

# Selected Abstracts from 2011 ISAPP Congress in Berlin Adolescence—A Second Chance?<sup>1</sup>

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## DEVELOPMENT AND PSYCHOPATHOLOGY

### "Wake me Up when I Turn 18...": The Developmental Psychology of Adolescence and Implications for Psychotherapy

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In recent years, striking changes in adolescent development have occurred which have significant implications for psychotherapeutic work with adolescents and their parents. Many social cognitive developments have become noticeable, for example, increases in emotional control and in visualizing of or fantasizing about social interactions. However, greater cognitive functioning (e.g., thinking about possibilities) does not necessarily lead to better functioning (e.g., using contraceptives). Further, many studies have shown that early-maturing adolescents, particularly females, are at risk for developing psychopathology. Developing a mature body concept, restructuring identity, and forming romantic relationships are important challenges for many adolescents. New forms of media have contributed to accelerated intimacy and changes in friendship relationships. However, there are still more similarities than differences between on- and off-line friends. In addition, parent-adolescent relationships have changed, as seen in a marked erosion of parental control and increased pressure to conform to parental expectations. Keeping secrets is, among others, a way of achieving autonomy from parents, particular in families showing a noticeable violation of transgenerational borders. Altogether, psychotherapeutic work with adolescents today is, more than ever, characterized by "jumping on a running train" (Geleerd, 1958). In addition, parents need support and guidance in raising their adolescent offspring.

## The New Adolescent: Some Psychoanalytic Considerations

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**Objectives:** In the therapeutic work with today's adolescents it is easy to retreat from the intrapsychic world in favor of cultural causes and more pragmatic here and now interventions. Furthermore, the issues presented by the new adolescent have rendered outdated the theory behind the "transition stage" between childhood and adulthood. They grow too fast and we need to re-think their deep unmet emotional needs. The objective of this paper is to suggest a more fitting developmental understanding that can better account for today's clinical observations.

**Results:** For the new adolescent, the developmental path has fallen on its head: what was supposed to be a natural maturational push forward has become a pullout from childhood. We are yet to understand the full implication of this revolution.

The prevalent conceptualization of adolescence as a transition stage gives it a linear dimension in addition to stressing adult self values like independence and social success over relational ones. Paradoxically Western society adulates youth and hates children. Society suffers from misopaedia. Children make us older and come with the burden of parenting. The attributes of eternal youth like physical fitness and ageless beauty now represent status and success. It can be argued that for many, adolescence is an ageless state. The witnessed exhaustion of the cultural supremacy of the *me* calls for a different conceptualization of adolescents' developmental tasks and deviations. The new adolescent has been driven out of its mind and presents new split-self pathologies that require fresh thinking models. Challenged therapists may easily retreat from intrapsychic work in favor of rapid control and containment of symptoms.

We here explore adolescence as a journey of loss of childhood ties with a mission of recovery of early internalized gains. Traditionally, the relinquishment of primary ties has been over-emphasized over the importance of the preservation of inner objects as if they only needed to become adults and not also eventually parents. Adolescence is therefore conceptualized as a driving belt between childhood and adulthood: a process of continuity and not only of severance. This allows for a fresh interpretation of their many issues.

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**Conclusion:** The challenge today is to protect romance against hyper-sexualisation, sense of responsibility in the face of self-entitlement, higher symbolic functions in a world of overstimulation, the value of efforts in a culture of immediacy and identity formation at the age of the Internet.

### **Living In The Soap Bubble: Developmental Breakdown in Post-Adolescence**

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**Abstract:** During the last 15 years I have seen in my consulting room increasingly young adults with serious breakdowns in their development, such as has been seen previously in middle or late adolescence. They have often developed relatively unobtrusively through puberty and have entered successfully into an occupation or an university training; they are intelligent, well adapted and at first sight they seem to have a very good communicative, social and professional competence. Nevertheless there is a disquieting impression: one gets a feeling of separateness, of "unlinkedness" and emptiness if one comes into contact with these young people. They complain about depression and feelings of desperation and some of them appear to live in a transparent bubble. This "bubble existence" prevents them from coming into a fertile "touch" with the other and some of them develop severe psychic disturbances.

It is proposed that their capacity for effective intrapsychic linking and transformative capacity is disturbed because of an unconscious identification with an "infertile couple" in their self and object organization. This unconscious couple fantasy can lead to a standstill of the transformative function and mentalization and prevents the growth of meaning *via* the linking between parts of the psyche.

The main part of the paper is a clinical vignette from the treatment of an post-adolescent young woman which should illustrate this hypothesis. The patient had developed a not good enough internal space and she suffered from fragmentation anxieties. She tried to control these anxieties by obsessive behaviour and by forms of adhesive identification.

### **Case Study: The Adolescent Development of a Young Woman Whose Separated Father and Mother Failed to be a Couple with Triadic Capacity**

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The topic of research is adolescent development under the condition of early separation of the parents. Reflections regarding this topic are discussed by working through a case study of a girl who was 17 years old at the start of the treatment. Hypotheses were developed during several psychoanalytic therapies with female patients, whose parents were separated. In all cases, separation was etiologically combined with a lack of competence for a mother-father-child triad. Being together as a triad was threatened by abandonment from the outset. Nevertheless, the child was allowed to see each parent separately. All of these mothers, and respectively fathers, had suffered from untreated traumatic experiences or serious psychic stress: abortion followed by repudiation by the family, rape, drug addiction, failed immigration process.

Hypotheses:

#### **1. Results for adolescent development**

- Parents transmit their own traumatic experiences to their child through sustaining delusion, rigid constructions of biography, bizarre ways of living together that are not allowed to be questioned.
- Dyadic instead of triadic relations prevent separation from the primary attachment figures, lead to adolescent relationships that tend to be incestuous, followed by specific strategies of defense, and impede the integration of the sexual body.
- In adolescent partner relationships often violence is a way to defend unconscious incestuous wishes: in either interaction with the partner or in a self-destructive way, against the own body.

#### **2. Results for the treatment**

- The enormous velocity of the adolescent cognitive development is the base for a fruitful therapeutic cooperation. The adolescent shows great interest in exploring, uncovering and deconstructing his or her own legends and those of the family.
- The dyadic structure of relationships leads to fear of addiction in the therapeutic process, and an intense wish to escape. The popular idealization of globalization gives a seemingly rational background to their motivation to go abroad and in doing so, giving up treatment.

### **Patterns of Language, Developmental Lines and Outcome: A Clinical and Linguistic Study of Adolescents and Young Adults**

Gerald Ronning

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**Objectives:** Research began in 2002 with a systematic collection of a wealth of data from over 100 inpatients. The research was initiated to test the notion that the adolescents who are able to represent experiences and internal states in words will have a better outcome than those who, unable to represent their inner world in any meaningful way, may act out in violent and self destructive ways.

**Method:** The essence of talk therapy and the rationale for this research is the assumption that the way people communicate in speech and writing is a window into their emotional and cognitive life. Using computerized linguistic tools including the Discourse Attributes Analysis (DAAP) Program and the Linguistic Inventory and Word Count (LIWC) to analyze patient narratives I have developed profiles that delineate developmental and therapeutic change over time. I will present the treatment of a suicidal adolescent girl during a tumultuous time from ages 15 to 17 years that was punctuated by multiple suicide attempts, each more serious than the one before. The findings will be compared to those of a youth who committed suicide.

**Results:** When the girl's transcribed dreams and her serial written autobiographies are analyzed and compared with the findings from the analysis of the internet journal of a youth who died, changes are seen in linguistic patterns that differentiate between those teens who recovered and those who didn't survive.

**Conclusions:** Youth who are healthier or who improve clinically over time (and even violent youth experiencing a time of relative stabilization) demonstrate greater capacity for reflection (internalization), taming the tendency toward evocative expression (externalization).

Emotional language is equivalent to action. Violent individuals have extremely high rates of emotion words in their narratives. Those who are violent have significantly less subjectively reported distress.

Words associated with attachment are very sensitive indicators of change and outcome.

- The covariation of emotional/evocative language and reflective/intellectual language are markers that predict outcome in violent and suicidal adolescents.
- Development is a dialectical process that is defined by the appearance and rise and fall over time of the two complementary poles of internalizing and externalizing language use.
- Disorders of internalization and externalization represent a breakdown of the developmental path and a distortion and intensification of creative, adaptive or compensatory responses to the crisis. Anxiety, depression, and somatization, or aggression, violence and delinquency may result.
- There is a convergence between Joseph Noshpitz's creative thinking about amodal perception and empirical linguistic research.

### **Attachment During Adolescence: New Frontiers of Psychological and Neurobiological Research**

Massimo Ammaniti, Cristina Trentini, and Delia Lenzi

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**Objectives:** The motivational system of attachment not only plays a primary role during infancy but also in adolescence and adulthood, being connected to felt security which is a central task in the personal life. In psychopathology, especially in personality disorders; and in post-traumatic syndromes, difficulties in the area of attachment have been evidenced, although they are not specific. As Bowlby (1969/82) suggested the attachment is rooted in the brain, with a specific role of the orbito-frontal cortex. The aim of the research was to explore the neurobiological areas involved in attachment, considering specifically the mirror neuron system. We expected that the secure adolescents compared with dismissing ones would activate more the mirror neuron system as they manifest a greater capacity of empathy.

**Method:** Two groups of late adolescent females have been selected through the Adult Attachment Interview (AAI), one with secure attachment (N=11) and the other one (N=12) with dismissing attachment. The two groups underwent to fMRI while emphasizing and imitating different emotional expressions of unfamiliar infants presented through pictures. Subjects were tested also for alexithymia.

**Results:** The research has evidenced that dismissing subjects activated more motor, mirror, limbic brain areas, while deactivating the medial orbito-frontal cortex; during emotional faces increased

activity in dismissing adolescents was seen in the right temporal pole. Furthermore greater alexithymia was correlated with greater activity in the entorhinal cortex and greater deactivation in the PACC.

**Conclusions:** These findings provide new evidence on how the attachment model influences brain responses during an emotional task. In particular hyperactivation of emotion and mirror areas may reflect emotional reexperiencing of infantile experiences of rejection and lack of protection, while increased deactivation of fronto-medial area may be the expression of the inhibition of attachment behaviors, a typical aspect of dismissing attachment.

### **Do Maternal Attachment Security And Reflective Functioning Predict Mentalization In Preadolescent Children?**

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**Objectives:** This study investigated the relationships between the maternal state of mind regarding attachment and reflective functioning and mentalization ability in their children to test the hypothesis that they are significantly correlated.

**Method:** Participants included thirty-six mother-preadolescent child non clinical dyads who agreed to participate. The Adult Attachment Interview was administered to the mothers. AAI was also coded according to Reflective Functioning Scale. The Child Attachment Interview was administered to the children. The CAI is a measure specifically developed to assess the state of mind respect to attachment in childhood and early adolescence. In this study we did not use the CAI to assess the attachment pattern, we used it as an autobiographical narrative to measure the mental state talk in the children. This measure demands the mental state talk as it elicits emerging emotions. The frequency of mental state terms has been recently considered an marker of children's mental state awareness in real-life contexts, i.e. in situations which imply not only specific cognitive abilities usually measured in experimental tasks, such as False-belief test. Mental state talk was coded into the following types: emotional, cognitive, volitional lexicon.

A semi-structured interview developed by O'Connor and Hirsch was administered to assess the ability of mentalization. It consists of a brief interview related to a photo of an usual school setting: a teacher in a class chooses a student from different pupils who have their hands up to answer her question. After explaining to the child that the scene takes place during a lesson, the child's attention is drawn to one of the pupils who has not been chosen by the teacher. The child is then asked why, in her opinion, that pupil has not been chosen, what the teacher may think and feel, what the pupil may think and feel and what will happen afterwards. The narratives were evaluated on three increasing levels of mentalising ability.

The WISC-III verbal scale was administered to the children to control the effect of verbal I.Q.

**Results:** Significant positive correlations emerged between maternal reflective functioning and children's mentalization ( $p=.042$ ) and mental state talk (overall psychological lexicon  $p=.002$ ; emotional lexicon  $p=.034$ ; cognitive lexicon  $p=.004$ ). Comparison between children of secure and insecure mothers did not show significant differences in children's mentalization.

**Conclusions:** Maternal reflective functioning predicted mentalization in the children, maternal attachment security did not.

### **Attachment, Social Value Orientation and Social Dominance in Early Adolescence**

Marco Innamorati and Diego Sarracino

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**Objectives:** In early adolescence, attachment representations begin to change, and need for extra-familial, social experiences increases. A study was conducted in order to examine the relationships among attachment, social values and social dominance orientation in a sample of early adolescents.

**Method:** A sample of 375 Italian early adolescents aged 10-16 (mean age = 12.56) completed Relationship Questionnaire, Kerns Security Scales, Portrait Values Questionnaire, and Social Dominance Orientation.

**Results:** Insecure attachment to mother was positively correlated with both high levels of social dominance and dynamic self-orientation values. Sex differences also emerged. In boys, attachment security was higher, especially towards father; moreover, boys expressed more dynamic self-orientation values and social dominance than girls. Unexpectedly, only for girls, a strong link between hedonism and attachment security to mother appeared.

**Conclusions:** Value orientation is indicated as new psychological territory on which the attachment system may have an influence. The findings from this study may shed a new light on the interpretation of the relationships among adolescents' attachment security with parents, social value orientation, and social dominance.

### **Externalizing Problems in Early Adolescence: The Role of Attachment-Related Social Orientation**

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**Objectives:** During early adolescence, attachment security reflects not only the quality of ongoing relationships with parents, but it is also likely to be associated to how adolescents process social relationships with "others" - that is, their "social value orientation". This may have possible implications for adolescents' externalizing problems.

**Method:** A sample of 544 early adolescents completed the following self-reports: Relationship Questionnaire, Kerns Security Scales, Portrait Values Questionnaire, Adolescent Dissociative Experiences Scale, Bully/Victim Questionnaire, Brief Sensation Seeking Scale, Levenson Self-Report Psychopathy Scale, and Social Dominance Orientation.

**Results:** Attachment security was correlated with more emotional and social adjustment, and less externalizing problems. Moreover, these behavioural patterns were mediated by a social value orientation that prioritizes values as conformity and tradition. Sex differences emerged for all the variables examined, suggesting different representational and behavioural patterns for boys and girls.

**Conclusions:** This study may shed a new light on the interpretation of the relationships among attachment security, social value orientation and psychosocial adjustment. Since attachment patterns may evolve toward greater security, these findings may have significant implications for interventions designed to reduce behavioural problems among adolescents.

### **Bonding and Expressed Emotion: Two Interlinked Concepts?**

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**Objectives:** Two theoretically linked concepts emerged in the 1960s to model family relationships: bonding and expressed emotion (EE). Few studies have explored whether these two concepts and their corresponding measures (the Parental Bonding Instrument (PBI) and the Camberwell Family interview) do indeed measure the same aspects of family relationships, and none has implemented the PBI alongside the Five-Minute Speech Sample (FMSS-EE). The main aim of the present study was to test the relationship between measured perceptions of family relationships from the point of view of adolescent girls as assessed by the PBI and parental viewpoint as assessed by the FMSS. The secondary objective was to compare perceptions of family relationships by parents and their daughter.

**Method:** 60 female subjects suffering from anorexia nervosa and their parents completed the PBI; a FMSS was also administered to parents. Means, standard deviation, minima and maxima were calculated for the quantitative variables. For qualitative variables, frequencies and proportions were calculated. Student's t-test was used to compare means and Student's matched test where necessary. To assess the links between qualitative variables, Fisher's exact test was used, since conditions enabling the use of the Chi2 test were not met. Finally, links between quantitative variables were explored using either Pearson's correlation test or Spearman's non-parametric test, as appropriate.

**Results:** No significant link was identified between adolescent PBI and parental EE levels. However, a link between maternal PBI scores and maternal EE was observed. There were also numerous correlations between perceptions of parent/child family relationships: i.e. the mother-daughter dyads were more often concordant for PBI scores than the father-daughter dyads. While the perceptions of the adolescents are correlated with those of their parents received and shown, the perceived levels of intensity differ. Regarding family relationships as perceived by the parents, however, perceptions of mothers and fathers differed with respect to the affection they gave to their daughter.

**Conclusions:** The PBI and FMSS appear to derive from concepts that are theoretically linked but are, at least in part, different with respect to the objects they actually measure. The two instruments implemented in this study evaluate two aspects on which family therapy acts: their approaches are longitudinal, furthering understanding of relationships within the family, as investigated by the PBI, and transversal, exploring the emotional atmosphere on the FMSS. The PBI and FMSS still remain useful in clinical settings.

## Family Connectedness and Parenting Style among Rural and Urban Iranian Adolescents

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**Objectives:** parenting styles (authoritarian, authoritative, and permissive) and adolescents–family connectedness (emotional, financial, and functional connectedness of adolescents) are crucial constructs in adolescents' depression. This study investigated the family connectedness and parenting style among rural and urban Iranian adolescents.

**Method:** Two questionnaires that measure parenting style and adolescent–family connectedness, were administered to 351 Iranian adolescents.

**Results:** In rural communities an authoritarian style of parenting is more predominant in the parenting of male adolescents, while the authoritative style is more predominant in the parenting of female adolescents. In urban communities, on the other hand, the authoritarian style was more predominant in the parenting of female adolescents. The connectedness of all female adolescents with their family was stronger than that of male adolescents. The connectedness of girls was found to be more emotional and financial in villages and to be more functional in town.

**Conclusions:** The results indicate discrepancies in family connectedness and parenting styles between rural and urban adolescents in Iran.

## Adolescents and the Internet: A Psychiatric Perspective

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The Internet is so pervasive an influence on people born after 1991 that they have been called the “Net Generation.” An estimated 93% of teenagers in the U.S. regularly use the internet for socialization with peers, research on homework assignments, looking up personal information, and amusement. What does it mean never to have known a time without the Internet? Many concerns have been raised about the deceptive intimacy of instant messaging. Its superficiality and anonymity can promote group regression with scapegoating, humiliation (through wide and instant dissemination of conversations and confidences), and sexual provocation. A recent survey showed that 20% of teens have sexted at some point. Predators can easily access and communicate with teens on-line. Adolescents have easy access to Internet sites featuring pornography, hate, prejudice, violence, and drugs. They can gamble online. They can play violent games on-line, which has been associated with school shootings. These risks would seem to be heightened for adolescents with psychiatric disorders.

On the other hand, there are potential benefits. The Internet can allow adolescents (especially those in isolated social settings) to make contact with others sharing their special interests, sexual orientation, or disabilities, while maintaining their anonymity. For children and adolescents with social language difficulties, as in the case of those with pervasive developmental disorders, the de-emphasis of paraverbal cues and other challenges of face-to-face communication may be an asset for youngsters who have disorders

that impair communication and who are socially inept, as it provides an opportunity for these youngsters to practice social interactions online.

As with many influences on development, context is critical in appraising relative risks and benefits for a given adolescent. Psychoeducation for both the adolescent and the parent/guardian, with a goal of prevention, or at least harm reduction, is critical. Clinical examples are used to illustrate how to evaluate an adolescent's use of the Internet and discuss Internet safety with parents and teenagers.

## RISK AND PROTECTIVE FACTORS

### Psychosocial Factors as Predictive Factors of Suicidal Behavior or Conduct Disorder in Adolescents

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**Objectives:** The purpose of this prospective study was to find factors that distinguished between suicidal adolescents and those with conduct disorder, as well as to identify predictive factors. Both suicidal adolescents and adolescents with conduct disorder are much more likely than their peers to have grown up in disrupted, disorganized homes with lack of attachment between parents and their children. Impulsivity, depression, affective disorders and self destructive behavior are the main characteristics of the psychosocial profile of these young people.

This prospective study was done between 2002 and 2004.

**Method:** Research included 60 adolescents treated in Centre for Child and Adolescent Psychiatry in NoviSad, 30 with a diagnosis of conduct disorder and 30 with a diagnosis of suicidal behavior. Our research included psychiatric examination, psychological and EEG examination.

**Results:** Results showed female sex, late adolescent period, history of mental illness in family, dysfunction in early psychomotor development, long-term family dysfunction, depression, death of a parent and suicidal thoughts and ideas were the predictive factors for suicide attempt. Predictive factors for conduct disorder are male sex, early adolescent period, alcohol in family, depression, using drugs, low results in school and pathological EEG findings.

**Conclusion:** Both groups of adolescents have many psychosocial risk factors; but each has a distinct pattern of early life stress and developmental psychopathology

### Prevalence of Risk Behaviours Among Adolescents: Epidemiological Data from an Italian Sample

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**Objectives:** During the transition from childhood to adulthood, adolescents establish patterns of behaviors that affect both their current and future health. We aimed to analyze the prevalence of risk behaviours among an Italian sample of high school students from the SEYLE project. SEYLE (Saving and Empowering Young Lives in Europe) is a study, funded by the European Union, aimed

to promote health and reduce risk-taking and suicidal behaviors through three different interventions in order to recommend effective and culturally adjusted models for promoting mental health.

**Method:** 1195 (mean age  $15.3 \pm 0.6$ ; 68% females) students from high schools of Molise region underwent a questionnaire for evaluating different healthy and unhealthy behaviours, as well the presence of mental health problems or suicidal ideation.

**Results:** 48.5% of the sample has smoked cigarettes, the average number of cigarettes smoked per day during the previous 6 months is  $4.05 \pm 6.1$  and 45.8% has smoked the first cigarette when he was 13 years old or younger. About alcohol consumption, 12.5% of our sample drink alcohol 2 times a week or more; of them, 39.2% bought it and 25.6% got it from a friend. 8.0% have used some kinds of drugs lifetime and 7.1% have used marijuana or hashish. 24.8% had sexual intercourse at least once in their life, but of them 17.6% used condoms rarely or never.

**Conclusions:** Choosing to use alcohol, drugs and tobacco, to have unprotected sexual intercourse and other unhealthy behaviors increase the risk of developing health problems in adulthood. Further analysis will clarify which factors are associated with the establishment of such kind of behaviors and will lead to effective and culturally adapted preventive program.

### **The Relationship between Alexithymia and Mental and Behavioral Disorders among Iranian Adolescents**

Amir Ghamarani

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**Objectives:** This study investigated the relationship between alexithymia, depressive symptoms, and Youth Self-Report (YSR) self-image profiles among 15 to 18-year-old adolescents ( $n = 200$ ) attending school in Birjand, Iran.

**Method:** Participants completed structured self-rating questionnaires (Toronto Alexithymia Scale [TAS] 20, Beck Depression Inventory [BDI], and YSR) during class periods at school.

**Results:** The overall prevalence of alexithymia was 9.3%. However, girls in all age groups were more frequently alexithymic than boys. Regardless of sex, alexithymic youths reported more depressive symptoms as well as internalizing and externalizing problems than the others. The TAS-20 correlated significantly with the BDI score, YSR total score, and with internalizing problems.

**Conclusions:** The results indicate that alexithymic adolescents are at high risk for mental and behavioral disorders and require treatment interventions.

### **Children Of Mentally Ill Parents: Familial Transmission Pathways**

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**Objectives:** There is substantial evidence of higher rates of psychiatric disorders in children of mentally ill parents. The aim of

this study was to examine longitudinally (from adolescence into young adulthood) if children with parents with psychiatric disorders (alcohol use disorders, somatoform disorders, depression and personality disorders) have a higher risk for psychiatric disorders and psychopathology and which factors can be identified as risk or resilience factors.

**Method:** 334 adolescents and their parents of a community based sample of the Greifswald Family Study were examined in early adolescence (mean age 14.5) and about 5 years later in terms of psychiatric disorders, personality and parenting styles. Data were analyzed using General Linear and Structural Equation Models.

**Results:** We found that different personality traits acted as a distal vulnerability to develop psychiatric disorders. Moreover, children of mentally ill parents perceived the parenting practices as more negative. Furthermore, a higher parent-adolescent disagreement regarding behaviour problems was predictive for a higher symptomatology in young adulthood. Taking together, personality traits and parenting styles interacted, for instance higher levels of a warm/supportive parenting style in combination with the temperament factor reward dependence were related to a better outcome.

**Conclusions:** Children of mentally ill parents are exposed to a combination of a vulnerable personality and negative parenting styles. Therefore, they are at greater risk of psychiatric disorders and symptoms of psychopathology. However, the data suggest differential transmission pathways for the different parental disorders. Therefore, appropriate treatments of children at risk may help prevent these children from developing severe psychopathology.

### **Socialization in Families with Mentally Ill Parents: Children's Perspective on Illness-Related Burden and the Need of Health-promoting Interventions**

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**Objectives:** Study findings indicate that the general vulnerability towards mental illness as well as the specific illness risk is significantly increased for children of mentally ill parents. Only little is known about burdens that are assumed to be risk factors within the children's course of socialization. Furthermore interventions for families with a mentally ill parent barely exist, because the target population is hard to reach.

**Method:** Aim of the study is to explore burdens from the children's point of view. Therefore guideline interviews with children and adolescents and their mentally ill parents were conducted in 22 families. The data analysis followed the methodology of grounded theory.

**Results:** Findings indicate that children are 1) threatened by stigma; 2) pressured by the parents; 3) socially isolated, and 4) dealing with conflicts. Furthermore they have 5) fears of loss and 6) feelings of guilt. Based on the empirical findings an intervention for families with a mentally ill parent was developed and implemented within the psychiatric care system.

**Conclusions:** Preventive programs for families with a mentally ill parent should focus on the burdens from the children's point of

view. Therefore they have to provide options which will improve illness communication within families, parenting skills and the children's resources with regard to their social network in order to give them the possibility "to be a child again". Future interventions should be especially implemented within the setting of the psychiatric care system as it is convenient to reach the target population.

### **Attachment Representations of Mentally Ill Parents are Linked To Children's Health-Related Quality of Life**

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**Objectives:** Children of mentally ill parents have to face multi-causal challenges in their everyday life caused by the difficult familiar situation which obviously can influence their well-being. This study examined the influence of the parental attachment representation as a prospective risk or protective factor for the health-related quality of life of children of mentally ill parents.

**Method:** During a preliminary cross-sectional study within the research project of mentally ill parents at the University Hospital Hamburg-Eppendorf, the data of 62 mentally ill patients with minor children were analysed particularly with regard to the parental attachment representation (assessed using the BFPE; Höger & Buschkämper, 2002) and the health-related quality of life of their child (assessed using the parent form of the KINDL-R; Ravens-Sieberer & Bullinger, 2000). One third (33.9%) of the parents suffered from affective disorders (F3), followed by 27.4% with neurotic disorders (F4) and 21% with substance abuse. The mean age of the evaluated children was 10.6 years (SD = 4.7), the sample included 28 (45.2%) girls and 34 (54.8%) boys.

**Results:** As suggested, families with a mentally ill parent differed in various parameters from healthy families: the frequency distribution of the attachment styles in the analysis sample differed from the reference sample; there were significant less mentally ill parents who exhibited a secure attachment style ( $\chi^2 = 13.70$ ;  $p < .001$ ). Moreover, the parents assessed the health-related quality of life of their children clearly lower than parents in general population. The comparison of the analysis with the control sample done with the one-sample-t-test showed significant differences in five out of six subscales and in the total quality of life scale ( $t = -3.57$ ;  $p < .01$ ). Furthermore, t-tests for independent samples, one-way ANOVA and a-priori-contrast analysis ( $t = -1.685$ ;  $p < .05$ ) revealed that children of a parent with a secure attachment style displayed a significantly higher health-related quality of life than children whose parent had an ambivalent or avoiding attachment style.

**Conclusion:** The results of the study clarify the importance of the parental attachment representation for the health-related quality of life for children of mentally ill parents which should be considered while developing specific counselling and intervention concepts to improve the situation for these affected families.

### **Stability and Fluctuation: Detection of Symptoms Reported by Adolescents at Risk for Schizophrenia and Bipolar Disorder**

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**Objectives:** We present first results of a project named "The Early Recognition and Intervention Program for Psychosis and Bipolar Disorder." which is part of "The Zurich Program for Sustainable Development of Mental Health Services." Especially in adolescents, reported cognitive and perceptive disturbances can be found in different disorders and may also appear in the context of the multiple challenges adolescents have to face. Reported psychotic symptoms are more often fleeting and atypical compared to adults.

The aim of the study is to evaluate predictive factors, to detect similarities and differences in the early stages of affective disorders and non-affective psychotic disorders and to monitor the stability of the symptoms over time.

**Method:** The "University Hospital of Child and Adolescent Psychiatry in Zurich" (KJPD) is one of four centers recruiting subjects in the Canton Zurich (1,300,000 inhabitants). It is the only center that is responsible for the case management of the 13 to 18 year-old individuals. In a longitudinal multi-level-approach, the subjects are monitored after 6, 12, 24 and 48 months.

We differentiate between high-risk and ultra-high-risk for psychosis and at risk for bipolar disorder on the basis of the psychopathology and a combination of genetic risk factor and a recent persistent significant decline in functioning.

**Results:** From April 2010 on, we recruited a total number of 131 subjects (age: 13-35) during the first year. 42 of them were 13-18 years old. Of this sample 6 individuals have not yet completed the full base examination and 7 dropped out. Of our fully examined sample ( $n=29$ ; mean age 15;8) 7 met the criteria for high-risk and 16 met the criteria for ultra-high-risk for psychosis. 4 subjects met criteria for a first-episode of schizophrenia based on the ICD-10 criteria. Three subjects went on to develop schizophrenia within a few months after being detected as ultra-high-risk. 2 subjects met the at risk for bipolar criteria. How many of the individuals met criteria for at risk for schizophrenia and bipolar disorder is not analysed yet.

**Conclusions:** It is necessary to monitor the development over time. Further investigation is needed and the multi-level-approach might offer more information. Recently, a group therapy for adolescents at risk was implemented in our service in the KJPD. With this study we hope to gather further information for diagnostic and therapeutic approaches.

### **Validation of a Scale Measuring Repeated Accidents in an Adolescent Population (ECARR)**

Ludovic Gicquel, Pierre Ingrand, Yves Gervais and Daniel Marcelli

*Centre Hospitalier H. Laborit, SUPEA, Poitiers, France*

**Objectives:** Objective was to develop a new scale able to identify among injured adolescents those presenting a high risk of accident repetition.

**Method:** 350 adolescents were included who were seen in emergency rooms after an accident has occurred. ECARR scale, which is a 12-item scale, was administered to injured adolescents whatever the nature of accident.

**Results:** Of 350 adolescents, 46% of them will repeat an accident in the next two years. Initial ECARR score was 4.3 for all adolescents and only 3.9 among adolescents without any accident repetition. On the contrary, ECARR score was all the more so higher as accident repetition was early and as it concerned road accident (ECARR score=6.2).

**Conclusions:** An ECARR score higher than 5 in adolescents represents a good predictor of an early accident repetition risk, particularly for road accidents. A specific follow-up and care management should be proposed in adolescents who score more than 5 with ECARR.

## TRAUMA

### Lost Childhood: How Can the Children of World War II German National Socialist Sympathizers and Jewish Survivors Talk to Each Other?

David Cline<sup>1</sup>, Gottfried Wagner<sup>2</sup> and Peter Pogany-Wnendt<sup>3</sup>

<sup>1</sup>University of Minnesota Medical School, Department of Psychiatry, Minneapolis, MN, USA; <sup>2</sup>Cerro Maggiore, Italy; <sup>3</sup>Cologne, Germany

**Objectives:** The objective of this presentation is to describe the difficulties experienced by children of German National Socialist sympathizers and Jewish survivors from World War II (WWII) as they try to come to terms with their past and attempt to restore trust and empathy with each other through personal empathic dialogue; and to demonstrate the transgenerational transmission for the process of identity formation during adolescence reflecting how trauma of the Holocaust on one side and unprocessed guilt on the other can be altered in a positive direction.

**Method:** The symposium consists of three parts. In the first part, Gottfried Wagner presents the opera LOST CHILDHOOD, (based on the autobiography The Lost Childhood of Yehuda Nir and discussions with Gottfried Wagner, created by the composer Janice Hamer and poet Mary Azrael in cooperation with Wagner). He will show video excerpts of the opera, and focus on the intergenerational dialogue between a survivor of the Holocaust (Judah) and the child of a German National Socialist sympathizer (Manfred). Peter Pogany-Wnendt will give psychological comments and interpretations, aiming at the question: how can the offspring of Germans and Jewish survivors of WWII deal in a constructive way with the unresolved burdens their parents passed down to them?

**Results:** In the second part, Pogany-Wnendt and Wagner will focus on the dialogue between the children of these two groups, showing its different intragenerational psychodynamic, taking their own personal case of their dialogue as an example for the difficult struggle to help each other to come to terms with their different burdens and family-stories. Pogany-Wnendt and Wagner see the restoration of trust and empathy in the post Shoah times as the aim

of their work for the second and further generations achieved through personal empathic dialogue.

**Conclusion:** The third part references the topic of the conference: "Adolescence - A Second Chance. Development-Attachment-Neurobiology-Trauma-Psychodynamics-Treatment", Pogany-Wnendt and Wagner will emphasize the relevance of transgenerational transmission for the process of identity formation during adolescence. They will especially reflect how the trauma of the Holocaust on the one side and, the unprocessed guilt on the other side, influenced the development of the identity of their own children, Eugenio and Rahel, as members of the third generation and how it can be altered in a positive direction.

### Mother-Daughter "Reunion" in Adolescence: Another Trauma, Another Chance

Maria Laura Zuccarino, Dana Gatti, Laura Varischio and Maria Paola Ferrigno

*Niguarda Cà Granda Hospital, Mental Health Department, Milan, Italy*

**Objectives:** This paper aims to explore, in order to help prevent, the pathogenesis of often serious recurring psychopathological presentations in adolescents coming from migrant families who were separated from their mothers in childhood and subsequently reunited with them at a later date. The traumatophilic tendency, which has been observed in young migrants, exposes them to the repetition of traumatic situations which are largely relatable to their parents' failure to work through the trauma of migration.

In cases of family reunion, the 'new encounter' in adolescence with the primary object appears to reactivate the early traumatic experience, with the appearance of psychopathological aspects which take the place of the failed working through

**Method:** The clinical work took place at the Mental Health Service for foreign teenagers, provided by the Niguarda Hospital in Milan, where families or young people can receive treatment free of charge. The treatment setting guarantees the constant presence of a cultural mediator or another colleague belonging to the patient's culture of origin. Psychiatric, psychological and psychotherapeutic consultations are offered. We will present two cases, treated with psychotherapy: a Chinese girl in puberty, with elective mutism, and a Peruvian teenager, with a serious eating disorders and a history of family abuse.

**Results:** The reunion, for which the children are often unprepared, presents itself as a second trauma: the abrupt separation from the emotionally invested caregiver is often experienced as the doings of an envious mother who deprives the child of its good things. In both cases presented, the pubertal phase – crucial for the reworking of the Oedipus complex – is characterized by a very strongly conflictual relationship between the two girls and their mothers, which is dominated by violent envy. Feelings of exclusion, jealousy and anger are acted out in the refusal and devaluation of maternal care, or through direct attack on maternal femininity. The mothers themselves appear powerless to provide any sort of emotional containment, persecuted by guilt and paralysed by their own ambivalence and disappointment. The frequent marginalization or absence of the biological father impedes the establishment of a third figure able to separate and protect, and this can often lead oedipal fantasies to be transformed into concrete incestuous scenarios.



**Conclusions:** Working in parallel with mothers and teenagers has provided a second chance to achieve a coming together based on mutual recognition. Contact with personal pain and with the unavoidable mourning opens the patients to the hope of reparation, re-establishing development.

### Childhood Traumatization and Psychological Well Being in Adolescent Mothers

Stephanie Bohne-Suraj and Olaf Reis

*Universität Rostock, Child and Adolescent Psychiatry, Rostock, Germany*

**Objectives:** Due to cumulating risk factors, adolescent mothers are said to be affected in their psychosocial development. Social factors, such as single parenting, poor education and low income but also early traumatization may cause this problem. The study presented here examines the load of traumatic events in German teenage mothers and their association with other psychosocial risks.

**Method:** From a full sample survey of teenage mothers who delivered between 1993 and 2009 in a city hospital in North Germany all women were asked to take part at an interview study. The voluntary participants then answered questions and questionnaires, among them the Brief Symptom Inventory (BSI) and the Childhood Trauma Questionnaire (CTQ).

**Results:** In terms of the BSI, teenage mothers exhibited poorer psychological health, compared to mothers from the control group. Diminished mental health was associated with psychosocial risks and a higher load of traumata.

**Conclusions:** The poorer psychological well being seems not to be predetermined by trauma or single social factors. Rather, teenage pregnancy in Germany is associated with a whole nexus of psychosocial disadvantages, traumatization being one of the risks.

### Identification of Traumatic Events Experienced by Adolescents in Jakarta, Indonesia

Fitri Fausiah

*University of Indonesia, Faculty of Psychology, Depok, Indonesia*

**Objectives:** This study had three objectives. First, to identify traumatic events that reported by adolescents in Jakarta. Secondly, to assess our hypotheses that there was a significant difference in behavioral symptoms between adolescents who had experienced traumatic events and those who had not. Our third objective was to find traumatic event(s) that would be able to differentiate those two groups.

**Method:** This is a cross sectional study conducted in greater Jakarta, involving 354 high school students. A booklet of self-report questionnaires, consists of CRIES-13 which assessed behavioral symptoms associated with trauma and a list of traumatic events, was given to the participants. We conducted independent t-test and ANOVA to analyze the data.

**Results:** More than 75% of the participants had experienced at least one traumatic event. Significant differences in behavioral symptoms were found between adolescents who have never experienced traumatic event and those who have experienced two a traumatic events or more. The traumatic events that significantly

differentiated those two groups were witnessing parental fights and experiencing domestic violence.

**Conclusions:** Most of our respondents have experienced traumatic events, which makes them vulnerable to psychological problems. This vulnerability increases along with the number of traumatic events that they have experienced. The more traumatic events they have experienced, the more behavioral symptoms that they have. Among different traumatic stressors, the most significant one was violence in the family. Family has been considered as the main source of social support for adolescents. Therefore, dysfunction and violence in the family significantly increases the adolescent vulnerability to psychological problems.

### Traumatic Experience, Alexithymia and Dissociation in Adolescent and Adult Patients with Addictions

Vincenzo Caretti and Adriano Schimmenti

*University of Palermo, Palermo, Italy*

**Objectives:** To examine addictive behaviors as a dissociative strategy that permits individuals to avoid awareness of traumatic affects related to child abuse and neglect.

**Background:** A long standing tradition of research has underlined the predictive role of traumatic experience in the development of substance use/abuse disorders. A series of Italian studies by the authors on both substance and behavioral addictions has strengthened a theoretical model where child abuse/neglect is seen as the crucial variable for the development of psychopathology. Like a chain reaction, childhood experience of abuse and neglect can produce in the child a condition of affect dysregulation, which obstructs the capability of consolidating and unifying behavioral states and states of mind; this in turn can result in the experience of unbearable affects that the individual tries to cope with by using addictive behaviors.

**Method:** Two research studies are used to illustrate this model.

i) The first research involved 412 late-adolescents from normal population: that research showed that late-adolescents who consume psychotropic substances also have more dissociative experiences ( $p < .01$ ), intrusive memories and tension reduction behaviors ( $p < .05$ ) than non-consumer adolescents. The scale on dissociation used in this study (DES-II) resulted a significant predictor of the traumatic symptom scores (Adj Rsq=.467,  $p < .01$ ), also significantly predicting case classification.

ii) The second research involved 50 heroin addicts, who completed self-report measures on trauma, dissociation and affect dysregulation: findings from this study showed that dissociation and difficulties in identifying feelings predicted post-traumatic symptoms in the sample (respectively, Adj Rsq=.641,  $p < .01$ , and Adj Rsq=.421,  $p < .05$ ).

**Results:** The post-traumatic symptom scores of heroin addicts were significantly higher than the ones of late-adolescents, and we found a dose effect response on post-traumatic symptoms by level of affect dysregulation and pathological dissociation.

**Conclusions:** Results of these studies will be discussed in terms of evidence-based strategies for prevention and intervention on trauma and addiction.

## BORDERLINE PERSONALITY DISORDER

### Symposium on Borderline Personality disorder: Preliminary findings from the European Research Network on BPD (EURNET BPD)

Mario Speranza

*Centre Hospitalier de Versailles, Le Chesnay, France*

The diagnosis of borderline personality disorder (BPD) in adolescents has been a topic of debate in recent years with controversial reports concerning its validity and its stability over time. According to the DSM-IV, personality disorder categories can be applied to children and adolescents in those relatively unusual instances in which the individual's particular maladaptive personality traits appear to be pervasive, persistent, and unlikely to be limited to a particular developmental stage. Moreover, an emerging body of data is beginning to suggest that BPD can be reliably diagnosed in adolescents with prevalence rates in the community similar to those found in adults. To gain a better knowledge on BPD in adolescence, we created a European research network (EURNET BPD) involving 5 academic psychiatric centers in France, Belgium, and Switzerland. 85 BPD adolescents diagnosed according to DSM-IV criteria were investigated on several psychopathological measures and compared to a sample of matched controls. In this symposium we will present some preliminary results from EURNET BPD.

### The Influence of ADHD on the Clinical Presentation of Female Adolescents with a Borderline Personality Disorder

Mario Speranza, Anne Revah-Levy, Fernando Perez-Diaz, Alexandra Pham-Scottez and Maurice Corcos

*Centre Hospitalier de Versailles, Le Chesnay, France*

**Objectives:** The aim of this study was to explore the prevalence and the impact of a comorbid ADHD diagnosis on the clinical presentation of borderline personality disorder in female adolescents and to explore which type of impulsiveness is specifically associated with BPD-ADHD adolescents.

**Method:** To explore the influence of ADHD on the clinical presentation of borderline personality disorder, a sample of 74 BPD adolescents drawn from the European Research Network on Borderline Personality Disorder (EURNET BPD), were investigated. BPD adolescents with (BPD-ADHD) and without (BPD) a current comorbid ADHD disorder were compared on clinical characteristics (Axis-I and Axis-II, BPD severity, impulsiveness, family functioning and general functioning).

**Results:** A co-occurring ADHD diagnosis influences the clinical presentation of female subjects with a borderline personality disorder. ADHD in BPD female adolescents was associated with a specific comorbid profile of oppositional defiant disorders, with a strong tendency for cluster B personality disorders and with higher levels of impulsiveness, especially of the cognitive type.

**Conclusions:** These results suggest that a sub-group of BPD patients could be more developmentally driven with ADHD symptoms and impairments of the inhibitory system persisting since childhood. This proposal could be of interest in the hypothesis of including a developmental perspective into DSM classifications of

personality disorders. Longitudinal studies are needed to explore the role of these developmental features as risk factors for borderline personality disorders.

### Relationships between Severity of Borderline Personality Disorder and Non-suicidal Self-Injury in Adolescents

Veronique Delvenne, Sylvie Nezeloff, Fernando Perez-Diaz, Marie Douniol, Marion Robin, Robin Malgat, Corinne Dugre-Lebigre, Alexandra Pham-Scottez, Maurice Corcos, and Mario Speranza (EURNET BPD)

**Objectives:** Very little is known about borderline adolescents who engage in non-suicidal self-injury (NSSI) except that this behavior may be associated with a greater severity of borderline personality disorder (BPD).

**Method:** Eighty-five BPD adolescents (87% female; Mean age = 16.3; SD = 1.4), were administered self-report questionnaires, the Ottawa Self-Injury (OSI) for NSSI, and semi-structured interviews, K-SADS for Axis I comorbidity, SIDP-IV for Axis II comorbidity, DIB-R for borderline severity and the GAF scale for psychosocial functioning.

**Results:** BPD adolescents who engage in NSSI present greater axis I & II comorbidity (high rates of mood disorders, more personality disorders) and more severe borderline functioning (impulsivity and cognition dimensions). These combined lead to greater impairment (school, global functioning, lifetime psychiatric hospitalization). Impulsivity appears as a core dimension associated with NSSI in borderline adolescents.

**Conclusions:** Our study provides valuable information about the relationships between severity of BPD and NSSI in borderline adolescents.

### Borderline Personality Disorder and Mental Healthcare Service Use Among Adolescents

Lionel Cailhol, Centre Hospitalier Général, Montbeton France, Marie Jeannot, Rachel Rodgers-Guelfi Daniel Julien, Fernando Perez-Diaz, Alexandra Pham-Scottez, Maurice Corcos, and Mario Speranza, (EURNET BPD)

**Objectives:** Borderline personality disorder (BPD) is believed to be frequent among adolescents. While several prospective studies have assessed the use of mental health services among adults who suffer from BPD, few studies have provided adolescent data.

**Method:** This paper presents findings from the first assessment point of the European Research Network on Borderline Personality Disorder (EURNET BPD) study. In this study, we describe lifetime treatment utilization for 85 adolescents with BPD (Mean age: 16.3 years old).

**Results:** In line with adult findings, adolescents with BPD reported greater mental healthcare service use (outpatient: 98%; inpatient: 79%) compared to controls. Phenothiazine, a sedative neuroleptic, was the most frequently prescribed treatment. 47% of patients had received psychotherapy; in one out of three cases this was psychodynamic therapy. Patients who had received psychotherapy did not differ on any psychopathological variables from those who did not receive psychotherapy; however, psychotherapy was more frequent among females.

**Conclusions:** The findings of our study highlight the difficulties of BPD adolescents with access to psychotherapy, particularly in males, indicating the necessity of adapting therapeutic strategies to the specific needs of these patients. Additional research on treatments for adolescents with BPD, including both medications and psychotherapy, is needed.

### **Suicide Attempts in Teenagers with Borderline Personality Disorder**

Veronique Delvenne, HUDERF Bruxelles Belgium, Nathalie de Kernier, Ludovic Gicquel, Pascale Abadie, Fernando Perez-Diaz, Alexandra Pham-Scottez, Maurice Corcos, and Mario Speranza (EURNET BPD)

**Objectives:** Suicide attempt (SA) is a serious health problem in adolescents with a Borderline Personality Disorder (BPD). The main aim of the present study was to explore the clinical profile of single versus multi-attempt suicidal BPD teenagers.

**Method:** 58 teenagers (15-20 years old) with a BPD diagnosis according to SIDP-IV were matched with 81 healthy controls. Previous history of suicidal attempts was investigated. Subjects completed rating scales for depression (BDI, BHS), anxiety (STAI), impulsivity (BIS-11) and history of abuse or neglect (CTQ) at the time of inclusion.

**Results:** No significant relationship was found between age and number of SA in BPD adolescents. Most of these SA were realized between 16 and 18 years old. Depression, hopelessness and anxiety, but not impulsivity, were significantly higher in multi-attempters compared to single-attempters or no-attempters. Multi-attempters more frequently reported a history of sexual abuse.

**Conclusions:** Borderline adolescents with a history of repeated suicidal attempts present a more severe clinical profile in terms of depressive and anxious symptoms and report more frequently a history of sexual abuse.

### **Relationships Between Severity of Borderline Personality Disorder and Non-Suicidal Self-Injury in Adolescents: Findings from the European Research Network on Borderline Personality Disorder, EURNET BPD**

Ludovic Gicquel, Mario Speranza, Alexandra Pham-Scottez and Maurice Corcos

*Centre Hospitalier H. Laborit, SUPEA, Poitiers, France*

**Objectives:** First, we aimed to determine whether a specific comorbid profile (Axis I & II diagnoses) might be associated with NSSI in this sample. Secondly, we hypothesized that NSSI would also be associated with some core dimensions of borderline functioning. Third, we considered that adolescents with BPD would present greater global impairment and wider treatment utilization because they engaged in self-injury. Finally, we hypothesized that the risk of NSSI would be greater in relation to borderline severity rather than in relation to current associated comorbid diagnoses.

**Method:** The study sample was drawn from a European longitudinal research project investigating diagnostic stability of borderline personality disorders from adolescence to young adulthood (European Research Network on Borderline Personality Disorder, EURNET BPD). The research network was composed of

5 academic psychiatric centers specialized in adolescents and young adults in France, Belgium, and Switzerland.

**Results:** Current mood disorders, DIB-R impulse action score (without the self-mutilation item) and DIB-R cognition score were all independently associated with the presence of NSSI in adolescents with BPD. According to this model ( $R^2 = 20.89\%$ ,  $\text{Khi2 Wald} = 6.517, 5\text{df}, .09$ ), only the impulse action dimension remained significantly associated with NSSI with an odds ratio of 1.961 (CI: 1.062 – 3.621). In other words, the higher the impulse action score in DIB-R, the greater is the adolescent's risk of engaging in NSSI.

**Conclusions:** Adolescents with BPD who engage in NSSI present greater axis I & II comorbidity (high rates of mood disorders, more personality disorders) and a more severe borderline functioning (impulsivity and cognition dimensions), which, combined, lead to greater impairment (academic impairment, global functioning, lifetime psychiatric hospitalization). In addition, impulsivity seems to be a core dimension associated with NSSI in adolescents with BPD.

## **DEPRESSION AND SUICIDE**

### **Adolescent Self Destruction: From Freud to Noshpitz and the SEYLE Project**

Alan Apter, S. Barzilay, D. Feldman, A. Snir, Vladimir Carli, M. Sarchiapone, C. Hoven and Danute Wasserman

*Schneider Children's Hospital, Dept. of Psychological Medicine, Petah Tikva, Israel*

**Objectives:** To integrate theories of adolescent self-destructiveness and to try and produce a comprehensive model for understanding this phenomenon. This model will hopefully integrate classical psychoanalytic theory and some contemporary psychological models of suicidal behavior, non-suicidal self-injury (NSSI), and health risk behaviors. We will attempt to consolidate this integration with some empirical results from the SEYLE (Saving and Empowering Young Lives in Europe) Project Israeli site.

**Method:** We will briefly summarize psychoanalytic literature starting from Freud's classic article *Beyond the Pleasure Principle*. In this article Freud postulated that repetition compulsion forms the basis of such self-defeating behavior. Melanie Klein elaborated the concept of the death instinct and related self-destructive behavior to a general theory of aggression. Menninger gave a comprehensive account of how a man can turn against himself and formulated the classic triad of "To die, to kill and to be killed." More recently Noshpitz showed how a negative self-object constellation could form the nucleus of a persecutory super-ego leading to self-defeat and destructive behaviors in adolescence. We will consider Jessor's theory of conventionality-unconventionality as the basis for a wide range of health risk behaviors. We will also present Joiner's concept of how partial forms of self-harm gradually induce the capability for lethal self-harm. We will discuss the modern concept of NSSI and Nock and Prinstein's functional model for this behavior. We conclude with Baumeister's conceptualization of tradeoffs leading to self-defeat, and finally to Brent and Mann's theories of impulsive-aggression as related to serotonin metabolism dysfunction. We will attempt to demonstrate how these formulations help us to understand the initial results of the SEYLE project at the Israeli site.

**Results:** Adolescent self-destructive behaviors tend to cluster together to form a continuum of self-destructiveness. These empirical results support many of the theoretical considerations discussed above. In a self-report survey of 1200 high-school students throughout Israel, we found that there was a close association between the following: suicidal behavior, NSSI, alcohol, tobacco and drug use, careless driving, unprotected sex and problems with the law.

**Conclusions:** Adolescent self-destructiveness is an important theme in understanding contemporary adolescent psychology. In order to prevent the morbidity associated with self-destructiveness it is important to integrate theoretical and empirical findings.

### **Felt Security and Suicidality in a Clinical Sample of Adolescents**

David Cawthorpe, Thomas C.R. Wilkes and Ursula Zanussi

*University of Calgary, Psychiatry/Community Health, Calgary, Canada*

**Objectives:** Attachment theory offers both a conceptual framework and an empirical basis for understanding the development of parent-child relationships and their contribution to individual psychosocial adaptation across the life cycle. Although no existing model adequately predicts suicide, family relationship problems are increasingly implicated in the etiology of adolescent suicidal behaviour. We sought to examine the association between felt attachment security and a history of suicidal behaviour among a group of adolescents in psychiatric treatment.

**Method:** In this cross-sectional study, we examined the association between felt attachment security and a history of suicidal behaviour among 122 hospitalized adolescents. Felt security (as measured by the validated Adolescent Attachment Questionnaire) has been defined as one's perception of the availability and responsiveness of an attachment figure.

**Results:** Compared to others, the group coded as both depressed and suicidal had significantly higher scores on the AAQ subscales of 'perceived unavailability' and 'angry distress', as well as higher comorbidity and lower self-esteem compared to non-suicidal, non-depressed adolescents. The model accounted for approximately 50% of the observed variance.

**Conclusions:** Attachment theory integrates ethological and psychoanalytic principles in describing the origins and growth of human personality. It provides a coherent framework for understanding adolescent suicidality.

### **Bipolar Disorder Type I and Suicide Attempts in Adolescence: Data from a Follow-Up Study**

Jean Marc Guile, Julie Brunelle, Angèle Consoli, Nicolas Bodeau and David Cohen

*Department of Child and Adolescent Psychiatry, AP-HP, Pitié-Salpêtrière Hospital, Pierre et Marie Curie University, Paris, France*

**Objective:** To describe the prevalence of SA in a homogeneous cohort of adolescents presenting with bipolar disorder type I, and to assess putative associated risk factors from a 8 year naturalistic follow-up study. Adolescents with bipolar disorders are at risk of suicide attempts (SA), but little is known concerning associated risk

and protective factors. Besides, follow up studies are sparse and include heterogeneous samples (bipolar disorder I, II, NOS, children and or adolescents). Therefore, it remains difficult to compare their results.

**Method:** Eighty subjects, aged 12 to 20 years old, consecutively hospitalized for a manic or mixed episode (index episode) between 1993 and 2003 were recruited. All patients were contacted in 2005-2006 for a follow up assessment. At follow up, data about suicide attempts were available for a subgroup of 34 patients. Prevalence of SA and associated risk factors were assessed in this subgroup.

**Results:** Results: At follow up, 13/34 (38%) subjects (mean age 23.7 +/- 4.8) presented at least one SA during follow up study. None died by suicide. Nine had a lifetime diagnosis of bipolar disorder; 4 changed diagnosis to schizo-affective disorder. Univariate analysis showed that treatment by atypical antipsychotic medication was the only variable associated with SA at follow up. Other variables that were not associated with SA included: age of index episode, sex, origin, socio-economic status, index episode clinical characteristics (manic or mixed episode, duration, psychotic and catatonic signs), data from follow up assessment (psychosocial assessment, insight, substance abuse, life events and diagnosis at follow up).

**Conclusions:** The prevalence of SA in adolescent and young adult BD-I is very high (38%) during follow up. No associated risk factors were found except that patients showing SA appeared to receive more atypical antipsychotic medications at follow up.

### **Family Strengths and Coping: Factors that are Important in Youth Suicide Risk**

John Fitzgerald, Karma Galyer, Gavin Whiu and Philippa Thomas

*The Psychology Centre, Hamilton, New Zealand*

**Objectives:** The purpose of this project was to obtain data which would enhance our understanding of the role of dynamic family factors in the management of suicidal risk in young people. We examined patterns of interaction that could facilitate resilience and distinguish those families who cope well with the threat of loss by suicide from those that struggle.

**Method:** The study was primarily qualitative in nature, drawing information from families who had experienced a suicide attempt, completed suicide, or neither. Semi-structured interviews explored concepts of family, family strengths and coping, and the role of family strengths at times of suicide risk. Mental health practitioners were also interviewed to gather information on the role of family strengths in mitigating suicide risk. Interpretative Phenomenological Analysis, a form of thematic analysis, was used to identify key themes from the interview discussions.

**Results:** Having a shared bond between family members formed the basis for the care and support offered during a time of crisis, however, this characteristic alone was not sufficient to mitigate suicide risk. Families and practitioners identified dynamic factors such as effective communication, demonstrations of caring, and displaying an attitude of acceptance/forgiveness as family strengths that were important in coping well. Consistent with current models of family resilience, the strengths identified by families were often specific to a particular person or problem context. Many families identified strengths that they had before experiencing suicide risk,

but reported that they had struggled to apply these independently and consistently at the time of crisis. Families and practitioners also noted new strengths that had developed as a result of being in crisis. Having access to information on mental health and suicide had enabled some families to better understand and respond to their young person at risk.

**Conclusions:** Participants who had experienced a suicide or suicide attempt had similar family bonds and strengths to other families, although these strengths were often not used. This suggests that social and health providers can facilitate family resilience in the context of suicide risk by focusing on these more dynamic family factors. Supporting family members to enhance their communication skills, encouraging shared problem solving and shared pleasurable activities for families would increase the frequency and quality of family dynamics that participants reported as useful.

### Gender Differences in Depressive Symptoms in Thai Adolescents

Umaporn Trangkasombat and Nicharpat Rujiradarporn

*Chulalongkorn University Psychiatry, Bangkok, Thailand*

**Objectives:** to study gender differences in depressive symptoms in Thai adolescents

**Method:** Through stratified random sampling 1,220 students in grade 10-12 from 10 high schools in Bangkok were recruited for the Study of Depression in Thai Youth Project. The Center for Epidemiologic Studies Depression Scale (CES-D), Thai version, which is a 20-item self-report questionnaire, was used to assess depression. In this report the responses to CES-D were compared between males (n= 473) and females (n= 747).

**Results:** By using the score of 22 as a cut- off for significant depression, 19 % of boys and 17 % of girls were found to be depressed. The mean CES-D score of boys was 15.0 (SD= 7.1) and of girls was 15.5 (SD= 6.8). However, the difference did not have statistical significance. Depressive symptom prevalences in both groups were compared. Boys were significantly more likely than girls to view life as failure (36.7% vs. 23.2%,  $p<.05$ ), to not feel happy (43.4% vs. 27.4%,  $p<.05$ ), and to not enjoy life (55.6% vs. 36.0%,  $p<.01$ ). Girls were significantly more likely to have crying spells (45.3% vs. 10.0%,  $p<.001$ ), and to feel sad (54.6% vs. 36.6%,  $p=.01$ ). The comparison of symptom severity revealed that boys scored higher in cognitive symptoms and girls scored higher in mood symptoms. CES-D subscales were compared. Boys scored higher in positive affect subscale and girls scored higher in negative affect and somatic subscales. The difference was also significant even in the non-depressed sample.

**Conclusions:** There is no significant difference in the prevalence and severity of depression in both genders. The significant difference is in the symptom profiles. Boys have more problems with cognitive symptoms and girls have more problems with mood symptoms. This difference also exists in the non-depressed group. The findings have important implications both in diagnosis and treatment of depression in adolescents.

### Does Bipolar Disorder Begin Before Adolescence? A Retrospective Study of 47 Children (Aged 6 to 12) Suspected Of Bipolar Disorder and Their Diagnoses after Hospitalization

Gabrielle Bossé-Chartier, France D'Argis, Marianna Zarrelli and Patricia Garel

*CHU Ste. Justine, Dept of Pediatric Psychiatry, Montréal, Canada*

**Objectives:** Bipolar disorder (BD) is now recognized in adolescent psychiatry. This disease affects stigmatization, disability and social impairment. More than half of adults affected by BD have reported symptoms in adolescence. An increasing number of children have been diagnosed with BD in the past decade, but a diagnosis before puberty is controversial. Between 2006 and 2010, the psychiatric unit of CHU Sainte-Justine has observed an increase in the number of children referred suspected of BD. Our aim is to study the common variables within this group and their final diagnoses at the end of their hospitalization.

**Method:** We retrospectively studied the files of 47 children (aged 6 to 12) who have been referred suspected of BD. The circumstances of their referrals, the observations made during hospitalization as well as their final diagnosis at the end of their stay were analyzed in order to evaluate the common variables among this group.

**Results:** None of the 47 children left the hospital with a diagnosis of BD. Most of them lived in an adverse familial context, characterised by instability, drug/alcohol abuse and/or violence. The majority of the initial symptoms upon referral subsided when the child was placed in a neutral environment.

**Conclusions:** We recommend that caution should be used before giving a diagnosis of bipolar disorder in childhood. A formal diagnosis must take into account BD history in the child's family along with an observational period during hospitalization. These measures should be taken to avoid negative outcomes associated with misdiagnoses and inadequate treatment, which could have a negative impact on adolescent development.

## EATING DISORDERS

### Effectiveness of Inpatient Cognitive Behaviour Therapy for Adolescents with Anorexia Nervosa in Comparison with Adults: An Analysis of a Specialized Inpatient Treatment Setting

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**Objectives:** There is evidence of an increased prevalence and an earlier onset of anorexia nervosa (AN) in adolescents. Early specialized psychotherapeutic and medical treatment may improve prognosis and decrease the risk of chronification. So far, there is a lack of controlled studies evaluating the effectiveness of cognitive behavioral treatment (CBT) in adolescents with AN. The current study evaluates whether inpatient CBT for adolescent AN patients is as effective as for adult patients.

**Method:** Effectiveness of intensive inpatient CBT of 130 anorexic adolescents (M=16.52 years, SD=0.64) was compared to 1095 adult patients (M=27.48 years, SD=8.91) with AN. The evaluation

included a set of psychometric instruments focusing on eating behaviors, depressive symptoms and general psychopathology.

**Results:** Body-mass-index (BMI) increased from 14.64 kg/m<sup>2</sup> (SD=1.69) to 16.88 kg/m<sup>2</sup> (SD=1.79) in adolescents with AN and from 15.01 kg/m<sup>2</sup> (SD=2.30) to 17.27 kg/m<sup>2</sup> (SD=2.23) in the adult group. Eating disorder symptomatology as well as depressive symptoms and general psychopathology decreased significantly in both groups during inpatient CBT. In most of the variables no differences were found between treatment course in adolescent and adult patients.

**Conclusions:** This is the largest evaluation so far of treatment effectiveness of an intensive inpatient CBT and confirms the high effectiveness of such a modality for both adult and adolescent anorexics. Results indicate that treating adolescent AN patients in an adult eating disorder unit is an effective treatment setting for these patients. Nevertheless, a pre-requisite is that staff also has a specialized knowledge of adolescent development and also takes into consideration differences between adolescents and adults in therapy.

### **Emotion Recognition and Social Information Processing in Female Adolescents with Anorexia Nervosa: A Comparative fMRI Study**

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**Objectives:** In patients with anorexia nervosa (AN), emotional and social information processing is thought to be altered.

**Method:** We therefore investigated a sample of 15 adolescent anorexic patients (16.2 years, SD  $\pm$ 1.26) and 15 age-matched healthy controls. In addition to general (CBCL / YSR) and eating disorder psychopathology (EDI 2, EDE-Q), alexithymia (TAS 26), depression (BDI II), anxiety (STAI) and empathy (IRI) were assessed. Using a computer based standardized instrument (FEEL test), we compared the ability of emotion labeling and social information processing. By means of an fMRI study, we furthermore examined cortical activation (BOLD) corresponding to the presentation of emotional stimuli (JACFEE).

**Results:** Alexithymia was seen only in patients with AN. As compared with controls, they showed significantly higher levels of depression, and both state and trait anxiety. Those psychometric scores significantly correlated with eating disorder pathology (EDI, EDQ, BMI). Their ability to recognize the facial expression of disgust was reduced. The higher the depression score was in the patient group, the more increased was the activation of the left inferior insula during processing of negative emotions; the higher the trait anxiety was, the more increased was the activation of the left Rolandic Operculum. Both brain areas play a central role in the evaluation of emotions.

**Conclusions:** In patients with AN, psychopathology was associated with eating disorder symptoms. Increasing interference of psychopathology in adolescence (e.g. depression) may cause changes in cortical network processing of negative emotions.

### **Interpersonal and Emotional Focused Group Therapy for Adolescent Outpatients with Bulimia Nervosa: A Pilot Study**

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**Objectives:** There is a natural tendency among adolescents to form groups in which they aspire to get support and feedback from their peers. Adolescents with eating disorders usually become isolated from others during the evolution of their psychopathology secondary to communication and relationship problems. Therefore, group intervention gives them the opportunity to get in touch with others again. Interpersonal and Emotional Focused Group Therapy (IEFGT) aims to improve social and affective regulation which in turn is hypothesized as helping decrease bulimia nervosa (BN) symptoms. Group therapy also offers an intervention modality more acceptable for many outpatients who refuse individual therapy, therefore helping adherence to treatment.

**Method:** 16 girls aged between 14-17 years (M = 16.2) were recruited from the Eating Disorders Outpatient Clinic. All fulfilled criteria for bulimia nervosa. Among them, two presented a borderline personality disorder comorbidity. Groups (2) were held weekly for 12 to 15 weeks by two psychologists. The goals of intervention concerned emotions and their impacts on relationships. Relationships between self-image and interpersonal conflicts were also explored. Satisfaction towards the process, perception of physical and mental health, motivation to change, perceived effects on BN symptoms and emotion were assessed through a self-reported questionnaire. Comments from other team members (physicians, nurses, social worker and individual therapists) were also compiled.

**Results:** Analysis of group sessions content reveals that group processes largely correspond to what is described in the literature. Girls described an improvement in their self-esteem, self-image, and regulation of shame, guilt, and envy, even though they did not report any impact of group intervention on their BN symptoms. They also pointed out an increase in their ability to talk about their eating disorder and to get help when needed. Medical team members observed a better compliance of patients in group therapy than in individual therapy. Therapists reported better involvement of participants in their individual therapy from patients who participated to IEFGT than from those who did not.

**Conclusions:** Adolescents appreciate this modality of intervention that allows improvements in their affect recognition and problem solving ability in relationships. Further considerations concerning implication of parents in treatment will be discussed.

### **The Association between Body Size Estimation, Eating Problems and Gender in Early Adolescence**

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**Objectives:** The purpose of the present study was to investigate body size estimation in a non-clinical sample of 406 Norwegian adolescents (mean age 13.7, range 12-15) using a modified distorting photograph technique.

**Method:** The percentage of over- and underestimation was calculated for pictures of the subjects, other persons and a neutral

object. The participants also completed the Eating Disorders Inventory for Children (EDI-C). A cut-off > 90th percentile on the Drive for Thinness (DT) subscale on EDI-C was used to define a high-risk group for eating problems. This group (N = 40, 31 girls and 9 boys) was compared with the rest of the sample, defined as a low-risk group, on the picture tasks and EDI-C. A factorial ANOVA was conducted to investigate the influence of eating problems on estimation accuracy among girls and boys. Finally, in order to identify factors associated with body size estimation in the sample, stepwise multiple regression analyses were conducted split by gender.

**Results:** All picture types showed high internal consistency, with  $\alpha > .77$ . Compared to relatively accurate estimations of own body size in the low-risk group with mean distortions below 2 %, the high-risk group showed markedly higher inaccuracy with a pattern of overestimation for girls (M = 7.89 %, SD = 15.96) and underestimation for boys (M = -3.59 %, SD = 7.92). The groups did not differ significantly in the perception of the neutral object. Important predictors of perceived body size included the size estimation of other children, preoccupation with weight and shape, self-esteem and emotional instability.

**Conclusions:** The results support the predictive value of body size estimation and highlight the importance of improved methodology and gender specific hypotheses. Accordingly, body image distortion should be conceptualized as both over- and underestimation to include the biased body perception among girls and boys preoccupied with weight and shape. These gender differences in judgment bias can be interpreted within present aesthetic ideals and should be further investigated with regard to self perception, body image and eating problems in adolescence. Thus, a better understanding of the non-sensory factors involved in body size estimation may help to identify body image distortion and unhealthy dieting in young age groups.

### Eating Disorders Subtypes in a Sample of Young Females Using The OPD System: Preliminary Results

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**Objectives:** Clinical experience with patients suffering from eating disorders (EDs) shows that the same symptom can cover different types of mental functioning, with very different prognosis.

This study aims to investigate the existence of recurrent diagnostic configurations on an adolescent sample normalized for the DSM-IV diagnosis of ED, using the Operationalized Psychodynamic Diagnosis system (OPD-Task-Force 2008: Operationalized Psychodynamic Diagnosis OPD-2 Manual of Diagnosis and Treatment Planning in order to improve the therapeutic strategies. In a previous study we found that OPD can show different recurrent psychodynamic configurations independently from the DSM-IV diagnosis. In subsequent research we found that OPD can also show different psychodynamic configurations in a population affected by eating disorder and different configurations for each personality disorder.

**Method:** The sample is made up of 50 consecutive non-selected young women (age between 16-25 years) coming to a nutritional

day hospital at the Department of Clinical Nutrition of the H. Niguarda-Milan and visited by an OPD-II trained interviewer of the psychiatric university unit of the same hospital. We present the preliminary results of a study with a 300 patient sample, in which there will be three evaluations (T0 – T1 18 months – T2 36 months follow up) using the following tools: OPD-2, SCL-90, EDI-2, BUT, suited clinical anamnestic schedule.

We performed two different factor analyses with the Varimax rotation, the first one using OPD Axis I (Experience of Illness) variables, the second one among the factors extracted in Axis I and the Axis III (Conflicts) and Axis IV (Structure) variables.

**Results:** We obtained in the first step of analysis four different recurrent psychodynamic configurations, that we called Configurations, that represent the patient psychological, somatic and social theory of illness. In the second step we've found two recurrent psychodynamic configurations, that we called Organizations, that represent more stable organizations of illness that could contribute to create the high outcome variability in this disorder.

**Conclusions:** These results suggest the existence of different subtypes of patients with EDs, that differ not only with respect to the symptomatology, but also with respect to underlying psychodynamic features. Our hypotheses are that patients with different configurations and organizations need different therapeutic approaches, and that the frequent treatment failures with patients with EDs are due to the lack of an appropriate differential diagnosis.

### Emotion Regulation and Disordered Eating among Adolescent Inpatients with Anorexia Nervosa

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**Objectives:** As described more than 30 years ago by Hilde Bruch, patients with anorexia nervosa (AN) have "marked deficiencies in identifying emotional states." This has been further demonstrated in clinical research that consistently reported problems with socio-affective functioning in AN. Moreover, emotional and interpersonal skills are now given an increasingly important role in recent models of AN. In line with these models, and more generally with the notion that disordered eating is linked to poor emotion regulation, several recent studies showed that AN patients have difficulties processing their own emotions: they lack emotional awareness, have negative beliefs about emotional expression, and are alexithymic. Though these difficulties are likely to be intensified by starvation and dysphoric affects, few studies have controlled for these confounding effects. More importantly, this has been scarcely studied in AN adolescents.

**Method:** We addressed these questions in a sample of 69 AN adolescents [mean age(SD)=16.65(1.8); 36 restrictive type, 33 binge-purging type] who completed a battery of self-reports at admission into an inpatient unit for eating disorders and at discharge. The CIDI was used for the assessment of DSM-IV criteria. The battery of self-reports included measures of anxiety and depression (HAD), eating symptomatology (EDE-Q), alexithymia (BVAQ-B). Associations between BMI, EDE-Q scores and BVAQ-B scores were investigated using bivariate and partial

correlations at admission and at discharge. The way these scores evolved during hospitalization were tested using paired t-tests. Finally, the comparison between the AN restrictive and binge/purging types was conducted with independent sample t-tests.

**Results:** Specific associations were observed between EDE-Q and BVAQ-B scores, at admission and at discharge. HAD and EDE-Q scores were significantly reduced at discharge, but BVAQ-B scores remained stable. There was a high prevalence of alexithymic individuals (59.42%), and this was the case both among the AN-R and AN-BP. AN-BP had greater BVAQ-B B4 scores (a lack of emotional reactivity to emotion-inducing events) than the AN-R at admission.

**Conclusions:** Treatments targeting emotional awareness and expression difficulties could induce positive changes in eating and general pathology of AN adolescents.

### **Anxiety and Depression Six to Twelve Years after Hospitalisation for Anorexia Nervosa in Adolescence: Frequency and Links with Outcome**

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**Objectives:** Depression and anxiety are frequent in anorexia nervosa (AN) and they are associated with considerable social maladjustment, which is a factor for poor outcome in AN. However little is known about the predictive factors for the long-term outcome of AN in adolescence. Do they relate to the experience of anxious and depressive disturbances in the course of the lifetime, which might adversely affect the prognosis, or do these factors relate to having experienced such disturbances before AN? Does a depressive episode that is concomitant with AN have a particular prognostic value?

**Method:** We studied a cohort of 181 patients hospitalised for AN (between the ages of 13 and 22), among whom it was possible to evaluate 97 (51%) with regard to their outcome (psychological, eating habits, physical and social condition). This was done by way of a self-assessment (clinical questionnaire, the EDI-2, the SAS-SR and the WHOQOL short-form), and a face-to-face interview looking for clinical data, using questionnaires and structured instruments (MINI, Morgan and Russel outcome scale). Analyses were conducted to test the association between anxious and depressive disorders (premorbid to AN and lifetime) and the outcome variables.

**Results:** The outcomes observed are in line with the data in the literature: 83% had suffered at least one anxious or depressive episode during their lifetime, in 50% of the cases before AN onset. Premorbid obsessive compulsive disorder (OCD) was a factor for poor prognosis, as was BMI at admission and premenarchal AN. Lifetime anxious and depressive comorbidity had no impact on outcome. Social phobia and agoraphobia affected subjects' quality of life and accentuated the eating disorder symptoms. The existence of a premorbid depressive disorder had no impact on outcome.

**Conclusions:** The particular role of premorbid OCD in the evolution of AN suggests the need to conduct studies to confirm this result, investigating other associated prognostic factors such as personality disorders. In addition, adequate care provision for these

patients needs to be developed and evaluated, in particular regarding OCD.

### **Outcome Six To Twelve Years After Hospitalisation for Anorexia Nervosa in Adolescence**

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**Objectives:** Recent studies in Sweden have shown that the mortality observed in recent years following hospitalisation for anorexia nervosa (AN) is falling (Lindbald 2006). A study carried out by our team in 1991 showed a fairly high mortality rate of 7% 11 years after hospitalisation for AN. What is the situation in 2011? What is the outcome of patients who have followed a care programme that has undergone changes?

**Method:** The study reconstituted a cohort of 194 patients hospitalised for AN between the ages of 13 and 22. It was possible to evaluate 13 boys and 181 young women with regard to vital status, on average  $9.7 \pm 1.6$  years after their hospitalisation. 97 young women (51%) were also evaluated with respect to their outcomes—psychological, eating habits, physical and social conditions. This was done using a self-assessment (clinical questionnaire, the EDI-2, the SAS-SR and the WHOQOL short-form) and a face-to-face interview looking for clinical data using questionnaires and structured instruments (MINI, Morgan and Russel outcome scale).

**Results:** Among the 194 subjects in the initial sample, 4 young women had died, but none of the young men, i.e. 2.1% of the subjects. The 97 subjects who were re-assessed were not different from the others at the time of hospitalisation. In the follow-up evaluation, the overall outcome of the patients was good or intermediate for 62.9% of the subjects. Their present day BMI was variable, ranging from underweight (10.94 kg/m) to overweight (27.01 kg/m), with a mean of  $19.38 \pm 2.71$  kg/m. BMI was above the AN threshold for 85.3% of cases, and menstruation was present in about the same proportion. The mean score on the EDI-2 was fairly good, although it was 10 points above the mean score for the general population ( $54.94 \pm 40.05$  compared to 44 in the general population; this is nevertheless well above the mean for an anorexic population, which is 106).

Only 15.5% of the subjects (n=15) were still suffering from AN or bulimia (BN) according to complete DSM-IV criteria. 4 were AN-R, and 11 were alternating from AN to BN. Social adjustment was good on average (mean score of  $1.74 \pm 0.43$  on Weissman's SAS-SR scale, as was their quality-of-life (mean score  $67.05 \pm 18.37$  on the WHOQOL short form).

### **Psychological and Familial Factors Related to Eating Disorders among Chinese Adolescents**

Yaping Wang and Yuan Tian

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**Objectives:** The purpose is to investigate the present situation of abnormal eating behaviors related to eating disorders among junior high school students in Xi'an, China and the psychological and familial factors influencing these behaviors.



**Method:** Questionnaires including the 26-item Eating Attitude Test (EAT-26), the Body Image Scale, the Family Adaptability and Cohesion Scale III (FACES III), the 12-item General Health Questionnaire (GHQ-12) and Rosenberg's Self-Esteem Scale were used to measure 648 junior high school students (297 boys, 351 girls). SPSS13.0 was used for statistical analysis.

**Results:** 12.2% of junior high school students (8.5% for girls, 3.7% for boys) showed abnormal eating behaviors related to eating disorders. The girls' score of EAT-26 was higher than the boys'. EAT-26 and GHQ-12 had positive correlations, and FACES III and self-esteem had indirect relationships with EAT-26 respectively by the way of GHQ-12. Girls' score of their current body image (CURRENT) was higher than their ideal body image (IDEAL), but a significant difference between the current and ideal image was not found among boys. EAT-26 and IDEAL were negatively correlated, and a positive correlation was revealed between EAT-26 and CURRENT-IDEAL (the current body image minus the ideal body image). Cluster analysis showed junior high school students had reasonable cognition of their body image. Students having higher BMI were less pleased with their body image.

**Conclusion:** The drive for thinness was highly prevalent among junior high school female students in Xi'an. Schools should pay attention to students showing abnormal eating behaviors, especially to girls, and the results of cluster analysis may lend guidance to healthy education about eating disorders.

## ADDICTION AND SUBSTANCE ABUSE

### Reciprocal Direct and Indirect Prospective Associations Between Cannabis Use and Depressive Symptoms in High School Adolescents

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**Objectives:** Cannabis use and depressive symptoms frequently co-occur, yet the nature of the association is not fully understood. In this study, we examine bidirectional associations between cannabis use and depressive symptoms in a prospective sample of adolescents. We test for the existence of direct associations and indirect associations *via* two factors reflecting normative and non normative social connectedness: 1) attachment to school and 2) affiliation with drug-using peers.

**Method:** Participants are students who took part in the evaluation of NANS, a drop-out prevention program in low SES high schools from Quebec (Canada). The sample comprises all students aged 13 or 14 in grades 7 and 8 ( $n=3608$ ). Participants filled out self-reports annually from grades 7 to 11 (2003–2007). Measures included: CES-D depressive symptoms ( $\alpha=.89$ ); self-reported past-year cannabis use and frequent cannabis use (30 times or more); drug use by closest friends (yes/no); attachment to school ( $\alpha=.86$ ); multiple individual and contextual controls. We used logistic regression to examine the association between depressive symptoms in grade 8 and cannabis use in grade 11 and linear regression to examine the reverse association between cannabis use in grade 8 and depressive symptoms in grade 11, adjusting for baseline outcome scores and individual and contextual controls in grade 7. We used path analysis to explore indirect links involving

affiliation with drug-using peers and attachment to school in grade 10.

**Results:** Cannabis use [ $B=1.2$ ,  $CI=0.1-2.4$ ], but not frequent cannabis use in grade 8 predicted depressive symptoms in grade 11 above depressive symptoms and controls in grade 7. Cannabis use was indirectly related to depressive symptoms *via* drug use by closest friend(s) in grade 10 [ $B=0.8$ ,  $CI=0.13-1.5$ ]. No direct effect of cannabis use on later depressive symptoms remained after including this indirect association.

Depressive symptoms in grade 8 did not predict cannabis use in grade 11, but predicted frequent cannabis use [ $OR=1.2$ ,  $CI=1.04-1.3$ ] above initial cannabis use and controls. Depressive symptoms were indirectly associated with frequent cannabis use *via* drug use by closest friend(s) [ $OR=1.1$ ,  $CI=1.02-1.2$ ] and decreased attachment to school [ $OR=1.02$ ,  $CI=1.0004-1.04$ ]. A direct association remained after accounting for these indirect links [ $OR=1.05$ ,  $CI=1.01-1.09$ ].

**Conclusions:** We found evidence of complex bidirectional associations between depressive symptoms and cannabis use in high school students, suggesting that multiple mechanisms may underlie the relation between these two health risks.

### Mephedrone Abuse as Adolescent Risk Behavior: Motives, Effects and Withdrawal Symptoms

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**Objectives:** Due to a rising number of mephedrone-users in 2010, we started a study to detect motives, effects and withdrawal symptoms of mephedrone-abuse. Since literature is rare, we aimed to identify similarities in motives and effects and to report specific withdrawal symptoms.

**Method:** After written informed consent, in- and outpatients were interviewed focusing on the aimed topics. The interview was developed following the Addiction-Severity-Index. Additionally the strength of craving was reported in a craving-scale and all withdrawal symptoms were recognized and reported.

**Results:** 27 patients were included in the study; 17 were male, 10 female. The mean age of male participants was 22.47 years and 16.3 years in female participants. Patients abused mephedrone for 17.2 months on average, took 50 dosages per week on average. Patients reported to use mephedrone to get happy, to feel good, to intensify feelings and to get in contact to others. Craving was extremely strong in the first two weeks, decreasing after 2 weeks. Patients reported that craving was "stronger than in cocaine", "very strong", and that they "could not imagine any substance with a stronger craving". Most of the other reported symptoms were said to be strong in the first 2 weeks. A comorbid psychiatric disorder could be found in 22 of the 27 patients.

**Conclusions:** All patients reported strong deficits in perception of feelings and in relationship to others. These deficits could be removed by mephedrone in many patients and were the main motive for abuse for most of the patients. Since Mephedrone seems to be able to remove psychodynamic deficits, psychotherapeutic treatment should focus on these deficits. Since all users showed

strong withdrawal symptoms for 2-4 weeks, a prolonged inpatient therapy or an intense, high-frequent outpatient treatment should be offered to these patients. As it could be seen, dependency was developed very fast. Mephedrone caused strong craving, in many cases after first use. Increase in dosage was necessary very fast in all patients. Medical and pharmacological treatment in Mephedrone withdrawal should focus on comorbid psychiatric disorders and on calming symptoms of withdrawal.

### **The Project JUST- a Residential Treatment Program For Adolescents with Alcohol and Drug Problems: Preliminary Results After Three Years With Respect to Participants with School Failure**

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**Objectives:** For adolescents with SUD (substance use disorder) there is still a lack of appropriate treatment options like residential rehabilitation programs. Therefore, the project JUST (Jugendsuchttherapie) in Ravensburg, Germany, started in 2007 with a nine-month lasting residential treatment program financed partly by the youth welfare system, the statutory health insurance and the pension insurance fund. The treatment yielded by a multi-professional team follows therapeutic and pedagogic goals including regular school attendance.

**Method:** In a pre-post-design we measure psychopathological burdens with CBCL and YSR. Initial measurements with the instruments JTIC-R and the CMR scales address temperament and character factors as well as motivational attitudes of the adolescents. In a four-step-procedure we examine the achievement of pedagogic and therapeutic goals with the instruments "PaedZi" (Lutz, 2004) and the tool "JUST-Stern" (Nuetzel et al., 2009). The comprehensive assessment includes personal characteristics (e.g., Axis I diagnosis, comorbidity, history of alcohol and drug use) and environmental factors (e.g., family history, social support). Time spent in the facility (length of stay, LOS), status of discharge and post-treatment outcome after three and six months were recorded.

**Results:** Since the start of the project, 70 adolescents have been enrolled in the evaluation (39.0 % females). Nearly 60 % of the males were on parole. Evaluation revealed a mean LOS in the program of 174 days; 53.2% stayed longer than 182 days (regular rehabilitation time period for adults with SUD in Germany). 43.5 % stayed longer than eight months, 77.7 % of them (38.7 % of all) left JUST after nine months. Youths who finish secondary school during their rehabilitation are the group with the highest LOS (251 days) and the highest rate of regular dismissal. The longer adolescents remained in the program, the more they showed a clear improvement of competencies in all scales of the instruments "PaedZi" und "JUST-Stern".

Adolescents who stayed six months or longer in the residential program showed, in the six month follow-up, a significant reduction in the amount and frequency of alcohol or cannabis consumption. Mean days regularly spent at school increased by factor 3,2.

**Conclusions:** The project JUST offers adolescents with severe alcohol and drug problems an appropriate treatment option. Outcome measurements show a significant reduction of the consumption of alcohol and cannabis six months after discharge. The pre-eminent importance of support from the school is

underlined. Our results are concordant with existing data from previous studies with adults as well as those with adolescents.

### **Internet Addiction In Adolescents: Role Playing Or Acting Out Of Preexisting Dysfunctions?**

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**Objectives:** The Internet has quite rapidly been altering the form of communication and human relationships, especially among adolescents, since it offers a secure context where they might try new identities, new social roles or even new sexual roles feeling free and unlimited, mainly through multiplayer on-line role playing games and social networks. However, issues concerning the pathological use of the Internet in adolescence keep emerging. Our outpatient clinic receives increasing requests for appointments for teenagers' Internet misuse. The clinical evaluation traced many cases of preexisting familial and social dysfunction that turn the adolescent to practices which isolate him from the disturbing outer reality and offer satisfaction. This study aims to examine the relation between Internet misuse and these dysfunctions.

**Method:** The study includes 36 appointment requests for internet misuse in 2010, consisting of 34 boys and 2 girls, with a mean age of 14.9 years. In 81% of the families, the parents were married, in 13% they were divorced and in 6% the father was deceased. Specifically designed Internet misuse questionnaires were completed by the adolescent and the parents, while the clinical evaluation included thorough examination of intrafamilial relations and socialization difficulties.

**Results:** The clinical assessment validated moderate Internet misuse in 41% of the adolescents and heavy Internet misuse in 15%. It is noted that 26% of the adolescents could not be evaluated because only the parents came to the appointment. 20% of the assessed teenagers were diagnosed with depression and 12% with Asperger syndrome. Academic problems were also detected, such as deterioration of school performance (32%) and stopping school (16%). The evaluation revealed preexisting intrafamilial conflicts (24%) and aggressive behavior by the adolescent (20%) which was aggravated after Internet overuse started, as well as poor social skillfulness from a younger age (20%).

**Conclusions:** Adolescence is a transitional stage in human development marked by major physical, psychological and social changes. The Internet influence on the dynamics of this stage has become unquestionable. The ongoing change in social interactions could burden the vulnerable nature of the adolescent by influencing negatively his relations to the reference people in his life (family and friends). On the other hand, the correlation between Internet misuse and poor family functioning or socialization difficulties reveals that the adolescent's excessive resort to his electronic world could mirror an existing dysfunction of the above reference systems, which requires a profound investigation of the real causes and not just the symptom.

## VIOLENCE AND ANTISOCIAL BEHAVIOR

### How Dangerous Are Youths Who Threaten Mass Murder in Their Schools?

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**Objectives:** Criminological evidence about mass murder in schools remains insufficient for understanding fully why individual youths become perpetrators. Additional insights need to be gained, in order to define and narrow down suitable risk populations.

**Method:** The criminological and forensic psychiatric literature is reviewed and juxtaposed with personal clinical experience. Clinical findings are operationalized by roughly following the OPD-CA axis for psychic structure. Criminological and psychiatric scores can be established and combined in a single risk score.

**Results:** There is converging evidence that all perpetrators of school mass murders are decidedly mentally disturbed. This may however not suffice to explain some peculiarities. Before his offence the adolescent is in a process of cognitive narrowing, in which he loses his ability to keep aggressive fantasies in the realm of symbolic imagination. The ability to find relief in such phantasies may be termed as functioning narcissistic regulation. The study was able to identify a group of psychopathological conditions as well as situational criteria hinting to the imminent break-down of such regulation. As a concrete school shooting is being prepared the perpetrator only finds relief by plotting a real crime. This state of mind ought to be identified structurally in terms of emotional rapport, readiness to communicate, and reality control.

**Conclusions:** Being able by means of practicable methods of risk assessment to separate serious school shooters from copycats and other cases in which severe narcissistic aggression is displayed may be especially useful at times when large numbers of youths at risk take part in Internet communication about recent shootings and are subsequently referred to adolescent psychiatrists.

### Mentalization Deficits and Violent Behavior in Adolescence

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**Objectives:** Are there differences in mentalizing abilities and attachment representations between violent and non-violent adolescents? Severe mentalization deficits and disorganized attachment representations are expected in violent adolescents.

**Method:** In a cross-sectional design we interviewed 130 adolescents (with and without a history of violent behavior) with the Adult-Attachment-Interview to code it using the Reflective-Functioning-Scale (Fonagy *et al.* 1998). Additionally, Adult-Attachment-Projective-Interviews were conducted to be scored for attachment representations. A subsample of only male adolescents (n=31) participated in a fMRI-paradigm to assess neural correlates of mentalization.

**Results:** fMRI-analysis show differences in BOLD-response between the violent and the non-violent group in the ToM-network. Results from the whole sample are currently analysed. The analysis

of a subsample shows substantial differences in mentalization and attachment representations in the expected directions.

### Predicting Recidivism in Adolescents with Behavior Problems Using a Measure of Psychopathy

Catherine Basque, Jean Toupin and Gilles Côté

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**Objectives:** To verify the contribution of psychopathic traits in adolescence to the prediction of antisocial conduct in early adulthood when compared to behavioral indices.

**Method:** A French version of the Psychopathy Checklist Youth Version (PCL-SV) adapted to adolescents was used to evaluate psychopathic traits in 27 male youths 15 to 19 years old who received services from youth centres and presented behavioral difficulties reaching a clinical threshold. The youths were contacted two years later, after the follow-up period, for the purpose of evaluating presence of delinquent behaviors. Linear regression and ROC analysis, including models derived from logistic regression, were used as statistical analysis.

**Results:** The PCL-SV scores make a significant contribution above and beyond indices of delinquent behavior to predicting self-reported antisocial conduct two years later and, specifically, to predicting criminal versatility ( $\Delta R^2 = .26$ ,  $p < .05$ ) and violent recidivism ( $\Delta R^2 = .44$ ,  $p < .05$ ). In addition, the ROC analysis indicate that the models including the PCL-SV total score provide superior performance to models including only behavioral cues when it comes to identify subjects with a marked versatility of delinquent behaviours and with considerable violent recidivism. Regarding non-violent recidivism, however, results were less conclusive.

**Conclusions:** The adoption of a behavioral approach alone seems wanting when it comes to predicting socially deviant behavior in adolescents. Taking into account clinically specific personality-related indices such as psychopathic traits allows improving prediction of violent recidivism and versatility of delinquent behavior. Hence, in the interest of the protection of society, the early evaluation of psychopathy appears justified, as it could prevent youths from proceeding along a trajectory toward severe criminality. Moreover, in the light of the heterogeneity among delinquents, the evaluation of psychopathic traits would allow identifying more specific typologies and, in turn, establishing differential interventions.

### A Developmental Approach to Assessment and Treatment of Antisocial Adolescents and Young Offenders

Alfio Maggiolini

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Antisocial behaviour may be seen as the expression of a difficulty, either from the adolescent's or from his environment's side, to achieve the developmental goals necessary to the structuring of a positive social identity. The assessment of antisocial adolescents and the young people undergoing criminal proceedings should therefore include an understanding of the subjective meaning of the offence put in place and its relation with the developmental tasks of adolescence (e.g. the need for social acknowledgment and for

autonomy and the construction of a gender identity amongst others); it is their not being achievable underpinning the offence.

**Method:** Following a developmental psychopathology approach, the assessment of young people undergoing criminal proceedings is not focused on the diagnosis of a mental health disorder, but on the outline of a dysfunctional relation between the environment and the youth's developmental tasks. The disorder is not defined by the symptoms or the personality traits; it is rather seen as a dysfunction in the regulation of one's developmental needs.

**Results:** An intervention based on this approach involves the understanding of the criminogenic need and the subjective meaning of the offence. Consequently, its aim is sharing a treatment plan, involving both the young person and his environment, first of all his family. When the family cannot provide a good enough environment, the local social services can perform subsidiary duties.

**Conclusions:** From the point of view presented, assessing is not about differentiating youths displaying mental health disorders, to be treated; deprived youths, to be provided assistance; and guilty youths, to discipline and punish. The general aim is to help the adolescent take responsibility and achieve a social identity. Meta-analytic research on evidence-based practice confirm that an approach oriented towards the understanding of the criminogenic needs and the promoting of responsibility is effective. In this presentation we discuss the theoretical grounds of this viewpoint, and describe the way it is performed within the cooperative relationship between Minotaur, a group of psychotherapists in Milan, and Juvenile Justice services.

### **Self-Efficacy and Anxiety in Re-Entry Phase of Male Adolescent Prisoners (Cases from Children's Correctional Institutions of Tangerang - Indonesia)**

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*University of Indonesia, Faculty of Psychology, Depok, Indonesia*

**Objectives:** To describe the self-efficacy and anxiety of the adolescent prisoners in the re-entry phase and also to explain the dynamics of these variables in male adolescent prisoners for predicting their readiness to reintegrate in the community.

**Method:** Data comes from 106 male adolescent prisoners in Tangerang, the biggest Children's Correctional Institution of Indonesia. By using a quantitative and qualitative approach, data are collected. To measure level of self-efficacy and anxiety, the Hopkins Symptom Check List (HSCL-25) and General Self Efficacy Scale were used. Four selected cases were interviewed to understand the dynamics of anxiety and self-efficacy.

**Results:** The research showed that male adolescent prisoners have low self-efficacy and high level of anxiety in the re-entry phase. There is also a significant correlation between self-efficacy and anxiety in male adolescent prisoners. Findings from qualitative approach explained that mastery experience, vicarious learning, social persuasion, emotional states and also the social condition of prisoners (family, school, peer and developmental issues) are factors that significantly influenced the self-efficacy of the subjects.

**Conclusions:** Re-entry into the community after being a prisoner is a big problem for adolescent prisoners. Adolescent prisoners who have optimum levels of self-efficacy tend to be ready for social re-

integration in the community. They need support through various programs for preparing adolescent prisoners' social reintegration.

## **NON-PSYCHIATRIC MEDICAL ILLNESSES**

### **Adolescents with Diabetes: Attitude Towards the Disease and Psychosocial Impact**

Anastasios Emmanouilidis, Eftychia Tsamadou, Anatoli Kasektzidou Styliani Mina and Ioanna Karagiannaki

*Hippokratio General Hospital, Thessaloniki, Kalamaria, Greece*

**Objectives:** Type 1 or juvenile diabetes mellitus is a chronic condition that affects the quality of life of the adolescent patient and his family, since it imposes specific essential adjustments (dietary adaptations, regular blood sugar measurements, insulin injections). The medical management of the disease can nowadays prevent adverse consequences on physical health. However, its chronic character poses questions regarding its psychosocial effects, especially during adolescence, when the patient already faces significant developmental challenges. This study aims to examine this potential psychosocial impact, as well as the attitude of the adolescent patient towards diabetes.

**Method:** Our sample consists of 35 patients aged 12-18 years treated at the Pediatric Diabetes Outpatient Clinic of our hospital. Their mean age was 14.2 years with 1.8 SD, 21 patients were female and 14 male. Two specifically designed questionnaires, as well as the Culture Free Self Esteem Inventory and the Children's Depression Inventory (CDI), were administered and completed during the regular follow-up appointments at the clinic.

**Results:** Almost all patients never miss their follow up doctor appointments, 85.2% of them are usually or always mindful of their diet, but 37% sometimes or always forget their necessary blood sugar measurements. In spite of its chronicity, only 51.9% of these adolescents believe they know all they should about diabetes. 66.7% of the patients do not consider diabetes a restricting factor in activities, compared to peers, and 73.1% have informed their friends about their insulin injections, although 44.4% never discuss about diabetes with them. The general self esteem scale is low in 3.7% of the teenagers, average in 14.8% and high or very high in 81.4%. The total depression score of the CDI was average in 29.6% of the patients, below average in 55.5% and above average in 14.9%. The negative mood score was average in 48.1%, below average in 25.9% and above that in 26% of the sample, while the interpersonal problems scale percentages were also the same.

**Conclusions:** The above results indicate that patients can quite adequately cope with the reality of living with diabetes. Having to take up responsibility for their health from a young age, they are aware that their wellbeing depends on their compliance, maturity and consistency to a specific way of life. Nevertheless, the relatively high negative scores in the interpersonal problems scale and the negative mood scale indicate the need for the specialists' alertness to intervene when psychosocial difficulties arise.

### **Living with Thalassaemia: The Adolescent Point of View**

Anastasios Emmanouilidis, Eftychia Tsamadou, Anatoli Kasektzidou Styliani Mina and Ioanna Karagiannaki

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**Objectives:** Advances in the medical management of thalassaemia major have altered the clinical character of the disease to that of a chronic condition. Increased life expectancy introduces issues related to patients' quality of life and potential psychosocial difficulties. Apart from the expected stressful changes of their specific developmental stage, adolescent patients also have to face challenges posed by this chronic condition (growth retardation, delayed puberty, the demands of regular blood transfusions and iron chelation therapy, parental overprotectiveness etc). The objective of this study is to examine the attitude of teenage patients towards thalassaemia, as well as its emotional and social impact.

**Method:** Our sample consists of 26 thalassaemic patients aged 12-18 years treated at the Thalassaemia Unit of our hospital, which is a referral centre in the area. Their mean age was 15,7 years with 1,6 SD, 16 were girls and 10 were boys. Two specifically designed questionnaires, as well as the Culture Free Self Esteem Inventory (CFSEI) and the Children's Depression Inventory (CDI), were administered and completed during transfusion in the above unit.

**Results:** Regarding compliance to treatment, 93% of the patients never or rarely miss their transfusion appointments, however 31% sometimes forget their iron chelation treatment, despite the fact that 87% acknowledge its necessity. Despite its chronic character, 53% believe they don't have sufficient knowledge about thalassaemia. 47% consider that thalassaemia, sometimes or always, is a limiting factor in activities with peers. 73% of these adolescents never discuss about their condition with their friends and 47% have not revealed their illness or their transfusions to them. Taking into consideration the control "lie" scale, 93% of the CFSEIs were considered valid. The general self esteem scale is low in 6.7%, average in 33.3% and high in 60% of the patients. The total depression score in the CDIs was average in 46.7%, below average in 33.3% and above average in 20% of the adolescents. However, the negative mood score was average in 46.7%, below average in 20% and above in 33.3% of our sample. The interpersonal problems score was average in 40%, below that in 33.3% and above in 26.7%.

**Conclusions:** This study does not reveal marked differences on self esteem and emotional development between patients and adolescents in the general population. However, the results imply difficulties on the interpersonal relations level, indicating that there is a role for specialist's intervention to prevent such difficulties.

### **Providing Psychosocial Resources to Families with Children Diagnosed with Achondroplasia: Implementation of a Comprehensive Counselling Concept**

Julia Quitmann, Jérôme Ries, Nora Vaupel and Monika Bullinger

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**Objectives:** Rare diseases such as achondroplasia might affect subjective wellbeing and functioning. Therefore this study aims at improving the health related quality of life of affected adolescents using an individualised self-help supported counselling concept.

**Method:** Health related quality of life as well as psychosocial problems/resources of the participating adolescents are measured using validated questionnaires at point T0. With a group size of six

adolescents and their parents a semi-standardized focus group discussion is used to identify their well being and their need for counselling.

**Results:** The analysis of the quantitative and qualitative material is now used to design a modularised counselling concept which will be then implemented and evaluated for adolescents. Therefore patients will be tested again before (T1) and 6 months after the intervention (T2). Results will be compared to a control group of patients who haven't participated in the intervention program but showed interest and have been tested at the same time points.

**Conclusion:** The testing and the focus group process provided rich material and a sound basis for the creation and implementation of a comprehensive counselling concept. Quality of Life in short stature includes physical, emotional and social aspects and is regulated by coping, height related beliefs and perception of treatment. This project marks a step forward in assessing the impact of short stature and treatment on QOL.

### **The Role of Focus Groups for the Development of Patient Reported Outcome Measures: Experiences from the International Quality Of Life In Short Stature Youth – (QOLISSY) Study**

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**Objectives:** Focus groups are an important qualitative method to understand patient concerns and the first step in the development in patient reported outcomes. In order to develop an internationally usable quality of life instrument for adolescents, such focus groups were conducted simultaneously in six European countries as well as in the US. The aim was to collect information about children's and adolescents' perceptions of their growth disorder and their views concerning their quality of lives.

**Method:** Potential participants were identified by clinics in each country. Focus groups were conducted for the different age groups, respecting treatment status and gender distribution. The aim was to stimulate a discussion about the children's perception of their growth disorder and their quality of lives. The moderator posed direct questions only when the discussion stopped; at that point, questions asked included those such as "How does your growth disorder affect you at school/home?" The focus group discussions took from 60 - 90 min and were audiotaped.

**Results:** Transcripts from focus group discussions were examined for relevant text sequences or narratives that reflected the participant input as closely as possible.

The narratives varied in number and yielded in more than 5000 statements. After screening for duplication in content, statements were further reduced per country and translated into English. Results were reviewed, sorted to facets in 5 domains *via* expert consensus, leading to the conceptual model and selection of possible items for debriefing and pilot test.

**Conclusion:** The focus groups provided rich material for further analysis. Short stature –if diagnosed clinically– is a main focus of attention for children and their parents. Especially teasing and bullying are frequent experiences in short statured kids which are

met by coping efforts. Interindividual and cross-cultural differences in QoL effects were found, suggesting a complex model for understanding wellbeing and functioning in these youngsters.

### **The Psychophysiological Impact of Writing In Adolescents Suffering From Chronic Disease: Four Case Reports**

Michèle Salesse, Jean-François Saucier and Catherine Mavrikakis

*Sainte-Justine's Hospital, Research Center, Montréal, Canada*

**Objectives:** Many studies have shown that expressive writing in adults has positive effects on psychological and physiological wellbeing. Few studies, however, have focused on adolescents. While most research has demonstrated the impact of expressive writing (relating an event in terms of emotional impact on the writer) vs. neutral writing (objective narrative), no scientific study has evaluated the effects of literary (creative) writing. Examples of expressive writing are a personal diary, testimonial, or letter.

Literary writing includes a novel, short story, or poem. In expressive writing, the author speaks of himself, his suffering; literary writing uses imagination. By distancing himself from the content, the author of literary writing may more readily express emotion. The objective of our research was to compare the facilitation of emotional expression in adolescents asked to write in either expressive or literary mode. Although the study has not yet been completed, we will report results from four individuals.

**Method:** Expressive writing was selected as the control group, 146 studies demonstrating its effectiveness. Literary writing served as the experimental group. Subjects were randomized to either of the two groups if they were aged 14 to 17 years and suffered from a chronic illness. Structured activities were provided on a multimedia website, adolescents writing more comfortably on electronic media. Confidentiality was assured on a secure website hosted by the Université du Québec à Montréal.

Subjects were tested before writing began (T1); one week after weekly writing sessions ended (T2); and 4 months following completion of the sessions (T3). Text content was analyzed using specific software.

**Results:** Four subjects were representative of preliminary results, two from the literary writing group and two from the expressive writing group. All exhibited a significant decrease in depressive symptoms at T2 compared to T1. Improvements were maintained at T3. The 4th and 5th writing sessions seemed pivotal to the evolution of writing. Though none of the four subjects previously wrote except in the context of schoolwork, writing is now part of their coping strategies.

**Conclusions:** As writing sessions were computerized, they are readily comparable as concerns procedure and data. Literary writing seems to be as effective as expressive writing in helping teenagers talk about their emotions. Writing alters strategies for coping with chronic illness.

## **THERAPEUTIC CARE**

### **Adolescent Mental Health Around the World: Policy and Practices in Primary Care**

Olayinka Olusola Omigbodun<sup>1</sup>, Myron Belfer<sup>2</sup> and Fusun C. Cetin<sup>3</sup>

<sup>1</sup>*University College Hospital, Ibadan, Nigeria;* <sup>2</sup>*USA;* <sup>3</sup>*Turkey*

**Objectives:** To provide an overview of the policy and political issues associated with developing adolescent mental health services in primary care.

**Method:** Primary care is considered to be a way to extend mental health care to reach populations that are otherwise not readily accessible. Providing mental health care for adolescents in the context of primary care presents many challenges. In resource rich countries with well developed primary care systems the goal is to better inform ongoing care and advance knowledge for the inclusion of more complex problems. In resource poor countries or countries where primary health care is not well developed or where it has eroded the challenges relate to prioritizing adolescent care amongst many other needs, ensuring appropriate resource allocation and sustaining any efforts addressed toward training for adolescent mental health.

Myron Belfer, MD, MPA "Primary Care and Mental Health Policy Concerns" provides a global context for understanding the status of primary care services. Particular emphasis is placed on policies that either support or erode the potential for primary care as a place where mental health services can be provided.

Olayinka Omigbodun, MBBS, MPH "Supporting the Development of Adolescent Mental Health Services in Primary Care in Low Resource Settings": This presentation describes how adolescent mental health services in primary care can be developed and how essential they may be for the overall delivery of mental health care in low resource settings. Opportunities as well as constraints will be described.

Fusun C. Cetin, MD "A Model for Adolescent Mental Health in Primary Care". This presentation describes the model for the delivery of adolescent mental health in primary care in Turkey. The presentation will focus on the training of caregivers and the services provided. Outcome data from the initiative will be described.

### **Working With Adolescents in Institutional Care: How and Through Which "Alliances" Can There Be a "Second Chance"?**

Nikos Zilikis

*University of Thessaloniki, Thessaloniki, Greece*

When working in community-based services, such as our Adolescent Unit created recently in Thessaloniki (Greece), a part of our caseload is constituted by adolescents with a history of severe deprivation or various forms of abuse, often from their early childhood. These individuals reach puberty and adolescence while living within an institutional framework, which means that they have to "negotiate" crucial developmental issues under particular conditions, in many ways. With family histories marked by adverse circumstances, ranging from relatively severe to extreme ones, and with parents deprived of physical custody, passed by the minors'

court over to institutions, these children will often see a therapeutic agent added to an already complicated life context. Having constituted all the way an object of either a family's pathology or of interventions aiming at their safety and care, how can these children experience a second chance in their adolescence, of which a major developmental task is that of becoming a subject ("subjectivation")? How and through what alliances can we, as therapists, give a meaning to this second chance? All these issues are examined in this presentation, illustrated by some characteristic vignettes from cases referred to our unit.

### **Intersubjectivity in the Therapeutic Alliance with Adolescents**

Veronique Delvenne

*HUDERF, Brussels, Belgium*

A growing body of scientific evidence tells us that the emotional development begins early in life. The core features of emotional development include the ability to identify and understand one's own feelings, to accurately read and comprehend emotional states in others, to regulate one's own behaviour, to develop empathy for others and to establish and sustain relationships. Adolescents in great mental suffering usually have had a child history of inadequate investment. So, psychotherapies with those patients are often situations that mobilize us a lot, because of the anguish, fears, phantasms and often acting out that invades the relational field massively. Usually, alliance with them is not immediately evident, they are frequently in opposition or they don't want to entrust. The first meeting often condenses all the transference issues which will be put in scene in later follow-up. It is necessary to create a trust relationship to install the therapeutic setting which allows us to be in touch with the patient feeling. The psychic functioning of adolescent in high mental suffering is supported by mechanisms of defence like omnipotence, megalomania or refusal of care. The heavier pathology is, the more the approach must be interdisciplinary. Knowing that one of the basic symptoms of their psychopathology is dependence and that these subjects present an early fault in the development of their narcissism, the importance of relational continuity and the theoretical coherence of the teams are essential. Group of psychoanalytical therapists that work together with an analyst specialized in the adolescence field is a very supportive setting for the therapist to understand the various levels of unconscious defence's mechanisms. It permits to support intersubjectivity and to highlight particular archaic mechanisms of functioning and to prevent repetition in the field of the therapy setting. The group functions as a widened psychic space where settles the various sick parts of the teenager. All around the therapy, it is important for us to stay alive and to be in touch with our countertransference feelings that arouse by the narrations, but also by the interactions and nonverbal elements that developed progressively. The objective of the psychoanalytical approach is to tend to reverse the psychopathological process.

### **The Center for Ambulatory Intensive Therapy: 3 Years of Innovative Experience**

Michal Fischer and Aurora Venturini Andreoli

*Geneva, Switzerland*

**Objectives:** In 1996, the suicidal adolescent crisis unit (UCA) was created under the direction of Prof. Ladame. This inpatient unit

regarded crisis as a fertile moment in the patient's history, allowing for reorganization of inner structural and dynamic aspects, especially for adolescents in a developmental deadlock. Its primary purpose was to promote adhesion to a longer term psychotherapeutic treatment, to prevent further suicide attempts. By the end of their in-patient stay, most adolescents were successfully reoriented to a mid- to long-term psychotherapeutic treatment facility (approx. 45% institution, 45% private).

Over the years, the need for an alternative treatment setting emerged from the identification of several factors underlying adolescents' refusal to engage in a hospital course (approx. 50% of evaluated patients).

**Method:** In April 2008, the UCA was able to create an ambulatory extension, offering similar treatment in an out-patient setting: the center for ambulatory intensive therapy (CTAI). With this new alternative to treatment, the proportion of evaluated patients accessing care within the unit increased to over 80%, between the in-patient and out-patient facilities.

The broadening spectrum of patient population, associated with a shift to a younger age group, forced us however to challenge our model for effective ways of bringing these patients to longer-term care.

**Results:** For a significant number of adolescents, classical therapeutic encounters failed to elicit sufficient insight to access intra-psychic conflicts and ensure adhesion to continued psychotherapy. We were hence brought to investigate alternative means of treatment, less focused on patient's insight than on restoration of a play area, as a basis for associative capacities. In this perspective, we developed several mediation-based group therapies. Unlike classical psychodynamic group therapies, these groups favor processes which remained focused on the media, constituting a form of self/non-self transitional area in the Winnicottian sense.

**Conclusion:** The UCA was designed to facilitate treatment after a suicide attempt. The initial inpatient model, effective for patients who could engage in a hospital course, failed to include 50% of suicidal patients. For those adolescents, the creation of an ambulatory crisis center and the development of alternative means, allowing for emergence of a play area and creativity, have so far appeared effective in facilitating mentalization and treatment alliance, especially for patients presenting poor insight capacities.

### **Effectiveness of Child Centered Attachment-based Therapy on Reducing Childhood Depression Symptoms in Early Adolescent Students in Isfahan, Iran**

Romina Manani, Fatemeh Bahrami and Ahmad Abedi

*University of Isfahan, Isfahan, Islamic Republic of Iran*

**Objectives:** The aim of this study was to examine the effect of child centered attachment based therapy on reducing of childhood depression symptoms in early adolescent students in Isfahan (Iran).

**Method:** This study was semi experimental and the sample was thirty fourth grade elementary students who were randomly assigned into control (n=15) and experimental (n=15) groups. The instruments were child depression inventory and inventory of parent and peer attachment. Independent variable was six group sessions of child centered attachment based therapy that was

performed in experimental group along with one training group session for their mothers.

**Results:** Data were analyzed with multivariate analysis of covariance. Results showed that child centered attachment based therapy was effective on reducing child depressive symptoms and increasing quality of parental attachment.

**Conclusion:** These results suggest that child centered attachment based therapy has important advantages. Together with prior findings supporting efficacy of attachment based therapy in other populations with different ages, it should be considered as a promising new approach for working with depressed youth and their families

### **The Suffering Body of Adolescents Who Cannot Be in Pain, to Heal the 'Break': A New Multidisciplinary Treatment In Hospital**

Giovanna Montinari, Marco Caltanisetta, Marina Colombo, Rosaria Landoni and Eugenia Pelanda

*Rome, Italy*

Area G Association takes care of the adolescent and post-adolescent psychological problems and has operated in Italy, Milan and Turin, since 1991.

One of the areas of greatest concern is represented by the injury that adolescent causes to his own body—an extremely widespread and increasing reality. Self-harm behaviors are at times sensational, other times hidden, and include such eating disorders, somatizations, abuse of alcohol and substances, repeated abortions, self-mutilations and suicide attempts.

The theoretical/clinical reference for treatment is the bio-psycho-social model, which takes into consideration both the different aspects and the constant interactions of the adolescent process, and considers how the external reality meets the adolescent's needs.

In this context the behaviour that expresses the adolescent's discomfort is understood as multi-determined and can be differently interpreted: an arrest of the evolutionary process of subjectification; trouble in intrafamilial relationships; the activation of a strong defense against an intolerable psychological pain; a dysfunctional way to communicate that, however unconscious, needs and waits for an answer from the external environment.

When the adolescent damages his body, the adults' response should be at 360°. In other words adults must provide therapeutic answers, strictly interrelated and aware of the adolescent's complexity which results from the interaction of body, psyche and environment.

In the recent years Area G has developed a timely, structured and systematic methodology that is addressed both to the adolescent and to his parents. This approach is based on some key factors: the creation of a multidisciplinary team, with a close and effective liaison among different professionals; the active involvement of a pediatric hospital department (Unità Operativa Pediatria - Ospedale Bassini - Cinisello Balsamo) and the heightened awareness of the Department's and Emergency Room's doctors and nurses; the connection with the relevant geographical area (town hall of Cinisello Balsamo, Cormano, Cusano Milanino e Bresso) and the constructive interaction between public authorities, and not-for-profit and for-profit foundations.

The application of the above key factors on an experience is currently underway, thanks to support from a private foundation.

Therefore, we'll bring to your attention some clinical/methodological considerations elaborated by an enlarged team of specialists 'with and without gown', to provide a really integrated and effective approach, which should be able to help both the adolescent and his parents.

### **The Virtual Encounter As A Second Chance For Commitment To A Therapeutic Relationship In Real Life**

Brigitte Prati and Maja Perret-Catipovic

*Geneva University Hospitals, Geneva, Switzerland*

**Objectives:** In this presentation we focus on a possible therapeutic use of the Internet with suicidal teenagers and young adults.

**Method:** After a brief review of the literature aiming at the difficulties of young people to seek help from mental health services and professionals, as well as an overview of the pitfalls and benefits of internet use, we will show the possibilities of a therapeutic use of the Internet.

This will be illustrated by samples of our work on a health-promotion website for adolescents (ciao.ch) as well as a case study which shows the possible therapeutic effect of an electronic relationship between a suicidal young patient and therapists trained in psychodynamic psychotherapy for adolescents.

**Results:** We focus on the relevancy of punctual contacts as they can occur on a health-promotion website for adolescents, as well as the deployment of a therapeutic process through exchanges by e-mails.

**Conclusion:** In this paper we support the idea that the Internet can provide an alternative to the traditional therapeutic activities for a very reluctant, but nevertheless at high vital risk population, as suicidal teenagers are.

### **Transitional Youth Service for Young Adults Aged 16-24 years: Review of Four Year Capacity in Alberta, Canada**

Amanda Richardson, David Cawthorpe, Adriana Sorbo Robert Manning and Karen Cutting

*Alberta Health Services, Alberta, Canada*

**Objectives:** A long tradition of research has highlighted the continuity of mental health disorders between childhood and adulthood. Nevertheless, health service systems have not kept pace with the lifespan concepts that underpin developmental psychopathology. Services focusing on transitional youth are an adaptation of the principles inherent in the conceptual framework of developmental psychopathology. In this paper we compare the clinical profiles of those enrolled in Transitional Youth Service and comparable young adults aged 16-18.

**Method:** Anonymous data was extracted from the regional access and intake system, which included demographics, and system level variables (e.g. service encounters). These data were analyzed in relation to demographically similar clients enrolled in other regional mental health programs. These two groups were compared using multivariable logistic regression analysis on the basis of diagnostic and clinical measures gathered on referral, enrollment



and discharge (Western Canada waitlist children's mental health priority criteria score: 17 items: WCWL-CMH-PCS).

**Results:** Patients enrolled in Transitional Youth Service have a distinct clinical profile in relation to 16-18 year old youth enrolled in other services. They are more likely to be female, tend to be more urgent at the time referral (higher WCWL-CMH-PCS), have a history of more admissions, are more likely to have psychotic symptoms, to be accepted into the service rather than referred to the community and to benefit from intervention.

**Conclusions:** The model indicates that those flagged in the Transitional Youth Service have a unique clinical profile compared to others entering services who are not flagged as transitional youth. The implications of the findings validate that these youth require substantial support in making the transition to adulthood. Future research will compare the population of young adults before and after a recent program redesigned.

### Therapist and Adolescent Patient Ratings of the Therapeutic Alliance in Psychodynamic Child Psychotherapy

Katharina Weitkamp, Judith Daniels, Sandra Rosenthal Joana Wichert, Georg Romer and Silke Wiegand-Grefe

*UKE Hamburg-Eppendorf, Child and Adolescent Psychiatry, Hamburg, Germany*

**Objectives:** The therapeutic alliance is consistently associated with treatment outcome in adults and children alike. However, more research is needed on patient variables predicting alliance. The study focused on patient characteristics related to the therapeutic alliance as well as interrater-agreement between patient and therapist. The current analyses were part of an ongoing waitlist-controlled field study which aimed to evaluate the efficacy of psychodynamic psychotherapy for children and adolescents with a prospective design.

**Method:** 72 therapist and patient pairs in outpatient child psychodynamic therapy in Germany have been included in the study. Patients were aged 13 to 20 years (76% female). Therapists and patients filled out questionnaires at the beginning and the end of treatment, as well as up to 5 points in time during therapy. Therapeutic relationship has been measured with the German Therapeutic Alliance Scale for Children. Additionally, data on the adolescent's pathology, level of impairment, personality, family functioning and socio-demographic characteristics were collected.

**Results:** Patients viewed the therapeutic relationship significantly more positively. Intra-class correlations between patients and therapists were low to moderate. Therapist ratings of therapeutic alliance were influenced by the patient's internalizing pathology, age, and gender. Patients' ratings were influenced by self-rated social support.

**Conclusions:** Both informants reported related but distinct information on their relationship. Therapists seemed to be more critical raters of the alliance than the patients. Ratings of the alliance were associated with adolescent characteristics for both therapist and patient report. Consistent with previous findings that patient social functioning influences alliance, patient-reported alliance was connected to social support. Important pre-treatment relationships might influence the therapeutic alliance in adolescents.

### Evaluation of Inpatient Psychodynamic Psychotherapy for Adolescents Who Suffer Mixed Disorders of Conduct and Emotions (F92, ICD-10)

Carola Cropp, Annette Streeck-Fischer and Falk Leichenring

*Asklepios FK Tiefenbrunn, Rosdorf, Germany*

**Objectives:** Although conduct disorders are some of the most common psychiatric disorders in childhood and adolescence, and although they seem to be an important risk factor for adult aggressive and delinquent behavior as well as for other comorbid disorders in adulthood, until now only few studies have evaluated specific therapy approaches for this patient group. A randomized controlled clinical trial carried out at Asklepios Fachklinikum Tiefenbrunn (Rosdorf, Germany) aims to prove the efficacy of a manualised psychodynamic inpatient treatment for adolescents who suffer mixed disorders of conduct and emotions (F92, ICD-10). A treatment group (N=27) is compared to a wait-list control group (treatment as usual, N=27) for a six months period. After the six months waiting period the control group is also admitted to Tiefenbrunn and receives the same intervention, too. Furthermore, a six months follow-up shall control the stability of treatment success. It is expected that the treatment group shows significantly greater reductions in psychopathology as well as a significant increase in quality of life compared to the wait-list control group.

**Method:** The included patients (N=54) were randomly assigned to the two conditions. Pre-/post changes in psychopathology and in quality of life have been compared between the two groups using the t-test or the  $\chi^2$  test when appropriate. Primary value of outcome was not-fulfilling the diagnostic criteria for mixed disorders of conduct and emotions after treatment/waiting period (SCID-I/II, Disyps-KJ). Secondary values of outcome have been measured multi-perspective and with different methods. In addition to various global outcome measures (SCL-90-R, IIP, BPI, BSSK, IES, ILK etc.) the self-reflective-functioning-scale as well as the OPD-CA axes 'structure' and 'prerequisites for treatment' have been used as specific psychodynamic outcome measures.

**Results:** Patients of the treatment group showed substantial improvement on all main outcome measures, while patients of the wait-list control group showed no or only marginal improvement on most of the outcome measures. Between the groups, moderate to large effect sizes have been found.

**Conclusions:** The present results of the study demonstrate that the examined psychodynamic inpatient treatment produces significant reductions in psychopathology among adolescents who suffer mixed disorders of conduct and emotions. Also in terms of psychodynamic measures (OPD-CA structure, mentalisation) significant improvements can be shown. Therefore, the study provides evidence supporting the use of psychodynamic psychotherapy for this patient group.

### Cognitive-Behavioral Therapy and Psychodynamic Psychotherapy for Bulimia Nervosa in Adolescents: Results of an RCT-Study

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Epidemiological studies suggest that bulimia nervosa is one of the most frequent psychological problems in adolescence, however only few disorder-specific treatments have been evaluated. In Germany, cognitive behavior therapy and psychodynamic psychotherapy are the two most frequently applied psychotherapy approaches in the treatment of BN in children and adolescents. Aim of the study was to compare psychodynamic psychotherapy and cognitive behavior therapy in female adolescents suffering from bulimia nervosa or atypical bulimia. 82 female adolescents suffering from bulimia nervosa or atypical bulimia were treated with either psychodynamic psychotherapy or cognitive behavior therapy. Both treatments were conducted with maximum of 60 therapy sessions. The mean age of the sample was 18.2 years (range =13-21), and most of the girls were in school (51%), while 26% were studying at the university. 67% of the bulimic girls had no previous treatment for their disorder. Bulimia nervosa was assessed with the Eating Disorder Examination (EDE) and the Eating Disorder Inventory (EDI). For multiaxial psychodynamic diagnosis, the operationalized psychodynamic diagnostic system for children and adolescent (OPD-CA) was used. 21 girls dropped out of treatment before the 30th therapy session. This multi-center study examined the efficacy of two specific psychotherapeutic treatments for bulimia nervosa. In order to identify responder and non-responder profiles of cognitive behavior therapy and psychodynamic psychotherapy, moderators of treatment outcome were examined. Conclusions for clinical practice were discussed.

### **Self Harm in Adolescence, is MBT the Answer?: An RCT**

Trudie Rossow

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**Background:** Self harm (SH) in young people is common in the UK and across Europe. Amongst adolescents in the States, suicide is the greatest cause of death and the second greatest cause of death in the rest of the developed world. Adult outcomes of young people who harmed themselves demonstrated that over 30% of their sample harmed themselves repeatedly into adulthood. Depression both in adolescence and in adulthood also almost always accompany the suicidal attempt and some studies suggested that the pathway to repeat attempts is through depression and hopelessness creating suicidal ideation which is linked with suicidal action. Only 12 research studies have explored treatment interventions for self harming young people and of the 12, only one study (MST treatment) showed superiority over treatment as usual.

**Aims:** This study is an RCT comparing Mentalization Based Treatment (MBT) against Treatment as Usual (TAU) in young people presenting with SH. Secondly, this study tried to explore the mediating factors leading to SH by comparing the self harm group against 2 control groups (one clinical non-self harming and one non-clinical group).

**Method:** 80 Young people (age 12 - 17 years) with SH behaviour has been recruited and randomly allocated to MBT or TAU. At the outset the SH group was also compared against 2 control groups (school group and a clinically non-self harming group). All the young people were tested by research assistants who were blind to their grouping. The tests were self reports and an interview and explored personality profile, borderline features, mood, suicidality, self harm and risk taking as well as mentalisation and cognitive functioning.

**Results:** Both groups improved on all outcome measures, but the MBT group showed superiority over the TAU group in terms of risk, self harm, mood, borderline features, dissociation and mentalization.

### **Psychodynamic Psychotherapy with Adolescent First and Second Generation Immigrants in Germany**

Peter Bründl, Juliane Bründl, Manfred Endres, Susanne Hauser, Konstantin Precht, Catharina Salamander, Franz Schambeck and Dietrich Winzer

*Munich, Germany*

Global migration has brought about complex and contradictory discontinuities between familial generations and new patterns of identifications unfamiliar to prior generations and to psychotherapists. These new structures and experiences have changed interdependence and balance between the outer reality and the developing inner world of our adolescent patients but also the ongoing clinical research into identity transformation due to migration. Intergenerational, often traumatic, even trans-generational traumatic losses, as well as new developmental chances, underlie adolescence and migration. Therefore young first and second generation immigrants are confronted with highly intense and increased transformational challenges due to their unavoidable moves from childhood into adulthood which reactivates imprints of their own or their families' moves from their original home country into the actual society they are living in – moves the young people had no saying in, moves that were out of their control. Thus the transformational processes of the individual are accompanied by creative and destructive ways of coping and integration in the course of the adolescent process of the individual subject, setting free or inhibiting the “creation of the new”(V.KING), of the new, relatively permanent and stable personal mind which never before has existed in that way. The psychoanalytic/psychodynamic process as a genuine developmental experience in itself does not recapitulate infantile experiences directly. It helps however emerge from the actual unconscious unforgotten but up to now not to be remembered wishes, fantasies, and traumatic events from childhood modified by the evolving pubertal or adolescent mind of the young person with her/his sexually mature and aggressively active body. The psychodynamic process enables the patient in his/her inter-subjective relationship to her/his therapist to reactivate split off and up to now un-integrated parts of the developing self and ego. When the therapeutic couple succeeds to work through those formerly split off parts of the self in a regressive move in the service of progression often in moments of oneness (Y.COHEN) they disorganize them in order to reorganize them meaningfully for each partner of the therapeutic couple. Thereby the young person in a more authentic way can make his “adolescence as the avant-garde of his individuality” (ERDHEIM) more his/her own.

The discussion of vignettes from psychodynamic treatments of adolescents and young adults will reflect on those concepts above.

### **The Work with Parents as the Best Allies in the Treatment of Adolescents**

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In the last two decades the importance of involving parents in the treatment of the adolescent has become more and more accepted. This has happened in part because of the influence of the relational approach in psychoanalysis and in part because of the deepening of our knowledge of developmental psychology and psychopathology. The understanding of the transgenerational transmission of psychopathology; of the roots of dysfunctional modes of affective regulation; and of self and other's representation have resulted in an 'extension of the field' from the adolescent to her context and in particular to the relationship with her parents, both in the present and in the previous developmental phases.

Attachment research has pointed out how in this relationship reciprocal needs and expectations tend to establish defined affective, cognitive and behavioural modes (secure, insecure or disorganized) and how these modes can be related to vulnerability or resilience.

From this perspective, the work with the parents of a disturbed adolescent is aimed at the restoration of the progressive development in the parent-child relationship. The process begins with the evaluation of each-parent's quality of mentalisation. The goal is to reduce dysfunctional beliefs, feelings and behaviours and to support reflection, empathy, play, respect and curiosity.

### **Group Intervention To Overcome Post-Traumatic Stress Reactions Among Trans Gender Adolescents**

Sherly Saragih Turnip and Kristiyanto Kristiyanto

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**Objectives:** Transgendered individuals in Indonesia often face discrimination, stigma and rejection from the community, despite their rising numbers. Transgendered persons are more prone to experience violent attacks which can lead to traumatic reactions. Transgendered adolescents, compared to adults, are particularly vulnerable to post-traumatic reactions after experiencing violent events. One of the reasons is because adolescents are not emotionally stable and mature yet. The aim of this research is to study the effectiveness of group intervention developed by Smith, Dyregrov, and Yule (1999) to cope with post-traumatic stress reaction among adolescents who experienced traumatic events due to their transgender status.

**Method:** The study was conducted in Jakarta. The subjects were three (3) adolescents who were the member of a transgender organization in Jakarta. All subjects were diagnosed as transgender upon entrance to the study by psychologists. The intervention was comprised of 5 group sessions based on the module developed by Smith, Dyregrov, and Yule (1999). We used a pre-post intervention within subject design.

**Results:** Effectiveness of the group intervention was measured by the decrease of CRIES-13 scores, observation, and interview with each participant. This study found that group intervention was effective to help the transgendered adolescents to cope with their post-traumatic stress reactions, which was indicated by the decrease of intrusion, hyperactivity and avoidance symptoms.

**Conclusions:** The group intervention technique can be adapted and applied for Indonesian setting and cater to the needs of transgender adolescents. Benefits of participating in a group intervention also extended in many other areas of the subjects such as increased self esteem, empathy, and confidence.

### **Relaxation Therapy as Part Of a Multimodal Treatment in Tourette's Syndrome**

Hélène Rousseau

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**Objectives:** To describe, through case reports, relaxation therapy and its contribution to the multimodal treatment of severe tics with patients suffering from Tourette's Syndrome. Tourette's Syndrome treatment includes first and foremost the use of medication. More recently, multimodal treatments have been studied, including Habit Reversal Therapy, and they explored the benefits of relaxation exercises. In the psychotherapy's realm, psychomotor therapy through relaxation allows the specific targeting of the motor symptoms experienced by these patients. Hence, the abilities and control they develop through relaxation enhances their motivation to pursue treatment and to actively collaborate with their environment in resolving other difficulties that could be associated with Tourette's Syndrome: Tourette's Syndrome is often associated with other disorders such as ADHD, OCD, anxiety, social and/or educational impairments.

**Method:** The relaxation therapy is offered to patients (children and adolescents), either treated at the ambulatory service or hospitalized at the Children Psychiatry Department of Sainte-Justine University Medical Centre. Either the Neurologist or the Psychiatrist may request relaxation therapy (as sole therapy or concurrent with other forms of therapy) for patients whose severe tic symptoms do not respond satisfactorily or optimally to pharmacotherapy. This presentation consists of three clinical histories illustrating the relaxation techniques and the outcomes of the intervention.

**Results:** Over a variable time period, these patients who practiced relaxation techniques experienced improvement or resolution of the tics, during and after the exercise. Those improvements were evaluated for the most part as satisfactory to very satisfactory by therapist, patient and parents alike.

**Conclusions:** This presentation discusses the relative effectiveness of relaxation therapy for symptoms resistant to more traditional approaches and it suggests specific benefits for using it in the treatment of severe tics. In this clinical setting, relaxation therapy offers a very promising alternative in diminishing the severity of the tics. The description of relaxation therapy with Tourette's patients should be better documented so that it can be used reliably in future research.

### **Subjective Experience with Antipsychotic Treatment in Adolescents with Psychosis: A Controlled Study on 31 Subjects**

Giorgio Rossi and Tiziana Carigi

*Fondazione Mondino, Child and Adolescent Neuropsychiatry, Pavia, Italy*

**Objectives:** Antipsychotic medication is a central element of treatment in cases of severe adolescent psychopathology, especially in case of psychosis. Nevertheless, youth adherence to psychotropic medication regimens is likely to be low. Our study aim is to identify differences in subjective experience of antipsychotics (APs) between adolescents with psychosis and adolescents with non-psychotic psychopathology; furthermore, we evaluated whether

subjective experience of APs is related to adherence to treatment both in case and in control subjects.

**Method:** We conducted a multicentre (Pavia and South Essex) cross-sectional observational study, enrolling 31 subjects (18 males and 13 females), mean age 16 years and 5 months (d.s.1.42), all under APs treatment, steady in type and dosage since at least one month. 19 were Italian and 12 English patients. According to DSM-IV-TR criteria, diagnosis was psychosis in 20 subjects (64.5%) and different from psychosis in 11 (35.4%) (e.g. Gilles de la Tourette Syndrome, ADHD). Clinical diagnosis was confirmed through MINI (Mini International Neuropsychiatric Interview) and SCID-II (Structured Clinical Interview for DSM), for Axis I and Axis II disorders respectively. All adolescents underwent cognitive assessment (by Wechsler Scales or Raven Progressive Matrices), to exclude mental retardation, and neurological examination. For the whole sample, assessment compelled: DAI-30 (Drug Attitude Inventory), ESRS (Extrapyramidal Symptoms Rating Scale), BARS (Barnes Akathisia Rating Scale), CGI (Clinical Global Impression Scale), C-GAS (Children Global Assessment Scale), EuroQoL (EuroQoL Group), a Likert scale on treatment adherence. In case of psychosis, assessment also included the PANSS (Positive and Negative Syndrome Scale) and SANS (Scale for the Assessment of Negative Symptoms).

Statistical analysis was made through R (R Development Core Team, 2009).

**Results:** Comparison of demographic and clinical data between case and control groups only showed statistical difference regarding to treatment adherence, higher in psychosis group ( $p=0.001$ ). Univariate analysis on subjective experience (DAI-30), compared with different aspects (e.g. gender, diagnosis, treatment adherence, type of antipsychotic, side effects...), showed subjective experience positively related to treatment adherence ( $p=0.00013$ ) and negatively related to akathisia, according to ESRS ( $p=0.0257$ ). Multivariate analysis also showed a positive relation between subjective experience and equivalent dosage ( $p=0.0042$ ), time of treatment ( $p=0.0159$ ) and akathisia, according to BARS ( $p=0.0379$ ).

**Conclusions:** Our study results underlie that, also in adolescence, subjective experience plays a very important role in predicting antipsychotic treatment adherence. An easy to apply instrument, such as DAI-30, could represent a useful tool in clinical practice to measure patient attitude to therapy.

### **A Case Report of an Adolescent with Catatonia Treated with Electroconvulsive Therapy**

Steffen Weirich, Johannes Buchmann, Olaf Reis, Jacqueline Höppner, and Frank Häßler

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**Objectives:** Electroconvulsive therapy (ECT) is known to be effective in the treatment of catatonic disorders for adults, but less is known about the treatment of adolescents. We report a case of a female adolescent who exhibited severe catatonia and was successfully treated with benzodiazepines, amantadine HCL, and ECT.

**Method:** case report, report of treatment with ECT, course of catatonia is reported with scores of the Bush-Francis Catatonia Rating Scale.

**Results:** F is a 15-year-old female identical twin. At age 13, F became overly paranoid and anxious, and was diagnosed with a schizophrenia. During the first period, she was treated with several antipsychotic drugs (risperidone, quetiapine, olanzapine). Because of a new acute psychotic period, and after a reduction of the quetiapine dose because of non-response, F was treated with olanzapine. After improving much at first and still receiving small quetiapine and high olanzapine doses, her activities would suddenly stop, and she would “freeze.” F became rigid with her speech decreasing to mutism. A catatonic stupor was diagnosed. Medical examinations, including electroencephalography (EEG), cerebrospinal fluid (CSF) examination and magnetic resonance imaging of the head (cMRI), as well as laboratory tests provided negative results except for increased creatine kinase values (CK). F fulfilled the diagnostic criteria for catatonia. The application of a high benzodiazepine dose (diazepam up to 30 mg/d, lorazepam up to 6 mg/d) was not sufficient to reduce the severe symptomatology.

At the time of consideration of ECT, F was extremely “frozen,” showed no movements at all, and was unable to respond to questions, only staring into space. She exhibited severe stiffness for passive movement (flexibilitas cerea). Therefore, bitemporal ECT was started, with a daily treatment during the first week, 3 ECT treatments during the second week, followed by consecutive reduction of the frequency of ECTs. Meanwhile, amantadine HCL was prescribed because of severe rigidity. After 12 ECTs, F showed significant improvement. Receiving only 6 ECTs afterwards. Unfortunately, after ECT schizophrenic symptoms returned with paranoia, hallucinations and anxiety. F was treated with ziprasidone which showed mixed results.

**Conclusion:** As known from the literature, catatonia in adolescents should be treated with high doses of benzodiazepines, but if this fails, or secondary effects cannot be tolerated, ECT becomes a safe and effective treatment option. Indication and feasibility of ECT for the treatment of catatonia in adolescents are discussed.

## **SCHOOLS AND COMMUNITY**

### **Forensic Adolescent Consultation and Treatment Service (FACTS)**

Sue Bailey

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Forensic Adolescent Consultation and Treatment Service (FACTS) team has, since 1996, offered comprehensive health needs and risk assessment for children aged eight to eighteen from throughout the UK and Ireland. The cohort of children seen over this period have displayed acts of serious violence, acts of sexual aggression, sadistic acts and fire setting behaviours. The work of this service (reported in twelve peer review published papers) focuses on working with multi agency systems to enable them to better risk manage these children, offer evidence based treatment interventions, to advise on preventative strategies with younger children, and where possible to support and work with families.

The subgroup of the children seen; both boys and girls including female sexual offenders, display evidence of emerging abnormal development of personality characterised by cold and callous unemotional traits arising both out of innate vulnerabilities and also early life experiences. This group have received treatment directly

from the FACTS team through both verbal and non verbal therapies which will be described in this paper.

Lessons learnt from the work of this service can be applied across the whole pathway of care for these young people to inform how earlier preventative measures working with families can be implemented and where even where children are high risk and detained in secure care can be worked with by a combination of verbal and non verbal therapies.

### **Promoting Communication Among Adolescents: Group Work in Athens High Schools**

Aliki Grigoriadou

*Hellenic Center of Mental Health, Athens, Greece*

Mental health is profoundly affected by many significant environmental patterns and circumstances including economical, political and cultural forces in our societies. Greece is currently undergoing a period of financial crisis with global psychosocial consequences. Adolescents are among the most vulnerable members of the population - especially those suffering from mental health problems, poverty and social exclusion.

Mental health promotion policies can enable optimal psychosocial development and enhance social inclusion. At the community level, it seems important to work within an "overall setting approach", which looks at environments rather than individuals.

Following this "whole school approach" the Hellenic Centre for Mental Health and Research Adolescent Unit of Athens – an outpatient mental health service for adolescents aged 13 to 18 years– has developed a school based mental health promotion programme that is being implemented in our community high schools.

For most adolescents, the small group is a natural and attractive setting, where young persons are able to share feelings and thoughts with peers and benefit from various identifications. This intervention does not focus on individuals with problems, but on the positive well being of all the people who work and learn there, students as well as high school teachers, and on the totality of the classroom setting, which includes its relationships and communication network.

### **Agreement of Parents,' Teachers' and Students' Ratings of Bullying and Victimization**

Nina Spröber

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**Objectives:** Bullying is a serious problem in schools. Most of the emerging bullying episodes could be stopped immediately, if peers or teachers would intervene. Despite evidence of their effectiveness immediate interventions by peers are rare. Teachers on the other hand most often underestimate the amount of bullying that takes place. But also when teachers are told about bullying, the actions taken by the teachers are not always successful in stopping the incidents. Besides teachers and peers, parents could help to stop bullying. However, it is unclear so far how much they know about what is going on in schools. Given this evidence it is crucial to find out what parents actually know about bullying and victimization in schools.

**Method:** A German version of the Bully-Victim-Questionnaire was answered by 209 students aged between 10 and 12 years, 129 (58%) mothers and eight teachers. With the multitrait-multimethod method we calculated the agreement and the convergent and discriminant validity of the ratings of bullying/victimization of students, their mothers and teachers.

**Results:** In general, ratings between mothers and students showed moderate consistency ( $r = .34$ ). The ratings concerning victimization were the most consistent ( $r = .46$ ), the evaluation of verbal/ indirect bullying differed the most ( $r = .22$ ). Convergent validity of the ratings was satisfying, but we found a low discriminant validity. Students' ratings showed higher prevalence rates of bullying and victimization than teachers' or mothers' ratings.

**Conclusions:** Although the ratings of students and mothers show moderate consistency, mothers should be better informed about the prevalence of victimization, especially indirect forms of bullying. Students and mothers should learn to discriminate better between different forms of bullying and victimization. Ratings of teachers are compared with ratings of mothers and students. Prevention and intervention strategies are discussed.

### **School-Based Interventions as Part of The Therapeutic Alliance**

Lois T. Flaherty

*Cambridge, MA, USA*

**Objectives:** To outline the rationale for school-based mental health services and describe the various models for services.

**Background:** Schools have long been recognized as an important part of the "ecosystem" for children and adolescents (Bronfenbrenner, 1978). In addition, school academic and social success is an important predictor of long term outcome for all youth, and is a moderator of resilience for high risk youth.

**Results:** School-based mental health interventions are increasingly being utilized to promote healthy outcomes for all students. Typical goals of such interventions include 1) reduction in symptoms (such as depression); 2) reduction in high risk behaviors, such as drug and alcohol abuse, unprotected sex, or violence; and 3) improvement in educational outcomes, such as school attendance and academic achievement; and increasing resilience, such as the ability to cope with trauma.

Types of interventions can be categorized as 1) those that are directly delivered by teachers or other staff to children; and 2) those that are aimed at modifying the school emotional climate–based on the finding of the importance of "school connectedness" for adolescents (Resnick *et al.*, 1997).

In the former approach, teachers are trained to use manualized approaches—usually involving some form of cognitive-behavioral therapy. In the latter, a multi-level approach is implemented involving school administrators, teachers, and other staff, as well as parents and students.

Still another model is that of expanded school-based mental health programs. This approach involves placing mental health professionals placed in schools to provide services directly to students. The arrangements for these services vary – from an actual clinic placed in a school (co-located) to a single clinician working in a school one or more days a week. Services include: assessment,

referrals, consultation to staff about individual students, individual counseling/therapy. Families may be involved but the primary efforts are directed at students.

**Conclusions:** School-based services have the advantage of being delivered in the adolescent's natural environment and are potentially less stigmatizing. Teenagers from ethnic and racial groups that traditionally do not use mental health services are more likely to avail themselves of these services when they are located in schools (Merikangas *et al.*, 2010).

### **The Treatment of Young Offenders in Residential Communities**

Alessia Lanzi, Virginia Suigo Mauro Di Lorenzo, Annalisa Gatto and Alfio Maggiolini

*Minotauro Institute, Milan, Italy*

**Objectives:** In Italy in recent years the number of young offenders placed in residential communities has increased, both as a pre-trial measure and where an order of suspension of proceeding and placement under supervision is granted. In 2009, 2100 young offenders were placed in residential communities (94% males, 16% females; with an age range of 16-17). With the aim of improving the treatment of young offenders in residential communities, two research projects have been carried out by the Minotauro Institute in collaboration with the Juvenile Justice Centre of Lombardia.

**Method:** The first study focused on the atmosphere in residential communities where young offenders are placed (Lanzi, Maggiolini 2008); it involved a sample of 13 residential communities: 77 professionals (educators and coordinators) and 198 young people. The Community Programs Environment Scale (Moos, 1978) was employed. The second study focused on the paths and the outcomes of young offenders placed in residential communities (Maggiolini, Gatto 2009). The sample included 145 residential communities and the 604 young offenders placed there between January 2007 and June 2009.

**Results:** The residential communities involved tend to have an educational attitude, to be little prescriptive and to focus on the dimension of the relationship between the young person and the professionals working within the community; the percentage of young offenders escaping from the community decreased over time and underlined some predictors of escape (one of the main issues involving coercive placements).

**Conclusion:** The psychological assessment and treatment of young offenders in residential communities (Suigo, Di Lorenzo, 2010) plays a role in such respect. The Juvenile Justice Centre of Lombardia, in cooperation with the Minotauro Institute, informed by the studies mentioned, has produced specific guidelines for the psycho-social assessment and the treatment of young offenders in residential communities. Clinical vignettes will also be discussed (Maggiolini *et al.*, 2011).

## **POPULATION-BASED STUDIES**

### **Association of Mental Health with Health Care Utilization and Cost: A Population Study**

David Cawthorpe and Thomas C. R. Wilkes

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**Objectives:** Few studies have used population-based data to examine the health care costs of those who suffer from mental health problems. Using 9 years of physician billing data, we compare the health costs of groups with and without mental health problems.

**Method:** A dataset containing registration data for all cases receiving tertiary mental health service was constructed and subsequently matched on age and sex in a ratio of 1:8 with health care users who did not receive treatment in the tertiary mental health system. Three groups emerged in the final dataset: Those with mental health problems treated in publicly funded tertiary care ( $n = 76,677$ ), those with mental health problems treated in their doctors' offices ( $n = 277,627$ ), and those without mental health problems ( $n = 329,177$ ). Examining over 52 Million billing records for these individuals, we compare average number of visits and average "health only" billing cost per unique individual over the 9 year study period across these three groups.

**Results:** Among all health care users in the data, the health costs (total costs – mental health costs) were greater for those with problems treated in publicly funded tertiary care (\$3,437 average) and those with mental health problems treated in their doctors' offices (\$3,265 average), as compared to those without mental health problems (\$1,345 average).

**Conclusions:** Having a mental health problem is highly correlated with higher health-related expenditures. This has important policy implications on how mental health resources are constructed and rationed within the health care system.

### **Adolescent Predictors of Psychosocial Functioning In Adulthood: Longitudinal Findings From The Nord-Trøndelag Health Study**

Ruth Derdikman-Eiron, Odin Hjemdal, Stian Lydersen and Marit S. Indredavik

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**Objectives:** To explore the relations between adolescent mental health and psychosocial functioning (e.g. symptoms of anxiety and depression, subjective well being, behavioral problems at school and frequency of meeting friends) and adult psychosocial functioning (e.g. friends' support, cohabitation, community connectedness and work satisfaction) in men and women, and to investigate whether retrospective evaluations of childhood quality, life events and current mental health moderate the associations between adolescent and adult psychosocial functioning.

**Method:** Data were obtained from a major population-based Norwegian study, the Nord-Trøndelag Health Study (HUNT), in which 517 men and 819 women completed an extensive self-report questionnaire at baseline (T1; mean age 14.4 years) and at follow-up (T2; mean age 26.9 years).

**Results:** Friends' support was predicted by frequency of meeting friends in adolescence in women, and this effect was moderated by troubles in the last ten years and by childhood quality. Subjective well being in adolescence predicted friends' support in men, and the

effect was moderated by childhood quality and current symptoms of depression.

Cohabitation was predicted by frequency of meeting friends in both genders, and trauma effect, troubles in the last ten years and current symptoms of anxiety moderated the effect in women, while current symptoms of depression moderated the effect in men.

Community connectedness was predicted by subjective well being in men and by frequency of meeting friends in women. The effect was moderated by troubles in the last ten years and current symptoms of anxiety in women and by childhood quality in men. Work satisfaction was predicted by subjective well-being in adolescence in women, and it was associated with childhood quality in men. These effects were moderated by current symptoms of anxiety and depression in both genders.

**Conclusions:** While symptoms of anxiety and depression in adolescence did not predict functioning in adulthood, subjective well being and frequency of meeting friends in adolescence were meaningful predictors in both genders. Retrospective evaluation of childhood quality was a strong associate for men, while troubles in the last ten years influenced women's functioning. Current anxiety was more strongly associated with women's functioning, while current depression with men's.

These results highlight gender differences in adolescent predictors of psychosocial functioning. In addition, the results indicate that subjective well-being and frequency of meeting friends in adolescence may be better predictors for adult functioning than symptoms of anxiety and depression in adolescence.

### **Psychological Distress and School Performance: A Longitudinal Study of Adolescents in the Nord-Trøndelag Health Study**

Ingri Mykkestad

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**Objectives:** The aim of the study is to use longitudinal data on a large community sample of adolescents to investigate whether psychological distress predicts problems with academic performance, if problems with academic performance predict psychological distress, or both. The interaction effect of gender and social support of friends for the relationship between psychological distress and problems with academic performance was also investigated.

**Method:** Data were collected from a longitudinal study of adolescents aged 13 to 19 years, a population-based health study in Norway, the Nord-Trøndelag Health Study (HUNT). A total of 8984 adolescents from 8th to 13th grade (88.1% of all invited) participated at T1. A follow up study was performed three years later (T2), and the adolescents from T1 who were still in 12th and 13th grade were invited to participate at T2 (N=2714), 84 % of those invited. A total of 2401 adolescents participated on both time-points. The longitudinal data was analyzed by use of structural equation modeling (SEM) in a cross-lagged design.

**Results:** The results show significant evidence for a stronger prediction from problems with academic performance at T1 to psychological distress at T2, than the other way around, among the low social support group and among girls. We also found evidence

for the hypotheses that the causal direction is going in both directions among boys and the high social support group. Thus, the cognitive deficits may be both cause and effect of psychological distress, and indicates the bidirectional nature of the relationship between psychological distress and problems with academic performance. Furthermore, we found interaction effect of gender and social support of friends for the relationship between psychological distress and problems with academic performance.

## **SOCIAL AND CULTURAL ISSUES**

### **The Effects of the Naikan on the Feelings Toward Mother, Human Relations and Mental Health among Japanese University Students**

Tetsuji Sawa, Arata Oiji, Yukiko Morioka, Kohjun Shibata and Sota Kobayashi

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**Objectives:** The Naikan is a structured method of self-reflection developed by Yoshimoto Ishin (1916-1988) in Japan. The Naikan client is asked to look at himself in his relationships with other important people in his life from the following three perspectives:

- a. What have I received from particular persons; Mother, Father, friends, etc...?
- b. What kind of good things I have been able to do to those persons?
- c. What troubles and difficulties have I caused to those persons?

The aim of the present study was to investigate the relationship between the change of the feelings toward mother and mental health as well as the human relationships among Japanese university students.

**Method:** The subjects of this study were 22 university students living in Tokyo Metropolitan area in Japan, who gave written informed consent to this study. We used the following procedures in this study. First, we randomly assigned the subjects to the two groups; the Daily Naikan Group (n=11) and the control group (n=11). Second, we made baseline assessments of both groups using the four instruments; the Feelings toward Mother Questionnaire (FTMQ) (T. Sawa *et al.*, 2008), the Object Relations Scale (ORS) (Y. Iume *et al.*, 2006), the Trust Scale (TS) (Y. Amagai, 1995), the Japanese version General Health Questionnaire 28 (GHQ) (D. Goldberg, 1972). Third, the subjects in the Daily Naikan Group were asked to practice daily Naikan in which they took notes about their mother half or one hour per day for a week from the three perspectives described above. Then, the same instruments were administered to the both groups one week after.

**Results:** There were no statistically significant differences in the mean scores of the instruments at baseline between the Daily Naikan Group and the control group. After a week, the Daily Naikan Group scored significantly higher in 'gratitude' on the FTMQ and 'trust for self' on the TS, and significantly lower in abandonment 'anxiety' on the FTMQ, 'trust for others' on the TS, 'excessive need for identification' on the ORS, and 'depression' on the GHQ than the control group.

**Conclusions:** These results suggested that the experience of daily Naikan caused some positive changes in the students' feelings

toward their mothers, their cognition about their human relationships, and their mental health.

### **Hikikomori: How Much Distance Between Eastern and Western Culture?**

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**Objectives:** Hikikomori is a Japanese term indicating a behavioural phenomenon typical of adolescents and post-adolescents who reject public life and avoid any kind of social involvement. Although official statistics about the European situation are still not available, many psychologists have reported several cases of adolescents presenting the same symptoms in our culture. That is why the hypothesis is that this syndrome will be more and more present in Western culture as well, mainly among young males, as the equivalent of mental anorexia.

**Method:** Available materials related to possible causes of hikikomori and methods of treatment in Japan have been studied and compared theoretically with symptoms presented by Italian patients.

**Results:** Although Western culture differs from Eastern culture in many ways, several common traits among Japanese hikikomori and European adolescents who present with severe social withdrawal syndrome have been found.

That is why “Hikikomori” situation has also recently been suggested to be introduced in the new DSM manual as a form of severe withdrawal syndrome that can affect adolescents worldwide and therefore is worth studying and treating.

**Conclusion:** The main common thread between Nippon culture and young Western adolescents is the deep and acute feeling of narcissistic shame that has substituted for the well known Oedipal sense of guilt. While the guilt can be expiated and the moral damage somehow repaired, the shame can be attenuated only through a drastic self-denial.

Adolescents and post-adolescents affected by this syndrome have high expectations from themselves and the society. When they fall short of such great expectations, they do not have the tools to cope with the shame and the sense of frustration they feel. The result of this is the complete denial of self and others; in short the denial of life.

As the world keeps evolving so fast, we have to cope with new forms of mental disorder that are worth further interest and studies every day; Hikikomori is one of these.

Adolescents living in this condition need our help and we cannot allow ourselves to fall short their expectations.

### **Amae as the Key Concept of Therapeutic Processes Among Adolescent Patients: What Elements of the Amae Theory are Specific to Japanese Beyond Attachment Theory and Object Relations Theory?**

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Amae is the noun form of *amaeru*, an intransitive verb that means “to depend and presume upon another’s benevolence” (Doi, 1956). While Grotstein (2009) only recently indicated that “the human being is always dependent... and is never really independent,” it’s common knowledge for Japanese that amae, probably rooted in the infant-mother relationship, is continuously revised throughout life.

Doi restated the needs for amae as the desire to come into a sense of oneness (Kumakura, 1984), which meant that he assumed the symbiotic/fusional inner world in early life, such as Mahler (symbiotic phase), Winnicott (mother-infant unit), and Tsuji (primary experiences). Tsuji (2006), a Japanese psychiatrist who engages in psychotherapy for psychosis, described the primary experiences as not one of the temporarily-confined phases or stages but lifelong agency. It is not until an individual becomes aware of amae and gives it up that a sense of self emerges, the beginning of the individuation processes.

The concept of amae provides no absolute standard to classify a behavior in terms of amae (Maruta, 1992), because whether to permit a certain amae-related behavior would be determined by complex interactions between those who ‘amaeru-ing’ and who ‘amaeru-ed’ from interpersonal/intra-personal perspectives, as well as determined by social contexts and atmosphere at the time surrounding the two. In sum, phenomena of amae come after inner struggles between the need for amae (the phantasy of being one with another) and the individuation processes on an individual level, intersubjective experiences between the two, and mutual interaction between the two and circumstances, which makes it complicated to reach consensus for a definition and description of the function of amae.

Mental health workers in Japan are more likely to use the term amae casually in making clinical assessments of patients, for example, someone “cannot do amae.” “do amae too much.” “is going to able to do amae or not?”. They use the term amae in the sense of the quality of daily/psychotherapeutic relationships such as attachment, dependency, and regression. From the point of this view, the aim of treatment for those who do amae too much or who do not amae enough would be to achieve the capacity for good-enough amae. We will discuss how to evolve amae among adolescent patients with a few case reports, and what elements of the amae theory are specific to Japanese beyond the attachment theory and the object relation theory.