Introduction Institutionalized children and adolescents who reside in foster centres are a subgroup of population that use mental health resources. This group of population has an increased risk of physical and psychopathology health problems. That translates into a greater number of emergency visits. This is the same perception presented by different professionals.

The aim of the study is to analyse visits to emergency child and adolescent psychiatry service from a pediatric hospital. Also ask for a point of view of the professionals about it.

We select all the patients attended the emergency psychiatry child and adolescent care that were institutionalized. The sample was collected for 4 months in a pediatric hospital.

 $n = 66 (51.5\% \text{ male}; \text{ mean age } 14.09 \pm 1.95 \text{ years old}),$ 31.8% was the first time at the emergency room, 31.8% had consulted between 2-4 times and 36.4% over 4 times. The main reason for consultation was aggressiveness (66.7%). The three main discharge diagnoses were conduct disorder (50%), adjustment disorder (25.7%) and TDAH (7.5%) The 45.5% had a history of drug use and the 24.2% of self-harm. Asking professionals 80% responded perception of increased emergency consultations and the 90% think inadequate value between 50-70% of queries.

Conclusions The boys institutionalized perform a high use of paediatric and psychiatric emergencies. There are a significant number of re-consultations. Professionals have the perception that their emergency visits are increasing. Since patients are at high risk of suffering mental disorders and high use of emergency would be interesting to develop specific protocols for emergency care for these groups.

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EV235

Continuity of attachment in children with disruptive behavior disorders and in their parents: A pilot study

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The quality of adult-infant attachment plays an essential role in influencing the children's well-being (Groh et al., 2012). Disruptive Behavior Disorders (DBD) has been found as particularly influenced by the presence of unavailability in the parental caregiving. It is widely attested that parents' attachment states of mind predict the attachment patterns of their children. Nonetheless, the investigation of the attachment organization during the middle childhood shows inconsistent data. Moreover, a paucity of studies focused on the role of father's attachment in this period still remains.

Objectives This pilot study investigates the attachment patterns of children with DBD and those of their parents.

The aims are to verify the presence of: (1) an overrepresentation of Disorganized attachment in these children; (2) an over-representation of Irresolution with respect to abuse or loss in one or both their parents.

Methods The sample consists of 33 subjects: n=11 children with DBD and n=22 parents. The children completed the Child Attachment Interview (Shmueli-Goetz et al., 2000) and the parents completed the Adult Attachment Interview (George et al., 1985).

Results Findings showed: (1) a significant presence of Disorganized attachment with respect to both parents in the children; (2) an over-representation of Insecure states of mind in their parents; (3) a more significant presence of Disorganization in the fathers than in the mothers.

This focus on the topic of intergenerational transmission of attachment in a specific clinical sample enriches the research, underlining the more pronounced role of fathers' attachment configuration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV236

Disruptive behavior disorders and somatic symptoms disorders: Which strategies of emotion regulation children and their parent's use?

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Emotion regulation (ER) is defined as the processes Introduction through which emotional awareness and experience are monitored, evaluated, maintained, and modified (Thompson, 1994). Difficulties with these processes have been proposed to increase risk for psychopathology. Disruptive behavior disorders (DBD) and somatic symptoms disorders (SSD) are characterized by an inability to express and modulate emotional states. Research aims to understand how ER influences mental health.

We focus on two strategy of ER: Cognitive Reappraisal, involves changing the way one thinks about a situation in order to change its emotional impact; Expressive Suppression involves suppressing or hiding external expressions of emotion from others (John and Gross, 2004)

Aims We assess ER in order to examine the relation with SSD and DBD in childhood and with their parents.

The sample consists of 188 subjects divided in four groups: n = 41 children with DBD (M = 10.78 years, SD = 2.11); n = 50parents (36 mothers and 14 fathers) of children with DBD; n = 44children with SSD (M=11.98 years, SD=2.04); n=53 parents (40 mothers and 11 fathers) of children with SSD. Were administered the ERQ (Balzarotti et al., 2010) for parents and ERQ-CA (Gullone and Taffe, 2012) for children.

Results DBD children reported higher levels of Suppression than SSD subjects; high levels of Suppression were reported in mother SSD and in father DBD.

Conclusion This study extended previous research in childhood, including both mothers and fathers. The findings contribute to a greater understanding of the development of ER, which has important implications for psychological wellbeing.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV237

The evolution of cognitive functioning in adolescents with early onset psychosis

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Introduction Cognitive deficits (executive functions, verbal and spatial learning and memory, visual processing and attention) are a fundamental trait of schizophrenia.

Objective The main objective of this study is to compare the cognitive functioning in psychotic adolescents at the psychosis onset and after one year, using psychological tests.

This is a longitudinal study, during a period of two years and a half. Twenty-eight patients with first psychotic episode agreed to participate to this study and were assessed during their hospitalization in a university clinic for child and adolescent psychiatry in Cluj-Napoca, Romania. The diagnosis was based on DSM-IV criteria. All the patients were initially assessed for intelligence level