Tu-S-394

Evaluation of a trauma-focused, cognitive-behavioural protocol with children and adolescents experiencing posttraumatic mental health problems following Queensland's natural disasters 2010–2012

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In the summer of 2010–2011, the state of Queensland in Australia experienced a series of natural disasters, including severe flooding (resulting in deaths) and cyclones. As part of the Statewide Child and Youth Disaster Response, children and adolescents in the most highly-impacted areas of the state were screened for new or significantly exacerbated mental health problems. Identified children received an individual trauma-focused CBT protocol in their schools. The protocol will be described, as will the challenges of implementing it. At the booster session, more than 95% of children reported scores on the PTSD-RI that indicated they had moved from either the Severe or Very Severe category at pre-treatment to the Mild or No Symptoms category. Further post-treatment data are available and these will be presented.

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Children exposed to school accident: Community based 3-year follow-up study

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Objectives.— We explored the course of trauma-related psychological symptoms and psychiatric diagnoses in 167 children after witnessing death at school and assessed the long-term effects of their symptoms on quality of life and their parents' rearing stress.

Methods.— We note that 167 children were evaluated using diverse self-rating symptom scales at 2 days (T1), 2 months (T2), 6 months (T3), and 30 months (T4) after the accident. All children were interviewed with the Diagnostic Interview Schedule for Children-IV (DISC-IV) at T1. High-risk children were assessed with the DISC-IV at T3 and T4. Children's quality of life and parental stress were assessed using the Parent Stress Index and the Children's Health and Illness Profile at T4.

Results.— The mean score and prevalence of severe PTSD and anxiety symptoms decreased significantly over time, but depressive symptoms did not. Though the prevalence of diverse anxiety disorders decreased significantly over time, forty-five percent of highly risk subjects evaluated with the DISC-IV met criteria for an anxiety or depressive disorder at T4. Linear and logistic regression analyses showed that depressive symptoms at 6 months predicted more severe parental stress (b = 0.51; odds ratio [OR], 2.88), less satisfaction (b = –0.30; OR, 2.66), and lower achievement (b = –0.41; OR, 1.5) at 30 months. PTSD or anxiety symptoms were not associated with parental stress or quality of life at T4.

Conclusions.— This study provides new evidence regarding the long-term course of trauma-related symptoms and diagnostic changes in children exposed to a single trauma. Children's depressive symptoms predicted the lower children's quality of life and higher parental rearing stress after 2 years. Careful assessment and management of depressive symptoms potentially reduce parental stress and improve quality of life of children.

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Tu-S-395

Love, attachment, and emotion processing as an assessment and treatment target in children with conduct problems

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Parent training interventions are the gold standard for treating child conduct problems. The underlying models of parenting that drive these treatments, however, are typically limited to teaching parents to use effective discipline and positive engagement, attachment, and rewards with the child. This talk will focus on new research that attempts to fit and match different parenting styles to different needs of individual children. Specifically, I will talk about problems with eye contact that characterise children with conduct problems and impairments in empathy. Research will be presented that uses naturalistic family interactions and a novel ‘love’ scenario that involves intense reciprocated eye contact, to work with parents of such young children. I will show that impairments in eye contact are characteristic of children with at risk for ongoing problems of antisocial/aggressive behaviour and these impairments may in part underlie the failure to develop into a healthy empathic adult. Implications for innovative parent training treatments are discussed.

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Tu-S-396

Mutually responsive orientation in the mother–child relationship: Associations with early childhood conduct problems and callous-unemotional traits

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Research has shown that the conduct problems of children with high levels of callous-unemotional (CU) traits are more highly heritable than those of low-CU children, and less directly associated with harsh/coercive parenting practices (Frick and Viding, 2009). Little research however has examined how attachment-related dimensions of the parent–child relationship operate on conduct problems within these putative subgroups. Findings will be reported from an observational study of mother–child interactions in a sample of boys (n = 113) aged 2–4 years, 42% of whom were recruited from a clinic for early-childhood disruptive behaviour disorders. Data suggest that not only are CU traits inversely associated with mutually responsive orientation (MRO) — a measure of attachment-related parent–child dynamics — but that CU traits also moderate the relationship between MRO and risk for conduct problems. Contrary to the notion that the conduct problems of children with high levels of CU traits are unrelated to quality of parenting, the protective effects of MRO appear to be strongest for high-CU boys.

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The callous-unemotional pathway to childhood conduct problems: Exploring the dynamic role of temperament and parenting factors

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The presence of callous-unemotional (CU) traits has been shown to delineate a subgroup of children and adolescents with a severe and persistent form of antisocial behavior that may have unique etiological origins. This presentation will overview a series of studies indicating that facets of temperamental fearlessness and punishment insensitivity appear to be unique risk factors for the development