Mo-S-195b
A cross-cultural validation component, for use in humanitarian contexts.

Mo-S-196
A qualitative analysis of the transcultural aspects of international adoption

Mo-S-197
Efficacy of psychotherapy in the treatment of adult ADHD – a randomized controlled multicentre trial

Mo-S-198
Psychotherapy in the treatment of ADHD in children and adults

Qualitative research: issues and challenges

Mo-S-195a
Mixing qualitative and quantitative methods: Cross cultural validation of a rapid screening tool for psychological distress in children 3–6 years old

Mo-S-195b
Qualitative research on adolescent’s violence: Between history and identity

Miyagi prefecture was severely affected by the Tohoku Earthquake. Especially, coastal areas were destroyed by huge tsunami and there are a lot of dead and missing. Miyagi Comprehensive Children’s Center is one of the prefectural institutions for child mental health. After the disaster, we organized Miyagi Child Mental Health Care Team. The team that was constituted by child psychiatrists, clinical psychologists and public health nurses had two purposes. One was to provide individual child psychiatric treatment for children who needed it. Another was to support adults (parents and teachers) who spent a lot of time with children in daily life by giving lectures and supervisions. From March to September 2011, we saw 96 children (48 boys and 48 girls) for individual treatment (total 287 examinations). And we gave 12 lectures and 30 supervisions. The chief complaints of boys are aggressive behavior (29%), regression (23%) and sleep problem (17%). The chief complaints of girls are regression (31%), fear (23%) and somatization (15%). Many children (65%) are diagnosed as reaction to severe stress, and adjustment disorders (F43). A lot of children (57%) need continued treatment. It is supposed that needs for child mental health services should be increasing for years to come in Miyagi prefecture.

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Background.– Cross cultural validation of mental health tools involved both qualitative and quantitative methods. This study aims to present the qualitative methodology used during the process of validation of a screening tool for young children in a humanitarian context.

Methods.– A standard cross-cultural validation was implemented using qualitative methods. This method included adaptation, translation of the tool, as well as a qualitative research on child development and psychopathology using focus groups and individual interviews.

Results.– Qualitative research provided useful information to support the external validity of the scale and strengthen the validation results.

Conclusions.– Using both methodologies provided a reliable and a valuable tool in screening for psychological distress in children 3 to 6 years old. To our knowledge, this is the first validation of a screening tool for young children, with a cross-cultural validation component, for use in humanitarian contexts.

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The “riots” in autumn 2005 provoked astonishment and misunderstanding in French society. According to a sociological study, the teenagers engaged in the rebellion were “French from immigrant origin”, and more than 55% from a North African background. So these young people may be considered as “children” of the relationship of French history to its ancient colonies. Numerous attempts to interpretate the “riots” have been proposed, but none of them analyzed the traumatic impact of “silenced” colonial history upon their filiation. The study we present analyses the understandings of 15 French teenagers from Franco-Algerian background, exploring the links they establish between these recent facts and colonial and post-colonial history.

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Attention Deficit Hyperactivity Disorder (ADHD) is a serious risk factor for co-occurring psychiatric disorders and negative psychosocial consequences in adulthood. Given this background, there is great need for an effective treatment of adult ADHD patients.

Therefore, our research group has conducted a first controlled randomized multicenter study on the evaluation of disorder-tailored DBT-based group program in adult ADHD compared to a psychopharmacological treatment (COMPAS). Between 2007 and 2010, in a four-arm-design, 433 patients were randomized to a manualized dialectical behavioural therapy (DBT) based group program plus methylphenidate or placebo or clinical management plus methylphenidate or placebo with weekly sessions in the first twelve weeks and monthly sessions thereafter. Therapists are graduated psychologists or physicians. Treatment integrity is established by independent supervision. Primary endpoint (ADHD symptoms measured by the Conners Adult ADHD Rating Scale) is rated by interviewers blind to the treatment allocation (Current Controlled Trials ISRCTN54096201).

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