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Program Abstracts

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disorder both at age 11/2 and 5-7 years, but only with ADHD when maternal mental problems were included in the logistic regressions (OR 2.0; 1.1-4.5).

Conclusions Developmental, regulatory and relationship problems in infancy are early markers of preschool psychopathology. The risk mechanisms include disturbances in neuro-development and regulation and maternal and relationship problems which seem to initiate pathways of developmental psychopathology. The findings suggest areas of early preventive intervention in the general child health surveillance.

P1-101

THE ASSESSMENT OF REPRESENTATIONAL RISK: DEVELOPMENT AND VALIDATION OF A NEW TOOL FOR ASSESSING RISK IN THE PARENT-INFANT RELATIONSHIP

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Introduction Parents' representations of their relationship with their infant can provide a useful window for assessing potential risk in the parent-infant relationship. However, most existing coding systems for assessing parental representations require extensive background knowledge and training, and tend to reduce complex representational patterns into single scores or categories.

Method A new multidimensional coding system, the Assessment of Representational Risk (ARR), was developed and applied to 184 Parent Development Interview transcripts from mothers in high-risk and normative parenting samples. The dimensions were derived from the most recent research into the correlates of relational trauma and attachment disorganization. The factor structure of the measure was examined, and the validity was assessed against ratings of parental Reflective Functioning, parental psychopathology, adult attachment, and parent-infant interactions rated on the Emotional Availability Scales. The criterion validity of the measure was also assessed via its sensitivity to discriminate between high and low-risk parenting groups.

Results The ARR showed three latent states of mind that parents have regarding their relationships with their infants ("Hostile", "Helpless" and "Narcissistic") which indicated disruptions in the relationship. All three subscales and the total risk score were significantly higher in the high risk groups than the normative sample. Hostile and Narcissistic states of mind were related to poor levels of reflective functioning and poorer quality parent-infant interactions, while Helpless states of mind were related to maternal psychopathology and adult attachment anxiety and avoidance. The prediction of Emotional Availability one year later from maternal Reflective Functioning was moderated by the total ARR score.

Conclusions The ARR, which is accessible to a range of professionals with different levels of background knowledge, was found to be a valid instrument for the assessment of early relational disruptions. The multidimensional coding system identified three problematic maternal states of mind, making it sensitive to a broad range of disruptions which may be missed by other instruments.

P1-102

A CLINICAL EXPERIENCE OF PSYCHIATRIC DIAGNOSTIC ASSESSMENT IN EPILEPTIC PATIENTS OF PEDIATRIC AGE: PROSPECTIVE STUDY TWO YEARS AFTER EPILEPSY ONSET

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Introduction According to the scientific literature, the psychiatric comorbidity in children with epilepsy increase if compared to general paediatric population, with a prevalence of anxiety-depressive disorders, thought, attentional, and social problems. The numerous studies on the temporal relationship between epilepsy and psychopathology speculate about common etiopathogenic pathways to both disorders.

Method A sample of 50 children (age 4-18) with new-onset epilepsy (CNOE), in the absence of mental retardation and non-neurological comorbidities, were subjected to periodical psychiatric and psychological diagnostic assessment (every 6 months) by clinical interview, dimensional and categorical psychometric instruments and, where necessary, specific psychometric tests. The evaluation also explored the cognitive and temperamental profile, family dynamics, and quality of life. The perspective design of the study allowed to analyze the sample from the demographic, psychosocial and epileptologic profile, by following the natural evolution of factors involved with a potential psychiatric comorbidity.

Results Baseline data (T0) show psychiatric comorbidity with higher rates for anxiety-depressive disorders (16% with a dominant anxiety component), attentional problems (13%) and thought problems (13%). A reduction of social skills also emerged. Data at 6 months (T6) show a reduction of some of the raised issues and an improvement in social skills, suggesting a stressor role of epilepsy itself. Data to the conclusion of the follow-up remain to be analyzed (end of recruitment in June 2013). Nevertheless analysis at T0 and T6 show numerous associations between psychopathology and neurologic, demographic, and psychosocial variables.

Conclusions The high prevalence of psychiatric comorbidity in CNOE and its relationship with the variables here considered support the hypothesis of a possible CNS dysfunction common to both pathological processes: epilepsy and psychopathology. However, the importance of stressing factors at the time of diagnosis in the evolution of psychopathology cannot be ignored.

P1-103

ALEXITHYmia, PSYCHOPATHOLOGY VULNERABILITY AND FAMILY DYNAMICS IN ADOLESCENCE

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Introduction Alexithymia is considered a risk factor across the whole psychopathology and it seems to be connected with several psychopathological problems in adolescence. Farther, recent studies are investigating the connection existing between alexithymia and interactive family pattern assuming a link between the quality of family relationships and the child emotional competence.

Method This study aims to confirm the presence of alexithymia and its relationship with psychopathological problems comparing a group of psychiatric adolescents with a group of "healthy" adolescents. Secondly, the study highlights any relationship between psychopathology, alexithymia and interactive family pattern considering the sample of psychiatric adolescents. Experimental group is composed of 41 psychiatric adolescents and the control group of 41 matched by gender and age students. We used the TAS-20 to identify any alexithymic traits, the YSR 11-18 and the CBCL to detect any psycho-behavioral problems and the LTP to analyze interactive families pattern.

Results From case control study it results a prevalence of alexithymia in adolescents with mental health problems versus control group and a correlation between internalizing problems and alexithymia's scorings. From experimental group study, it results that adolescents with internalizing problems, somatic complains and attention difficulty belong to those families where there is a high level of parental conflict. Concerning alexithymia, the results show a significant correlation than the difficulty of identifying emotions in children and their mothers, confirming other literature' data.

Conclusions The study showed an association between psychopathological problems and high levels of alexithymia in agreement with the recent literature. The study confirms the hypothesis that the parenting difficulties have a role in children's symptom expression and vice versa, endorsing the importance of combining work with adolescents with intervention on parenting.

P1-104

DIR/FLOORTIME™ - DIAGNOSTIC AND THERAPEUTIC APPROACH

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Introduction DIR@Floortime™ (Developmental, Individual Difference, Relationship -S. Greenspan) is a developmental interdisciplinary model that aids in comprehensive evaluation and intervention on children with special needs. Main principles are building healthy foundations to children's social, emotional and intellectual development, by interaction, following their natural interests, challenging them in acquisition of capabilities.

Method Our sample comprises all children under 6 years old, who benefited from DIR/Floortime program in Child and Adolescent Psychiatry Department - Oporto Medical Centre, since 2008 up to now. The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R) has been used to assess children's Clinical Diagnoses (axis I) and Social and Emotional Functioning (axis V). The authors' purpose is to evaluate and compare DC0-3R's axis V before and after DIR/floortime intervention. SPSS 17.0 have been used to statistic analysis.

Results We have a sample of 79 children, 66 male and 33 female. The remaining data are under analysis.

Conclusions We expect to found a Social Emocional function improvement in our sample.

P1-105

PREVALENCE OF DEPRESSIVE SYMPTOMS AND ASSOCIATED DEVELOPMENTAL DISORDERS IN PRESCHOOL CHILDREN: A POPULATION-BASED STUDY

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Introduction Depression is an incapacitating disorder, which is often overlooked in preschool children. The aim of this study was to analyse the prevalence of depressive symptoms and co-occurring risk factors in a large, population-based sample of preschool children.

Method All 653 children (of a total of 731) in a defined geographical area were assessed during the school-entry examination by community care paediatricians. In addition to clinical appraisal, parents filled out the Preschool Feelings Checklist, a 16-item screening instrument with good psychometric properties. The mean age was 6.2 years (range 5.0-7.6 years) and the sample included 344 boys and 305 girls.

Results The prevalence of depressive symptoms of clinical relevance was 5.7 %. There were no differences between boys and girls, and between younger (≤ 6 years) and older (> 6 years) children. Depressive symptoms were associated with parental separation and comorbid behavioral problems, but especially with developmental motor and speech problems and disorders. Migration to Germany had no influence.

Conclusions Depressive symptoms are common in preschool children and associated with developmental problems. Depression should be considered in children with speech and motor problems who are at special risk. Early detection and treatment are recommended.

P1-106