

bach, 1991) and Child Attachment Interview (Shmueli-Goetz et al., 2000).

**Results** Findings showed:

– a significant presence of disorganized attachment with respect to both parents;  
– high levels of anxiety and depression.

**Conclusion** This study extended previous research in middle-childhood and early adolescence in SSD. The findings support the influence of the disorganization aspects and the psychological problems surrounding the SSD. The clinical implications for future research directions are discussed.

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

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## EW66

### Assessment of cognitive profile (WISC-IV), autistic symptomatology and pragmatic disorders in high intellectual potential compared with autism spectrum disorder

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**Introduction** An overlap between autism spectrum disorder (ASD), in particular Asperger Syndrome (AS), and high intellectual potential (HIP–Total IQ > 2 SD) is often discussed.

**Objectives** Explore differences between homogeneous and heterogeneous Wisc-profiles among HIP children, and between HIP and ASD children, on cognitive and clinical assessments.

**Methods** Forty-nine participants (mean age 11.2 years) were divided in 4 groups: High Functioning Autism (HFA), AS, Homogenous HIP and Heterogeneous HIP. Data of WISC-IV and questionnaires – Autism Quotient (AQ), Empathy Quotient (EQ), Systemizing Quotient (SQ), Children’s Communication Checklist (CCC) – were compared.

**(Preliminary) Results** On the WISC-IV, the Z scores curves follow similar trajectories but highlight quantitative differences between AS and heterogeneous HIP: verbal comprehension is the highest index (+1,6 SD in AS; +3,1 SD in heterogeneous HIP) followed by perceptual reasoning, working memory, and processing speed indexes (–1,2 SD in AS; +0,5 SD in heterogeneous HIP), respectively. The questionnaires show that scores of Homogenous HIP children are all in the average. Heterogeneous HIP children score 2,1 SD above average on the AQ (+1,6 SD on “Social Skills” and +1,3 SD on “Local Detail” subscales), whereas ASD children score 4 SD above average on the AQ. In addition, heterogeneous HIP children show pragmatic difficulties (–2,4 SD on the CCC, with a peak on “Area of Interest” subscale), also present in ASD children (–4 SD).

**Conclusions** AS and heterogeneous HIP children show similar cognitive profiles on the WISC-IV. Furthermore, heterogeneous HIP children exhibit high scores on the AQ and have pragmatic difficulties.

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

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## EW67

### What do we share during a meal? Exploratory study of shared stories in ADHD children

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**Introduction** Many research focus on the study of language in ADHD children. However, the discourse is beyond the language and provides access to child representations of the world, to its own history. The aim of our study was to compare and analyze the self-narratives during a family meal.

**Method** Speeches of 5 children (6–10 years) were recorded, analyzed and then compared to a strictly matched control group. Once transcribed, the data were morphosyntactically annotated and processed using multivariate exploratory techniques. A thematic analysis was also realized to understand how ADHD children moved from one conversation topic to another.

**Results** Our first results showed that ADHD children have more difficulty in producing self-narratives while they are doing something else (eat). Moments of sharing common stories are less frequent compared to the control group. The transition from one topic to another is made by direct associations (e.g. the child talks about what he is eating, and this leads him to think about the next day’s dinner). The construction of the self-narratives is poorer compared to the control group, both in content and in length of utterances.

**Conclusion** Interestingly, concerning ADHD children, it appears:

- That these self-narratives exist;
- but also that they are poorer;
- that they allow, less frequently than in the control group, projections into the future or recollection of past events.

If ADHD children cannot access to these moments, special attention should be paid to this sharing of family history outside of daily activities.

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## EW70

### A longitudinal approach to the contribution of trauma and external shame on depressive symptoms in adolescence

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**Introduction** Trauma experiences during childhood and adolescence (Gibb, 2002; Ansel et al., 2011; Musliner et Singer, 2014; Hopwood et al., 2015), the experience of shame (Rubeis et al., 2008; Cunha et al., 2012; Rosso et al., 2014; Stuewig et al., 2015) and gender (English et al., 2004; Rosso et al., 2014) had been considered as predictors of depressive symptoms.

**Objectives** To observe intra-individual variability of trauma, external shame, gender (as predictors) and depressive symptoms (as dependent variable).

**Aims** To test the predictive value of trauma, external shame and gender on depressive symptoms at 6 months, in adolescents.

**Method** A sample of 325 adolescents (ages ranging from 12–18) completed the Child Depression Inventory, the Childhood Trauma Questionnaire and Other as Shamer, adolescents version. The results were analysed by the hierarchical multiple regression method (SPSS Inc., 22).

**Results** The model – shame ( $b=0.63$ ;  $P<0.001$ ); affective abuse ( $b=0.15$ ,  $P=0.001$ ), gender ( $b=0.12$ ;  $P=0.001$ ), sexual abuse ( $b=0.12$ ,  $P=0.002$ ), and emotional neglect ( $b=0.10$ ;  $P=0.013$ ) – explained 63% of depressive symptoms variance.

**Conclusions** The data indicate that the higher the level of shame and trauma, the higher the level of depressive symptoms at 6 months. The present study can add important information that sheds light to the role of mechanisms underlying the vulnerability to depressive symptoms and that might have impact in the existing therapeutic interventions.

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

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## EW72

### Social and family risk factors of self-injury in Polish population of psychiatrically hospitalized adolescents

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**Introduction** During last 10 years, the number of non-suicidal self-injury patients (NSSI patients) in Department of Adolescent Psychiatry of Medical University in Łódź has doubled (from 20 to over 40%). According to DSM-5 criteria, NSSI are deliberate and superficial skin injuries. Such behaviours should be distinguished from suicidal behaviour disorder (SBD). However, the two display the high rate of co-occurrence.

**Material and method** The study covered 1300 patients (12–19 years of age) hospitalized during last 6 years. The analysis included various variables, e.g. demographic, familial, problems related to school and to peer relations, and variables describing NSSI.

**Results and summary** The analyzed group consisted of 60,4% girls and 39,6% boys. Out of 43% of patients who performed NSSIs, 45% also confirmed BDS. The patients with diagnosed mental retardation and with schizophrenic psychoses performed significantly fewer NSSIs. The instrumental motive was the most frequently declared reason of self-injury (76%). The reactive (65%), and the illness-related motives (only 15%) were less frequent. In comparison to patients without self-injuries, the NSSI patients significantly more frequently ( $P<0.05$ ) experienced physical violence, unreciprocated love, played truant and repeated grades. Conflicts, delinquency, divorce, and lack of a sense of support were significantly more frequent in the family systems of NSSI patients. They more often experienced loss of their parent before age 15 and had close relatives suffering from mental disorders.

**Conclusions** NSSI is a multi-dimensional issue that requires further research. Indicating potential risk factors allows for implementing efficient prophylactic, diagnostic and therapeutic actions.

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

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## EW74

### The stigma of mental illness in children and adolescents: A systematic review

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**Introduction** One in ten children and adolescents experience mental health difficulties at any given time, yet only one third of those suffering access treatment. Untreated mental illness predisposes to longstanding individual difficulties, and presents a great public health burden. Large scale initiatives to reduce stigmatization of mental illness in children and adolescents, identified as a key deterrent to treatment, have had limited success, and research is scarce.

**Aims** To gain a better understanding of the stigma experienced by children and adolescents with mental health difficulties.

**Objectives** We conducted a systematic review of the literature examining stigma and self-stigma towards children and adolescents with mental health difficulties, in order to better understand the extent and type of discrimination directed towards this particularly vulnerable group.

**Methods** Following PRISMA guidelines, the databases Pubmed, PsychINFO and Cochrane were searched for original research published between 1980 and 2014, assessing public stigma (i.e. the reaction of the general public) and self-stigma (i.e. internalized public stigma) towards children and adolescents with mental health difficulties.

**Results** Thirty-seven studies were identified, confirming that stigmatization towards children and young people suffering mental health difficulties is a universal and disabling problem. There was some variation by diagnosis and gender, and stigmatization was for the most part unaffected by labelling. Self-stigmatization led to more secrecy and avoidance of interventions.

**Conclusions** The findings confirm that stigmatization of mental illness is poorly understood due to a lack of evidence and methodological discrepancies. Implications of the findings are discussed, and suggestions made for future research.

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## EW75

### Factors affecting burden of main caregivers in children with epilepsy

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