration of Helsinki, and all participants or legal guardians provided their written informed consent.

Results: Inmates in youth detention show much higher psychiatric prevalence than recent national statistics(70.5% vs 22.6%). Psychiatric prevalence also exceeds our previous study of youths in probation(45%). Conduct disorder was the most common disease(55%),followed by antisocial personality disorder(48%),oppositional defiant disorder (43.5%),alcohol dependence(37.5%),and ADHD(34%).

Conclusions: Inmates in youth detention center show high prevalence of psychiatric disease compared to recent national statistics. Comparing to normal population, our study shows inmates more suffer from disruptive, impulsive and conduct disorders and also reports higher prevalence of ADHD and alcohol dependence. Therefore, there seems to be urgent demand for sophisticated psychiatric intervention and treatment for youths in detention.

Learning Objectives: To Find out prevalence of psychiatric disorders, psychiatric problem, and correlation between diagnosis and types of crimination among youths in detention.

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P3.25 The Difference of Sensory Processing Abilities and Visual Perception Skills in Children with Attention Deficit Hyperactivity Disorder and Typical Children

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Introduction: The purpose of this study was to evaluate the difference of sensory processing and visual perception for children with attention deficit hyperactivity disorder and normal child in school-age.

Methods: The children on the first to second grade in elementary school were chosen to be the subject, classified into two groups, experimental group with ADHD and the control group. 25 experimental group, 51 control group participated. To evaluate the sensory processing, Sensory Profile was used and the Korean Developmental Visual Perception-2 was used to assess visual perception skills. In SPSS 20.0, Independent t-test was employed in order to compare sensory processing and visual perception skills. Pearson correlation analysis was used for the relationship between sensory processing and visual perception for experimental group.

Results: We could find out the differences in Sensory Profile Summary Score and Factor Summary Score between groups. And also find out the differences in visual perception index and subtest raw score between groups. We could find out the relationship between sensory processing and visual perception to experimental group.

Conclusions: The experimental and control group had significant difference in sensory processing and visual perception skills. And the relationship between sensory processing and visual perception to experimental group. This study has a meaningful significance because of the first paper of comparison of sensory processing and visual perception and the relationship between sensory processing and visual perception between ADHD children and normal children.

K-DTVP subtype	ADHD (n=25)	Control (n=51)	t	p
General visual perception	88.84 +- 15.59	102.33 +- 12.90	-3.995	.000
Exercise reduced visual perception	95.28 +- 17.08	108.82 +- 15.87	-3.408	.001
Visual motion integration	83.60 +- 16.02	95.94 +- 12.71	-4.437	.000

Learning Objectives: It was proved understanding the nature of the behavior of ADHD to have sensory processing and visual perception skills and it will be able to provide help in their assessment, education, study.

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P3.26 Maternal Depressive Symptoms and Patterns of Child's Internalizing and Externalizing Problems

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Introduction: Maternal depressive symptoms (MDS) are a well-known risk factor associated with child's psychosocial outcome. However, less is known about their effects on the developmental patterns of child's problems.

Methods: The sample originally consisted of 349 normal population Finnish mothers and children followed from the third trimester of pregnancy to the child's age of 16-17 years.

Results: At all the time points the level of MDS was highest among the children with chronic internalizing problems. Furthermore, chronic internalizing problems were detected in five out of ten children whose mothers had recurrent and more severe (intermittent) and in 15% (ten out of 68) of those whose mothers had chronic depressive symptoms.

Higher levels of MDS postnatally and at the child's age of 4-5 years were associated with externalizing problems that were initially high at the age of 4-5 years but decreased towards adolescence. At child's ages of 8-9 and 16-17 years, higher level of MDS was associated with adolescent-onset externalizing problems. The pattern of MDS did not unequivocally explain the pattern of child's externalizing problems.

Conclusions: The findings suggest that chronic and recurrent MDS increase the child's risk for chronic internalizing problems while the associations between MDS and the developmental pattern of child's externalizing problems is perhaps more reciprocal.

Learning Objectives:

- Developmental patterns of child's internalizing and externalizing problems
- Intergenerational risk of maternal depressive symptoms

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P3.27 Evaluation of a Cognitive Remediation Therapy Group for Adolescents with Anorexia Nervosa: An Open Study

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Introduction: Cognitive remediation therapy (CRT) aims to increase patients' cognitive flexibility through practicing new ways of thinking as well as facilitating bigger picture thinking, supporting patients with relevant tasks, and making them aware of own thinking styles. CRT has been applied in the treatment of anorexia nervosa (AN), and has been shown to be effective, acceptable, and beneficial. However, the number of studies evaluating CRT for adolescents with AN is limited. This study aimed to examine the feasibility of Group CRT for adolescents with AN.

Methods: This study recruited participants aged 13-18 admitted to the Department of Children and Adolescent Psychiatry Tokyo Metropolitan Children's Medical Center (TMCMC) with a clinical diagnosis of AN according to DSM-5 criteria. They were seen in weekly group CRT over four sessions. Feasibility was assessed with regard to the delivery of the intervention and staff clinical experience. The study was approved by the TMCMC Ethics Board.

Results: The average age of participants was 13 ± 0.5 years, the average duration of illness was 15 ± 6.1 months, and the mean Body Mass Index (BMI) was 12 ± 0.4 at pre-CRT. One or two tasks were presented each session and participants reflected on their choice of methods when performing the task. The therapist and facilitators helped them apply the tasks to real-life situations. Despite low BMIs, participants actively took part in the sessions.

Conclusions: Group CRT for adolescent AN was well received by inpatients. Further research will be required to evaluation the effects more formally.

Learning Objectives:

- To examine the feasibility of Group CRT for adolescents with AN
- To explore measures for evaluating effectiveness of Group CRT for adolescents with AN

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P3.28 Weight Bias: a Systematic Review of Self-Report Measures

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Introduction: Weight bias encompasses negative attitudes, beliefs, and stereotypes about individuals who are overweight or obese [1]. It often is associated with discrimination in health care, educational, and professional settings, as well as within families [2], and is linked to negative physical and psychological health outcomes [3, 4]. To study weight bias and accurately evaluate interventions that aim to reduce weight bias, there is a pressing need to evaluate existing measures of weight bias [5].

Methods: The electronic databases CINAHL, Embase, Medline, PsycINFO, and Pubmed were searched to identify self-report measures of negative beliefs, attitudes, or stereotypes about individuals with obesity or overweight. In addition, the present review examined the measures' psychometric properties and evaluated the measures' strengths and weaknesses.

Results: We identified 41 original measures designed to assess weight bias in a variety of settings. Most measures were brief in length, tapped key dimensions of stereotypes and blaming, and demonstrated adequate internal consistency, indicated by Cronbach's alpha values greater than 0.80. Few initial scale validation papers provided clear descriptions of underlying theory or detailed information about the content validation process. No measures employed people-first language to describe individuals with obesity and overweight in items administered to respondents.

Conclusions: The findings highlight the range and varying psychometric quality of existing self-report measures of weight bias. Additional research is needed to further examine psychometric properties of these measures, clarify the construct of weight bias, and investigate the impact of item wording on scores.

Learning Objectives:

At the end of this poster session, participants will be able to:

- Identify different forms of weight bias including attitudes, beliefs, stereotypes, and discriminatory behaviours
- Select a measure of weight bias based on content, suitability for specific purpose, and existing evidence for validity and reliability

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P3.29 Sex-differences in the Plasticity of Inhibitory Interneurons in Healthy Adolescents

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Introduction: Paired-associative stimulation (PAS) is one method to evaluate neuroplasticity in vivo. The PAS paradigm couples low frequency stimulation of the median nerve with contralateral transcranial magnetic stimulation (TMS) of the motor cortex. The objective of this study was to evaluate the feasibility of using PAS to study plasticity in adolescents while examining variables that may moderate plasticity (e.g., sex, environment).

Methods: We recruited 34 healthy adolescents (aged 13-19, 13 males, 21 females) and compared mean motor evoked potentials (MEPs) elicited by single-pulse TMS before and after PAS at 0, 15, and 30 min.

Results: All participants who began PAS completed the study. No adverse events occurred. PAS was well-tolerated. PAS induced significant increases in the ratio of post-PAS MEP to pre-PAS MEP amplitudes ($p<0.01$) at all post-PAS intervals. Neither socioeconomic status nor sex were associated with post-PAS MEP changes. PAS induced significant cortical silent period (CSP) lengthening in males but not females.

Conclusions: These results suggest that PAS can be used in adolescents as an effective assay of neuroplasticity. These data also suggest that PAS may affect CSP differently in male versus female adolescents.

Learning Objectives:

1) To understand the method of paired-associative stimulation (PAS) in studying long-term potentiation (LTP)
2) To appreciate the role of PAS as a potential neuroinvestigational tool in child and adolescent psychiatry

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Figure 1.

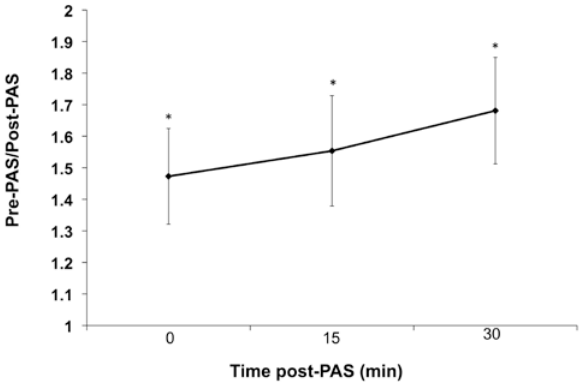
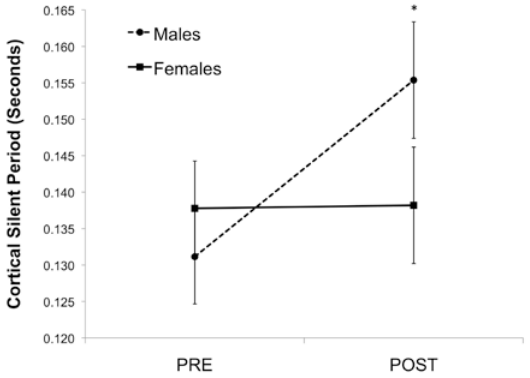


Figure 2.



P3.30 Infant and Early Childhood Mental Health in General Psychiatry and Child and Adolescent Psychiatry Training Programs in Canada

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Introduction: A child's first 6 years of life are crucial in setting the stage for lifelong mental health. Serious mental health problems can occur in the very young, manifesting as social, emotional or behavioural problems. Reported prevalence rates are estimated to be between 12-18%, and children do not generally out-grow these problems. The Ontario Centre of Excellence for Child and Youth Mental Health's published report highlighted the need to invest in training the Infant and Early Childhood Mental Health workforce.

Methods: This is a survey of Infant and Early Childhood Mental Health (IMH) training opportunities for residents in General Psychiatry and Child & Adolescent (C&A) Psychiatry training programs in Canada. We hypothesize that opportunities for resident exposure and teaching in IMH are disparate, though overall limited, across the country.

Questionnaires were created for Program Directors of General and C&A Psychiatry programs and all Program Directors will be invited to participate in the survey. Questions address different modalities of instruction and exposure to IMH. Data will be aggregated and any themes in the responses identified.

Results: To our knowledge, this will be the first study to attempt to compile a complete picture of IMH education in Psychiatry residency programs in Canada. Results are pending; however, the study is expected to be completed by the Spring of 2016.

Conclusions: We anticipate that results of this study will assist in informing future General Psychiatry and C&A Psychiatry Training Program curricula across Canada.

Learning Objectives:

1. To highlight the importance of IMH education for General Psychiatry and C&A Psychiatry residents
2. To describe the current landscape of IMH education in Psychiatry training programs in Canada
3. To discuss the need for improvement in IMH education in Psychiatry training programs

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P3.31 The Role of Family Characteristics in Repeat Emergency Department Visits for Pediatric Mental Health Care

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Introduction: Pediatric emergency departments (PED) play a critical role in the care of youth with mental health (MH) concerns. Although only 4-7% of emergency visits pertain to MH issues, up to 45% of youth MH presentations are repeat visits. Youth usually depend on their caregivers to access MH services. The goal of this study was to compare demographic, clinical and family characteristics of repeaters to non-repeaters.

Methods: In this cohort study, all youths aged 6 to 18 years with a primary discharge diagnosis from PED related to MH over a 14 month period were eligible. Data was gathered through follow-up telephone interviews, questionnaires and medical chart review. T-test and chi-square analyses were used to analyze the data.

Results: A random sample of 30 repeaters and 30 non-repeaters was selected. Patients tended to be accompanied by a parent (97%), female (70%), and adolescent. No significant differences existed between groups on demographic variables. Repeaters had significantly more presenting complaints of suicidal ideation and situational crisis than non-repeaters ($p<.05$). At their index visit, repeaters were more frequently seen by

crisis workers, received more MH-specific recommendations and were more often receiving therapy from a psychologist (all p <.05). Families of repeaters reported poorer affective expression than non-repeaters (p<.05).

Conclusions: This is the first study to look at family characteristics in the context of PED MH visits. Despite accessing more MH services, families of repeaters are less able to communicate their emotions to each other. Brief targeted family interventions provided in the ED may help decrease repeat visits.

Learning Objectives:

1. Conference attendees will learn about the unique characteristics of pediatric mental health visits to the emergency department, the issues surrounding repeat visits and the important role patients' families play in accessing mental health services.
2. By the end of the presentation, conference attendees will be able to describe the challenges in providing mental health care in pediatric emergency departments as well as discuss potential avenues for future research.

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P3.32 The Deficits of Facial Emotion Recognition and Emotional Responses in Adolescents with High Functioning Autism Spectrum Disorder

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Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that is characterized by impaired social interaction, communication, and by restricted and repetitive behavior. Some social cognition deficits of adolescents with high functioning-ASD, such as facial emotion recognition and actual emotional responses were not often discussed. The aims of this study were to compare the performance of emotion recognition and emotional responses between adolescents with high functioning-ASD and normal population.

Methods: The study recruited 71 adolescents with high functioning-ASD who aged at 11 to 16 years old from the child and adolescent mental health clinics and 63 adolescents without major psychiatric diseases from community as the participants. We investigated the social cognition of adolescents with high functioning-ASD and control group by using the Facial Emotion Recognition Task (6 emotional expressions and 4-degree intensity of emotion) and Implicit-association test (for testing the strength of a person's automatic association between mental representations of emotion in memory).

Results: Compared with the control group, adolescents with high functioning-ASD performed significantly worse accuracy on differentiation of facial emotion (p=0.001), ranking (p=0.003) and rating (p<0.001) intensity of emotion in Facial Emotion Recognition Task and had longer reaction time (p<0.001) in Implicit-association test. After controlling of sex, age, and intelligence, adolescents with high functioning-ASD performed significantly worse on differentiation of facial emotion, ranking and rating intensity of emotion in Facial Emotion Recognition Task.

Conclusions: The results suggested that subtle deficits in facial emotion processing and emotional responses in adolescents with high functioning-ASD.

Learning Objectives:

- ASD had poor correct rate and longer reaction time in facial emotion recognition task, as well as stronger implicit association with facial emotion than normal population.
- The results suggested that subtle deficits in facial emotion processing and emotional responses in adolescents with high functioning-ASD.

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P3.33 You are a Closed Book to Me! Deficits in Social Cognition as Etiopathogenetic Factor of MDD - the Theory of Mind Model of Depression

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Introduction: Cognitive models of depression play an important role in understanding and therapy of depressive disorders. While dysfunctional cognitions are assumed to be a significant factor in the maintenance of the disorder, their role in the onset of depression is still a hot topic. Recently, social cognition in major depression have gained increasing attention [1]. Previous results suggest that depressed adults exhibit difficulties in decoding and interpreting other peoples' mental state (Theory of Mind, ToM) [2]. Since ToM develops throughout the first two decades of life (with refinements in adolescence) [3], and incidence for depression increases significantly in adolescence [4] I assume an abnormal ToM development to be an etiopathogenetic factor of depression. The newly developed ToM model of depression refers to this assumption in a longitudinal approach. Factors that possibly lead to a depressive ToM are: (1) Distal factors such as parental psychopathology, socio-economic status, life events, neurobiological and genetic factors, (2) proximal factors such as a dysfunctional parent-child interaction and attachment which negatively influence ToM-preceding constructs like joint attention. The

ToM model of depression will be presented to the scientific community for the first time. Implications for future research are being presented and discussed.

Learning Objectives: Social cognition as etiopathogenetic factor of major depression

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P3.34 Parental Rearing Style as a Predictor of Mental Health Problems in a Low-Income Clinical Sample

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Introduction: Linking parental rearing style with emotional and behavioral problems in adolescents is highly relevant when designing multimodal interventions. The purpose of this study is to evaluate the contribution of parent's rearing style in adolescent mental health problems. A crossectional correlational and predictive study was carried out (PAPIIT IN303714).

Methods: The participants are 117 low-income adolescents (12-to18 years), attending mental health centers (M_{age}=14.02; *SD*=1.70) who completed the following questionnaires: a sociodemographic schedule, the YSR and the EMBU-A and also an informed consent.

Results: Significant and positive relations appear between those expected parental rearing styles and two broad-band scales, Internalizing and Mixed problems (r=.192 to r=.627; p<.001). Externalizing problems did not show a correlation with any of the parental rearing styles subscales. Rejection and Control, both of mother and father subscales, show the highest correlation with Internalizing and Mixed problems. Subsyndromes (e.g. Depression, Anxiety, Rule Breaking and Withdrawal) show inter-correlations. Multiple regression analysis *(stepwise*) showed that the Rejection and Control of both parents were positive predictors whereas the Mother's Warmth predicted negatively: Internalizing (R_2=.297; p=.035), Externalizing (R_2=.275; p=.001) and Mixed Syndromes (R_2=.289; p=.000). The best fitting models were found in subsyndromes scales: Sleep Problems (R_2=.452), Seeking Attention (R_2=.446), Withdrawal (R_2=.425) and Attention Problems (R_2=.418).

Conclusions: Results may be useful in the deployment of selective intervention in adolescents with mental health problems in clinical settings.

Learning Objectives: To review the parental rearing style construct and its contribution to the adolescent mental health field in low-income populations.

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P3.35 Mental Healthcare Care (MHC) for Children with PTSD and Comorbid Mental Disorders (PTSD. CH) From Zone of Military Conflict on the East of Ukraine

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Introduction: Civilians in the densely populated Donetsk and Lugansk regions from April to September 2014 had become a victims of active military operations.

Methods: Were randomized 436 PTSD.CH: in age under 6 years - 45; from 6 to 14 years - 216; older than 14 -175. Among them 57 are still living in zone of conflict, 117 on occupied territory, 62 on territory under control of Ukrainian army forces, 200 - in other regions of Ukraine.

The evaluation included: DSM-5 criteria validation (DAWBA) and trauma events and symptom description toolkits (TESI, CAPS-CA, TSCC). Mental disorders were diagnosed in 397 (91%), PTSD - 62 (14,2%), among them comorbid depressive and anxiety disorders were in 58 (93,5%).

Results: In the conflict zone and on the occupied territories specialized medical care have received 5.1%, primary psychological care from voluntary organizations - 6.9% of children. From the evacuated children, respectively - 36,2% and 92.4%. Specific features of PTSD.CH were: 1) lack of support in family; 2) cases of secondary traumatization (death of parents, deformed structure of relations, cases of child abuse in families with a low level of social adaptation). MHC in the zone of military conflict was lower, especially in small towns and rural areas of the occupied territory that was caused by a lack of medical staff and medicines.

Conclusions: MHC for children with PTSD is largely provided by volunteer non-governmental organizations, NHS for this children is actually absent.

Learning Objectives:

children in zone of military conflict, PTSD in children from 3 to 17 years old, Children Mental Health Service for patients with PTSD

References:

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P3.36 The Extent to Which Memory and Vocabulary Contribute to Scores on Assessments of Nonverbal Ability

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Introduction: The possible influence of an individual's vocabulary on nonverbal assessment results, memory will have some impact; information is being processed in the course of completing the test and this involves memory, which is understood as involving the temporary storage and manipulation of information. Thus, it is important to consider the unique contributions of memory and language when investigating variation on test results.

Methods: The study compared 17 individuals with Intellectual Disability (ID) and 39 children with Typical Development (TD) of comparable mental age in order to determine: the amount of variance contributed by verbal and visual Short-Term Memory (STM) and Working Memory (WM) to nonverbal scores and the amount of variance contributed by expressive and receptive vocabulary scores in addition to that contributed by memory.

Results: There were no significant differences in nonverbal and receptive vocabulary scores but there were significant differences in expressive vocabulary scores between two groups. For the TD group, Visual and Verbal STM and WM showed equally variance to nonverbal scores. For the ID group, Visual STM contributed greatly higher variance to nonverbal scores whereas Verbal WM contributed slightly higher variance. With the vocabulary scores added both for STM and WM contributed approximately two time higher variance to nonverbal scores for both groups.

Conclusions: The TD group used both Visual and Verbal STM and WM equally to solve nonverbal problems while the ID group rely on Visual for STM and Verbal for WM. In addition receptive vocabulary showed a greater effect in predicting nonverbal scores for the ID group.

Learning Objectives: The aim of the study was to enhance understanding of the nonverbal ability of adolescents with Intellectual Disability. In particular we compared a group of individuals with Intellectual Disbility and a group of children with typical development of comparable mental age.

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P3.37 Child Abuse and Low Care Predict Depressive Symptoms and Stress in Uruguayan Pregnant Women

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Introduction: Many studies show incidence of depression and stress during pregnancy.Those are associated to prematurity, low weight of newborns, and pregnancy problems. Child abuse and low parental care during infancy are associated to mood disorders in adulthood. We investigated that history of child abuse and low parental care predicted depression and stress during pregnancy.

Methods: Eighty pregnant women from Uruguayan population recruited in two health institutions were randomly invited to participate and complete the Child Trauma Questionnaire (CTQ), Parental Bonding Instrument (PBI), Edinburgh Postnatal Depression Scale (EPSD), and Perceived Stress Scale (PSS).

Results: Thirty three percent of pregnant women suffered some kind of abuse or low parental care during their infancy, 33% had low maternal or paternal care but no report of child abuse, 34% did not suffer child abuse or low parental care. Twenty six percent of pregnant women had depressive symptoms (Edinburgh score >10). EPDS and PSS scores were correlated with emotional abuse (rho .6 and .4 respectively), maternal (rho -.5, -.3) and paternal care (rho -.3, -.4). Logistic regression revealed that depressive symptoms during pregnancy were predicted by emotional abuse and maternal care (R^2=.16). Stepwise or Multiple regression revealed that PSS scores were predicted by emotional abuse and paternal care (R^2=.29, p<.01).

Conclusions: Our study suggested that child trauma and low parental care in women's family of origin might predict stress and mood disorders during pregnancy. Early screening for child trauma and low parental care could contribute to prevent or mitigate the effects of depression and stress on mothers and foetuses.

Learning Objectives:

- The relation between the first years of live and adulthood
- The care and vital relationships and psichopathology

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P3.38 Reduced Prefrontal Hemodynamic Response in Adolescents with an At-Risk Mental State for Psychosis as Measured by Near-Infrared Spectroscopy

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Introduction: Near-infrared spectroscopy (NIRS) is a non-invasive optical tool for studying oxygenation and hemodynamic changes in the cerebral cortex by measuring changes in oxygenated hemoglobin. Functional neuroimaging studies have suggested that individuals with an at-risk mental state (ARMS) for psychosis display neurocognitive abnormalities that are qualitatively similar to, but less severe than, those seen in schizophrenia. We hypothesized that adolescents with ARMS have reduced prefrontal hemodynamic response as measured by NIRS during the Stroop color-word task.

Methods: Ten treatment-naïve participants, aged 12-20 years and diagnosed with ARMS according to the Criteria of Psychosis-Risk Syndromes, were compared with 10 age- and IQ-matched healthy control subjects, aged 11-21 years. The subjects with ARMS were evaluated with the Structured Interview for Prodromal Syndrome/Scale of Prodromal Symptoms (SIPS/SOPS). 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. The relative concentrations of oxyhemoglobin were measured with frontal probes every 0.1 second during the Stroop color-word task, using 24-channel NIRS machines (ETG-4000).

Results: The oxyhemoglobin changes during the Stroop color-word task in the ARMS group were significantly smaller than those in the control group at the channel 16, 19, 22, 23 and 24 located at prefrontal cortex. Therefore, this result supported our hypothesis sufficiently.

Conclusions: The present study suggests that the adolescents with ARMS had reduced prefrontal hemodynamic response as measured by NIRS during the Stroop color-word task compared with the healthy controls.

Learning Objectives: The objective of this study is to examine the prefrontal hemodynamic response of adolescents with ARMS by NIRS.

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P3.39 Correlates of Conduct Disorder (CD) Among Inmates of a Nigerian Borstal Institution: A Cross-Sectional Descriptive Study

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Introduction: Juvenile involvement in unlawful acts has become a global problem. Psychiatric disorders, especially of behavioural type often play a vital role in this global problem. Conduct Disorder (CD), of these psychiatric disorders, has assumed prominence in its association with offending, predicting criminality in adulthood and the persistence of other co-morbid mental disorders. Despite this knowledge, little attention is given to this problem especially as it affects Incarcerated Adolescents in the developing countries.

Methods: A cross-sectional descriptive study was conducted among 147 Incarcerated Adolescents, aged 14-18 years, of a Borstal institution in Abeokuta, South Western Nigeria. A self-administered questionnaire and interviewer administered MINI-KID were used.

Results: Out of 147 respondents, 83 (56.5%) met the criteria for CD with a mean age 17.1±1.1. The loss of a parent before the fifth birthday was associated with CD (X^2 = 6.812; p 0.009). However, only large sibship (B =1.520; p 0.035) and repeated incarceration (B = 1.670; p 0.038) emerged as independent predictors of CD after a logistic regression analysis.

Conclusions: Discussion and Conclusions: CD was three times more prevalent among Incarcerated Adolescents compared to the general population. Large family often encourages child destitution and upon apprehension for wandering, juveniles are kept in the same facilities with offenders where they ultimately learn dangerous vices, so strengthening the cycle of recidivism. Furthermore, association between recidivism and CD exposes the ineffectiveness of the current juvenile justice system. Hence, the need for a good understanding of the composite interaction among justice, mental condition and child welfare to prevent recidivism.

Learning Objectives: To examine the prevalence and correlates of CD among Incarcerated Adolescents in a Nigerian borstal institution

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P3.40 Social Cognition Over Time in Individuals at Clinical High Risk for Psychosis: Findings From the NAPLS-2 Cohort

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Introduction: Deficits in social cognition are well established in schizophrenia and have been observed prior to the illness onset. Compared to healthy controls (HCs), individuals at clinical high risk of psychosis (CHR) are said to show deficits in social cognition similar to those observed in patients experiencing a first episode of psychosis. These deficits have been observed in several domains of social cognition such as theory of mind (ToM), emotion perception and social perception. In the current study, the stability of three domains of social cognition (i.e. ToM, social perception and facial emotion perception) was assessed over time along with their association with both clinical symptoms and the later development of psychosis.

Methods: Six hundred and seventy-five CHR individuals and 264 HC participants completed four tests of social cognition at baseline. Of those, 160 CHR and 155 HC participants completed assessments at all three time points (baseline, 1 year and 2 years) as part of their participation in the North American Prodrome Longitudinal Study.

Results: The CHR group performed poorer on all tests of social cognition across all time points compared to HCs. Social cognition was not associated with attenuated positive symptoms at any time point in the study.

Conclusions: CHR individuals who developed a psychotic disorder during the course of the study did not differ in social cognition compared to those who did not develop psychosis. This longitudinal study demonstrated mild to moderate, but persistent ToM and social perception impairments in those at CHR for psychosis compared to HCs.

Learning Objectives:

1. To assess and discuss longitudinal course of social cognition in those at CHR of psychosis
2. To expore the association between subthershold psychotic symptoms and social cognition
3. To examine whether there are differences in social cognition between those who develop psychosis and those who do not

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P3.41 Is Brain-Computer Interface Intervention More Effective for Younger or Older Children with Attention Deficit Hyperactivity Disorder?

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Introduction: Children with Attention Deficit Hyperactivity Disorder (ADHD) have been found to exhibit unique electroencephalography (EEG) patterns. Based on this knowledge, a Brain-Computer Interface (BCI) intervention targeted at normalizing these rhythms was conducted.

The current study aims to examine the effect of age on BCI treatment outcome. Many studies have reported the importance and effectiveness of early intervention, hence we hypothesize that younger children will benefit more from the BCI intervention as compared to older children by showing a decline in overall ADHD symptoms reported by parents.

Methods: Forty children with ADHD inattentive or combined subtype ($M = 8.21$, SD = 1.45) were recruited from a child psychiatric clinic in Singapore. These child participants underwent 24 sessions of BCI-based intervention across 8 weeks. Children aged 6 to 9, and 10 to 12 were assigned to the younger and older age group respectively. Parent-reported Child Behavioural Checklist (CBCL) at Pre- and Post- treatment was used as the primary outcome measure.

Results: Repeated measures ANOVA analysis was conducted, and participants who did not complete the BCI-based programme were excluded. It was found that children in both age groups showed significant improvements in their symptoms as reported by parents, $F(1, 24) = 4.71$, $p < .05$).

Conclusions: According to the preliminary results reported, the BCI-based intervention does benefit children regardless of their age. Nonetheless, the current sample size is relatively small. To interpret the results more meaningfully, a larger randomized controlled trial is currently underway.

Learning Objectives: To find out if BCI based intervention will be helpful to children with ADHD who receive BCI treatment at a later age.

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P3.42 Using Multiple Informants to Access Children Problems: Parents Reports (Cbcl) and Semi-Structured Clinical Interview (SCICA)

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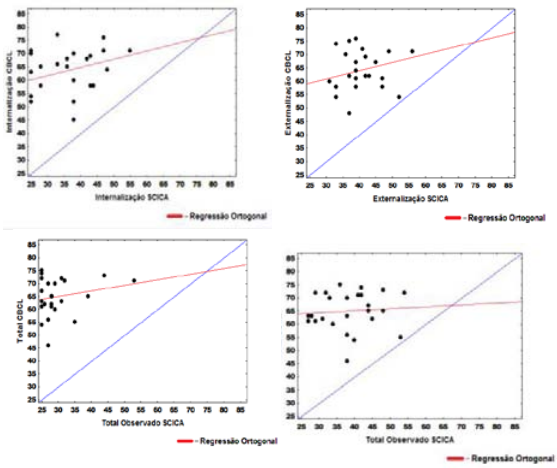
Introduction: When assessing children's behavioral and emotional difficulties it is important to have multiple sources of information. The goal of this research was to identify differences regarding behavioral problems in children based on their parents' reports on a form and their own report during a semistructured clinical interview.

Methods: To fulfill that goal, we have compared the children's scores on Child Behavior Checklist (CBCL/6-18 - Achenbach & Rescola, 2001) filled by the primary caregiver with scores obtained using the Semistructured Clinical Interview for Children and Adolescents (SCICA - McConaughy & Achenbach, 2001) that were performed by a psychologist with 25 children, 5 girls and 20 boys, with ages ranging from 7 to 11 years old, referred for psychological care. Children's IQ and caregivers' mental health problems were controlled for the analysis.

Results: Overall, parents reported more problems than those reported by the children and/observed by the trained clinical interviewer. Agreement between informants was low for all scales. Caregivers level of anxiety, depression, and aggressive behavior was associated with higher levels of discrepancy.



Conclusions: The identified discrepancies between informants leads to the conclusion that a systematic inclusion of the various sources is relevant, since the parental-report integrated with clinical psychologist perception and child's report allowed to go beyond the main complaint initially declared and to identify other deficient areas of the child functioning.

Learning Objectives: It is strongly recommended that the clinician identifies why the discrepancies are presented, exploring the reasons for treatment referral and what difficulty should be prioritized in the intervention. It is also important to include family mental health informantion during child assessment to have a broader view of the family functioning.

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P3.43 The Associations of Executive Functions, Theory of Mind and Severity of Psychopathy in Juvenile Delinquency

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Introduction: Ability of self-regulation and behavioral/emotional control seem to play a pivotal role in delinquency. The purpose of this study was to determine whether executive functioning (EF) would associate with psychopathy and theory of mind in a Turkish sample of delinquent adolescents on probation.

Methods: 46 adolescents (aged 14-18; F/M= 3/43) were recruited from the Istanbul Anatolian Probation Department that is the only institution in the Asian side of Istanbul. In the assesment, the relationship between scores obtained on the Wisconsin Card Sorting Test (WCST), scores from child and adult versions of the Wechsler intelligence scales, Hare Psychopathy Checklist, Reading the Mind in the Eyes Test and a sociodemographic form were used.

Results: The mean scores of Wechsler, Hare Psychopathy Checklist, number of correct answers in the Eyes Test were 78.94±9.67, 16.34±7.82, and 19.56±4.66, respectively. Verbal IQ was lower than performance IQ. 17.4% (n=8) of the study group had scores above the cut-off point in the Hare Psychopathy Checklist. Median age of first police contact was 15 and median number of police contact was 2. The results suggest a modest relationship between percentage of conceptual level responses scores in WCST and scores from Eyes Test, Hare Total Score, age of first police contact, number of police contact and education level.

Conclusions: In our study, conceptual level responses of EF, which identifies the conceptualization ability of adolescents, were modestly related with psychopathy and theory of mind. Defining cognitive impairments or difficulties may service in

early detection and consequent eligible intervention in juvenile delinquency.

Learning Objectives:

1. We target to shed light on features of cognitive and emotional functioning that might characterize delinquent adolescents.
2. We aim to emphasize conceptualisation ability, which remains in the background in this area, in terms of risk and intervention process.
3. Probable cognitive and mentalization differences could be used for intervention target in rehabilitation.

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P3.44 Multi-Dimensional Approach for a School-Aged Child with Severe Hair-Pulling Behavior

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Introduction: Hair-pulling disorder (HPD) is a poorly understood disorder that is categorized under obsessive-compulsive disorder (OCD) in the DSM-5. There were 10 patients with hair-pulling behavior out of 227 new outpatients at Yokohama City University hospital's department of child psychiatry from April to October, 2015. The psychotherapeutic treatment of HPD consists of a supportive and behavioral approach with the elements of habit reversal training. However, for some school-aged children with HPD, developmental aspects and family psychodynamics should be assessed. This study focuses on one of these cases.

Methods: A 10-year-old boy, who had perfect attendance and performed well at school, presented HPD before his school excursion and after the summer vacation. His HPD symptoms got worse even though supportive and behavioral care had been provided. His developmental characteristics and relationship with family were assessed.

Results: The results on an intellectual test showed that he did not have any learning deficiencies. However, the test revealed his tendency to avoid expressing negative ideas, emotions, and conflicts. The school and family had missed this. The results were shared with his school counsellor so that his social stress could be reduced. His family members had also cooperated with helping to reduce stress and conflicts at home. Through these interventions, his HPD symptoms had dramatically reduced.

Conclusions: Multi-dimensional approach should be applied to children with HPD. The key to treatment was to understand the patient's clinical characteristics and identify stress so that it could be reduced in his educational and familial environment.

Learning Objectives: The aim of this study is to examine the clinical characteristics of school-aged children with hair-pulling behavior in order to provide more effective psychotherapy.

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P3.45 Development of a Literacy Scale of Characteristics of Learning Disorder (LS-LD)

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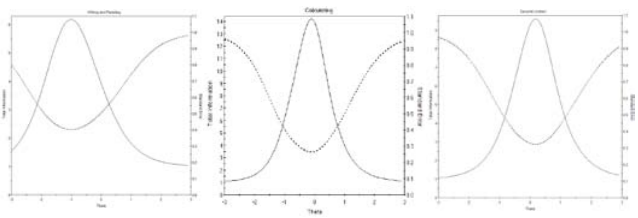
Introduction: Understanding is required people around to support person with developmental disorders, and understanding of developmental disorders is also important in the field of education (MEXT, 2005). With the spread of the recognition of the public, lectures and workshops on their characteristics have been held in various regions. Some studies reported on the effects of workshop for teachers related to students with developmental disorders, however, these studies have limitations as the using unstandardized measures of knowledge of characteristics and supports. Therefore, LS-LD (Literacy Scale of Characteristics of Learning Disorder) was developed to measure teachers' knowledge of characteristics of learning disorder.

Methods: LS-LD has 52 items made from descriptions of DSM-5 and ICD-10, and the items were examined content and criterion-related validity by child psychiatrist and clinical psychologists. LS-LD was completed by 676 individuals (university students, medical and welfare professionals and teachers). Respondents answered with three choices ("yes", "no" and "I don't know"), in the case of a correct answer was given 1 point.

Results: As a result of the factor analysis, LS-LD has three factors concerning Writing and Reading, Calculating and General content. The difficulty and discrimination of each subscale were calculated from the data with item response theory model. Graph shows the total information of each subscale.



Conclusions: Each LS-LD item was weighted by calculated difficulty and discrimination and this scale would be useful for measurement of the effect of lectures and workshops.

Learning Objectives: Learning Disorder(LD), Literacy Scale

References:

Ministry of Education, Culture, Sports, Sceence & Technology (2005). About what should be of the system to promote the special needs education. http://www.mext.go.jp/b_menu/shingi/chukyo/chukyo0/toushin/05120801.htm

P3.46 Reducing Stigma of Mental Illness among Boys & Men in Asian Communities in Canada: Lessons Learned from a Culturally Sensitive Community-based Engagement Process

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Introduction: Supporting the mental health of young people and families from culturally diverse backgrounds presents a unique challenge to Canadian mental health service due partly to service barriers including culturally unique stigmatizing forces. Members of the Asian-Canadian community, particularly males, are under-represented within mental health services (Tiwari & Wang, 2008). We employed culturally sensitive engagement practices to engage men from Asian-Canada communities within anti-stigma programming related to mental health.

Methods: As a component of a national project on anti-stigma interventions we developed and implement culturally sensitive community-based engagement practices to successful engage males from the various Asian-Canadian communities from Vancouver, Calgary and Toronto. We present a number of barriers and facilitators identified for engaging males in mental health services from these vulnerable and under-serviced communities.

Results: A number of barriers and facilitators for engagement were identified including, 1) a key barrier was accessing the community requiring community champions and partners, as well as attending community events, 2) accessing community members on the margins required the use of ethnic/community media, social media facilitated via community champions, and community-outreach initiatives 3) language barriers required translated materials and programming in primary languages using peer translators, 4) building of genuine relationships across time was a key facilitator to reducing program attrition.

Conclusions: Engaging males from cultural diverse communities requires novel and sustained activities and meaningful collaboration with community members and community champions. Our successful efforts to engage difficult-to-engage communities highlights a process and practical strategies that may benefit other projects endeavoring to use cultural sensitive community-based engagement strategies.

Learning Objectives:

1) Understand key barriers and potential facilitators for Asian-Canadian males to engage in mental health services.
2) Understand potential processes and strategies to overcome barriers and facilitate engagement of Asian-Canadian males with mental health programs.

References:

Tiwari, S., & Wang, J. (2008). Ethnic differences in mental health service use among White, Chinese and South Asian, and South East Asian populations living in Canada. *Social Psychiatry and Psychiatric Epidemiology, 43*(11), 866-871.

P3.47 Factors Associated with Emotional Distress of Patients Newly Diagnosed with Pediatric Cancer

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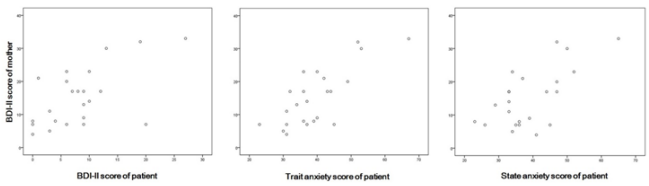
Introduction: The diagnosis and treatment of pediatric cancer present numerous challenges and sources of stress for patients. Children and adolescents diagnosed with cancer experience emotional distress, such as sadness, worrying, and irritability among others.

Methods: We retrospectively reviewed the medical records of patients newly diagnosed with pediatric cancer who referred for psychiatric consultation. K-CBCL was responded by mothers considering the behavior of their children in the previous 3 months. The inventories for the children between ages 7 and 12 years are: (1) CDI; (2) STATIC. The inventories for the children between ages 13 and 17 years are: (1) BDI-II; (2) STAI. BDI-II and STAI were obtained from all mothers. Patient's pain score measured using a visual analogue scale.

Results: Sixty-four patients were included in the analysis. BDI-II score of mother was positively correlated with of both trait and state anxiety of patients aged 13-17. There was no significant association between emotional distress of patients aged under 13 and other variables.

Outcome variables	Patient's factors		Mother's factors		
	Age	VAS	BDI-II	Trait anxiety	State anxiety
K-CBCL					
Total problem score	-0.354	0.089	0.035	0.288	-0.134
Internalizing score	-0.275	0.083	-0.087	0.469	-0.245
Externalizing score	-0.255	0.296	0.128	0.129	-0.251
BDI-II	-0.036	0.162	0.539	-0.031	0.143
STAI					
Trait anxiety	-0.021	-0.087	0.706*	0.172	-0.114
State anxiety	0.256	0.108	0.741*	-0.062	-0.025

Figure1. Scatter plot for mother's score(Y-axis) and patient's score(X-axis)



Conclusions: We found that depression of mother was the strongest factor associated trait and state anxiety of adolescents diagnosed with cancer, whereas no associations between anxiety of patients aged under 13 and their mothers. These findings suggest that older patients may experience emotional distress influenced by mother-child interactions consequent upon the development of empathy.

Learning Objectives: Despite general agreement that cancer and its treatment can be stressful for patients and their mothers, more information is needed on specific factors that associated with patients newly diagnosed with pediatric cancer. The goals of our study are : (1) to find out associations between patient's emotional distress and other variables including mother's emotional distress, and (2) to clarify the potential target of early psychiatric intervention strategies for patients.

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P3.48 What Did We Learn in School Today? Survey of Child and Youth Mental Health Teaching in Canadian Family Medicine Residency Programs

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Introduction: Family Physicians (FP) are increasingly called upon to see distressed youth in their practice due to lack of availability of child and youth psychiatrists outside of urban centres coupled with lengthy wait lists. FPs report difficulty in adequately managing mental health cases, owing in part to their limited exposure to formal training during residency. The current study sought to determine the amount of available child and adolescent mental health curriculum being taught across Canada to Family Medicine Trainees and how prepared graduating family residents feel by the end of their training with respect to child and adolescent mental health diagnosis and treatment.

Methods: A research assistant carried out a telephone survey of all 17 medical schools in Canada where Family physicians are trained. The aim at each site was to interview both the Postgraduate Education Director as well as a chief resident.

Results: Participants included 16 (88%) Program Directors and 8 (47%) residents. Mandatory child and youth mental health education was reported in 69% of Family Medicine Programs (inpatient mental health experiences 7%, outpatient mental health experiences 20%). Half of training sites reported less than 2 weeks mental health training over 2 years. All surveyed sites (100%) have electives in child and youth mental health. Chief residents report feeling somewhat prepared to deal with diagnosing and treating child and youth with mental health concerns.

Conclusions: All surveyed Canadian Family Medicine training sites offer electives in child and youth mental health however there is no uniform core curriculum across sites.

Learning Objectives:

1. Determine the amount and method of child and adolescent mental health diagnosis and treatment training provided to Canadian Family Medicine Trainees
2. Determine perceived preparedness of graduating family medicine residents to identify and treat child and youth mental health concerns by the end of their training?

References:

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P3.49 Cross-Cultural Comparison of Externalizing and Internalizing Behaviours in Canadian and Singaporean Children Exposed to Sexual Abuse

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Introduction: The rate of Childhood sexual abuse (CSA) in Canada is approximately 201/100'000. It can substantially disable children's functioning at home, at school, and with peers. Children and adolescents exposed to CSA often have increased incidence of mental health disorders and mental health disorders in children are often correlated with CBCL outcomes. There are few cultural comparisons examining reported symptoms as seen by parents in patients with CSA.

Methods: The study is a comparative cross sectional study. Parents of patients with a history of childhood sexual abuse in Kingston Ontario as well as in Singapore were asked to fill a childhood behaviour checklist. The sample of 422 include Children and adolescents below the age of 18 years with a history of CSA. Adolescents 18 years of age or older were excluded.

Results: When comparing the two groups, children sampled from Kingston, Ontario with CSA had significantly higher reported internalizing, externalizing and total scores on the CBCL as compared to the Singapore sample of children with CSA.

Conclusions: Parents of patients with CSA in Canada were more likely to report symptoms as compared to Singapore parents. There are several possible explanations of these findings, but one important consideration may be that clinicians should keep in mind possible cultural differences in reporting or exhibiting childhood behavioural problems.

Learning Objectives: Discussing cross-cultural differences of internalzing and externalizing symptoms in children with history of sexual abuse

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P3.50 Meta-Analysis and Meta-Synthesis on the Use of Non-Prescription Stimulants Among Undergraduate and Medical Students: a Systematic Review

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Introduction: Increasing evidence indicates that undergraduate[1] (UG) and medical school[2] (MS) students are using non-prescription stimulants (e.g., Ritalin) for performance enhancement. Through meta-analytic methodology, the objectives for this study were to (1) determine the prevalence of NPS use in UG and MS populations and (2) to identify major themes associated with the use of NPS.

Methods: Using the PRISMA guidelines electronic databases [Pubmed, EMBASE, CINAHL, Medline, and EBM Reviews–CCTR] were reviewed. Two reviewers independently screened all abstracts, assessed for quality, and extracted relevant data. Lifetime prevalence data was pooled for a meta-analysis. Qualitative data was pooled using a meta-synthesis approach to identify themes surround the use NPS.

Results: The search yielded 754 studies. Seven studies were included in the meta-analysis after being assessed for quality. Lifetime prevalence rate for NPS among UG students was 17.6% (95% CI 8.5 to 32.9; n=5 studies); heterogeneity between the five studies was high ($Q=1350.49$, $p<.001$, $I^2=99.70$). Lifetime prevalence rate for MS students was 17.1% (95% CI 12.60 to 19.89; n=2 studies); heterogeneity was not significant ($Q=1.87$, $p=.17$, $I^2=46.56$). Common themes about NPS use include: little concern about NPS; NPS use is ubiquitous, especially surrounding high-pressure situations; NPSs are believed to be helpful for academic achievement; NPSs are easily obtained; and NPSs can be used to party.

Conclusions: Approximately 17% of UG and MS students use NPSs primarily for academic achievement. It is critical that health care professionals, who work with youths, ask about NPS use and work to improve knowledge about NPS.

Learning Objectives:

1. Understand the prevalence rates of non-prescription stimulant use in medical school and undergraduate students.
2. Describe reasons for heterogeneity in prevalence rates of non-prescription stimulant use among medical school and undergraduate students.
3. Identify the reasons that medical school and undergraduate students use non-prescription stimulants.

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P3.51 Mental Health in Refugee Children and Adolescents: A Systematic Review

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Introduction: Children and adolescents are about half of the world's refugees. Compared to other refugees, these two groups are much less flexible against problems. Hence, their mental health is disordered due to confronting with problems and conflicts before and after taking refuge. This review study aimed at investigating the mental health of children and adolescents Refugees.

Methods: This review study, through searching in PubMed, Scopus and Google Scholar bases with key terms: refugees' mental health, refugee children and adolescents, and social support for refugees, extracted 50 papers from 2008 to 2016, out of which 16 completely-related studies which had considered this subject specifically, were selected.[(1-8)]

Results: The conducted studies indicate that refugee children and adolescents encounter different harms which appear as mental disorders such as depression, anxiety, post-traumatic stress, psychosomatic pains, flexibility reduction, and behavioral-cognitive performance reductions. These states have been more frequently reported in refugee children and adolescents who have been separated from their parents.

Conclusions: Refugee-taking countries are supposed to provide this group with suitable accommodations as well as social supports. They are also required to make mental health-care centers and educational centers available for refugees with the **contribution of their parents. Most of the studies have investigated the prevalence of** refugees' mental disorder symptoms. This is while conducting interventional studies with the aim of identifying risk factors and their solutions seems to be totally necessary.

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P3.52 Association of Antisocial Traits with Internalizing and Externalizing Problems in Children with Disruptive Behaviour Disorders

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Introduction: Research has shown that antisocial traits (callous-unemotional or CU, narcissism and impulsivity) are associated with externalizing problems (EP) and/or internalizing problems (IP). Given that different subtypes of antisocial traits may affect IP and EP differently, this study aims to examine these associations in Singaporean children with Disruptive Behavior Disorders (DBDs).

Methods: 282 children, aged 7 to 16, diagnosed with DBDs were recruited from an outpatient child psychiatric clinic in Singapore. Our study defines DBDs in accordance with DSM-IV-TR which includes Oppositional Defiant Disorder, Conduct Disorder and Attention Deficit Hyperactivity Disorder. Parents completed the Antisocial Personality Screening Device (APSD) and the Child Behaviour Checklist (CBCL). Correlational analyses were conducted on both scales.

Results: All APSD subscales significantly correlated with EP. All APSD subscales except for CU were significantly associated with IP. Significant correlations ranged from low to moderately high. No age or gender effects were found.

Conclusions: This study supports existing research which shows that different subtypes of antisocial traits correlate differentially with IP and EP in both clinically and non-clinically referred children. Our findings point towards similar trends in DBD children. The only insignificant result was the CU-IP association. This was expected because CU traits are identifiable by a reduced level of distress over the repercussions of personal behavior. Our study suggests that different antisocial subtypes should be taken into consideration for customised treatment (e.g. more focus could be placed on addressing the EP rather than IP for DBD children who have no or less CU traits).

Learning Objectives:

1. To give internalizing problems needed attention especially in children with Disruptive Behavioural Disorders.
2. To recognise the need for treatment methods for antisocial traits to differ according to the presenting subtype.

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P3.53 Neuropsychiatric Manifestations After HPV Vaccination: 4 Case Series

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Introduction: Since 2013, the Japanese public has been warned against getting human papillomavirus (HPV) vaccinations due to postvaccinal neurological symptoms. This is a study of adolescent cases suspected of immune abnormality and atypical neuropsychiatric symptoms after receiving HPV vaccinations.

Methods: The medical records of four girls with severe neuropsychiatric symptoms after the HPV vaccination were investigated. They were 16 to 17 years old and visited the department of psychiatry in Yokohama city university hospital between April 2015 and March 2016. They were given several exams, which included magnetic resonance imaging (MRI), electroencephalogram (EEG), single photon emission computed tomography (SPECT), and a cerebrospinal fluid examination.

Results: All four patients were in good health without psychiatric histories before the vaccination. The time between the vaccination and their first episodes varied from a few days to three years. Adding to various neurological manifestations such as convulsions, headache and gait disturbance, the patients presented symptoms such as anxiety, depression, episodic psychotic symptoms and cognitive impairment. three cases showed abnormal EEG, low brain blood flow and/or anti-NMDA receptor antibodies. During the clinical course, all cases showed deterioration in social functioning.

Conclusions: More research is needed in order to try to understand the relationship between HPV vaccination and immune abnormality.

Learning Objectives: Adolescent cases with atypical neuropsychiatric symptoms.

Adolescent cases suspected of immune abnormality.

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P3.54 Is Diet Associated to Depressive and Anxious Symptomatology Among Aboriginal Youth of Alaska and Canada : a Systematic Review

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Introduction: Aboriginal communities are experiencing an important nutritional transition influencing dietary intake as well as overall health. Nutrition inadequacies have been linked to adverse mental health outcomes. The proportion of people seeking help for mental health issues in those communities is higher than in the general Canadian population. There's growing interest to study and understand the association between nutrition and mental health especially among Aboriginal youth.

The purpose of this review is to identify existing literature with a focus on the association of nutritional factors and depressive or anxious symptomatology among Aboriginal youth of Alaska and Canada.

Methods: A systematic literature review was performed in Cochrane, Pubmed, Embase, PsycInfo and the Food Science and Technology Abstract in February 2016. Keyword variations of Aboriginal, diet and mental health were used. No search limits were applied as of study design, age and sex of participants as well as no language restriction. Two blinded reviewers screened the citations.

Results: The literature search identified 6,022 citations once duplicates were removed. Sixty-six articles were thoroughly read by both reviewers. One study meeting our predetermined eligibility criteria remained. Furthermore, bibliographies of selected articles were also examined.

Conclusions: The impact of poor nutrition on the depressive and anxious symptomatology is poorly documented among Aboriginal youth and more research is required to address this question considering the importance of this problematic.

Learning Objectives:

1. Understand the importance of diet and mental health issues among Aboriginal youth of Alaska and Canada.
2. Review existing literature on the association of nutritional factors and depressive and anxious symptomatology among Aboriginal youth of Alaska and Canada.

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P3.55 Clinical Validation of Digital Game MentalPlus® to Evaluate Cognitive Function

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Introduction: Cognitive dysfunction is a frequent adverse event in many clinical situations[1]. The tests commonly used for the diagnosis of cognitive dysfunction are time consuming and have variable sensitivity and specificity[2]. Digital Games are not only just fun, are being used as tools for stimulating and improving expertise and abilities of neuropsychological functions[3]. The development and validation of a neuropsychological test of the easy application as a digital game can contribute to a better understanding of cognition functions. This study aims to validate the digital game MentalPlus® as a neuropsychological test to assess of cognitive functions in a fun and practical way.

Methods: One hundred eighty healthy volunteers, over 10 years old, both genders will receive an invitation to participate in the study signing the free and informed consent. Will be used validated cognitive tests to compare with MentalPlus® results. The statistical analysis will consist of exploratory factor to internal consistency of MentalPlus® (**α** Cronbach). The analysis of interference from intervening variables will be through the trials of chi-square, *Fisher*, *Student-t*, *Mann-Whitney*, ANOVA, and *Kruskal-Wallis* tests with significance level of $p < 0.05$.

Results: MentalPlus® is developed to evaluate and stimulate neuropsychological functions, patented and registered in National Library Foundation by Law No. 9,610 / 98, under copyright No. 663,707, deposited in ClinicaTrials.gov: **NCT02551952**.

Conclusions: MentalPlus® identifies neuropsychological deficits, can be used by health professional, spends 25 minutes from its inception at the end.

Learning Objectives: We will use the methodology learned in CRTP to develop a clinical research following the principles stated for a real clinical research project and try to contribute to the improvement of the scientific knowledge.

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P3.56 Emotional Dysregulation in Adolescents: a Possible Common Denominator Between Eating Disorders and the Bipolar Spectrum

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Introduction: Emotional dysregulation is a characteristic that is often present in various mental conditions suffered by children and adolescents.The dysregulation is seen in eating dis-

orders such as anorexia nervosa, rumination, avoidant-restrictive as well as in bulimia nervosa, binge eating disorders, pica, and other specified and unspecified eating disorders (EDs). It can also be observed on the bipolar spectrum,pointing towards the existence of similarities between a softer bipolar spectrum in its sub-threshold forms and eating disorder syndromes or sub-syndromes in adolescents.

Methods: Methodology: This was a transversal, observational study investigating a cohort of patients aged between 12 and 19 years old, diagnosed with ED before turning 18 and receiving inpatient treatment (n = 40). The group was divided into two subgroups: Group I: Anorexia Nervosa-AN (n = 17) and Group II: Bulimia Nervosa-BN (n = 23).

Results: Group I-AN scored highly on the HCL-32, however the results did not correlate positively with those of the BEDS scale. Group II-BN, scored highly on the HCL-32 and correlated positively with the results of the BEDS scale, mainly regarding the subscale symptoms of hypomania related to self-control attention span and lack of inhibition issues (HCL -32-Factor 2).

Conclusions: Emotional dysregulation must be taken into account during the diagnosis and the clinical management of patients suffering from anorexia nervosa, bulimia nervosa and other EDs, as they may co-exist with other types of pathologies that could complicate the prognosis and the course of the disorder.

Learning Objectives: The objective of this research is to assess emotional dysregulation and eating habits in a population of patients suffering from EDs in order to find a possible common pathway.

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P3.57 Similarities and Differences Between Acute Social Withdrawal (Hikikomori) and Internet Addiction

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Introduction: The phenomenon of acute social withdrawal for more than six months (hikikomori) among young adults is sometimes considered to be equivalent with Internet addiction in most countries of Asia. Our study aimed to ascertain the similarities and differences between the two phenomena.

Methods: An age–sex stratified randomized sample (*n* = 264; response rate = 8.2%) for an online cross-sectional study was conducted to mimic Japanese Internet users in the age range 15–40. A questionnaire included questions on basic demographic characteristics; the reasons for and frequency of going out from the house over the past six months; interpersonal relationships with friends, classmates, teachers, instructors, and parents; school experiences; and life events. Those who did not leave their house except to go to a nearby convenience shop were classified as hikikomori, while Internet addiction was measured using the Internet Addiction Test with a -Likert scale (score: 20–80; scores < 70 were classified as Internet addiction).

Results: The prevalence of hikikomori was 4.7% (*n* = 13) and that of Internet addiction was 4% (*n* = 11). None of the participants simultaneously exhibited both hikikomori and Internet addiction. Those classified as hikikomori or Internet addicted had significantly higher rates of friendlessness, school absenteeism, unpleasant relationships with teachers and parents, and divorced parents than other participants.

Conclusions: While the phenomena of hikikomori and Internet addiction are not equivalent, they share some similarities, especially in terms of school experience, interpersonal relationships, and weak ties with family members.

Learning Objectives:

1. To generate discussion among the participants on their understanding of acute social withdrawal and Internet addiction and possible connections between these phenomena.
2. To generate discussion among the participants on the possible effects of home life on the psychological development of children and adolescents.
3. To generate discussion among the participants on possible effects of school experiences and interpersonal relationships on the transition from adolescence to adulthood.

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P3.58 From Practice to Research – Examining Outcomes of Single Session Walk-in Therapy

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Introduction: Eastside Family Centre (EFC) initiated an innovative walk-in single session therapy service in the early 1990's that was designed to deliver prompt, accessible and affordable treatment services to the general public for a spectrum of mental health or behavioral concerns. EFC uses a multi-discipline team approach, with on-site psychiatric consultation up to 5 days per week. However, there has been a continuing debate regarding whether single session therapy could make a significant contribution to the clinical needs of individuals.

Methods: During Fall 2012, the Eastside Family Centre and Wood's Homes Research Department collaborated on the development of an outcomes measurement framework for walk-in single session therapy. Secondary analysis of this data set provides important evidence on which clients with what presenting concerns are more successful with single-session walk-in therapy. In 2015, a follow-up process has been developed in order to determine benefits of the walk-in single session therapy service over time.

Results: This presentation will highlight outcome data on clients and the development of follow up of walk-in single session therapy services at EFC. The findings will assist practitioners and researchers in better understanding of the mental health needs of individuals and families.

Conclusions: This research has contributed greatly to the growing body of evidence supporting the use of walk-in, single session therapy at EFC, and provides context for understanding what populations are best served with this intervention.

Learning Objectives: The audience will gain knowledge and skills of community-based walk-in single session model of mental health service delivery, learn about the process to develop framework and protocol of follow-up measurement, and the findings and outcomes of single session therapy.

Thu Sept 22 | Macleod Hall A & B

P4 Posters, Principles of Treatment

P4.01 Evaluating the Feasibility of Implementing a Classroom Based Yoga Program to Improve Self-Regulation Skills in High Needs Students

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Introduction: Research has found that school based yoga practice leads to improved self-regulation skills and social emotional learning amongst youth and regular practice has been associated with gains in students' academic performance. However, there is little known about the effects of daily yoga practice for those with severe mental health needs in tertiary care settings and on the feasibility of classroom yoga programs in tertiary settings from the perspectives of the program participants. The objectives of this study include: (1) implement and evaluate the barriers and facilitators to incorporating a classroom yoga program in a tertiary care setting, (2) assess staff and student engagement in the yoga program.

Methods: Classroom staff including Teachers, Educational Assistants and Child and Youth Counselors (N= 6 staff, from 2 classrooms) will be trained on delivering the yoga modules (10-15 minutes depending on grade) twice daily. Following a one month trial period, students (N=13) and staff will be invited to participate in separate focus groups to assess their engagement in the yoga program and their perceptions of each other's engagement. Barriers and Facilitators to program implementation will also be assessed.

Results: Pilot data obtained will be presented and used to evaluate the feasibility of conducting a full trial and to ascertain the most practical study design given the barriers and facilitators identified.

Conclusions: Staff and student engagement is a critical component to implementing a successful school yoga program. Identifying facilitators and barriers as a first step to program and study development is essential.

Learning Objectives:

1) Obtain an overview of what comprises a school based yoga program and understand the evidence linking its regular use to improved self-regulation skills, social emotional learning and academic performance.

2) Obtain an overview of what is required to promote staff engagement in a daily school yoga program

3) Obtain insight into the challenges and barriers to designing and implementing a school based yoga program in a high needs classroom

References:

1) Butzer,B., Ebert,M., Telles, S., Khalsa, S.B. (2015). School-based Yoga Programs in the United States: A Survey. *Advances in Mind Body Medicine.* 29(4):18-26.
2) Roeser, R., Skinner, E., Beers, J., Jennings, P. (2012). Mindfulness Training and Teachers' Professional Development: An Emerging Area of Research and Practice. *Child Development Perspectives*. 6 (12): 167-173.

P4.02 Exploring Fatalism in Adolescents - a South African Perspective

Marthinus R. Brink

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Introduction: This qualitative study conducted within an interpretive paradigm and utilising a theoretical framework of social cognitive theory, attempted to explore fatalism within the context of the lived experiences of adolescents. The study aimed to investigate how a fatalistic mindset may manifest in and colour the lived experiences of adolescents. It also explored whether and how fatalism could affect educational attainment. The term fatalism has been described in the disciplines of theology, social psychology and philosophy. In this study it was viewed as a cognitive mindset. Perspectives from educational psychology with regard to adolescent development, social-cognitive learning theory and cognitive psychology informed the understanding of the concept as it figured within the lives of adolescents.

Methods: In this qualitative interpretive design in which 164 grade 11 learners from five schools in the Western Cape, South Africa, participated, data was collected by making use of creative strategies, focus groups and personal interviews. Thematic data analysis was used.

Results: Adolescent fatalism seems to emanate from the lived experiences of adolescents as a cognitive phenomenon, rooted in the deterministic beliefs of adolescents about their selves, others, as well as the physical and social environments, with behavioural, affective and psychological consequences. Adolescent fatalism seemed to colour the participants' lived experiences by causing alienation from those experiences, oppositional behaviour and feelings of pessimism, anxiety and depression.

Conclusions: Adolescent fatalism seemed to affect educational attainment by contributing to fixed implicit theories of academic potential, low level of motivation, disengagement from the educational system and the social aspects of learning.

Learning Objectives: This research aimed to understand the dimensions of the adolescent social fatalism as to inform possible intervention strategies and educational policy.

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P4.03 Teacher's Perception About the Use of Metilfenidato for Brazilian Children at School

Lisandre F. Brunelli, Marta F. Rojas

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Overview: This reserch intend to discuss teacher's opinions and perceptions about the use of Metilfenidato for students at Brasilians schools.

Part 1: Introduction

Part 2: About the excessive numbers of children in use of metilfenidato and similars psichotropics for mental treatments.

Part 3: About teacher' perceptions about Tdah and metilfenidato at school.

Part 4: Conclusions

Learning Objectives: Discuss the theme intending to know how teachers are working With these students. All of them are really Tdah?

References:

Collares & Moyses (2011)

Assumpção Jr (2009)

Marandola Jr (2010),and others.

P4.04 Preliminary Outcomes of Patients Attending a Child and Adolescent Outpatient Psychiatric Clinic

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Introduction: Monitoring of longitudinal outcomes in mental health patients, such as symptom alleviation and quality of life, is especially important in the child and adolescent population whereby early identification and intervention are crucial. This preliminary study aims to investigate parent-reported outcomes on behavioural and quality-of-life (QoL) measures of children and adolescents, two years after they sought services from an outpatient psychiatric clinic in Singapore.

Methods: Invitation letters were sent to the parents of children who first visited the Child Guidance Clinic between October 2013 and March 2014. They completed the Child Behaviour Checklist (CBCL) and the KIDSCREEN-27 QoL questionnaire.

Results: Sixty-three out of 97 responses received were included in the final analyses. Children with attention-deficit type diagnoses had significantly higher CBCL Total scores [$F(2, 60) = 5.061$, $p = .009$] and Externalising domain scores [$F(2, 60) = 6.081$, $p = .002$] than other diagnosis groups.

The Reliable Change Index was computed, and 39.68% ($n = 25$) showed improvement in their CBCL Total scores. These improvements were mainly reported in the domains of Attention Problems [$d(62) = 3.190$, $p = .006$] and Aggressive Behaviours [$d(62) = 2.540$, $p = .037$]. On the KIDSCREEN-27, all QoL dimensions - Physical Well-being, Family Relations, School, Social Support, and Psychological Well-being - were rated below norm-threshold in descending order.

Conclusions: Preliminary results suggest some improvement in parent-reported longitudinal outcomes. However, these may not translate to functional outcomes as reflected in the QoL dimensions. Limitations and implications of our study are discussed in relation to current findings in the literature.

Learning Objectives:

1. Examining changes in presentation of patients attending an outpatient psychiatric clinic
2. Identifying quality-of-life outcomes on top of behavioural outcomes in the monitoring of psychiatric treatment outcomes

References:

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P4.05 Les troubles de la perception en consultation de pédopsychiatrie

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Introduction : Le trouble de la perception est un trouble complexe qui recouvre des sémiologies diverses et renvoie à des cadres nosographiques différents.

Méthodes : Etude descriptive rétrospective réalisée au service de Pédopsychiatrie de l'Hôpital Mongi Slim (La Marsa, Tunisie) sur tous les consultants entre janvier 2014 et février 2016 ayant présenté des troubles de la perception. Leurs caractéristiques sociodémographiques et cliniques ont été recueillies à l'aide d'une fiche de dépouillement pré établie. Les diagnostics ont été établis selon les critères du DSM V.

Résultats : Vingt patients ont été retenus. Le sex ratio était de 2,33 et l'âge moyen était de 10,49 ans. Les fausses perceptions étaient non hallucinatoires (illusion, hallucinose, hallucinations hypnagogiques) chez 13 patients et hallucinatoires (auditives, visuelles, cénethésiques) chez 7 patients. Les étiologies étaient : organiques (épilepsie et confusion mentale) dans 4 cas, physiologiques (hallucinations hypnagogiques) chez seulement 2 enfants et psychiatriques dans les autres cas. Les causes psychiatriques retrouvées étaient : un épisode dépressif majeur (n=5), un état de stress post-traumatique (n=3), une phobie du noir (n=1), une psychose (trouble schizophréniforme, schizophrénie) (n=3), un trouble du spectre autistique (n=1) et un trouble induit par une substance (n=1).

Conclusions : Les troubles perceptifs interrogent, fascinent, peuvent parfois susciter la crainte, l'inquiétude ou encore bien d'autres émotions mais ils laissent rarement indifférent. Le fil rouge en pratique clinique est de ne pas se précipiter à tirer des conclusions trop hâtives et de bien distinguer entre une imagination parfois débordante de l'enfant, une cause organique sous-jacente et une cause psychiatrique.

Objectifs d'apprentissage : Etayer la sémiologie des troubles de la perception et étudier leurs différentes étiologies (physiologiques, organiques et psychiatriques).

Références :

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P4.06 The Effect of Homelessness and Substance Use on the Practice of Positive Behaviours, a Survey-based Study in an Integrated Youth Health Clinic

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Introduction: The purpose of this study is to present the results of an implementation evaluation of a tablet-based waiting-room assessment that captures clients' psychosocial functioning and socio-demographic characteristics and generates a real-time report for their clinician to review immediately prior to the clinical encounter, implemented in an integrated youth health clinic.

Methods: The assessment is based on the HEADSS (Home, Education, Activities, Drugs, Sexuality, Suicidality/Depression) interview guide, and includes the GAIN-SS (Global Appraisal of Individual Needs Short Screener) to identify patients as potentially having one or more behavioral health problems. Youth provided feedback by answering questions embedded in the assessment and via an anonymous exit survey. Clinicians (nurses, general practitioners, nurse practitioners, social workers, psychiatrists and administrative staff) completed a brief online survey and were interviewed about their perceptions of the assessment tool and the associated reports.

Results: Between August 2015 and March 2016, 301 youth attending the clinic completed the tablet-based assessment and 581 completed the exit survey. We plan to describe the psychosocial functioning and socio-demographic characteristics of the youth attending the clinic, using results from the HEADSS and GAIN-SS assessments. Further, we will present quantitative and qualitative findings related to the perceived strengths and weaknesses of the platform, from both the youth and clinician perspectives.

Conclusions: We plan to discuss the benefits and challenges of the implementation of the tablet-based assessment and how the detailed collection and reporting of client data to clinicians can help improve the quality of care provided in an integrated youth clinic.

Learning Objectives:

1. To describe the benefits and challenges of implementing a table-based assessment in an integrated youth clinic
2. To identify the potential use of data collected through a table-based assessment to improve the quality of care provided in an integrated youth clinic.

References:

1. Gadomski AM, Fothergill KE, Larson S, Wissow LS, Winegrad H, Nagykaldi ZJ, Olson AL, Roter DL. Integrating mental health into adolescent annual visits: impact of previsit comprehensive screening on within-visit processes. Journal of Adolescent Health. 2015 Mar 31;56(3):267-73.
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P4.07 A Treatment Optimization Study of HLD200 in Children with Attention-Deficit/Hyperactivity Disorder

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Introduction: Commonly prescribed long-acting stimulants can leave up-to two hours of the early morning routine (EMR) with inadequately controlled attention-deficit/hyperactivity disorder (ADHD) symptoms.[1-3] Consequently, a majority of parents report significant early morning (EM) ADHD symptoms and functional impairments in their school-age children with ADHD taking stimulant medications.[4] This 6-week open-label, treatment optimization phase for an 11-week study, examined the safety and efficacy of HLD200, a novel methylphenidate (MPH) formulation designed to be taken in the evening, to control EM ADHD symptoms before school and throughout the day, in pediatric subjects.

Methods: Children with ADHD (ages 6-12) were enrolled. During the first week of dose optimization, subjects received HLD200 at their previous MPH dose equivalent. Five subsequent weekly dose adjustments determined optimal daily dose and optimal evening dosage administration time, prior to the double-blind phase. This analysis reports ADHD Rating Scale (ADHD-RS-IV), Before School Functioning Questionnaire (BSFQ) and Daily Parent Ratings of Evening and Morning Behaviors-Revised (DPREMB-R) results for the dose optimization period.

Results: Forty-three subjects were included in this analysis. Open-Label efficacy results are summarized in Table 1. The majority of adverse events (AEs) were mild or moderate in severity; no AEs led to early withdrawal.

	Week 0 (Baseline) (n=43)	Week 6 (n=43)	P-values
Dosage (±SD)	N/A	65.6 mg (±24.8)	
ADHD-RS-IV (±SD) score	38.2 (±8.9)	12.5 (±6.6)	p<0.0001
BSFQ (±SD) score	36.2 (±13.3)	10.1 (±7.3)	p<0.0001
DPREMB-R AM (±SD) score	4.9 (±2.4)	1.2 (±1.2)	p<0.0001
DPREMB-R PM (±SD) score	15.1 (±5.9)	7.7 (±5.7)	p<0.0001

Conclusions: Initial results from this treatment optimization phase indicate that when taken at bedtime, HLD200 produces statistically significant improvements of ADHD symptoms and functioning, in the EM and throughout the day.

Learning Objectives:

1. To introduce HLD200, a delayed and extended release formulation of methylphenidate, designed to be taken in the evening to control early morning ADHD symptoms before school and throughout the day
2. To evaluate the efficacy and safety of HLD200 in the 6-week, open-label, treatment optimization phase of an exploratory Phase III trial

References:

1. Vyvanse [package insert]. Wayne PA: Shire US, Inc.; 2015.
2. Concerta [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; 2008.
3. McCracken JT, Biederman J, Greenhill LL, et al. Analog classroom assessment of a once-daily mixed amphetamine formulation, SLI381 (Adderall XR), in children with ADHD. *J Am Acad Child Adolesc Psychiatry*. 2003;42(6):673-683.
4. Sallee FR. Early morning functioning in stimulant-treated children and adolescents with attention-deficit/hyperactivity disorder, and its impact on caregivers. *J Child Adolesc Psychopharmacol.* 2015;25(7):558-565.

P4.08 A Phase 3 Study of HLD200 in Children with Attention-Deficit/Hyperactivity Disorder: Safety Data AND A Treatment Optimization Study of HLD200 in Children with Attention-Deficit/ Hyperactivity Disorder

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Introduction: Commonly prescribed long-acting stimulants can leave up-to two hours of the early morning routine (EMR) with inadequately controlled attention-deficit/hyperactivity disorder (ADHD) symptoms.[1-3] Consequently, a majority of parents report significant early morning (EM) ADHD symptoms and functional impairments in their school-age children with ADHD taking stimulant medications.[4] This study consisted of a 6-week open-label, treatment optimization phase followed by a 1-week randomized, double-blind, placebo-controlled, parallel-group test phase to assess the safety and efficacy of HLD200, a novel MPH formulation designed to be taken in the evening, to control EM ADHD symptoms before school and throughout the day, in pediatric subjects with ADHD.

Methods: Males and females with ADHD, ages 6-12 were enrolled. At baseline (V2), subjects initiated HLD200 at their previous MPH dose equivalent for 1 week and were dose optimized over five weeks to achieve optimal symptom control. At V8, subjects were randomly assigned to double-blind HLD200 or placebo treatment for 1 week. Safety endpoints will be discussed.

Results: There were a total of 23 males and 20 females enrolled; mean age was 9.7 years. During the open-label phase, 121 TEAEs were reported in 38 subjects (88%). The most commonly reported TEAEs included: decreased appetite (35%), headache (16%), insomnia (16%), abdominal pain upper (14%) and irritability (12%). In the double-blind phase, a total of 7 HLD200- (32%) and 7 placebo-treated subjects (33%) reported a TEAE; the most common TEAE was headache (HLD200: 9%; Placebo: 10%).

Conclusions: HLD200 demonstrated a favorable tolerability and safety profile in pediatric ADHD subjects.

Learning Objectives:

1. To introduce HLD200, a delayed- and extended-release formulation of methylphenidate, designed to be taken in the evening to control early morning ADHD symptoms before school and throughout the day
2. To report the safety and tolerability data for HLD200 observed in an exploratory Phase III trial

References:

1. Vyvanse [package insert]. Wayne PA: Shire US, Inc.; 2015.
2. Concerta [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; 2008.
3. McCracken JT, Biederman J, Greenhill LL, et al. Analog classroom assessment of a once-daily mixed amphetamine formulation, SLI381 (Adderall XR), in children with ADHD. *J Am Acad Child Adolesc Psychiatry*. 2003;42(6):673-683.
4. Sallee FR. Early morning functioning in stimulant-treated children and adolescents with attention-deficit/hyperactivity disorder, and its impact on caregivers. *J Child Adolesc Psychopharmacol*. 2015;25(7):558-565.

P4.09 Restricted Elimination Diet in Children with ADHD

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Introduction: The meta-analysis of Sonuga-Barke et al. (2013) includes all non-pharmacological interventions for ADHD along very critical, including the restricted elimination diet. Among them are works of the group of Buitelaar from the Netherlands that stand out with effect sizes 3 to 5.

The aim of the present study is to evaluate whether under a standardized restricted elimination diet in children with ADHD, the symptoms can be reduced and whether the establishment of the diet in Freiburg according to the dutch model is possible.

Methods: Of 25 interested patient's families, 13 patients diagnosed ADHD according to ICD 10 participated in this study. Age range was between 7.3 and 13.6 years, 3 girls and 10 boys. The length of the restricted elimination diet was four weeks. Primary endpoint was the change in ADHD rating scale score between baseline and the end of the diet phase. Secondary endpoints were parents and teachers abbreviated Connor's rating scale. Group differences were calculated with ANOVA and subsequent Student t-test.

Results: The adherence to the diet was good, 11 of the 13 completed the diet phase. The total ADHD rating scale scores dropped to about 50% from 29.36 ± 10.44 to 14.18 ± 7.08 (n=11, MW ± SD). Significance was $p<0.001$, for inattention $p<0.001$, for hyperactive/impulsivity $p<0.01$, respectively. Parent's Conner's abbreviated rating scale data confirmed these findings.

Conclusions: Taken together these data indicate that the restricted elimination diet followed by the reintroduction phase is a valid treatment option for children with ADHD.

Learning Objectives: elimination diet, treatment, ADHD

References:

Nonpharmacological interventions for **ADHD**: systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments.

Sonuga-Barke EJ, Brandeis D, Cortese S, Daley D, Ferrin M, Holtmann M, Stevenson J, Danckaerts M, van der Oord S, Döpfner M, Dittmann RW, Simonoff E, Zuddas A, Banaschewski T, Buitelaar J, Coghill D, Hollis C, Konofal E, Lecendreux M, Wong IC, Sergeant J; European **ADHD** Guidelines Group. Am J Psychiatry. 2013 Mar;170(3):275-89.

P4.10 The Effects of Exercise Intervention on Hippocampal Volumes in Youth at Risk of Serious Mental Illness

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Introduction: Without a discrete diagnosis of serious mental illness, youth at risk may lack treatment jeopardizing potentially positive illness trajectories. The developing brain has the potential for positive change with lifestyle modifications, such as engaging in aerobic exercise. This study is investigating the effects of aerobic exercise on hippocampal volumes in youth at risk for serious mental illness.

Methods: 40 youth between the ages of 12 to 25 years old considered at risk for serious mental illness form the cohort for this study. All participants are assessed for symptoms and fitness along with magnetic resonance imaging (MRI) scans to measure total and subfield hippocampal volumes pre and post the 4 month long aerobic exercise intervention.

Results: This study is currently underway and results are pending.

Conclusions: Conclusions drawn from this study are pending.

Learning Objectives: Given the substantial evidence of the health benefits of aerobic exercise on healthy populations, such study will not only provide a treatment option, but also help us gain an understanding of the underpinning mechanisms that influence the brain, specifically in the hippocampus, in this currently underserved at-risk population.

References:

The final list of references will be available upon study completion.

P4.11 Cognitive Behavioral Social Skills Training for Youth at Risk of Psychosis

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Introduction: Youth at clinical high risk (CHR) for psychosis often exhibit significant deficits in social and role functioning and poor social functioning may be a predictor for later conversion to psychosis. Even in those at CHR who do not ultimately develop psychosis, a large proportion have persisting functional deficits. Cognitive Behavioral Social Skills Training (CBSST) is a treatment that may improve functioning and is increasingly being used in psychosis. It has been adapted for youth at CHR. The goal of this study is to compare the effectiveness of CBSST compared to psychoeducation and support, for the improvement of functioning and prevention of disability.

Methods: Seventy-five individuals at CHR will be recruited and randomized to one of two treatments (CBSST or Psychoeducation) that run weekly for 18 weeks. The primary outcome will be changes in social and role functioning. This will be measured at baseline, end of treatment, and 6 months post treatment as assessed by global social and role functioning scales. Secondary outcomes will include change in prodromal symptoms, depression, and anxiety.

Results: Results pending.

Conclusions: Adapting CBSST to fit into community based programs for youth at CHR of psychosis creates an opportunity to increase the number of youth who could have access to and benefit from CBSST.

Learning Objectives:

As part of the implementation learning process, training materials and treatment workbooks have been revised to promote easier use of CBSST in the environment of brief community based visits. Additionally, we will identify key elements for developing effective CBSST strategies for youth at CHR.

References:

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P4.12 I think I'm Going to be Sick: An 8 Year Old Boy with Emetophobia and Secondary Food Restriction

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Introduction: We present a case of an 8 year-old boy with a specific phobia of vomiting who developed subsequent food restriction and weight loss. Our case report includes a review of treatment modalities for specific phobias including cognitive behavioural and exposure therapy in young children and the importance of parental involvement in the treatment process.

Methods: After an initial assessment and diagnosis of this boy with emetophobia, treatment took place over 10 subsequent visits, one hour each in duration. His treatment included a cognitive approach utilizing exposure therapy to re-introduce foods to his diet, working through a fear hierarchy, addressing cognitive distortions/misconceptions and psychoeducational supports. Intermittent reinforcement was applied to help extinguish what we believe was an associatively learned fear of vomiting.

Results: Outcomes of the treatment were measured by changes in behaviour and overall increase in food intake reported by the patient's parents. On completion of treatment, the family was no longer concerned with the amount and variety of food he was eating, the patient reported less nausea, and he was more likely to eat in public. A post-treatment 3 week telephone follow-up showed continued gains.

Conclusions: Congruent with reported literature**,** this case confirms and highlights the efficacy of exposure therapy and age-appropriate cognitive treatment adaptations in treatment of emetophobia. In addition, parental education and participation is recommended in treatment of child cases.

Learning Objectives:

1. To discuss a case of emetophobia in an eight year old boy.
2. To describe age appropriate Cognitive Behavioral Therapy in children who have emetophobia.
3. To establish the importance of parental involvement in treatment of children with emetophobia.

References:

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P4.13 Children and Youth in Residential Care: Empirically Supported Treatment Outcomes Across Race

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Introduction: The objective of this study is to investigate differences of outcomes between majority and minority youths who received mental health treatment in a residential facility that provides empirically supported treatments. It is hypothesized that empirically supported treatments are not reaching minority youth resulting in poorer outcomes.

Methods: Archival data on discharges between July 1, 2009 and December 31, 2010 (n=161) from eight residential programs for children and youth aged 5 to 18 and operated by a large, US-based (New York State) child and family human services agency were analyzed to identify the relationship of client demographics (gender, minority ethnic status, and age group) to treatment success and disengagement from treatment.

Results: Minority ethnic status was associated with lower odds of treatment success (*OR* = 0.21, 95% CI [0.10–0.46]) and higher odds of disengagement from treatment (*OR* = 12.1, 95% CI [2.67–54.5]). Younger age (less than 13 years) also was associated with success (*OR* = 0.27, 95% CI [0.08–0.93]).

Conclusions: The results, although only for a single large agency, found that minority children and youth in residential programs had less favorable outcomes, in terms of both disengagement from treatment and a successful discharge, than white children and youth. Given the fact that these residential facilities used empirically supported treatments, calls into question whether these treatments best serve ethno-racial minority groups in real-world practice settings. Until empirically proven otherwise, empirically supported treatments that have not been validated with any assistance from minority populations should come with a very clear warning label indicating this significant limitation.

P4.15 An Investigation Into the Effects of Parent Training Due to Differences in the Types of Developmental Disorders of Children

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Introduction: Parent Training (PT) concerning children with developmental disorders is widespread in Japan, but there has yet to be an investigation based on objective benchmarks regarding differences in the effects of the training resulting from the child's diagnosis and the type of developmental disorder. Therefore, this study investigates the differences in the effects of PT using objective benchmarks.

Methods: The subjects of the analysis were 36 individuals. To measure the effects on a before-and-after basis, the subjects were requested to answer questions on the ADHD-RS-IV (ADHD Rating Scale-IV), SDQ (Strength and Difficulties Questionnaire), BDI-II (Beck Depression Inventory-II), PSI-SF (Parenting Stress Index - Short Form), FAS (Family Attitudes Scales), Rosenberg Self-Esteem Scale, and a parenting efficacy scale. Additionally, the subjects were grouped based on the diagnosis of the applicable child and ADHD-RS hyperactivity-impulsivity scores; there were an ASD high hyperactivity-impulsivity group of 11 people, an ASD low hyperactivity-impulsivity group of 12, and an ADHD group of 13.

Results: Results from score comparison of each scale before-and-after PT found that parents experienced reduction in depression, critical feelings, and childcare-related stress, with an increase in impressions of parenting efficacy. Furthermore, results from score comparison of the three groups revealed that depression remained unchanged in the ASD group, with lower impressions of parenting efficacy in the ASD low hyperactivity-impulsivity group than in the other groups.

Conclusions: Results confirmed that after PT, impressions of parenting efficacy and parents' mental health improved. However, it may be difficult for parents of ASD children with low hyperactivity-impulsivity to derive benefits from PT.

Learning Objectives: effects of Parent Training, children with developmental disorder

References:

HARAGUCHI H., UENO A., TANJI T., NORO F. 2013 Current Issues in Training Programs for Parents of Children with Developmental Disabilities in Japan: Evaluation of Program Effectiveness, Japanese Journal of Behavior Analysis, Vol.27, No.2, 104-127.

P4.16 Paediatric Medical Trauma and Resilience: Exploring Children's Perspectives

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Introduction: Paediatric medical trauma (PMT) is a form of childhood trauma that includes the physical and psychological effects of injuries, pain, and illness, as well as the

experience of hospitalization, medical treatments, and other procedures. The effects of PMT can trigger a range of mental health concerns such as acute stress disorder, post-traumatic stress disorder, depression, and anxiety. Still, few studies have explored resilience in children experiencing PMT, particularly from a child's perspective. The four main research questions to be explored are: (1) In what ways do children consider their medical experiences traumatic, or not? (2) How do children understand resiliency? (3) In what ways do children perceive themselves as resilient, or not? (4) What factors promote and inhibit resiliency?

Methods: This study will use semi-structured interviews to explore the experiences of ten to twelve English-speaking Specialized Orthopaedic and Developmental Rehabilitation inpatients aged 6-12 at a children's rehabilitation hospital in Toronto, Ontario. The interviews will be recorded and transcribed verbatim, then analyzed phenomenologically to better understand the lived experiences of child participants.

Results: Interviews are currently being conducted; Data collection will conclude early April.

Conclusions: An important aspect of this research is bringing forward the voices of children as experts in their own experiences and needs in primary health care. By directly capturing children's perceptions of medical trauma and resilience, both families and interdisciplinary professional teams can collaborate to promote children's mental health following adversity.

Learning Objectives:

1. *Promoting resilience and positive mental health:* Trauma is not defined by the presence of an event, but a child's perception of it. By better understanding children's perceptions of trauma leading to and within primary care, and more importantly, understanding children's direct perceptions of resilience, professionals can better foster positive mental health in children.
2. *Demonstrate the value of including children in their care service:* Children are not passive recipients of care. When children's voices are heard and their lived experiences are respected, we can move toward creating services and supports that are more sensitive to the unique needs of children and providing them their right to be involved in their own health care.
3. *Create opportunities for interdisciplinary collaboration in mental health:* Medical trauma can cause mental health concerns in children such as acute stress disorder, post-traumatic stress disorder, depression, and anxiety. These concerns require a supportive team of professionals, including the client and family members, to support mental health and promote resilience.

References:

Furtado, J. A. (in press). Paediatric medical trauma and resilience: A scoping review. *International Journal of Child and Adolescent Resilience.*

P4.17 Short- and Long-Term Effects in the Treatment of Children with Peer-Related Aggressive Behavior Problems

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Introduction: The German Treatment Program for Children with Aggressive Behaviour (Therapieprogramm für Kinder mit aggressivem Verhalten, THAV) aims at the therapy of children aged 6 to 12 years with peer-related aggressive behaviour, which results in a persistent impairment of the relationships to other children. Contrary to other treatment approaches, this intervention aims at the individual treatment of problem maintaining and moderating factors of aggressive behaviour. Depending on the individual problem maintaining factors the treatment aims to modify social cognitive information processing, impulse control, social problem solving, social skills and social interactions in specific situations.

Methods: The short-term and long-term efficacy is evaluated in a combined within-subject and randomized control group design with n=101 children including a one-year follow-up. N=60 children are treated for about half a year with the modules of THAV in weekly individual sessions. The control group of n=41 children receives alternative interventions with group play and techniques to activate resources of the child. These interventions give the children the opportunity to train pro-social interactions. Outcome parameters are aggressive behaviour und comorbid symptoms as well as problem maintaining factors, psychosocial functioning, parental psychopathology, and treatment satisfaction. Moreover, variables of the treatment process are assessed. Questionnaires, tests and individual problem checklist were used.

Results: Reductions of aggressive behaviour, comorbid symptoms and problem maintaining factors could be found bot in parent and teacher ratings. The effect sizes are ranging from small to large effects. The treatment effects were maintained at follow-up.

Conclusions: THAV is an effective treatment for peer related aggressive behavior.

Learning Objectives:

- to inform about components of a personalized treatment of aggressive behavior problems
- to inform about efficacy of treatment

References:

Görtz-Dorten, A., & Döpfner, M. (2010). *Therapieprogramm für Kinder mit aggressivem Verhalten (THAV).* Göttingen: Hogrefe.

Goertz-Dorten, A., Benesch, C., Hautmann, C., Berk-Pawlitzek, E., Faber, M., Lindenschmidt, T., Stadermann, R., Schuh, L., & Doepfner, M. (2015). Efficacy of an individualized social competence training for children with Oppositional Defiant Disorders / Conduct Disorders. *Psychotherapy Research (online)*. doi: 10.1080/10503307.2015.1094587

P4.18 Validity of the Social Communication Questionnaire in a Multi-Cultural Population

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Introduction: It is well-accepted that early identification and remediation is crucial for the treatment of Autism Spectrum Disorders (ASD). The effectiveness of screening and identification of at-risk population becomes paramount. Current screening instruments have largely been validated in young children and with the western population. The current study aim to evaluate the validity and cut-off score of the Social Communication Questionnaire (SCQ), a well-established questionnaire to screen for ASD in a multi-cultural population in Singapore.

Methods: Parents of 198 children (25 with a diagnosis of ASD, 79 with a non-ASD clinical diagnosis and 94 healthy controls) completed a survey that included a demographic form and the SCQ.

Results: According to the recommended clinical cut-off score of 15, the SCQ's demonstrated a low sensitivity of .48 although specificity was .93.Its discriminative ability of children with ASD within the clinical sample was similar, with sensitivity of .48 and specificity of 0.90. A lowered cut-off score of 10 yielded a sensitivity of 0.80 and specificity of .74 for the total sample and a sensitivity of 0.80 and specificity of 0.66 for the clinical sample. An examination of the false negatives cases suggested that they have lower scores on the current items on the SCQ.

Conclusions: While previous studies reported good psychometric properties of the SCQ, the result of this study suggested that a lower cut-off score may be necessary in a non-western population. Factors that may impact on the report of the presentation of symptoms of ASD in a non-western population are discussed.

Learning Objectives:

1. Application of a screening questionnaire in a multi-cultural setting
2. Screening and assessment issues of autism spectrum disorders
3. Awareness of and understanding of autism spectrum disorders

References:

1. Allen, C. W., Silove, N., Williams, K., & Hutchins, P. (2007) Validity of the social communication questionnaire in assessing risk of autism in preschool children with developmental problems. *Journal of Autism and Developmental Disorder, 37,* 1272 - 1278.
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5. Norris, M., & Lecavalier, L. (2010). Screening Accuracy of Level 2 Autism Spectrum Disorder Rating Scales, *Autism,* 14 (4), 263 - 284.

P4.19 Dopamine Antagonists in Autism Spectrum Disorders: New, Old and Unconventional

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Objective: Dopamine antagonists (DAs) remain a mainstay of treatment for challenging behaviors in autism spectrum disorders (ASD). Their use in ASD is often together with stimulants or nonstimulant medications for comorbid attention deficit hyperactivity disorder (ADHD), or with mood stabilizers in the less common case of bipolar disorder. While new drug development is urgently needed for this population, most psychiatric drugs were repurposed based on clinical observations.

Method: This workshop reviews and discusses key published studies as well as case examples of use of DAs in ASD. Future research and treatment directions will also be discussed.

Results: The high potency DA haloperidol was studied in children, however withdrawal dystonias, extrapyramidal side effects and tardive dyskinesia were problematic. Thioridazine was studied, however identification of heart block risks ended its use. The atypical antipsychotics risperidone and arirpiprazole are most studied in ASD, however weight gain and metabolic effects limit their safety. Loxapine in low dose resembles an atypical antipsychotic. Three recent publications examine loxapine in adolescents and adults, demonstrating preliminary efficacy and safety at 5-15mg/day. In one study loxapine long-term neuromotor safety resembled that of atypical antipsychotics. In another, substitution for other antipsychotics producing weight gain resulted in significant reduction in BMI and triglycerides. The unconventional dopamine blocking drug amitriptyline in low dose was beneficial for multiple ASD symptoms including insomnia, ADHD, aggression and self-injury, in a published 50-patient chart review of children and adolescents with ASD. Amitriptyline and loxapine often are available in developing countries, in contrast to many newer medications.

Learning Objectives:

1. To review and discuss key studies of old, new and unconventional dopamine blocking drugs in ASD.
2. To review and discuss side effects of these drugs.
3. To discuss practical use of these agents in ASD using case examples.

References:

Bhatti, I., Thome, A., Oxler-Smith, P., Cook-Wiens, G., Yeh, H.W., Gaffney,G.R., **Hellings, J.A.**, (2013). A retrospective study of amitriptyline in youth with autism spectrum disorders. *J Autism Devel Disord: 43, 5, 1017 -1027*.

Hellings J.A., Reed G., Cain S.E, Barth F.X., Aman, M.G,Palaguachi, G.I., Mikhenev, D., Teng R., Andridge, R., Logan, M., Butler, M.G., Han, J.C. (2015). Loxapine add-on for adolescents and adults with Autism Spectrum Disorders, aggression and irritability. *J Child Adolesc Psychopharmacol,* 25(2), 150-159.

Hellings JA, Jadhav M, Jain S, Jadhav S, Genovese A. Low Dose Loxapine: Neuromotor Side Effects and Tolerability in Autism Spectrum Disorders. J Child Adolesc Psychopharmacol. 2015 Oct;25(8):618-24. doi: 10.1089/cap.2014.0145. PubMed PMID: 26485086.

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P4.20 Psychopharmacological Treatment of PTSD in Children and Adolescents – How Do Japanese Child and Adolescent Psychiatrists Treat?

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Introduction: The evidence for effectiveness of pharmacotherapy for children and adolescent PTSD has been definitely less provided than that of adult, due to distinctly smaller number of appropriate randomized controlled studies among the young. Consequently, evidence based on adult PTSD has been considered as scientific rationale behind drug treatment in young people, which cannot be strictly accurate. The aim of this study was to conduct surveys on how current child and adolescent psychiatrists in Japan are treating PTSD in children and adolescents in daily clinical settings.

Methods: The study was a mailed survey sent to child and adolescent psychiatrists in Japan who belong to the Japanese Society for Child and Adolescent Psychiatry and the Japanese Society of Child Neurology, in order to include a cohort of professionals who are engaged in treating young people with PTSD.

Results: Japanese clinicians would willingly choose pharmacotherapy for PTSD in young generation rather than psychological interventions, even in early stage of treatment. One of the reasons was that we in Japan have had fewer alternatives to cure traumatized young people, partly because of less experts of psychological intervention including trauma-focused psychological treatment.

Conclusions: Our results suggest that pharmacotherapy has been widely used as first-line therapy for the young with PTSD all over Japan in spite of lack of clear consensus, which may not follow NICE guideline and practice paramater by AACAPAP. Empirical research and development of a guideline which can suit Japanese medical care system is expected.

Learning Objectives:

#1. To examine current status of pharmacotherapy for PTSD in children and adolescent

#2. To suggest future direction of this field

References:

Cohen JA, Mannarino AP, Rogal S. Treatment pratices for childhood post-traumatic stress disorder. Child Abuse and Neglect, 25(2001), 123-135

P4.21 The Association between Social Skills Deficits and Internet Addiction in Children and Adolescents with Attention-Deficit/Hyperactivity Disorder

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Introduction: The aim of this cross-sectional questionnaire survey study was to examine the association of social skills deficits with Internet addiction and the moderators for the association in children and adolescents with attention-deficit/hyperactivity disorder (ADHD).

Methods: A total of 300 children and adolescents aged at between 11 to 18 years who had the diagnosis of ADHD participated in this study. Their severities of Internet addiction, social skills deficits, and ADHD and oppositional symptoms were assessed by the Chen Internet Addiction Scale, the Social Skills Deficits Checklist for Primary and Junior High School Students, and the short version of Swanson, Nolan, and Pelham, Version IV Scale-Chinese version, respectively. The varieties of Internet activities that the participants have engaged in were also examined. The association of social skills deficits with Internet addiction and the moderators for the association were examined by using logistic regression analyses.

Results: The results of logistic regression analysis indicated that after controlling for the effects of sociodemographic characteristics, ADHD and oppositional symptoms and receiving medication for ADHD, social skills deficit was significantly associated with a higher risk of Internet addiction (odd ratio [OR] = 1.049, 95% confidence interval [CI]: 1.030-1.070). Social skills deficit was also significantly associated with several Internet activities, including Internet gaming, watching movies, and download. Maternal occupational socioeconomic status moderated the association between social skills deficits and Internet addiction.

Conclusions: Social skills deficit should be considered as a target in the prevention and intervention programs for Internet addiction among children and adolescents with ADHD.

Learning Objectives:

Social skills deficit should be considered as a target in the prevention and intervention programs for Internet addiction among children and adolescents with ADHD.

References:

Weinstein A, Dorani D, Elhadif R, Bukovza Y, Yarmulnik A, Dannon P. Internet addiction is associated with social anxiety in young adults. Ann Clin Psychiatry. 2015 Feb;27(1):4-9.

P4.22 Initiation of Shared Pleasure Moments in Early Infancy

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Introduction: Infant's possibility to experience and regulate positive affective states is achieved through moments of shared pleasure (SP) in parent-infant interaction. Our previous studies indicate that longer moments of SP in early interaction may decrease the risk for emotional problems in later development, and that both maternal and infant characteristics influence SP. We aim to explore SP moments initiation, and whether it is associated with mother's depressive symptoms and child's temperament.

Methods: Participants were 114 mothers and their 7-month-old-infants from Tampere area. Mothers filled in the Edinburgh Postnatal Depression Scale for current depressive symptoms, and the Infant Behavior Questionnaire for assessing infant temperament. Mother-infant interaction was analyzed from videos with the Emotional Availability Scales. SP was coded from the first 5 minutes of the recorded mother-infant interaction, and defined as the parent and the child sharing positive affect in synchrony, with curving of the mouth to smile or laugh, gaze contact, and a simultaneous or synchronized beginning and ending. Initiation of the SP moments was categorized into mother initiating (M-SP), infant initiating (I-SP) and both initiating (B-SP).

Results: Of the 303 SP sequences detected, 33% were M-SP, 46% I-SP and 21 % B-SP. Mean duration of the I-SP (median 1.0 s; quartiles 0.8 and 1.0 s) was significantly ($p < 0.001$) shorter than that of the M-SP (2.0; 1.0, 3.0) and of the B-SP (2.0; 1.0, 2.9).

Conclusions: The results indicate that M-SP may be important for the infant for building later emotional resilience. Further associations with mother and child characteristics are being studied.

Learning Objectives:

- To explore the initiation of SP moments.
- To identify whether initiation of the SP moment is associated with mother's depressive symptoms.
- To examine the association between initiation of the SP moment and the child's temperament.

References:

Mäntymaa, M; Puura, K; Luoma, I; Latva, R; Salmelin, R; Tamminen, T: Shared pleasure in early mother-infant interaction: predicting lower levels of emotional and behavioral problems in the child and protecting against the influence of parental psychopathology. Infant Ment Health J. 2015 Mar-Apr;36(2):223-37.

P4.23 Trial Use of Aripiprazole for Severe Hyperacusis with Autism Spectrum Disorder – Case Report

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Introduction: Hyperacusis often annoy the patients of autism spectrum disorder (ASD), but its treatment way have not been established sufficiently. We experienced an ASD case with severe hyperacusis treated with aripiprazole effectively.

Methods: Case report. Patient is a female diagnosed ASD at the age of 13. Severe hyperacusis began at 18 years-old. Painful sounds for her were many types of daily life noises such as splashing shower water, putting tableware, conversation, vacuum cleaner, microwave oven, cawing of crow, and so on. It compelled her to attach earplugs and a sound insulation ear muff continuously. These devices could not cover the agony enough, so she came to our hospital with her parents. There was no abnormal findings on medical examinations. Off-ravel use of risperidone 2mg/day through informed consent immediately came to a standstill from over sedation. As second pharmacotherapy trial, we proposed the use of aripiprazole (Fung, et al., 2012) and got their agreements. Effectiveness was monitored with the visual analog scale (VAS).

Results: We found dose dependent reduction of hyperacusis. The VAS changed 10 to 5.5 as dosing up to 18mg/day. Over sedation was not found, but body weight gain (57.6 to 63.4kg) and menolipsis occurred. 3mg/day aripiprazole kept 5.5 level of the VAS. Additional psychological treatment of sound habituation training led more recovery (VAS was 1.5). She came to be able to go shopping with the devices not withstanding daily noises.

Conclusions: Aripiprazole and psychological treatment may be effective to reduce hyperacusis. RCT is needed to confirm the effectiveness.

Learning Objectives:

- It can be thought severe hyperacusis of ASD need to treat with pharmacotherapy.
- Aripiprazole and psychological treatment may be effective to reduce hyperacusis.

References:

Fung LK, Chahal L, Libove RA, Bivas R, Hardan AY: A retrospective review of the effectiveness of aripiprazole in the treatment of sensory abnormalities in autism. Jounal of child and adolescent psychopharmachology22; 245-248, 2012.

P4.24 Description of Pharmacist Clinical Activities in a Child and Adolescent Addictions and Mental Health Program(s) Setting

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Introduction: To quantify key activities performed by clinical pharmacists in both the inpatient and ambulatory settings of the child and adolescent addictions and mental health program (CAAMHP), located in Calgary Alberta. To calculate the total amount of time spent performing each clinical activity. To determine the average time spent per clinical activity occurrence.

Methods: A list of key activities, based on the Alberta provincial pharmacy services clinical expectations standards, was created. Clinical pharmacists provided coverage to two inpatient units and two ambulatory clinics. Over a two month period, January 1 – February 26, 2016, pharmacists recorded their daily activities, and time spent on each activity.

Results: Aside from documentation and attendance at rounds, which are required pharmacists activities, 11 key activities were identified. Preliminary data over the data collection period showed that antipsychotic metabolic monitoring (91), identifying and resolving drug related problems (DRP) (86) and obtaining best possible medication history (BPMH) (84) were the three most commonly performed key activities. The three activities with the highest recorded time included BPMH (48.56 hrs), answering drug information questions (36.76 hrs) and identifying and resolving DRP (29.82 hrs). The highest average times spent per clinical activity occurrence were group education (1.26 hrs), BPMH (0.58 hrs) and drug information (0.5 hrs). Data collection will continue until April 30, 2016.

Conclusions: Pharmacists in a mental health setting provide a comprehensive range of clinical activities. Metabolic monitoring occurred most frequently, BPMH required the largest

amount of overall time, and group education averaged the most time per occurrence.

Learning Objectives:

1. To provide participants with an understanding of the comprehensive range of activities of CAAHMP clinical pharmacists
2. To discuss how clinical pharmacist collaboration and intervention can potentially improve mental health outcomes

References:

1. Cobb,C.D. (2014). Optimizing medication use with a pharmacist-provided comprehensive medication management service for patients with psychiatric disorders. *Pharmacotherapy*, 34(12):1336-1340
2. Desplenter, F.A.M., Simoens, S.,Laekeman, G. (2006). The impact of informing psychiatric patients about their medication: a systematic review. *Pharm World Sci*, 28: 329-341
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P4.25 Improving Efficiency and Access to Mental Heath Care: Combining Tertiary Care & Community Mental Health Agencies to Triage CAMH Patients

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Introduction: To provide an example of implementation of a new triage program that enhances access to mental health care in primary care. To unite family physicians, child and adolescent psychiatrists, and community mental health staff to create one point of entry for all child and adolescent mental health (CAMH) referrals.

Methods: A quality improvement design was used to identify factors contributing to long wait times at tertiary care child and adolescent psychiatry clinics. A local community mental health agency ('Pathways') became the sole site for CAMH referrals and staff members triaged patients to various services using a clinical algorithm designed by the child psychiatrist and research team. Key variables measured before and after implementation of program included numbers of completed referrals, waiting time between referral and patient contact, and waiting time for services. Pre/post-implementation waiting time data were gathered through a computerized electronic patient record system.

Results: Waiting time for new appointments was shortened from a mean of 5.4 months to 3.8 months. Waiting time between referral and patient contact was shortened from a mean of 33 days to 2.3 days. The clinical algorithm was effective and reliable for 92% of CAMH referrals. These improvements have been sustained for 6 months.

Conclusions: Creating one gate to gather and triage all CAMH referrals led to dramatic improvements in access to mental health care and efficient use of resources. Implementation and sustainability of the program were enhanced by using a quality improvement approach.

Learning Objectives:

1. Describe the quality improvement design behind the combined triage process;
2. Identify criteria that determines the two triage pathways (mental health agency vs. hospital); and
3. Explain the benefits of having one gate for all mood and anxiety CAMH referrals.

References:

1. Fernandes, C. M., & Christenson, J. M. (1995). Use of continuous quality improvement to facilitate patient flow through the triage and fast-track areas of an emergency department.The Journal of emergency medicine, 13(6), 847-855.
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P4.26 Altered Resting-State Dorsolateral Prefrontal Cortex Functional Connectivity in Youth with ADHD

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Introduction: Understanding the connectivity-behavior linkages in attention deficit hyperactivity disorder (ADHD) will help to explain individual differences in symptoms and behavioral features of the disorder. In this study, we examined altered resting-state dorsolateral prefrontal cortex (DLPFC) functional connectivity in youth with ADHD compared to healthy youth and its association with neurocognitive functioning.

Methods: We used resting-state functional MRI data collected from 77 ADHD participants and 26 controls to examine alterations in the DLPFC interactions with other brain regions at rest and to correlate DLPFC functional connectivity with omission errors and commission errors of the continuous performance test (CPT).

Results: The ADHD participants showed altered functional connectivity between the DLPFC and several different regions including prefrontal, parietal, and insular cortices relative to controls (right DLPFC connectivity: $p<.005$, 43 voxels contiguity; left DLPFC connectivity: $p<.005$, 44 voxels contiguity).

We assessed whether the connectivities identified above were correlated with CPT scores in ADHD participants. There was a significant negative correlation between the right DLPFC-left insular cortex connectivity and CPT commission errors ($r= -0.30$, $p=0.009$). Greater functional connectivity between the right DLPFC and left insular cortex was associated with fewer CPT commission errors in ADHD.

Conclusions: Our results suggest that abnormalities within a network comprising the DLPFC, parietal cortex, and insula may be responsible for altered mechanisms of cognitive control and attentional/sensory processing in ADHD. Our study also found robust association between DLPFC and insula connectivity and CPT impulsivity index, which may play a crucial role in understanding neurocognitive underpinnings of ADHD.

Learning Objectives:

1. To understand the importance of resting-state fMRI research as an effective mean to map brain-behavior relationships

2. To understand the functional connectivity of the DLPFC which underpins neurocognitive functioning and deficits in ADHD
3. To understand the relationship between DLPFC connectivity and CPT performance in ADHD

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P4.27 The Suicide Mortality of Adolescents Over Two Decades in Taiwan

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Introduction: Suicide mortality (SM) is the second leading cause of death among the adolescents in many countries including Taiwan. Accordingly, the National Taiwan Suicide Prevention Center (TSPC) was set up in mid-2005 to design and implement the national suicide prevention strategy (NSPS). This study aims to present the adolescent SM profiles in the two decades (1994-2014) and to show the effectiveness of NSPS.

Methods: The NSPS included nationwide surveillance and aftercare program for suicide attempters, systematic gatekeeper training for target populations with standard protocol under collaboration with stakeholders and potential gatekeepers such as charcoal sellers and the media. Nationwide SM data were analysed for adolescents aged 15-24.

Results: The adolescent SM rate increased steadily from 4.4/100,000 (M:F= 6.1:2.6) in 1984 to the highest of 7.6/100,000 (M : F=9.2:5.8) in 2005; then it gradually decreased to 5.2/100,000 (M:F= 6.8:3.3) in 2014 with a decreasing rate of 42.1% in the 10 years after establishing the TSPC. The suicide methods strikingly changed across the years at three time points: self-poisoning (39.4% in 1984, 9.3% in 2005, and 6.2% in 2014 respectively), hanging (30.3%, 32.5% and 25.3%), charcoal burning (2.4%, 45.1% and 34.6%), and jumping from height (7.9%, 18.6%, and 22.8%).

Conclusions: The adolescent SM significantly decreased over the decades in Taiwan. Active engagement and multidisciplinary collaboration in the society under NSPS support accomplished such change. Future policy is suggested to target at suicide stigma that may obstruct case referrals by school staff and the survivors of suicide to mental health services.

Learning Objectives:

1. To learn the suicide mortality profiles in different culture, different countries and different time points.
2. To understand what, how and why an national strategy for suicide prevention was developed and worked effectively.
3. To share with the audience or participants with the challenges and future perspectives for suicide prevention in terms of the real implementation experience.

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P4.28 Melatonin Use in Primary Sleep Disorders of Children and Adolescents

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Introduction: Sleep Onset Delay (SOD) and Delayed Sleep Phase Disorder (DSPD) are te most prevalent sleep disorders in children and adolescents. Melatonin is an indoleamine often used for the treatment of primary insomnia in the paediatric and psychiatric consultations. Its hypnotic effect seems to be related to both, the reduction of the cortical activation, and the inhibition of the neural system responsible for the alertness.

Methods: A search was carried out on 'PubMed ' with the following keywords: *children, adolescents, sleep disorders, melatonin,* restricted to publications of the last 10 years in English or Spanish. Randomized clinical trials, reviews and meta- analysis are priorize

Results: The therapeutic effect of melatonin is consistently founded in the treatment of the most prevalent sleep disorders of children and adolescent. In children with SOD is effective in a dose of 0.05 mg / kg administered at least 30-60 minutes before bedtime. In patients affected by DSPD, melatonin is effective with dosage between 2-3 mg in children and 5-10 mg in adolescents, and 30 minutes to 3 hours before appropiate sleep onset

Conclusions: There is evidence supporting the effectiveness of melatonin in children and adolescents with the most prevalent primary sleep disorders, with few or no adverse effects and adequate levels of security

Learning Objectives: Goals of this study are to clarify the utility and safety of melatonin use in paediatric population and in adition to determine the dosage and the time of more effectiveness of melatonin administration in children and adolescents with prevalent primary sleep disorders as are SOD and DSPS.

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P4.29 Mental Health in Homeless Adolescent attended in a specialized program in Chile: a Pilot Study

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Introduction : *Homeless children and Adolescent (HCA) are estimated in tens of millions worldwide, with forty millions living in Latin America. The HCA concept is currently considered as a continuous process of disengagement from their families and society. The purpose of this study is to contribute to visualize needs in assessment, treatment and rehabilitation in Mental Health of the HCA population in Chile. The general objective is to evaluate the frequency of Mental Disorders in Homeless Adolescents (HA) attended in a specialized program at Metropolitan Region of Chile.*

Methods: Pilot Descriptive, cross sectional Study. Frequency study. Use of DISC-IV to evaluate Mental disorders and Kidscreen-10 Questionnaire for Health Related Quality of Life (HRQL). Use of Informed consent and assent.

Results: *Eight individuals are evaluated, predominantly female (N: 6), with Mental Disorders frequency in the last year of 87,5%, with predominance of externalizing psychopathology and substance use disorders.*

	Evaluated Population	Non-evaluated population
Total	8	22
Male	2 (25%)	14 (63,6%)
Female	6 (75%)	8 (36,4%)
Median Age	14	15
Age Range	13-16	12-18

	Median	Range	N (%)
School Gap (years)	3	0-5	
Last year completed	5th grade	4th-7th grade	
School drop out	-	-	3(37,5%)
Incomplete primary education	-	-	7 (87,5%)
Special educational System	-	-	1 (12,5%)

Children's Rights violation	N (%)
Negligence	8 (100%)
Physical Abuse	5 (62,5%)
Sexual Abuse	5 (62,5%)
CSEC	3 (37,5%)

Conclusions: *High frequency found are comparable to literature reports, with limitations related to the size of the population studied and the characteristics of the instruments used.*

Learning Objectives: *This Study corresponds to first approach to this phenomenon in Chile, and opens up the prospect for further studies.This methodology results applicable in the HA studied population.*

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P4.30 Biofeedback to Treat Anxiety in Young People at Clinical High Risk for Developing Psychosis

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Introduction: Anxiety is a common presenting concern for individuals at clinical high risk (CHR) for psychosis. Treatment for CHR is still in the early stages and has focused on transition to psychosis and positive symptom reduction but little is known about what may be effective in reducing anxiety for these young people. One treatment that may be effective for anxiety is heart rate variability (HRV) biofeedback. The aim of this study was to test the efficacy and feasibility of using HRV biofeedback to reduce anxiety and distress in those at CHR.

Methods: Twenty participants who met minimum scores for anxiety and distress completed four weeks of a HRV biofeedback intervention and received pre and post intervention assessments. Repeated measures were used to examine changes in scores over time.

Results: There was a significant decrease over time in impaired ability to tolerate normal stressors ($p \leq .001$) and dysphoric mood ($p \leq .001$). There was no change on self-report measures of anxiety and distress. However, when two outliers were removed there was a trend towards improvement in self-reported anxiety ($p = .07$). These results were not impacted by usage time as a covariate. Feedback and adherence were generally good.

Conclusions: HRV biofeedback may be a feasible treatment option for individuals at CHR who have concerns with impaired stress tolerance and dysphoric mood. Future studies with a randomized controlled trial design will be necessary to further determine efficacy.

Learning Objectives:

- Understand the prevalence of anxiety in individuals at clinical high risk for psychosis
- Better understand possible treatments for these young people

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P4.31 An Evaluation of a Sensory Room on an Adolescent Psychiatric Inpatient Unit

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Introduction: A sensory room is a specialised room where visual, auditory, olfactory, gustatory, vestibular and proprioceptive equipment can be used to promote emotional self-regulation and distress reduction. Sensory rooms are used in mental health settings including child and adolescent psychiatric inpatient units however few evaluations of their clinical utility have been undertaken. This study examined whether sensory rooms can reduce distress for adolescents, and sought to identify which adolescents report the greatest benefit and which adolescents were more likely to use the sensory room.

Methods: The sample was aged 12 to 18 years and comprised 56 sensory room users and a matched sample of 56 sensory room non-users. The setting was a 15 bed adolescent inpatient unit in Melbourne, Australia. Treating clinicians and adolescents rated adolescent distress before and after using the sensory room. Adolescent demographic and clinical data were collected from hospital files.

Results: Adolescents reported reductions in distress following sensory room use. Female gender and presence of an anxiety disorder were both associated with sensory room use. History of aggression was associated with the greatest reduction of distress following sensory room use.

Conclusions: Study findings support the use of sensory rooms as an intervention that reduces self-and clinician-reported distress in an inpatient setting, however evidence from controlled trials is needed to demonstrate efficacy. Greatest gains were evident in adolescents with a history of aggression. Female patients and those with an anxiety disorders may be particularly receptive to sensory room use.

Learning Objectives: Readers of this poster will

- Understand what a sensory room is and its role on an inpatient unit
- Appreciate the evidence base for sensory rooms and its limitations
- Understand for whom sensory rooms may be appealing and for whom best outcomes may be achieved.

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P4.32 Exercise as an Adjunct in the Treatment of Adolescent Major Depressive Disorder: a Pilot Study

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Introduction: Despite growing evidence amongst adult populations of the efficacy of exercise in reducing depressive symptoms, little attention has been devoted to examining the role of exercise for depressive symptoms amongst adolescents. The majority of studies examining the efficacy of exercise amongst adolescents have been conducted amongst non-clinical samples, in group and supervised settings. Due to the limited utility of group exercise interventions, this study aimed to examine the feasibility and efficacy of a self-directed, individual exercise intervention amongst depressed adolescents.

Methods: Nine adolescents with major depressive disorder completed a four-week exercise intervention as an adjunct to treatment-as-usual. The intervention began with an hour long session with a personal trainer who designed an individualised exercise program. Throughout the 4-week intervention adolescents were instructed to implement this program with their existing resources, and a brief phone call was conducted with the personal trainer mid-intervention to review the program. A multiple baseline design was utilised, with a 2-week baseline period.

Results: A moderate significant reduction in depressive symptoms was found at post-intervention. The intervention had a high level of participant satisfaction, low attrition rate and high level of adherence. Factors relating to the feasibility of the intervention were explored, and a prominent theme to emerge was the benefit of assistance from family members in encouraging participants to exercise or exercising with them.

Conclusions: These preliminary findings indicate that an individual self-directed exercise intervention is feasible amongst adolescents with diagnosed depressive disorders, and is likely to be effective in reducing depressive symptoms.

Learning Objectives: Readers of this poster will

- Understand the evidence for exercise in the treatment of depressive disorders in adolescence
- Appreciate the utility of a self-directed exercise program in the treatment of depressive disorders in adolescence

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P4.33 Repetitive Transcranial Magnetic Stimulation for the Treatment of Adolescent Major Depressive Disorder and Comorbid Anxiety: A Case Study

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Introduction: Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive brain stimulation technique with therapeutic applications in the treatment of depression. Although its use with adults is well established, the evidence-base with adolescents is small. Few studies have examined both depression and anxiety outcomes in adolescents treated with rTMS. In this case study we report on the outcomes of rTMS for an adolescent with major depressive disorder (MDD) and anxiety symptoms.

Methods: A 16-year-old male with MDD and anxiety symptoms was treated with 20 sessions of 1 Hz rTMS to the right dorsolateral prefrontal cortex at 120% resting motor threshold over 5 weeks. Outcome measures were administered by an independent rater at baseline, mid- and post-treatment and at a one- and six-month follow-up and included the Children's Depression Rating Scale Revised (CDRS-R), Clinical Global Impressions-Improvement (CGI-I), Pediatric Anxiety Rating Scale (PARS). Data on acceptability of treatment was collected via interview.

Results: The participant demonstrated substantial, linear improvement in both depressive and anxious symptomatology which commenced mid-treatment. By post-treatment and at follow-up, CDRS-R score had declined to sub-clinical levels and few anxiety symptoms were reported on the PARS. CGI-I was classified as "much improved". No adverse events were reported. Treatment satisfaction was high.

Conclusions: The case study suggests that rTMS for adolescent MDD with comorbid anxiety symptoms can have a positive impact on both depressive and anxious symptoms with treatment gains maintained over time. This positive outcome combined with other pilot study findings justify further controlled evaluation of rTMS for adolescent depression.

Learning Objectives: Readers of this poster will

- Understand the current evidence-base for rTMS as a treatment for adolescent major depressive disorder
- Appreciate the potential utility of rTMS in the treatment of adolescents with both anxious and depressive symptoms

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P4.34 Re-establishing Child and Adolescent Mental Health Services in Zimbabwe

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Introduction: Worldwide, current epidemiological data consistently reports that up to 20% of children and adolescents experience mental illness (Kieling et al, 2011). It is recognised that 4 to 6% of children and adolescents globally are in need of clinical interventions for a significant mental disorder (WHO 2001). There is a vast gap between child and adolescent mental health (CAMH) needs and the availability of CAMH resources in low and middle income countries (Patel et al, 2008). Greater than 50% of Africa's population is constituted by children and adolescents (Population Reference Bureau, 2010), suggesting that large numbers of African children are in need of mental health interventions.

Before the year 2000, Zimbabwe had fairly organised mental health services. Around the new millennium, due to the socio-political and economic crisis in the country with the subsequent brain drain, the CAMH service stopped running completely.

This paper describes the steps that were taken to re-establish CAMH service in an under-resourced setting.

Methods: Qualitative methods including use of stakeholder meetings and focus groups to identify need, available resources, the structure required for training and development of CAMH skills among key professionals and the model required for re-establishment and maintenance of the service.

Results:

- Successful service re-establisment with near doubling of clinic numbers from 187 to 300, within one year.
- Increased CAMH capacity through training and mentorship.

Conclusions: Successful CAMH service development in under-resourced settings is possible if it is locally led and driven, with support through ongoing mentorship and strengthening of CAMH skills via regional and international partners.

Learning Objectives:

1. Importance of key professional and stakeholder involvement for successful locally led service development in under resourced settings.
2. Capacity building and strengthening.
3. Long distance mentorship through use of modern technologies as a tool to maintain and strengthen CAMH skills in under resourced settings.

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P4.35 A Mindful Parenting Group for Parents of Children with an Autism Spectrum Disorder and a Co-Morbid Mental Health Disorder: a Mixed Methods Feasibility Study

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Introduction: Evidence supporting the efficacy of mindful parenting interventions is growing, suggesting reduction of parental stress and improvements in parent-child relationships. However, little is known about how these interventions might translate into routine mental health care for families with a high level of need. This study evaluated the feasibility and effectiveness of a newly-developed 8 week Mindful Parenting group for parents of a child with an Autism Spectrum Disorder (ASD) and a co-morbid mental health disorder, run within a busy community Child and Adolescent Mental Health Service (CAMHS) in a socioeconomically deprived inner-city borough.

Methods: Seven parents (6 mothers, 1 father) attended the Mindful Parenting group. Six parents completed pre and post group measures; four parents took part in semi-structured interviews about their experiences of the group. Group content was manualised.

Results: Quantitative results indicated consistent but non-significant improvements in levels of mindfulness, mindful parenting, cognitive flexibility, dysfunctional parental discipline strategies, and perceived levels of stress. Thematic analysis of qualitative data revealed five themes: being part of a group; increased self-care; changes in relationship to self and child; challenges; direct appraisals of the course.

Conclusions: Outcomes suggested a mindful parenting group intervention with this population is both feasible and desirable within a community mental health setting. Initial results indicate that mindful parenting may be a useful tool in increasing resilience for families coping with complex and chronic difficulties. Group replications are underway, incorporating co-facilitation by graduate parents. Limitations are presented; larger-scale research is recommended before recommendations can be confidently made around disseminating practice.

Learning Objectives:

1. To provoke thinking around the types of intervention (i.e. family-centred, resilience-focused) that can best support parents and families coping with complex and chronic neurodevelopmental and mental health difficulties alongside socio-economic disadvantage.
2. To share the process of developing and delivering innovative and feasible interventions within busy community settings
3. To share practical tools used within the intervention

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P4.36 Government Responses on Carers and Service users: The Case of Good practice in Child Care: A Manual for Children Care Givers in Kenya

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Introduction: The number of children who need care and protection continues to increase in less developed countries countries. In Kenya poverty, HIV/AS, disabilities, drug abuse, negative cultural practices contribute to the number of children in need of care and protection. The government of Kenya has over the years made efforts to provide care and protection to orphaned and vulnerable children (OVCs) . Despite this efforts, children continue to face myriads of challenges. In an effort to streamline the care giving sector in Kenya, the government and its partners developed national manual for children caregivers in Kenya. This manual has been aligned to various pieces of legislation including the constitution of Kenya, 2010; the Children Act,2001; the adoption regulation, 2005, the Charitable Children Institutions regulations, 2005; and relevant government administrative directives made under the Children Act, 2001. This paper seeks to investighten the challenges that caregivers face, their coping mechanisms, needs vis-a-vis government guidelines and manuals on caregivers.

Methods: The authors propose to conduct desk research. This will involve analysis of secondary data from published and

unpublished sources from journals, research projects, government reports, media reports, personal interviews and Internet sources.

Results: An analysis of the existing policy documents on caregivers will allow the authors to make recommendations for building capacity for caregiving in Kenya to raise independent and responsible individuals who will lead the country to greater prosperity.

Conclusions: The paper will guide the government and stakeholders to initiate better care alternatives to children care in Kenya especially those with mental disorders in Kenya.

Learning Objectives: To strengthen the child protetion system in Kenya.

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P4.37 Modern Principles of Management and Treatment in Child and Adolescent Psychoses - the Pharmacogenetic Testing

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Introduction: We approached an integrated research-action model of the implications of different intervention strategies and pharmacogenetic testing in child and adolescent psychosis and for UHR-ultra high risk children for psychosis.

Methods: Our research was conducted in the period 2007-2015 on children and adolescents with psychosis – a group of 85 children-G1, who benefited in choosing the pharmacotherapy from pharmacogenetic testing and 90 without testing-G2 and 105 UHR children for psychosis - 50 benefited of pharmacotherapy after pharmacogenetic testing/extensive psychosocial interventions and 55 received interventions without testing. The efficacy of the chosen therapy in correlation with the pharmacogenetic testing was evaluated through the mean change in the PANSS total scores, in the CGI-S/I, CGAS, CD-RISC (Connor-Davidson Resilience Scale), UKU from baseline till endpoint. Our main focus was to investigate which types of intervention strategies would be most indicated, in order to prevent or postpone the transition to psychosis. The CYP2D6 *3, *4, *5, *41 allelic variants genotypes were determined by measuring allele-specific fluorescence using the software for allelic discrimination.

Results: Results, show statistically significant differences of the clinical scores between the studied groups: for those subjects who benefited of pharmacogenetic testing, the PANSS, the resilience scores, the global functioning scores prove a higher clinical improvement, a better compliance and lower UKU side effects scores.

Conclusions: Our research was a proof, sustaining the use of pharmacogenetic screening and testing in clinical practice, in the frame of crisis intervention for a personalized, tailored therapy in child and adolescent psychosis, as a fruitful pathway of intervention and care.

Learning Objectives: To evaluate the efficacy of different intervention strategies and of the pharmacogenetic testing in obtaining optimum treatment results for children with psychosis or UHR for developing psychosis; the dynamic evaluation of the evolution, functioning, side effects and resilience for the studied groups .

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P4.38 Child and Adolescent Psychoses: Modern Treatment Approaches and Pharmacogenetic - Neuroimagistic Correlations

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Introduction: We approach the theme of modern treatment strategies and the implication of different intervention strategies and pharmacogenetic testing in the management of child psychoses.

Methods: Research was conducted 2010-2015 on 150 children with psychosis – 75 children-G1, who benefited in choosing the pharmacotherapy from pharmacogenetic testing and 75 without-G2 and 120 children UHR for psychosis - 60 benefited of pharmacotherapy after pharmacogenetic testing and 60 without testing. Patients were evaluated through MR Spectroscopy at baseline and after pharmacotherapy. The efficacy of the chosen therapy in correlation with the pharmacogenetic testing was evaluated through the mean change in the PANSS scores, in the CGI-S/I, CGAS, UKU and through the change registered for the relevant neurobiological markers and MR spectroscopy metabolites, from baseline. The pharmacogenetic testing was done through genotyping the SNP – Single Nucleotide Polymorphisms through RT-PCR, after DNA extraction. The CYP * allelic variants genotypes were determined by measuring allele-specific fluorescence using the software for allelic discrimination.

Results: Results, show significant differences of the clinical scores between groups: for subjects who benefited of pharmacogenetic testing, the PANSS, the global functioning scores prove a higher clinical improvement, a better compliance and lower UKU side effects scores and also improvement concerning the MR Spectroscopy dosed metabolites values.

Conclusions: Our research was a proof, sustaining the use of the pharmacogenetic testing in clinical practice and the value

of investigating relevant neurobiological and neuroimagistic markers for a personalized, tailored therapy in child and adolescent psychosis and for UHR categories, as a fruitful pathway of intervention and care.

Learning Objectives: We target to analyze the effectiveness of modern pharmacogenetic testing and screening in the clinical setting and practice for an individualized, tailored, personalized path of care and medicine. To evaluate the efficacy of different intervention strategies and of the pharmacogenetic testing in obtaining optimum treatment results for children and adolescents with psychosis or with UHR (ultra-high risk) for developing psychosis; the dynamic evaluation of the evolution, functioning for the studied groups in correlation with specific neurobiological and neuroimagistic variables and markers.

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P4.39 Individualized Learning Support Program for Children with Developmental Disorders Using MSPA (Multi-Dimensional Scale for PDD and ADHD)

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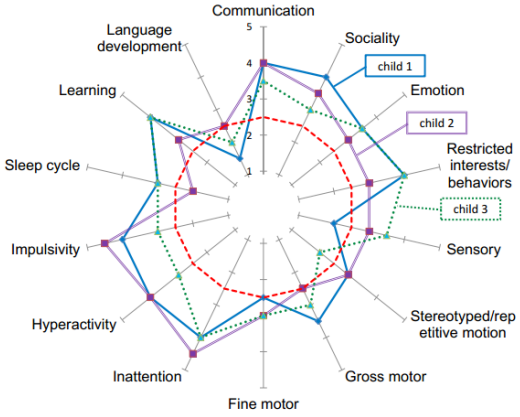
Introduction: Individualized learning support program for children with developmental disorders are important. However, because of large individual differences, it is difficult to capture the characteristics of each child. In this research, we evaluated the global view of characteristics of developmental disorders using the MSPA (Multi-Dimensional Scale for PDD and ADHD) and devised individualized learning support program for children with developmental disorders.

Methods: Participants were three children with difficulty in learning who had joined learning support program held by KOKORO Research Center, Kyoto University. Child 1 and 2 had ASD. We rated the MSPA scores through observation of children and interview from parents.

Results: The results of MSPA are shown in figure 1. The MSPA consists of 14 domains of clinical and behavioral features in developmental disorders. The criteria of anchor points are as follows: <1> no sign; <2> somewhat but no need to support; <3> special needs by supervisors in groups; <4>special needs by everyone in groups; <5> still difficult even with full-support in groups.

By using MSPA, we found that children had characteristics of ASD and ADHD although parents thought their children's problems are mainly in learning. We could conduct suitable individualized learning support program for each child by taking the global view of characteristic of developmental disorders.



Conclusions: MSPA is useful to take a global view of characteristic of developmental disorders.

Learning Objectives:

- Audience can be acquainted with the new scale for developmental disorders "MSPA".
- Audience can know the case study of learning support for developmental disorders.

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P4.40 A Psychotherapeutic Approach to Patients with Autism Spectrum Disorders Without Intellectual Disability Through Diary Training Therapy for Over Adolescents

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Introduction: There are many types of autism spectrum disorders(ASD) that do not involve intellectual disability(ID) in over adolescents. Their functional levels vary, and some exhibit symptoms such as adjustment disorders, mood disorders, or schizophrenia. From a pathological perspective, their symptoms are complex and inconsistent. Thus, a uniform approach to psychotherapeutic treatment has not been established. At present, various types of social skills training, cognitive behavior therapy, and daycare programs are in use in Japan. However, the impact of these has not been determined. Therefore, Jikei University of Medicine is implementing a new treatment approach that involves diary training for ASD.

Methods: Each day, patients write about their daily experiences in a diary, which therapists review once or twice a month.

Based on aspects of cognitive behavior patterns observed, therapists advise patients regarding ways to improve social interaction, daily routine, etc. through face-to-face conversations and written comments in their diaries.

Results: We confirmed a significant change in 15patients .and to be divisible into 3 patterns from their behavior types, and each 3 type should be treated by different approach .

Conclusions: This new treatment approach utilizing diaries as a means of structuring the focus and attention of patients with ASD (without ID) has yielded beneficial results.

Learning Objectives: Diary training therapy

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P4.41 Differential Therapeutic Effects of Atomoxetine and Methylphenidate in Attention Deficit/Hyperactivity Disorder as Measured by Near-Infrared Spectroscopy

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Introduction: The stimulant methylphenidate (MPH) and the non-stimulant atomoxetine (ATX) are the most commonly prescribed pharmacological treatments for attention deficit/hyperactivity disorder (ADHD). However, the drug-specific mechanism of action on brain function in patients with ADHD is unknown. This study examined differences in prefrontal hemodynamic activity between use of MPH and ATX in children with ADHD as measured by near-infrared spectroscopy (NIRS) during the Stroop color-word task.

Methods: Thirty children with ADHD participated in the present study. We used 24-channel NIRS (ETG-4000) to measure the relative concentrations of oxyhemoglobin in the frontal lobes of participants in the drug-naïve condition and those who had received MPH (n=16) or ATX (n=14) for 12 weeks. Measurements were conducted every 0.1 s during the Stroop color-word task. We used the ADHD RS-IV-J (Home Version) to evaluate ADHD 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.

Results: Treatment with MPH as well as ATX significantly reduced ADHD symptoms, as measured by the ADHD RS-IV-J, and made equally improvements in Stroop color-word task numbers of correct answer. We found significantly higher levels of oxyhemoglobin changes in the prefrontal cortex of participants in the ATX condition compared with those in the baseline condition. By contrast, we found no oxyhemoglobin changes between pre- and post-treatment with MPH.

Conclusions: The present study suggests that MPH and ATX have differential effects on prefrontal hemodynamic activity in children with ADHD.

Learning Objectives:

The objective of this study is to examine differences in prefrontal hemodynamic activity between use of MPH and ATX in children with ADHD as measured by NIRS.

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P4.42 Comparison of Atomoxetine and Methylphenidate on Reducing Problematic Game Play in Adolescent with Attention Deficit Hyperactivity Disorder

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Introduction: There have been many reports of high prevalence of problematic game play in adolescent with attention deficit hyperactivity disorder(ADHD). In our study, we compared the treatment effects of atomoxetine and methylphenidateon on reducing problematic game play in adolescent with ADHD.

Methods: 86 adolescents who have been diagnosed ADHD and also problematic game play were recruited. 44 participants were treated with methlyphenidate for 12 weeks (MTX group), 42 participants were treated with atomoxetine for also 12 weeks (ATM group). At baseline and a 12-week follow-up period, all subjects have evaluated by Young Internet Addiction Scale (YIAS), Child Depression Inventory (CDI), ADHD Rating Scale (ARS), and Behavioral Inhibition & Activation Scales (BIS/BAS).

Results: There were no significant demographic differences between MTX-ADHD group and ATM-ADHD group at baseline. During 3 months, MTX-ADHD group greatly improved in K-ARS scores, compared to ATM-ADHD group. ATM-ADHD group greatly improved in CDI scores at a trend level, compared to MTX-ADHD group. However, there were no significant different changes in YIAS and BIS-BAS scores between MTX-ADHD group and ATM-ADHD group.

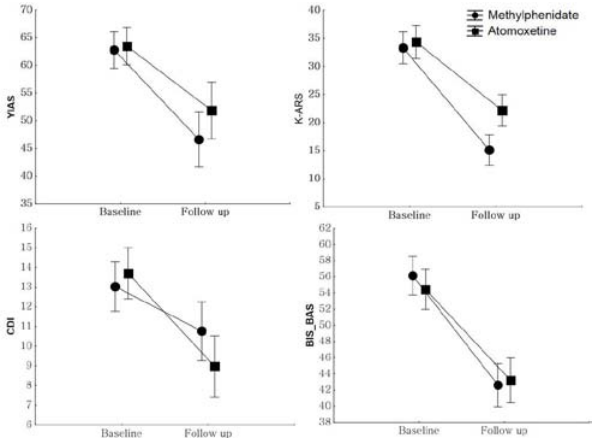
In MTX-ADHD group and ATM-ADHD group, the changes of YIAS scores was positively correlated with the changes of BIS-BAS scores.

Table 1. Demographic data.

Repeated measure ANOVA, a: F(1.81) =1.92, D.F.=1, p=0.17, b: F(1.81) =8.0., D.F.=1, p<0.01, c: F(1.81) =5.86, D.F.=1, p=0.02, d: F(1.81) =2.83, D.F.=1, p=0.09, B: baseline, F: follow-up.

	Methylphenidate	Atomoxetine	Statistics
Age	16.9±1.6	17.1±1.0	t=0.28, p=0.77
Education (year)	9.8±1.4	9.9±1.5	t=0.43, p=0.67
IQ	96.7±12.7	98.7±10.0	t=0.79, p=0.43
YIASa B	62.7±11.6	63.4±9.9	t=0.31, p=0.76
YIASa F	46.6±16.9	51.8±15.7	t=1.47, p=0.15
K-ARSb B	33.3±9.1	34.3±9.6	t=0.51, p=0.61
K-ARSb F	15.1±9.4	22.1±8.3	t=3.60, p<0.01
CDIc B	13.0±4.4	13.7±3.7	t=0.75, p=0.46
CDIc F	10.8±5.4	8.9±4.4	t=0.49, p=0.62
BIS-BASd B	56.2±7.8	54.5±7.9	t=0.98, p=0.33
BIS-BASd F	42.6±8.1	43.2±9.5	t=0.30, p=0.76

Figure 1 Changes in psychological scales in response to 3 month medication treatment



Repeated measure ANOVA, YIAS: F(1.81) =1.92, D.F.=1, p=0.17, K-ARS: F(1.81) =8.0., D.F.=1, p<0.01, CDI: F(1.81) =5.86, D.F.=1, p=0.02, BIS-BAS: F(1.81) =2.83, D.F.=1, p=0.09

Conclusions: In reducing problematic game play in ADHD adolescents, both methylphenidate and atomoxetine would be effective by reducing one's impulsivity similarly.

Learning Objectives:

- Investigate the treatment effect of methylphenidate and atomoxetine in ADHD who have problematic game play.
- Direct comparison of methylphenidate and atomoxetine treatment in each ADHD symptoms, mood symptoms and problematic game play symptoms.

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P4.43 Melatonin Use in Children and Adolescents with Sleep Problems Associated to Attention Defict Hyperactivity Disorders (ADHD) and Autism Spectrum Disorders (ASD)

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Introduction: Sleep problems are more prevalent in those children and adolescent affected by Attention Deficit Hyperactivity Disorders (ADHD) and Autism Spectrum Disorders (ASD) than in healthy kids. Melatonin is an indoleamine often prescribed for the treatment of these sleep problems.

Methods: A search was carried out on 'PubMed ' with the following keywords: *children, adolescents, sleep disorders, melatonin, Attention Deficit Hyperactivity Disorders (ADHD) and Autism Spectrum Disorders (ASD),* restricted to publications of the last 10 years. Randomized clinical trials, reviews and meta-analysis were priorized

Results: The effectiveness of Melatonin in children and adolescent with ADHD and sleep problems is consistently founded. In children with ADHD and associated sleep problems not being medicated with stimulants, doses between 3 and 6 mg given 30-60 minutes before bedtime are recommended. In those kids taking stimulants or atomoxetine, the effective doses are higher, between 5 and 10 mg of melatonin administered 30-60minutes before bedtime. In children with ASD and sleep problems a dose of 3 to 6 mg is recommended administered at least 30 minutes before going to bed.

Conclusions: There is evidence supporting the effectiveness of melatonin in children and adolescents with the most prevalent neurodevelopmental disorders, with few or no adverse effects and adequate levels of security.

Learning Objectives:

1. clarify the utility and safety of melatonin use in these populations.
2. determine the dosage and the time of more effectiveness of melatonin administration in children and adolescents with sleep problems and neurodevelopmental disorders as are ADHD and/or ASD.

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P4.44 Pilot Study of Cognitive Remediation for Youth at Risk of Serious Mental Illness

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Introduction: Poor cognition is a hallmark of schizophrenia and has also been reported in those with severe mood disorders. Although milder, these cognitive deficits have been observed in youth with subthreshold psychotic symptoms who are considered to be at clinical high risk for psychosis (CHR). Moreover, there is clear evidence, in both established psychotic and mood disorders and in CHR samples, that deficits in cognition are associated with poor functional outcomes. Given this association, cognition is an excellent treatment target.

Methods: The primary aim of this pilot project is to test the effectiveness of a novel computerized cognitive remediation therapy (CRT) in improving cognition in youth deemed to be at risk of serious mental illness (SMI) according to the clinical staging model of mental health disorders, following the addition of a counselling intervention, motivational interviewing (MI), to improve adherence to CRT. One group will receive CRT and the other CRT plus MI.

Results: This study will provide pilot data on the feasibility and efficacy of the novel CRT and MI in improving cognition, treatment adherence and social functioning over the 10 week period in people at risk of SMI. We predict improved treatment adherence and superior improvements in cognition at the end of treatment and 12 months post baseline in those receiving CRT+MI compared to CRT alone, which will be associated with improved functional outcomes.

Conclusions: There are currently no published CRT studies in populations at risk of SMIs other than those at risk of psychosis, which makes this project timely and innovative.

Learning Objectives:

1. To investigate the effectiveness of CRT in improving cognition in at-risk of SMI individuals
2. To examine the role of MI in adherence to CRT
3. To explore if cognitive improvements translate to improvements in functional outcomes

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P4.45 Translational Therapeutic: Web-Based Mobile Application for Individualizing Complex Prescriptions of Stimulant Medications

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Overview: In the beginning of the 2000s, different extended-release formulations of stimulant were created, and followed by different generic forms when their patents expired. The bio-equivalence of the generic forms with the brand formulations has been challenged. Moreover there is a definite need to individualize the use of stimulant medications according to the specific needs of each patient. Therefore extended- and immediate release formulations are often combined in prescriptions. However, the prescriber has little information to guide these more complex prescriptions. This symposium will present an application that allows a clinician testing in silico any combination of long and short acting stimulant before trying it with a patient. We will present first the theoretical and modelling approach, then the development of the therapeutic indicators, and finally the application itself through a life demonstration.

Part 1: Population pharmacokinetic (Pop-PK) modelling allows predicting how a drug is handled by the body. It almost always refers to a mixture of fixed and random effects. Fixed effects are parameters that significantly influence how the drug is handled by the body (for example by weight) and random effects (variance model) parameters include the inter-subject variability. This approach enables to incorporate the patients' characteristics, such as genetic variant, weight, age, or specific clinical situations (e.g. schedule constraint) that are relevant to the treatment response. We develop different Pop-PK models for ADHD stimulants to predict drug fate in children of short, long-acting formulations or of their combinations.

Part 2: Pop-PK models are able to predict the plasmatic concentration over time, given a dose and a time of administration. Conversely, we were able to define the optimal doses and administration times to reach specific target windows

(defined by a time and a plasmatic concentration range) specifically needed by the patient. We also defined therapeutic indices to define success in reaching these targets. The percentage of time spent in target windows (morning, afternoon and bedtime), the distributions of non-responders, responders, adverse responders, and mixed-responder types are clinically relevant indices to optimize a prescription by testing it in silico before trying it in real life. These indices can be combined and weighted in a global therapeutic index.

Part 3: We present a mobile web-based application that allows testing in silico any combination of short or long-acting stimulant medications by computing and visualizing the corresponding pharmacokinetic profiles. In a typical scenario, the prescribing physician enters the weight of the patient and selects the target day time windows and bedtime. A stimulant regimen is then selected, including the brands, doses and times of administration. Once the parameters are set by the user, computation is done on an online server, and the resulting data is returned to the device and graphically displayed using local draw functions. The application graphically represents the resulting pharmacokinetic profile, as well as the therapeutic indices of the proposed medication regime. The application's HTML-5 interface allows for excellent performance on a number of devices, including computers (PC and Mac), mobile devices and tablets (and Apple and Android). A demonstration of the application will be given.

Learning Objectives:

1. To become more familiar with the concepts of population pharmacokinetic (Pop-PK)
2. To learn about the specific pharmacokinetic profile of the short- and sustained-action stimulant formulations of brand names and generics.
3. To learn how to use an application that computes and visualizes the pharmacokinetic profile resulting from combinations of stimulant formulations

P4.46 The Importance of Psychiatric Evaluation of Juvenile Delinquents on Probation in the Context of Recidivism

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Introduction: Mental health studies focusing delinquency can address the risk factors for recidivism apart from psychopathology which might create an intervention window for vulnerable adolescents. The aim of present study is to describe the sociodemographic features, psychiatric diagnoses, and psychometric properties of a Turkish sample of delinquent adolescents on probation regarding the risk of recidivism.

Methods: We conducted face-to-face interviews with volunteers (n=55; F/M=4/51, ages 14-18) from the Istanbul Anatolian Probation Department that is the only institution in the Asian side of Istanbul. Schedule for Affective Disorders and Schizophrenia for School Age Children Present and Lifetime Version, Wechsler Intelligence Scale and validated self-report questionnaires as well as a sociodemographic form were used for evaluation. Subjects were assigned by the number of their court cases to one court case (Group 1) or more than one cases (Group 2).

Results: We ascertained the psychiatric disorder prevalence rate of 67.3% (n=37). The most common diagnoses were attention deficit hyperactivity disorder (%43.6) and depressive disorders (32.7%). In Group 2; education period was shorter, age of first police contact and first substance experience was younger, IQ scores were lower, global functioning scores were lower, and the presence of psychiatric disorders were significantly higher, particularly depressive mood disorders and substance use disorders ($p<0.05$). Being lesser-educated (OR=0.499, %95GA=0.285-0.875) and externalizing disorders diagnosis (OR=9.582, %95GA=1.618-56.754) were the predictors in logistic regression analysis for Group 2.

Conclusions: Psychiatric evaluation at earlier stages of probation and appropriate treatment referral could reduce recidivism and could contribute to better psychosocial wellbeing in juvenile delinquency.

Learning Objectives:

1. Knowing more about what kinds of psychiatric disorders precede delinquency and recidivism could be helpful in determining at risk children and prevention of recidivism.
2. The study draws attention on probation which is the largest part of juvenile justice system.
3. We aim to provide awareness about risk and preventive factors relatively minor offences which committed by child and adolescents.

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P4.47 Use of Antipsychotics in the Treatment of Autism

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Introduction: Antipsychotics have become an important part in the treatment of autism. A**ims** of the present study are: To describe the prescription of antipsychotics drugs and their effects in clinical population of children with autism and to present the rationale for the use of antipsychotics in autism and to review the most important studies published on this topic to date.

Methods: Retrospective study of outpatients meeting DSM-IV criteria of ASD and regularly consulting in the Child and Adolescent Psychiatry Unit at University Hospital of Monastir .

Our sample consisted of 66 patients (10 girls, 56 boys) aged 2 through 13 and referred our clinic between 2009 and 2010.

Results: Hyperactivity, stereotyped behavior, sleep disorders, irritability and associated behaviors including aggression and self injury were the main indications for antipsychotics drugs. Pharmacological treatment was prescribed in 36.4% of cases (conventional antipsychotics 41.7% versus 50% atypical antipsychotics). Significant improvement of all these symptoms were observed, but also adverse effects were described in 15.2% (conventional antipsychotics 19, 2% versus 6, 08 % atypical antipsychotics) including weight gain (18.2%). and sedation (45.5%).

Conclusions: Antipsychotics appear to have the potential for improving symptoms of autism in children. Typical antipsychotics are frequently used to treat not only irritability and associated behaviors including aggression and self injury but also hyperactivity and stereotyped behavior. Moreover, it is established that atypical antipsychotics are more effective and better tolerated than conventional antipsychotics.

Learning Objectives:

- Better knowledge of antipsychotics use in autism
- Better evaluation of benefit/risk of antipsychotics in autism

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P4.48 Olanzapine in the Treatment of Early Onset Schizophrenia (EOS)

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Introduction: According to several studies early onset schizophrenia (EOS) and very early onset schizophrenia (VEOS) tend to have a worse outcome than adult onset schizophrenia, because of high levels of treatment-refractory schizophrenia (TRS).Efforts are under way to determine the reason for lack of response to available treatments and to suggest more effective treatments. In Fact, the place of Olanzapine has been very discussed in TRS.

Methods: Reporting two cases of treatment-refractory EOS and discussing results with literature review.

Results: We report the first case of14-year-old girl diagnosed with EOS. Treatment was based on Haloperidol,Amisulpride,Risperidone. As long as she was not responding to this therapy the diagnosis of TRS was involved. In March 2015 Olanzapine was administrated gradually and we noticed alleviation of symptoms and a great improvement in social functioning. A second similar case has been noticed: a 15-year-old girl who was diagnosed with treatment refractory EOS and who presented a high improvement in Negative and Positive Symptoms after prescibing Olanzapine.

These two clinical cases illustrate the difficulties that may face psychiatrists in the management of resistant EOS.Olanzapine in our two clinical cases has been used off-label. Its prescription required reflection and bibliographical research to be used in the best conditions. In addition, our two patients refused hospitalization in an adult psychiatric unit, thus the outpatient prescription of clozapine was very risky.

Conclusions: These results provide preliminary evidence for the efficacy of olanzapine for some adolescents with treatment-refractory schizophrenia, but more rigorous studies of atypical novel antipsychotics for EOS and VEOS are needed.

Learning Objectives: To evaluate the efficacy and the safety of olanzapine in treatment-refractory EOS.

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P4.49 Child Survivors Struggle with Peer Relationships 42 Months after the Great East Japan Earthquake: Series of Questionnaire-Based Cross-Sectional Surveys

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Introduction: The Great East Japan Earthquake and tsunami of 2011 traumatized many children. Since 2011, we have collected information on the daily activities of children who survived the earthquake and tsunami in Ishinomaki city, a badly affected city of approximately 150,000 people in Miyagi Prefecture in the north-east coast of Japan's main island [1-4]. The aim of this study was to assess changes in peer relationship problems among child survivors between 30 and 42 months after the disaster.

Methods: In September 2014 (42 months after the disaster), copies of the Strengths and Difficulties Questionnaire (SDQ), a questionnaire on children's strengths and difficulties in home and school activities, were distributed to the parents and teachers of all 8,559 4th to 9th grade students in the elementary and junior high schools of Ishinomaki, Japan. These were completed by both the parents and the teachers, and the scores were compared with those of a similar survey 12 months previously. The children also completed a self-assessed post-traumatic stress symptoms questionnaire

Results: The SDQ scores evaluated by parents were significantly worse after 42 months than after 30 months ($p < 0.001$), with the effect size greatest for the scores for peer relationship problems. Peer relationship problem scores did not differ significantly between school grades or genders. Spearman correlation coefficients relating SDQ scores to the children's self-assessed trauma scores were all <0.25.

Conclusions: This study showed that the experience of the disaster affected children's peer relationships at home and school.

Learning Objectives: The peer relationship problems of child survivors at 42 months after the disaster were exacerbated compared with at 30 months.

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P4.50 An A to Z Guide to the Assessment and Management of Adolescent Violence From Referral to Disposition/Discharge

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Description: Adolescent violence has become an increasingly frequent reason for clinical concern by clinicians in a wide range of practice from metropolitan ER settings to rural family medicine clinics. Although it would be ideal to refer all such cases to forensic psychiatrists specializing in the adolescent population, there usually isn't enough supply to meet the burgeoning demand. The purpose of this workshop is to allow clinicians working with adolescents to gain the knowledge and skills essential for a competent evaluation of risk posed by an adolescent. This will involve a review of risk factors, assessment approaches and report preparation.

Learning Objectives:

1. To become aware of risk factors associated with violence by adolescents
2. To apply knowledge of these risk factors to the clinical evaluation of violence risk
3. To appreciate the limits inherent in violence risk evaluations.

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P4.51 Revamping an On-Call System: Better Care for Both Clients and Staff

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Description: Wood's Homes is a multi-service children's mental health centre encompassing 30 + programs and 450 saff that has been helping children and families for over 100 years. Today we provide help to 20,000 people per year from all over Alberta and the North West Territories.

Having an on-call service is crucial in many settings - hospitals and many mental health agencies could not function without one because problems happen at all hours. However, ask staff about this responsibility and groans resound. Very often people who manage an on-call service feel overburdened, exhausted and at times, under qualified for the task.

Wood's Homes wanted to make these feelings change and still maintain quality client care.

This presented a major challenge back in 2013 due to the demands of our 24/7 service and our "Never Say No" philosophy. But we prevailed and were successful!

A three year review of our on-call data demonstrate how the organization made this change attaining results like: fewer "needless" calls, a creative use of technology, individuals who manage on-call reporting they feel more confident and feel on-call no longer "takes over their lives".

This presentation will talk about how we did this (preparation is everything!) and will share the changes we made to help others improve their own on-call systems and gain a healthy and resilient workplace.

Learning Objectives:

- what changes were implemented to improve our On-Call system
- the benefits of these changes to both our clients and staff
- ideas for improving your own On-Call system

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P4.52 What Young People with Depression Expect From Psychotherapy: a Qualitative Interview Study

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Introduction: Patient expectations about therapy have been regarded as a common factor affecting the course and outcome of psychotherapy. However, little is known about the expectations of adolescents. The aim of this study was to explore the expectations of therapy of young people with depression prior to psychotherapy.

Methods: Semi-structured interviews were carried out with six young people (5 female, 15-19 years) entering psychodynamic outpatient treatment. Interviews were transcribed verbatim and analysed using Interpretative Phenomenological Analysis (IPA).

Results: The careful analysis of the young people's accounts yielded the following four key themes: *not knowing but being cautiously hopeful; therapy as a long and difficult process; therapy as a place to understand oneself and to develop;* and the *importance of the professional and interpersonal skills of the therapist*. Overall, the young people did not have very clear ideas about therapy even if they had previous therapy experience. Predominant were the expectations of the therapist as the one who would be there for them, who would understand them and who would give the right tips or ask the right questions.

Conclusions: The findings suggest that it is essential to improve mental health literacy in young people to foster realistic treatment and outcome expectations and help reduce the barriers to entering treatment; while at the same time individual therapists should pay careful attention to the specific expectations that young people bring into therapy.

P4.53 Study on Treatment Effect and Mechanism of Quetiapine on Tourette Syndrome in Animal Model

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Introduction: Tourette syndrome (TS) is a neuropsychiatric disorder characterized by repetitive, stereotyped, involuntary facial, motor, and vocal tics. Tourette syndrome (TS) has a multifactorial etiology, including genetic, environmental, immunological factors et al, which interact with each other. Its treatment is also complicated.

Objective: To access the effect and mechanism of quetiapine in Tourette syndrome through the animal experiment, and verify its neuroprotective action.

Methods: The rats were scored separately of the stereotyped behavior, tic action and open field test. After the rats put to death, the fresh and perfused brain materials were extracted, and then detected the striatum dopamine(DA), homovanillic acid (HVA) content, the dopamine transporter (DAT) expression level, and the morphology, quantity and β- α - tubulin expression level of striatum in nerve cells.

Results: Quetiapine can reduce the stereotyped behavior of TS model rats. Compared with model group, the stereotyped behavior of the TS model rats of quetiapine group reduced significantly ($P < 0.05$). The DAT content in striatum of the model group rats was higher than that in the normal group. Compared with the model group, the DAT content in striatum was significantly lower than that in haloperidol group, quetiapine low group and high dose group ($P<0.01$). However, the differences between the model group and positive control group were significantly ($P<0.05$).

Conclusions: Quetiapine can reduce the scores of the tic behaviors in rat model, with fewer adverse reactions and neuroprotective action.

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Author Index

A

Aarø, Leif Edvard ... 132
Abas, Melanie ... 290
Abaychi, Tahireh ... 54
Abdelbassir, Reham Mohammed ... 115
Abdelhalim, Bassma Abdel Nasser ... 115
Abdelhameed, Zeinab Bishry ... 214
Abdelrahman, Shehab-Eidin N. ... 53, 206
Abdullateef, Aishatu Abubakar ... 110
Abdulmalik, Jibril ... 120
Abidi, Sabina ... 125, 235
Acosta Bebeacua, Ines ... 262
Addington, Jean ... 61, 62, 207, 213, 227, 228, 247, 252, 265, 279, 288, 296
Adebowale, Timothy ... 263
Adedokun, Babatunde ... 110, 134
Adefolarin, Adeyinka O ... 73
Adejumo, Olurotimi Adedayo ... 134
Adolfsfdottir, Steinunn ... 226
Adrian, Valerie ... 245
Afeworki, Fresenai Tesfai ... 218
Aftab, Afzal Aftab ... 219
Agarwal, Harsha ... 162
Aggarwal, Dhiraj ... 274
Ahmad, Abdulbaghi ... 54, 137
Ahmed, Ahsan Uddin ... 117
Ahmed, Helal Uddin ... 219
Ahn, Joung-Sook ... 211
Akinmolayan, Oluyemi ... 187
Akinsulore, Adesanmi ... 142
Al-Ansari, Ahmed M. ... 101
Alam, Mohammad Tariqul ... 117, 240
AlBanna, Ammar ... 116
Alberga, Angela ... 21, 94, 258
Alda, Martin ... 125, 235
Alderson, Kevin George ... 149
Aldunate, Consuelo ... 194
Ali, Nareesa ... 245
Aligeti, Manish ... 11
Allakariallak, Natashia ... 113
Allen-Crooks, Rhani ... 291
Allen, Andrea ... 166
Allen, Monika ... 279
Alloy, Lauren B. ... 43
Almai, Ahmad ... 116
Aloba, Olutayo ... 142
Amano, Misuzu ... 203
Amato, Cibelle A. H. ... 22
Ameis, Stephanie ... 51, 175, 258
Amirali, Lila ... 29
Anagnostou, Evdokia ... 74
Anang, Polina J ... 56, 85, 99
Anderson, Elizabeth Ann ... 82
Anderson, Linda ... 178
Andersson, Gerhard ... 160
Andrade, Mônica ... 193
Andreati, Ligia Pereira ... 193
Andrew, Gracy ... 89
Andrews, Don ... 46
Anis, Lubna ... 60
Annis, Jennifer ... 46
Aoyama-Uehara, Kumi ... 251, 267, 271
Arai, Kotoka ... 250
Arai, Takachi ... 222, 251
Arevalo, Esteban ... 12
Arnold, Paul Daniel ... 33, 74, 84, 100, 236, 249
Arthur, Nancy ... 94
Asada, Naomi ... 230
Asada, Nobuyoshi ... 230
Ashdown, Heather ... 85
Asuka, Nomura ... 203, 267
Attia, Mouna ... 211, 215, 216, 239
Awhangansi, Sewanu S. ... 187
Ayako, Goto ... 230
Ayano, Yokota ... 257
Ayaz, Ayse Burcu ... 236, 266
Ayorinde, John Tobi ... 9
Ayoub, Doaa Riad ... 61
Ayres, Sandra D. ... 60
Ayugi, James ... 234
Azechi, Takahiro ... 294

B

Babins-Wagner, Robbie ... 47, 148
Baer, Susan ... 38, 90, 191
Bagnell, Alexa ... 110, 125, 153, 235
Bailey, Jacqueline ... 178
Bailey, Randell Tavar, M ... 183
Bain, Samora ... 183
Bakare, Muideen O ... 108
Bakht, Muhammod Murad ... 129, 182
Banaschewski, Tobias ... 210
Barbato, Mariapaola ... 62
Barcelata-Equiarte, Blanca ... 261
Baribeau, Danielle A ... 74
Barnes, Ms Sue ... 86
Barnes, Nick ... 121
Baron-Cohen, Simon ... 175
Baron, Andrew Scott ... 175
Barrett, Elizabeth ... 15
Bartlem, Kate ... 178
Basheer, Salah ... 41, 63
Baxter, Andrew ... 26, 122
Bazaid, Khalid ... 64, 80, 116
Bearden, Carrie ... 61, 213, 227, 252, 265
Bégin, Vincent ... 112, 188, 246
Belanger, Kathleen Anne ... 107
Belfer, Myron L. ... 14, 38
Belhadj, Ahlem ... 248, 276
Ben Abid, Hela ... 173, 189, 211
Ben Hamouda, Abir ... 276
Ben Mabrouk, Nesrine ... 248
Ben Moussa, Rahma ... 212
BenAbdelaziz, Ahmed ... 246
Benediktsson, Ingunn ... 120
Benki, Cristina ... 46
Benoit, Diane ... 86, 151
Bentley, Lana A. ... 20
Benzies, Karen ... 17, 60, 69
Bercov, Marni ... 166
Berzins, Sandy ... 47, 148
Bharath, Rose Dawn ... 40
Bhargava, Rachna ... 17
Bichel, Allison ... 188
Bikic, Aida ... 37
Binford, Warren ... 33, 249
Bishop, Brittany ... 79
Blackstock, Cindy ... 6
Blackwell, Suzanne M. ... 13

Blazynski, Nicola . . . 278
Bliss, Caleb . . . 7
Boerner, Ann . . . 49
Bond, Sharon . . . 57
Bonnefois, Guillaume . . . 296
Bonnet-Samitier, Sylvie . . . 57
Booij, Linda . . . 42
Bordeaux, Patrick . . . 129
Bossuroy, Muriel . . . 131, 132
Bourgou, Soumaya . . . 248, 276
Bourourou, Rim . . . 173, 189, 211, 212, 215, 216, 217, 297
Bouslah, Sarra . . . 75, 91, 92, 173, 189, 211, 212
Bousleh, Sarah . . . 247
Boussaid, Narjes . . . 206, 215, 216, 217, 239, 297, 298
Bouvette-Turcot, Andrée-Anne . . . 197
Bouzid, Riadh . . . 247
Bowman, Jenny . . . 26, 68, 178
Boydell, Katherine . . . 22
Boylan, Khrista R. . . . 154
Boyle, Michael . . . 183
Bradshaw, Lindsay . . . 258
Bragg, Healther . . . 128
Brahim, Takoua . . . 75, 212, 246, 247, 248, 276
Bray, James . . . 192
Bray, Signe . . . 62, 200
Brewerton, Timothy David . . . 168
Brian, Jessica . . . 74
Bright, Katherine . . . 196
Brink, Marthinus R. . . . 275
Bronson, Maria . . . 85
Brown, Jessica P . . . 86
Brummitt, Kali . . . 247
Brunelli, Lisandre Frazao . . . 275
Brunett, Jessica . . . 9
Bryden, Pier . . . 156
Buchholz, Annick . . . 181
Buchy, Lisa . . . 62, 213
Budden, Kara . . . 179
Buhagair, Kerrie . . . 140
Bullock, Amanda . . . 5, 190
Burkitt, Esther . . . 190
Burton, Christie L . . . 84
Bush, Allister . . . 12
Butler, Shannon . . . 179

C

Cadenhead, Kristen . . . 61, 207, 213, 227, 252, 265
Calancie, Olivia . . . 111, 154, 285
Calpona, Elisa A. . . . 53
Cameron, Emily Elizabeth . . . 213
Campbell, Libby . . . 26, 68, 178
Campodonico Magallanes, Ivannah . . . 170
Cannon, Tyrone D . . . 61, 207, 213, 227, 252, 265
Cappelli, Mario . . . 259
Carbajal Garcia, Ana . . . 170
Cardno, Alastair G . . . 166
Carrey, Normand . . . 57, 192, 204
Carroll, Jennifer M . . . 191
Carstensen, Georgia . . . 247
Castellanos-Ryan, Natalie . . . 124, 195
Catchpole, Rosalind . . . 38, 191
Catheline, Nicole . . . 145
Cavalcante Ferreira, Cinthia Mendonça . . . 8, 75
Cawthorpe, David . . . 28, 96, 172, 248
Celeri, Eloisa Helena Rubello Valler . . . 253
Chaim, Gloria . . . 44
Chakrabarti, Bhismadev . . . 175
Chakraborty, Samprita . . . 166
Chalabi, Gulstan . . . 137
Chambers, Claudia . . . 183
Chan, Chetwyn . . . 18
Chan, Stephanie . . . 276
Chang, Jane . . . 114, 145
Chang, Jeffrey Chung Han . . . 78, 160
Chang, Samuel . . . 103, 172, 248
Chapman, Andrea . . . 14
Chapman, Lee Ann . . . 156
Charach, Alice . . . 156, 270
Charfi, Fatma . . . 248, 276
Chartier, Gabrielle . . . 28, 42, 277
Chaudhary, Vandana . . . 23, 39, 104, 113, 117, 135
Chen, Chia-Yi . . . 199
Chen, Chih-Tsai . . . 155
Chen, Chin-Hung . . . 32, 145
Chen, Mu-Hong . . . 134
Chen, Yi-Lung . . . 91, 208
Chen, Yu-Jie . . . 40
Cheon, Keun-Ah . . . 207, 268
Cherksova, Mariya . . . 88
Cheung, Amy . . . 44
Cheung, Marcus . . . 268
Cheung, Sandra . . . 19
Cheung, Vinci . . . 18
Chiang, Li-Te . . . 171
Chien, Yi-Ling . . . 31, 40, 240
Childress, Ann . . . 277, 278
Chilton, Julie Ann . . . 106
Choi, Bum-Sung . . . 256
Choi, Jae-won . . . 225
Choi, Seong Mi . . . 159
Chou, Wen J. . . . 249
Chowdhury, Imran Ahmed . . . 219
Chowdhury, Waziul Alam . . . 219
Christiansen, Hanna . . . 93
Christie, Romie . . . 70, 100, 169
Christopher, Rita . . . 41
Chua, Vera Ting Ru . . . 3
Clark, Sara Megan . . . 88
Clarke, Harriet . . . 100
Clarke, Kelly . . . 46
Cleator, Amy Marie . . . 179
Clement, Christina . . . 278
Clement, Hans Willi . . . 278
Clements, Ryan . . . 19
Cleverley, Kristin . . . 44
Cloutier, Paula . . . 128, 259, 274
Clyde, Alexis Inabinet . . . 158
Coelho Medeiros, Maria Elisa . . . 287
Coghill, David R . . . 7, 210
Cohen, Janice . . . 14, 56
Cohen, Jordan Stuart . . . 21
Coker, Teresa . . . 123
Coleman, James R . . . 249
Comeau, Jinette . . . 183
Contursi, Maria Luisa . . . 192
Conzelmann, Annette . . . 41
Copping, Valerie . . . 30
Corbett, Syl . . . 279
Cornblatt, Barbara . . . 61, 213, 227, 252, 265
Corolis, Brittany . . . 146, 299
Corrigan, Kim . . . 192
Corrigan, Patrick W . . . 118
Couillard, Jeffrey David . . . 21, 36
Coulliard, Jeff . . . 58
Courtauld, Hannah M . . . 118
Courtney, Darren B. . . . 209
Craig, Wendy . . . 209
Cribben, Ivor . . . 166
Cristalli, Maria . . . 280
Croarkin, Paul E. . . . 51, 258

Crosbie, Jennifer . . . 74, 84
Cruise, Keith R. . . . 97
Cuesta, Soraya Otero . . . 286, 295
Çuhadaroğlu, Fusun Çetin . . . 186
Cui, Xinjie . . . 130, 158
Cui, Yonghua . . . 300
Cullen, Olivia M. . . . 249
Cumby, Jill M.. . . . 125, 235
Curran, Janet . . . 192, 204
Curtin, Catriona . . . 68
Curtis, Sarah . . . 110

D

da Graça, Felipe Franco . . . 253
Dahiru, Asmau Mohammed . . . 120
Dai, Meixia . . . 220
Dalgalarrondo, Paulo . . . 253
Dan, Michael . . . 6
Danku, Courage . . . 167
Dapelo, Rafaella . . . 12
Daskalakis, Jeff . . . 258
David, Ng . . . 235
Davids, Eugene Lee . . . 106, 132
Davidson, Simon . . . 67
De Angel, Valeria . . . 147
De Laat, Denise . . . 274
De Souza, Claire Michelle . . . 14, 56, 99
de Vries, Petrus J. . . . 132
Dean, Suzanne Hazel . . . 12, 99, 102, 146
Deegan, Avril . . . 19
Deighton, Stephanie . . . 62, 213, 228
DeMaria, Lisa . . . 89
Demmer, David H. . . . 175
Denda, Kenzo . . . 130, 250
Dentici, Martina . . . 132
Déry, Michèle . . . 112, 188, 246
DeSousa, Norberto . . . 277, 278
Devoe, Daniel . . . 279
Dewan, Pramila . . . 167
Dewey, Deborah . . . 1
Dhossche, Dirk . . . 63
Di Manno, Laura . . . 25
Dimitropoulos, Gina . . . 20, 21, 33, 87, 100, 249
Dirks, Bryan . . . 8
Dobson, Keith . . . 70
Dodd, Shawn Xavier . . . 120, 158
Doepfner, Manfred P- . . . 115, 281
Dolhanty, Joanne . . . 182
Donnelly, Carlene . . . 60
Donnelly, Graeme Andrew Elliott . . . 242
Donnir, Gordon . . . 167
Donsky, Allan . . . 179
dos Santos Júnior, Amilton . . . 253
Dosanjh, Sarab Preet S. . . . 279
Dose, Christina . . . 115
Doyle, Emily . . . 157
Dray, Julia . . . 26, 68, 178
Drobinin, Vlad . . . 235
Dugravier, romain . . . 111, 150
Dulmus, Catherine N. . . . 280
Dundas, Susan . . . 52, 113
Dupuis, Annie . . . 74
Durmuş, Fatma Benk. . . . 236
Durrieu, Geneviève . . . 32
Dziurawiec, Suzanne . . . 179

E

Eaton, Kim . . . 118
Egawa, Jun . . . 250
Eichele, Heike . . . 226
ElDine, Amira Seif . . . 98, 116
Elkader, Alexander . . . 163
Elliott, April S . . . 10
Elseesy, Sandra Wassim . . . 61
Elshahawi, Heba Hamed . . . 115, 214
Elshiekh, Mona Mahmoud . . . 214
Emerich, Deisy Ribas . . . 23, 266
Emmanuel, Nancy T . . . 60
EMORE . . . 253, 283
Emslie, Graham . . . 11, 15
Engels, Rutger C . . . 166
Erickson, Julie . . . 245
Erika Yanagihara . . . 230
Espino, Paulin Grace Morato . . . 18
Este, David . . . 151, 192, 268
Ewashen, Carol . . . 49, 60

F

Fadipe, Seun . . . 142
Falissard, Bruno . . . 2, 15, 81, 106, 131, 201
Fang, Cindy . . . 127, 274
Farrelly, Geraldine . . . 103, 172, 248
Fasmer, Ole Bernt . . . 226
Fayyad, John . . . 98, 116
Fegert, Joerg M. . . . 81
Fernandez Viola, Sofia . . . 170
Fernandez, Olga . . . 194
Ferreira, Denise Maciel . . . 193, 214
Ferro, Mark . . . 27
Fitzpatrick, Eleanor . . . 110
Fleischhaker, Christian . . . 278
Fleisher, William P. . . . 99, 245, 279
Fooladi, Marjan . . . 126, 137
Francois Manini Rios, Sofia . . . 170
Frank-Hatitchki, Bechedza Frank-Hatitchki . . . 203
Franken, Sheldon . . . 39
Fraser, Maxwell . . . 290
Fraser, William D. . . . 124, 195
Freeman, Daniel . . . 166
Fregevu, Sophie . . . 32
Freund, Megan . . . 26, 68, 178
Fritz, Gregory K. . . . 2
Fuentes, Joaquin . . . 83
Fujio, Miyuki . . . 79
Fujioka, Toru . . . 161
Fujita, Junichi . . . 222, 251, 267, 271
Fujita, Koji . . . 162
Fujiwara, Hironobu . . . 241
Fukuchi, Naru . . . 83, 155
Fukumoto, Rie . . . 267, 280
Fumitoshi Kodaka . . . 233
Funabiki, Yasuko . . . 293
Funakoshi, Akiko . . . 273
Fung, Shuen Sheng Daniel . . . 14, 134, 265, 271
Furtado, Jessica Anne . . . 280

G

Gaddour, Naoufel . . . 15, 29, 75, 80, 91, 92, 116, 173, 189
. . . 211, 212, 215, 216, 217, 239, 246, 247, 297
Gagnon-Trudeau, Camille . . . 197
Gaha, Lotfi . . . 75, 91, 92, 189, 212
Gallagher, Richard . . . 88
Gannage, Myrna . . . 143, 150
Garcés, Carolina . . . 55
Garcia-Ortega, Iliana . . . 252
Gardner, William . . . 78, 140, 235
Garel, Patricia . . . 42
Garland, E. Jane . . . 191
Garny de La Rivière, Sébastien . . . 55
Gatsou, Lina . . . 126, 148

Gau, Susan Shur-Fen . . . 31, 40, 49, 91, 103, 145, 208, 239, 240
Gaudreau, Hélène . . . 197
Geddes, Keren . . . 179
Georgiades, Kathy . . . 183
Georgopoulos, Grace Nicola . . . 252
Gerlach, Nanette . . . 99
Ghattassi, Zeineb . . . 173, 216, 217, 239, 297
Giesbrecht, Gerald . . . 1
Giese, Laura . . . 68
Gilazghi, Yonatan Haile . . . 218
Gillham, Karen . . . 26, 68
Gillis, Lee . . . 58
Gingras, Nathalie . . . 129
Ginn, Carla S. . . . 17, 69
Girimaji, Satish . . . 40, 41, 102
Gladstone, Melissa . . . 152
Glover, Jacqueline M. . . . 235
Glover, Vivette . . . 72
Gnanavel, Sundar . . . 105
Gobbo, Rafael . . . 253
Goertz-Dorten, Anja . . . 281
Goetz, Michal . . . 238
Goetzke, Kathryn . . . 38
Goh, Ailsa . . . 161
Goh, Tze Jui . . . 276, 282
Goldade, Roxanne . . . 49, 87
Gomez Sepulveda, Gabriela . . . 170
Gondek, Dawid . . . 68
Goodman, Ilana . . . 44
Goodrick, Jodi . . . 166
Gordon, Ellen . . . 85
Gordon, Michael Solomon . . . 289, 290
Gordon, Tamara . . . 46
Gottlieb, Nora . . . 85
Gower, Sian . . . 179
Gray, Clare . . . 79, 259
Greacen, Tim . . . 111
Greene, Robin . . . 192, 204
Greenham, Stephanie Lynn . . . 29
Grieken, Sarah Van . . . 119
Griffin, Melissa . . . 194
Groschwitz, Rebecca . . . 81, 186
Grynszpan, Ouriel . . . 101
Gu, Joan . . . 8
Guan, Cuntai . . . 265
Guan, Megan . . . 284
Guedeney, Antoine . . . 111
Guedria, Asma . . . 92, 212
Guile, Jean-Marc . . . 55
Gulbas, Lauren . . . 144
Gunn, Emily J . . . 249
Gupta, Shikha . . . 173
Guzder, Jaswant . . . 57, 69, 132

H

Ha, Ji_Hye . . . 207
Haan, Elis . . . 100
Hajek, Tomas . . . 235
Halpern, Muriel . . . 55, 194
Haltigan, John . . . 25
Hammami, Rym . . . 247
Hamoda, Heshman . . . 14, 31, 98
Hamza, Meriem . . . 248, 276
Han, Doug Hyun . . . 294
Hanisch, Charlotte . . . 115
Hanna, Gregory . . . 236
Hanson, Mark David . . . 168, 270
Harding, Ann . . . 163
Harding, Duncan . . . 35
Harper, Gordon . . . 71, 163
Hart, Martha . . . 60
Hasan, Nahla Haj . . . 98
Hasanpour, Marzieh . . . 126, 137
Hasselbeck, Hendrik . . . 281
Hausmann-Stabile, Carolina Micaela . . . 144
Hautmann, Christopher Jan . . . 115, 281
Havard, Alys . . . 131
Hawken, Jean Eileen . . . 60
Hayes-Sparks, Ashley . . . 178
Hayes, Fiona . . . 169
Headley, Deborah . . . 90
Hechtman, Lily . . . 88
Heeney, Bob . . . 169
Heidari, Haydeh . . . 126, 137
Heiervang, Einar . . . 237
Hellings, Jessica Alice . . . 180, 282
Henderson, Claire . . . 170
Henderson, Jacqueline Mary . . . 123, 218
Henderson, Joanna . . . 44, 194
Henry, Stu . . . 166
Herba, Catherine M. . . . 42, 72, 124, 195
Herguner, Sabri . . . 15
Hernández Otero, Isabel . . . 210
Hetherington, Erin . . . 18, 73
Hickling, Fredrick W. . . . 69
Hickling, Hilary Robertson . . . 69
Hidemi Iwasaka . . . 229
Hirai, Kaoru . . . 230
Hirao, Fumio . . . 263
Hirayasu, Yoshio . . . 251, 267, 271
Hirokage Ushijima . . . 298
Hiroto Kusaka . . . 230
Hiroyuki Takahashi . . . 229
Hitoshi Miyaoka . . . 284
Ho, Siew Lan . . . 179
Hochhauser, Michal . . . 101
Hodder, Rebecca K. . . . 26, 68, 178
Hodes, Matthew . . . 15, 90
Honaga, Eiko . . . 283
Honda, Kyoichi . . . 253
Hong, Soon-Beom . . . 285
Hooley, Merrilyn . . . 175
Horiuchi, Fumie . . . 233, 255
Hosang, Georgina Mayling . . . 166
Hossain, Mohammad Didar . . . 219
Hotz-Oman, Adrienne . . . 19
Hou, Huyen Thanh . . . 146
Houtekamer, Cheryl A. . . . 195
Hoya, Satoshi . . . 250
Huang, Kuo-You . . . 32
Huang, Meifeng . . . 283
Huang, Ya-Ting . . . 114
Huang, Zhelan . . . 220
Hunt, Jeff . . . 14
Hunter, Dana . . . 213
Huss, Michael . . . 7, 8
Hutchinson, Tanya D. . . . 65
Hyun, MinKyung . . . 159

I

Iaboni, Alana . . . 74
Iborra, Sara . . . 241
Ibrahim, Karim . . . 37
Ibrahim, Omneya Youssef Muhammad . . . 196, 253, 283
Ibrahim, Rehab . . . 196
Igeta, Hirofumi . . . 250
Ihle, Eva C . . . 46
Iida, Junzo . . . 229, 243, 263, 294
Imanoff, Julia B . . . 196
Inagaki, Takahiko . . . 83

Inam, Ayesha 45
Inoue, Emiko 250
Inoue, Katsuo 284
Inoue, Takao..... 250
Irarrazaval, Matias 55, 147
Isac, Andra 219, 220
Ishikawa, Midori 294
Ishikawa, Shunsuke..... 161
Ishizuka, Kanako..... 250
Islam, Md. Manirul 117
Iwadare, Yoshitaka..... 298
Iyer, Srividya.....34

J

Jabbal, Rekha 284
Jabbour, Mona 110
Jacobs, Brian 15
Jacobson, Oliver.....46
Jacqueline, Quick.....204, 235
Jahangiri, Katayoon..... 270
Jahrami, Haitham A. 101
Jain, Umesh 9, 254
Jasiwal, Atul 173
Jeff, Landine..... 235
jericho, monique carla 10
Jin, Yu 220
Jing, Jin 220
Jingling, Li..... 114
Johansson, Bjorn 274
Johnson, David W 110
Johnson, Dylan..... 128
Johnston, Bonnie.....24
Johnston, Kim 107
Jones, Amy.....57
Jorge, Maria Salete Bessa 8, 75
Joseph, Alain 7
Joseph, Aneesh..... 268
Joyce, Anthony..... 110
Joyce, Dan 9
Julien, Gilles..... 197
Junek, Wade.....78
Jung, A hyun 225
Jurma, Anda Maria..... 222

K

Kabir, Razin Iqbal 219
Kaji, Namiko.....79
Kakinuma, Miki..... 220
Kaku, Sowmyashree Mayur 40, 63, 97, 128
Kaligis, Fransiska..... 171
Kamau, Judy Wanjiru 83, 105
Kamel, Reham Mohamed 61
Kaneko, Yoshihiro..... 162
Kang, Na R.....198, 269
Kano, Yukiko 3, 79
Kapur, Nabhit 162
Karni, Catherine 158
Kassam, Azaad 64
Kassan, Anusha.....94
Kato, Hidekazu 171, 222
Kauer, Sylvia D..... 140
Kaufman, Diane L. 1
Kaushik, Chhavi 34
Kawabe, Kentaro 233, 255
Kawai, Maiko 283
Kawakami, Shunsuke 283
Kazuhiko Nakayama 233
Kehler, Heather..... 124
Kemlink, David 238
Kerr, Jaclyn 52, 254
Keykaleh, Meysam Safi..... 270
Khalid-Khan, Sarosh 111, 154, 285
Khan, Rabia 290
khonji, Mohammed N..... 101
Khunaizi, Maisa M..... 101
Kim Lynberg, Kristina 228
Kim, Bongseog 255
Kim, Bung-Nyun..... 3, 103
Kim, Gyung-Mee 159, 224
Kim, Jae-Won.....225, 285
Kim, Ji-Hoon 256
Kim, Ji-Min 159
Kim, Johanna Inhyang 103
Kim, Namwook 207
Kim, Norman 51, 85
Kim, Sooyeon 225
Kim, Soyeon..... 183
Kimura, Kazumasa.....21, 197
Kingston, Dawn 119
Kirton, Adam 51
Kishimoto, Naoko..... 229, 243, 263, 294
Kishimoto, Toshifumi 229, 243, 263, 294
Klasen, Henrikje 15, 64, 106
Klein, Annette Maria 41
Klein, Eva..... 299
Klika, Bart 49
Klinger, Jeff..... 178
Knaak, Stephanie Jeanne 70, 100, 169
Knight, Alice..... 131
Koen, Anne-Lize..... 184
Koizumi, Michiko 161
Koji Nakamura..... 233
Kollins, Scott 277, 278
Kommu, John Vijay Sagar 28, 63, 97, 102, 109, 128
Konar, Devashish 82
Kondo, Shizuka..... 233
Kono, Toshiaki 79
Korhonen, Marie.....200, 257
Kosaka, Hirotaka..... 161
Kosinski, Mark 7
Kowalenko, Nick.....80
Krokidis, Nicole..... 291
Kronenberg, Sefi..... 236
Kuang, Corin 62
Kubas, Hanna.....77
Kuge, Rie 257
Kulkarni, Chetana A..... 22, 53, 156
Kuntz, Jennifer 19
Kurita, Atsushi..... 197
Kushima, Itaru..... 250
Kusi-Mensah, Kwabena P. 167
Kuski, Azadeh 74
Kutcher, Stan 26, 122
Kvadsheim, Elisabet 226
kwak, Young S. 198
Kwan, Gina 284
Kwan, Kitty 291
Kyota Watanabe 298

L

L, Anisha Landge 254
Lachman, Anusha 136
Lacroix, Emilie 258
Lafrance Robinson, Adele 182
Lai, Daniel..... 151
Lai, Meng-Chuan 175
Lakusta, Cherelyn.....102, 141
Langstraat, Pieter..... 166
Lanoue, Claudine..... 284
Larraguibel, Marcela 55, 194

Lasebikan, Victor ... 73
Lasuik, Serri ... 163
Latva, Reija ... 253
Lavigne-Robichaud, Mathilde ... 272
Lawford, Janine ... 52
Le Corff, Yann ... 188
Leach, Lloyd ... 106
Lean, Rachel Emma ... 123
Lebel, Catherine ... 1, 200
Lecathelinais, Christophe ... 26
Lee, Doo-Hyung ... 224
Lee, Ji S. ... 198
Lee, Jia-In ... 286
Lee, Jonathan Chia-Ho ... 258
Lee, Ming-Been ... 286
Lee, Perl Han ... 155
Lee, Samantha Jean ... 123, 218
Lee, Seul-Bee ... 207
Lee, So Hee ... 199
Lee, Soyoung Irene ... 199, 255
Lee, Tih-Shih ... 265
Lee, Young Sik ... 202, 294
Lee, Yu Jin ... 34
Lelli, Megan ... 259
Lemay, Jean-Francois ... 77
Lemelin, Jean-Pascal ... 112, 188, 246
Leon, Stephanie L ... 259
Leppänen, Jukka ... 253, 283
Lerch, Jason ... 74
Lesinskiene, Sigita ... 226
Letourneau, Nicole ... 1, 60, 158, 196
Leventhal, Katherine Sachs ... 89
Leventhal, Steve Michael ... 89
Li, Jun ... 296
Li, Xiuhong ... 220
Li, Xue ... 172
Liang, Jingjing ... 220
Liao, Shih-Cheng ... 286
Lien, Yin-Ju ... 199
Lilley, Rebecca ... 139
Lim, Choon Guan ... 265
Lima, Rossano Cabral ... 96
Lin, Chien-ho ... 49
Lin, Hsiang-Yuan ... 208, 239
Lin, Tzu-Chin ... 32
Lippé, Sarah ... 124, 195
Liu, Buyun ... 220
Liu, Huanzhong ... 62
Liu, Jing ... 172
Liu, Lu ... 207, 265
Liu, Tai Ling ... 260
Liu, Xudong ... 209
Lo, Margaret ... 284
Lockwood, Jonathan Tomas ... 227
Lodenquai, Greg ... 22
Loftus, Mirela ... 121
Lombardo, Michael V. ... 175
Lovas, David ... 125, 235
Lowe, Katelyn Connelly ... 227
Lowe, Penelope ... 9
Ltaief, Laila ... 247
Lu, Tengfei ... 36
Lu, Wei-Hsin ... 134
Lu, Yu-Ji ... 114
Lu, Yun ... 61, 228
Ludwick Sessford, Emily ... 290
Lum, Jarrad A. ... 175
Lund, Darren ... 94
Luoma, Ilona M. ... 200, 253, 257
Lupien, Sonia ... 124, 195
Lüttke, Stefan ... 41, 260

M

M. Mofidi, Niki ... 200, 269
Maatouk, Hend ... 92, 206, 212, 298
MacDonald, Alex ... 127
Macdonald, Jacqui ... 25
MacDonald, Kathleen ... 34
Macharia, Muiruri David ... 136
MacLaurin, Bruce ... 274
MacLeod, Olivia ... 127, 128, 154
MacMaster, Frank P ... 33, 51, 62, 100, 249
MacQueen, Glenda ... 200
Madani, Aazadeh ... 90
Madigan, Sheri ... 84
Madrazo, Ines ... 286, 295
Madsen, Victoria ... 113
Magel, Chantelle ... 1
Maguin, Eugene ... 280
Mahapatra, Ananya ... 23, 39, 117, 135
Main, Dominic ... 46
Malik, Salma ... 121
Mammadzada, Gulay ... 143
Mammel, Mitchell Dean Evans ... 174
Mammen, Priya Mary ... 223
Manassis, Katharina ... 140
Manhas, Kiran ... 158
Manning, Robert ... 123
Manoochehri, Homan ... 48
Mäntymaa, Mirjami ... 253
Mapayi, Boladale ... 142
Maple, Myfanwy ... 131
Marcoux, Gisele ... 20
Margalit, Malka ... 16
Marimbe, Bazondlile Dube ... 290
Marimuttu, Vicknesan Jeyan ... 43
Márquez Caraveo, María Elena ... 144, 261
Marriott, Brian ... 19
Marshall, Catherine ... 61, 200, 228, 279
Marshall, Christian ... 236
Martin-Storey, Alexa ... 112
Martin, Andres ... 83
Martin, Ms Sharon ... 86
Martínez Schiavo, Adriana ... 170
Martinez, Jose ... 287
Martsenkovskyi, Dmytro ... 261
Masuo, Noriyuki ... 283
Masuya, Yasuhiro ... 161
Mathalon, Daniel ... 61, 213, 227, 252, 265
Mathanga, Don ... 152
Matheson, Katherine ... 67, 209, 259
Mathews, Catherine ... 132
Mathias, Steve ... 277
Mathur, Amit ... 50
Matsuda, Natsumi ... 79
Matsumoto, Hiyori ... 161
Matsumoto, Miki ... 233
Matsumura, Yukiko ... 161
Matsuura, Hiroki ... 229, 243
Maziade, Michel ... 145
McArthur, Brae Anne ... 43
McAusland, Laina Beth ... 279, 288
McCabe, Christopher ... 166
McCaffrey, Eden ... 103, 172, 248
McCauley, Spencer A. ... 37
McDonad, Sheila ... 18, 73, 119, 124, 156
McDonnell, Mary Ann ... 277, 278
McElwaine, Kathleen ... 178
McGillivray, Jane ... 175, 206
McGlashan, Thomas A ... 61, 213, 227, 252, 265

McGrath, Diane ... 179
McGrath, Patrick ... 110
McIntosh, Shannon ... 13
McIntyre, Roger S. ... 32
McKay, Kiran ... 127
McLuckie, Alan ... 19, 57, 96, 100, 151, 192, 204, 235
McMorris, Carly Anne ... 1
McNamara, Francis ... 289
Meaney, Michael ... 197
Megherbi, Hakima ... 132
Mehta, Manju ... 17, 114
Melançon, Andréane ... 197
Melian Charamelo, Federico ... 170
Meltzer, Anne Stine ... 80
Melvin, Glenn Alexander ... 289, 290
Mena, Diego ... 197
Mesmin, Claude ... 131
Mesquida, Laure ... 33
Mian, Ayesha ... 163
Michiko Nakazato ... 257
Midgley, Nick ... 299
Miki, Yusuke ... 230
Miles, Jane ... 11
Milin, Robert ... 26
Mimami, Tatsuya ... 222, 251
Min-Hyuk Kim ... 211
Missaoui, Sonia ... 91, 246
Miyawaki, Dai ... 230
Moghraby, Omer S. ... 9, 35, 291
Mohamed, Farida Elbaz ... 115
Mohinder Singh, Darpan Kaur ... 20, 223, 254
Mohtashami, Jamileh ... 48
Moltrecht, Bettina ... 68
Mondelli, Valeria ... 114
Monga, Suneeta ... 86, 151, 270
Montastruc, François ... 32, 33
Montastruc, Guillaume ... 32
Montastruc, Jean-Louis ... 32, 33
Montt, Maria Elena ... 55, 194
Moran, Paul ... 170
Morariu, Daiana Lavinia ... 222
Morash-Conway, Jessica ... 235
Morash-Conway, Jessica ... 235
Moro, Marie Rose ... 131, 132
Motomi Toichi ... 244
Moussa, Suaad Sayed ... 61
Moustafa, Ahmed Lotfy ... 59
Mpaka, Davin Mbeya ... 112, 201, 230, 231
Muchirahondo, Florence Tafadzwa ... 290
Muckle, Gina ... 124, 195
Mueller, Joanne ... 291
Mughal, Muhammad Kashif ... 17
Mukai, Takayo ... 201
Mungkhetklang, Chantanee ... 262
Munir, Kerim M ... 108, 143
Musetti, Dora S.. ... 262
Mwale, Chales M. ... 152

N

N'situ, Adelin M. ... 201
Nadirova, Anna ... 163
Nagy, Peter ... 210
Nakadoi, Yoshihiro ... 21, 231, 232
Nakajima, Takahiro ... 280
Nakanishi, Yoko. ... 294
Nalugya, Joyce ... 29
Nam, Sojeong ... 225
Namerow, Lisa B ... 121
Ndjukendi, Ally Omba ... 112, 201, 230, 231
Negoro, Hideki ... 229, 294
Nekka, Fahima ... 296
Nesdole, Robert ... 200
Neville, Shannon ... 235
Newman, Robbie ... 46
Newton, Amanda ... 110, 153
Ng, Fevelyn Wan Zi ... 3
Ng, Jared Wei Lik ... 3
Ng, Pek Kiang (Evangeline) ... 202
Ngoma, Valentin M. ... 201
Nicholls, Tonia Lee ... 97
Nixon, Margaret A.. ... 133, 164
Nixon, Mary Kathleen ... 186
Njuguna, Ruth Nyakio Wambui ... 95, 291
Nobuyuki Asada ... 230
Noh, Donghyun ... 202
Nomura, Kenji ... 203, 267, 280
Nonaka, Maiko ... 79
Noonan, Romney ... 179
Nordby, Helge ... 226
Noriko Numata ... 257
Norris, Mark L ... 181
Noujima, Yoriko ... 203
Novak, Tomas ... 238
Novick, Jason Benjamin ... 96
Nunokawa, Ayako ... 250
Nussbaum, Laura Alexandra ... 232, 292

O

O, Deepthi ... 109
O, Smitha ... 109
O'Kearney, Richard ... 24
Ochi, Marina. ... 233
Ochi, Shinichiro ... 233
Oddone, Alessandra Laranjeira ... 22
Ofrim, Jenny ... 24, 178
Ogasawara, Sayuri ... 283
Ogawa, Shino ... 293
Ogunwale, Adegboyega ... 263
Ohan, Jeneva L ... 118
Ohinmaa, Arto. ... 110
Oka, Yasunori ... 255
Okada, Kaori ... 203
Okada, Takashi ... 250
Okamoto, Yuko ... 161
Okazaki, Kosuke ... 229, 243, 263
Okazaki, Ryoko ... 161
Okewole, Niran ... 187
Okino, Shinji. ... 233
Okuda, Shujiro ... 250
Olaoye, Funmi ... 73
Olashore, Anthony Ademola ... 203, 234, 263
Olayinka O. Omigbodun ... 71, 81, 110, 134, 167, 186
Oliveira, Bruno Diniz Castro ... 96
Olliac, Bertrand ... 33
Olsson, Craig ... 25
Omogbeja, Isabella ... 290
Oner, Ozgur ... 143
Onishi, Takako ... 263
Ono, Kazuya ... 233, 293
Onoda, Masahito ... 267
Opondo, Philip ... 203, 234
Orr-Brown, Christie Laura ... 49
Ortega, Beatriz ... 55
Oscarson, Brandon ... 11
Oshodi, yewande olufunmilayo ... 29, 136
Osnes, Berge ... 226
Ota, Junichiro ... 21
Ota, Toyosaku ... 229, 243, 263, 294
Owusu-Antwi, Ruth ... 167
Oxley, Cristal June ... 9

Ozaki, Norio . . . 250

P

Pacheco Salles, Fagner Luiz . . . 214
Pada, Carolyn . . . 49
Page, Stacey . . . 158
Pajer, Kathleen Ann . . . 74, 78, 140, 235, 269
Pariante, Carmine M. . . . 114
Park, Jeong Ha . . . 294
Parker, Michelle . . . 95
Parkes, Mary . . . 46
Parmar, Ankit A. . . . 11
Partridge, Melissa . . . 179
Patalay, Praveetha . . . 46, 68, 157
Patil, Shubhangi Dere . . . 254
Patnaik, Kuppili Pooja . . . 28, 63, 102, 114, 128
Paton, Tara . . . 74
Pattanayak, Raman Deep . . . 104, 114
Patten, Scott . . . 70
Patterson, David A. . . . 280
Pattison, Laura . . . 178
Pavlou, Christine . . . 290
Pavlova, Barbara . . . 125
Payá, Beatriz . . . 286, 295
Pazargadi, Mehrnoosh . . . 48
Pedapati, Ernest . . . 51
Pennestri, Marie-Hélène . . . 197
Pereira, Valeria Fontenelle Angelim . . . 272
Perkins, Diana . . . 61, 213, 227, 252, 265
Perri, Andrea . . . 19
Perry, Robert . . . 17
Pheto, Botho Pildiwa . . . 234
Pi Davanzo, Macarena . . . 194
Piché, Justin . . . 269
Pickles, Anna . . . 179
Pieterse, Deirdre Ilse . . . 66
Pignatiello, Tony . . . 22, 254
Pinheiro, Gabriela Zanata . . . 22
Pirlot, Tyler . . . 14, 21
Piskulic, Danijela . . . 227, 265, 296
Plener, Paul L . . . 120
Poh, Xue Wei Wendy . . . 265
Ponting, Susan . . . 141
Pop, Bianca . . . 219, 220
Poyraz Findik, Onur Tugce . . . 266, 297
Preen, Stephanie . . . 179
Prieto, Fernanda . . . 55, 147
Prins-Aardema, Cecil . . . 10, 71
Prokesova, Alena . . . 238
Propper, Lukas . . . 125, 235
Pryce, Cathy . . . 166
Pullen, Jill . . . 102
Pumerino, Javiera . . . 277
Puura, Kaija . . . 283

Q

Qadeer, Rana . . . 27

R

Radomski, Ashley D. . . . 110
Radovic, Sara . . . 289
Raheel, Hafsa . . . 64, 205
Rahman, Abdul . . . 80, 103, 172, 248
Rai, Mana Kumari . . . 167
Raine, Adrian . . . 271
Raj, Haanusia Prithivi . . . 3
Raj, Satya S . . . 223
Rajendram, Rageen . . . 236
Rajji, Tarek . . . 258
Ramage, Kaylee M . . . 205
Ramchandani, Paul . . . 72
Ramos-Quiroga, Antoni . . . 8
Rasasingham, Raj Rasasingham . . . 168
Rathmayaka, Kumudu . . . 12, 64
Ray, Anirban . . . 102
Raynaud, Jean-Philippe . . . 33, 57
Reaume, Chris . . . 210
Reckord, Mark . . . 46
Reddy, Pappu Srinivasa . . . 200
Refaat, Maged Mohamed . . . 214
Reichow, Brian . . . 37
Reiz, Joseph L . . . 242
Renner, Tobias . . . 41
Revet, Alexis . . . 32, 33, 145
Rey, Joseph M. . . . 81, 106
Reziki, Serwer . . . 137
Rice, Michelle . . . 141
Richards, Audra . . . 299
Richards, Shatha . . . 183
Richardson, Amanda . . . 123
Richardson, Chris . . . 277
Rimtaute Jurkute . . . 226
Rittenbach, Katherine Aileen . . . 166
Robaey, Philippe . . . 140, 296
Robb, Marjorie Elizabeth . . . 19, 78, 127, 128, 154
Roberts, N . . . 200
Robertson, Paul . . . 12
Rocha, Marina Monzani . . . 22, 23, 266
Rodopman Arman, Ayse . . . 236, 266, 297
Rojas, Marta Fuentes . . . 275
Roman, Nicolette V . . . 106
Ronald, Angelica . . . 166
Rondon, Marta . . . 72
Rosenbloom, Brittany N. . . . 270
Rosychuk, Rhonda J . . . 110
Rousseau, Vanessa . . . 33
Rowbotham, Melissa . . . 235
Rowe, Sarah . . . 170
Ruigrok, Amber NV . . . 175
Russell-Mayhew, Shelly K. . . . 21, 65, 94, 258
Russell, Keith C. . . . 58
Russell, Paul Swamidhas Sudhakar . . . 223
Russell, Ruth . . . 14, 56, 99
Russell, Sushila Edward . . . 223
Rustamov, Ikram . . . 143
Rydelius, Per-Anders . . . 45

S

S, Vivekanandhan . . . 114
Saber, Asmaa Mohamed . . . 214
Sagar, Rajesh . . . 17, 39, 104, 105, 114, 117
Sahmoud, Shimaa . . . 196
Sahu, Anamika . . . 17
Saïas, Thomas . . . 111
Saito, Takuya . . . 130
Sakai, Reiko . . . 251, 267, 271
Sakai, Takanobu . . . 267
Salih, Tamara . . . 38, 191
Sallee, Floyd Randy . . . 237, 277, 278
Salmelin, Raili . . . 200, 253, 257, 283
Salmon, Charleen . . . 205
Salsali, Mahvash . . . 48
Sam, Diana . . . 56, 279
Samuel, Rani . . . 9
Sanci, Lena . . . 140
Sanford, Alison . . . 268
Sanganyi, Noah Mokaya Omambia . . . 95, 291
Sarah, Nutter . . . 94
Saran, Kelly (Kalwinder) S . . . 29

Sarfi, Monica ... 237
Sarker, Malabika Sarker ... 219
Sasaki, Hisanaga ... 162
Satapathy, Sujata ... 23, 39, 113, 135
Sato, Christa ... 151, 192, 268
Sato, Hiroyuki ... 238
Sato, Ushio ... 280
Savka, Nataliia ... 68
Schachar, Russell J ... 74
Schembri, Taylor Michelle ... 71
Scherer, Stephen ... 74, 236
Schiralli, Jordana ... 194
Schneider-Momm, Katja ... 278
Schultz Hall, Joanne ... 49
Schwartz, Kelly Dean ... 4, 87, 142, 176
Schwartz, Leonard ... 99
Schwartz, Michael ... 235
Šebela, Antonín ... 238
Seedat, Soraya ... 136
Séguin, Jean R. ... 124, 195
Séguin, Pierre ... 37
Seidman, Larry ... 61, 213, 227, 252, 265
Seifeldin, Amira G. ... 53, 206
Semerci Sözüer, Bengi ... 266, 297
Seo, Kanae ... 233
Seongho Min ... 211
Serneels, Geertrui ... 54, 142
Seshadri, Shekhar ... 102
Shahab, Ramish ... 153
Shaheen, S-M. ... 236
Shahid, Azmeh ... 34
Shakeshaft, Anthony ... 131
Shakeshaft, Bernie ... 131
Shalanski, Leah ... 107
Shapiro, Colin M ... 34
Shapiro, Gabriel ... 124, 195
Sharma, Bharati ... 167
Sharma, Renu ... 23, 39, 113, 135
Sharman, Rachael Rebecca ... 139
Sharpe, Helen ... 46
Shayanfar, Setareh ... 71, 174
Sheen, Jade ... 175
Shiina, Kie ... 130
Shirataki, Sadaaki ... 134
Shizawa, Miho ... 244
Sho, Noriko ... 222, 251
Shokri, Madiha M. ... 53
Shuai, Lan ... 36
Shumka, Ellen ... 191
Shynsuke Kamitani ... 284
Sikirica, Vanja ... 7
Silva, Daniel ... 11, 12
Silva, Flávio Dias ... 83
Silva, Jessica Assis ... 23
Silvares, Edwiges F. M. ... 23, 266
Silverstone, Peter ... 166
Simard, Marie-Noelle ... 195
Skokauskas, Norbert ... 2, 14
Slma, Hela ... 29, 206, 215, 216, 217, 239, 297, 298
Small, Tameka ... 178
Sohn, Injung ... 207, 268
Solaim, Lamis Soliman ... 89
Someya, Toshiyuki ... 250
Song, Dongho ... 207, 268
Song, In-Chan ... 285
Sørensen, Lin ... 226
Souied, Ons ... 75
Soutullo, César ... 210
Soyemi, Adetoun ... 187
Spenser, Helen R. ... 269
Spettigue, Wendy J ... 181
Srinath, Shoba ... 40, 41, 102
St. Denis, Emily ... 269
Stanciu, Razvana ... 145
Stanković, Miloš ... 68
Starchuk, Amanda ... 141
Stark, Kristy ... 38
Stelnicki, Andrea Marie ... 142
Stenstrom, Philippe ... 296
Stewart, Evelyn ... 84
Stewart, Janet ... 274
Stowkowy, Jacqueline ... 207, 252
Stratton, Julia ... 67
Stritzke, Werner G. K. ... 118
Stuart, Heather ... 70, 169
Stubbs, Michael ... 100, 123
Sturm, Gesine ... 57
Sturrock, Sarah ... 90
Su, Kuan-Pin ... 114
Suemitsu, Luciana Akemi Yasuda ... 253
Suen, Victoria Y.M. ... 166
Sugimoto, Atsunori ... 250
Sugiyama, Toshiro ... 250
Sukhodolsky, Denis G. ... 37
Suleman, Shazeen ... 270
Sun, Yinming ... 258
Sureshkumar, Anne Theresa ... 151, 268
Swain, Rajanikanta ... 23
Syeda, Maisha M. ... 58
Szatmari, Peter ... 15, 74, 175
Szeto, Andrew C. H. ... 70
Szymanski, Ludwik S. ... 108

T

T, Lavanya Seth ... 20
Tabatabaei Yahyaabadi, Shanhnaz ... 270
Taggart, Jason ... 227
Taguchi, Shizuka ... 229
Takiguchi, Shinichiro ... 161
Talvelkar, Kalyani ... 173
Tamminen, Tuula ... 283
Tan, Carol ... 161
Tan, Cher Chong ... 161
Tan, Euclid ... 43
Tan, Xiling ... 271
Tanaka, Kiwamu ... 21, 283
Tanaka, Shohei ... 263
Tanaka, Tetsuya ... 298
Tanha, Azadeh ... 270
Tariq, Naeem - ... 45
Taylor, Margot ... 74
Temcheff, Caroline E. ... 112
Temmingh, Henk ... 66
Tereno, Susana ... 111
Thomas, Jenna ... 1
Thompson, Karen C. ... 249
Thompson, Katherine Marian ... 65, 177
Tilney, Karin ... 150
Tisseyre, Lalou ... 55
Tomfohr-Madsen, Lianne M ... 213
Tomm, Karl ... 57, 122, 157
Tomoda, Akemi ... 103, 161
Tomoko Okuda ... 257
Tonge, Bruce ... 102
Topooco, Naira ... 160
Tortorelli, Christina D ... 49
Tough, Suzanne ... 18, 73, 119, 120, 124, 156, 158
Toupin, Jean ... 112, 188, 246
Toyohara, Koji ... 222, 251
Toyohara, Nao ... 251, 267, 271

Tremain, Danika ... 178
Trépanier, Anne ... 129, 272
Tsai, Chia-Jui ... 31, 208, 239
Tseng, Isaac Wen-Yih ... 40, 239
Tsuang, Ming ... 61, 213, 227, 252, 265
Tsukamoto, Yoko ... 251, 267, 271
Tu, En Nien ... 91, 145, 240
Tubach, Florence ... 111
Twilley, Leslie ... 130

U

Ubana, Regina Lua ... 3
Uddin, M M Jalal ... 219, 240
Uddin, Md Saleh ... 208
Ueda, Shotaro ... 294
Ueno, Shu-ichi ... 233, 255
Ugalahi, Theresa ... 142
Uher, Rudolf ... 125, 235
Ujiie, Takeshi ... 130
Ungar, Michael ... 192
Uno, Yota ... 250
Uratani, Mitsuhiro ... 243, 263
Usami, Masahide ... 298
Uwatoko, Teruhisa ... 241

V

Vaillancourt, Cathy ... 124, 195
Vaillancourt, Tracy ... 25
Valdivia, Mario ... 11, 12, 29
Valentin, Livia Stocco Sanches ... 272
Van Hee, Heidi ... 284
Vargas Castro, José Alexander ... 241, 272
Vazquez, Monica Sesma ... 21, 94, 157
Villanueva, Julia ... 54, 142
Viola, Laura Mabel ... 71, 170, 241
Vitoroulis, Irene ... 183
Vloet, Melissa ... 274
Vogel, Wendy ... 66
von Huels, Bianca Vanessa ... 147
von Ranson, Kristin ... 21, 258
Voth, Peggy Funk ... 136

W

Wadchareeudomkarn, Nisarat ... 171
Waheed, Waqar ... 29, 53, 93, 299
Walcott, Geoffrey ... 69
Walker, Elaine F ... 213, 227, 252, 265
Wallman, Emily ... 290
Wang, JainLi ... 200
Wang, Jemie ... 43
Wang, Mengyu ... 300
Wang, Yufeng ... 172
Watanabe, Yuichiro ... 250
Waters-Radcliffe, Kelly ... 36
Wawrzyniak, Michel Mieczyslaw ... 150
Wazana, Ashley ... 84
Webb, Roslyn ... 102
Weeks, Kirk ... 146, 299
Wei, Yifeng ... 26, 122
Weidle, Bernhard ... 83
Weiss, Margaret L ... 242
Weitkamp, Katharina ... 299
Wemakor, Stephen ... 167
Werk, Christine ... 130
West, Monique ... 289
Westwood, Caroline ... 107
Wheeler, Bailey ... 142
Whittingham, Ryan ... 86
Widyawati, Yapina ... 16, 138
Wieland, Jannelien ... 108
Wigal, Sharon ... 277, 278
Wiggers, John ... 26, 68, 178
Wilansky-Traynor, Pamela ... 153
Wilhsson, Marie Elizabeth ... 5
Wilkes, Christopher Thomas ... 2, 146
Wilkinson, Simon ... 100
Williams, Emily ... 94
Willis, David ... 52, 113, 254
Wilson, Jeff ... 58
Wilson, Marlene A ... 249
Wilson, Rosemary ... 191
Wilson, Steven P ... 249
Winterflood, Harriet ... 176
Witetnberg, Jean-Victor Paul ... 6
Witt, Andreas ... 120
Wodynski, Pat ... 107
Wolfenden, Luke ... 68, 178
Woo, Jong-Min ... 159
Wood, Suzanne ... 194
Woods, Scott ... 61, 213, 227, 252, 265
Woodward, Lianne Jane ... 123, 218
Wozney, Lori ... 110
Wu, Chia-Yi ... 286
Wu, Muci ... 18, 156

X

Xie, Yuhaun ... 209, 269
Xing, Jingrui ... 250
Xu, Guifeng ... 220

Y

Yamamuro, Kazuhiko ... 229, 243, 263, 294
Yamashita, Miho ... 280
Yan, Brian ... 210
Yang, Wenhan ... 220
Yang, Yao-Hsu ... 32
Yates, Scott James ... 126, 148
YC, Janardhan Reddy ... 109
Yen, Cheng-Fang ... 260, 283
Yen, Yung-Chieh ... 286
Yeo, Jasmine ... 43
Yew, Shaun Goh Kok ... 24
Yong, Roseline ... 162, 273
Yoo, Hee Jung ... 202
Yoshikawa, Sakiko ... 293
Yoshimura, Sayaka ... 241, 244
Young, Jenna ... 176
Young, Michael ... 110
Young, Natalie ... 123
Youssef, George ... 25
Yuhei Chiba ... 271

Z

Zelman, Jessica ... 27
Zemek, Roger ... 259
Zemzem, Mouna ... 247
Zhand, Naista ... 209
Zhang, Hai Hong ... 265
Zhang, Huifeng ... 36
Zhang, Jingsong ... 36
Zhao, Shut ... 244
Zheng, Yi ... 3, 15, 300
Zhu, Yifei ... 209
Zlotnik-Shaul, Randi ... 156
Zuddas, Alessandro ... 210
Zwiers, Michael Lee ... 71