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EV299

Emotional and behavioral functioning among 10–14-year-old children who were very low birth weight at birth

M. Serrano Villar^{1,*}, P. Barga¹, A. Coronado², M. Alcami¹, A. Ortiz¹, S. Ares³, F. Omenaca³, M.F. Bravo Ortiz⁴

¹ La Paz University Hospital. IdiPAZ Health Research Institute, Paidopsiquiatría, Madrid, Spain

² Universidad Complutense de Madrid, Facultad de Educación, Madrid, Spain

³ La Paz University Hospital, IdiPAZ Health Research Institute, Neonatología, Madrid, Spain

⁴ La Paz University Hospital. IdiPAZ Health Research Institute, Psiquiatría, Madrid, Spain

* Corresponding author.

Objective This study examined the emotional and behavioral functioning among 10–14 year-old children who were born with very low birth weight (VLBW, <1500).

Method Prospective and cross-sectional study of 90 VLBW (<1500g) survivors born at the Hospital Universitario la Paz in Madrid, Spain, from 2000 to 2005 who were assessed by interviewers using the Strengths and Difficulties Questionnaire (SDQ). Parents also reported on their children's functioning. Children who showed an abnormal SDQ score on the total difficulties subscale or who had psychiatric history were also assessed using the K-SADS-PL.

Results The proportion of children with abnormal-self-rated-SDQ scores was as follows: almost 25% of children showed an abnormal score on hyperactivity, nearly 15% on emotional problems, 15% on conduct problems and 10% on peer problems. Overall, 15% of children showed an abnormal score on the total difficulties subscale. Most children (99%) showed a normal score on the prosocial subscale. These proportions were higher when the questionnaire was rated by parents. Thirty-eight percent of children were assessed using the K-SADS and very few of them meet the criteria for at least one psychiatric disorder. Biomedical variables were associated in the expected direction to children's SDQ scores such as birth weight, head circumference and Apgar scores.

Conclusion To conclude, being born with very low birth weight seems to be related to the emotional and behavioral functioning that these children appear to show between 10 and 15 years later.

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EV300

School refusal: Idiom of distress and/or Babel tower?

J. Sibeoni*, A. Moscoso, A. Revah-Levy
Hospital de D. Estefânia Department of Child and Adolescent Psychiatry, Rua Jacinta Marto, Lisbon, Portugal

* Corresponding author.

Across Europe, school absenteeism is an increasing problem on the crossroad between educational and public-health political matters. This issue underlies socio-economical, sociological and school-related factors as much as it questions individual psychopathology and family functioning. Indeed, school refusal behavior among adolescents has become a very frequent reason to seek for psychiatric consultations. A recent review about this topic has shown that around 90% of these adolescents met the criteria for a psychiatric diagnosis, mostly anxiety disorders [1]. It appears to be a very complex and heterogeneous phenomenon which raises many

questions, to date still unsolved: terminology confusions (truancy, school phobia, school refusal), lack of a concise definition, contradictory hypothesis regarding etiology, psychopathology and treatment plan depending on the paradigm the authors would refer to. In this presentation, we will elicit why school refusal can be considered as a new idiom of distress for adolescents in western societies, and we will show how, in clinical practice, these situations can become a genuine Babel tower in which no one, among health-care professionals, teachers, parents and patients, are speaking the same language.

Keywords School refusal; School phobia; Truancy; Adolescents; Idiom of distress

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

Reference

[1] Ek, Eriksson. Psychological factors behind truancy, school phobia, and school refusal: a literature study. *Child Family Behav Ther* 2013;35(3):228–48.

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EV301

Psychological responses to traumas of children younger than 6 years old diagnosed with posttraumatic stress disorder

M. Stankovic^{1,*}, G. Grbesa², M. Simonovic², J. Kostic¹, N. Ilic¹

¹ Clinic for Mental Health Protection, Child Psychiatry, Nis, Serbia

² Medical Faculty- University of Nis-Serbia, Psychiatry, Nis, Serbia

* Corresponding author.

Introduction Criterion A2 causes many controversies in the diagnostic process of posttraumatic stress disorder (PTSD) among young children. Depending on the manner in which the trauma is indirectly experienced, clinical picture of disorder could be formed by different groups of symptoms. Profiles of symptoms groups are dependent of children ability to speak, describe or of play observation by expert.

Methods The study included 8 children younger than 6 with PTSD diagnosis. Children were observed in a routine clinical practice.

Results Examinees under the age of six, whose can describe traumatic event, produce symptoms that represent compaction of a traumatic event, associated with fantasies and meanings related to previous traumatic experiences. Reexperiencing symptoms associated with A2 criterion (intrusive thoughts, images, scenes of the traumatic event, recurring nightmares with oneiric sequences of the accident) were rare. Avoidance and inhibited reactions were attributable.

Discussion Manners in which children younger than 6 experienced the trauma shows a large range from florid symptoms stated by the existing accepted classification. The results point out possible multifactorial cause of PTSD etiology.

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EV303

Advantages of telepsychiatry in child and adolescent mental health

R. Szeftel^{1,2,*}, L. Piacentini³, C. Pataki^{1,4}

¹ David Geffen School of Medicine at UCLA, Psychiatry & Biobehavioral Science, Los Angeles-California, USA

² Department of Mental Health, Psychiatry, Los Angeles-California, USA

³ Pitzer College, Psychology, Claremont-California, USA

⁴ Department of Mental Health, Juvenile Court Mental Health Service, Monterey Park-California, USA

* Corresponding author.

Introduction Telepsychiatry is increasingly utilized to evaluate and treat diagnostically and geographically diverse youth. (Szeftel et al., 2012; Hilty et al., 2013). Important public health implications arise for US psychiatrically ill youth, most of whom receive no treatment, others depend on pediatricians without input from a child psychiatrist (Goldstein and Myers, 2014). Potential advantages of telepsychiatry include increased access to care from child psychiatrists directly, and through collaborations with pediatricians, and uniquely positive response in patients more communicative in this setting (Pakyrek et al., 2010).

Objectives – To present the effectiveness of Telepsychiatry in psychiatrically ill youth, and specific subgroups who especially benefit.

– To show increased access to psychiatric care occurs through collaborations between child psychiatrists and pediatricians.

Aims To present the advantages of telepsychiatry for child and adolescent mental health and clinicians.

Methods Review of selected published Telepsychiatric evidence-based research and best practice recommendations.

Results – Psychiatrically ill youth are effectively evaluated and treated using Telepsychiatry (Myers et al. (2011), Hilty et al., 2013).

– Very young children and youth with Autism Spectrum Disorders, or anxiety disorders respond particularly positively to Telepsychiatry (Szeftel et al., 2012; Pakyuerek et al., 2010; Myers et al., 2010).

– Telepsychiatry provides increased access to care through collaborations between child psychiatrists and pediatricians (Goldstein and Myers, 2014; Myers et al., 2011).

Conclusion Telepsychiatry is a promising advantageous modality for youth based on effectiveness, broad administration and unique benefit for very young and socially impaired youth.

References not available.

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EV305

Feasibility of the stress and anger management program on children with high functioning autism spectrum disorder in a sample population from Karachi

B. Tauseef*, Z. Zadeh, B. Fatima

Bahria University, Institute of professional Psychology, Karachi, Pakistan

* Corresponding author.

Introduction Research shows that individuals with Autism Spectrum Disorder, struggle with emotional competence as compared to their typically developing counterparts. This leads to internalizing (stress) and externalizing (anger management) problems in the affected population. The stress and anger management program (STAMP) designed by Scarpa et al. is a manualized treatment protocol with good clinical efficacy.

Objective The objective of the present study is to test the feasibility and suitability of STAMP as a systematized treatment protocol in Karachi and to enable the sample population, to become emotionally competent.

Aim The aim is to evaluate the effectiveness of STAMP on the reduction of symptoms in the sample population.

Method Ten children with high functioning autism spectrum disorder will be selected from various institutes in Karachi, and randomized to experimental and waitlist control group after pre-intervention assessment. Upon completion of the intervention with the experimental group, the waitlist control group will be offered the intervention. Both the groups will be assessed, immediately after the intervention, followed by a one-month follow up assessment.

Results It is expected that STAMP will significantly reduce the incidence of problem behaviours as measured by the standardized assessment questionnaires from the manual; as well as significantly reduce the severity of scores on the internalizing and externalizing components of the strength and difficulties questionnaire, in the experimental group as compared to the control group.

Conclusion It is expected that the results of the present study could be utilized to train mental health professionals in Karachi for systematized treatment of ASD and related problems.

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EV306

Temperament and resilience of children of alcohol dependent individuals

C. Thanikachalam^{1,*}, A. Dhandapani², S. Choudhury¹, A. Sankaran¹, E. Subramaniam¹

¹ Mahatma Gandhi Medical College and Research Institute, Psychiatry, Pondicherry, India

² National Institute of Mental Health and Neurosciences, Psychiatry, Bangalore, India

* Corresponding author.

Introduction Children of alcohol dependent individuals are affected by disturbed parent-child relationship and exhibit externalizing symptoms, arrhythmicity, negative mood and low persistence.

Objectives To assess the temperament and resilience of children of alcohol dependent individuals and to study their relationship with the father's severity and problems of alcohol intake.

Aims To assess the psychological profile of children of alcohol dependent individuals.

Methods Cross-sectional study conducted in a tertiary care centre from January to August 2015. Severity of alcohol dependence in father and problems related to it was assessed using 'short alcohol dependence data' and 'alcohol problems questionnaire'; the temperament and resilience of their children ($n = 31$) was assessed using 'temperament measurement schedule' and 'strengths and difficulties questionnaire' respectively.

Results The sample comprised of 48% boys and 52% girls with mean age (SD) of 9.32 (3.02) years. Eighty-one percent belonged to lower socioeconomic status. Their fathers' mean age (SD) was 37.13(4.9) years and duration of alcohol dependence being 16.32 (5.7) years, average use/day being 19.19 (14.9) units with moderate (45.2%) to high (41.9%) dependence. Significant association was observed between severity of alcohol dependence and temperamental domain-threshold of responsiveness ($\chi^2 = 17.272$, P value = 0.002) (Table 1). The average units of alcohol consumed/day were a significant predictor for the presence of emotional problems in the child (OR = 30.12; 95%CI 1.33–677.86).

Conclusion There's a significant association between father's alcohol use and child's psychopathology which indicates the need for preventive and curative mental health measures.

Table 1 Significant correlation between alcohol problems in father and child's temperament and resilience (* $P < 0.05$).

| Alcohol problem | Temperament&Resilience | Pearson's correlation (r) | p value |
|-------------------------------------|----------------------------|---------------------------|---------|
| Duration of alcohol intake | 1.Externalising symptom | 0.428 | 0.016* |
| | 2.Approach- withdrawal | -0.445 | 0.012* |
| Average use of alcohol | *Emotionality' factor | 0.360 | 0.046* |
| Marital problems due to alcohol use | Peer relationship problems | 0.487 | 0.005* |