Validation study: Assessment of Identity Development in Adolescence (AIDA) and junior temperament and character inventory (12–18 JTCI R) in Chile

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Adolescent Identity Treatment Units, from University de los Andes and Instituto Medico Schilkrut (Santiago, Chile) are part of an international group working on a cross-culturally validation of the Assessment of Identity Development in Adolescence (AIDA), a self-reported instrument aimed to differentiate normal identity crisis from identity diffusion among adolescents. We are carrying out the pilot validation study of this instrument on a stratified sample of n = 360, male and female 7th to 12th graders from three socioeconomic statuses (High, Medium and Low) in a representative district in Santiago. Additionally, we are conducting the validation of the Junior Temperament and Character Inventory (12–18 JTCI R), a measure of personality. The validation process will include adding evidence of content and construct validity of both instruments performing qualitative and quantitative data analyses. For instance, focus groups will be conducted to assess the translation and wording of the instruments, and an exploratory factor analysis (EFA) will evaluate the structure of items in both scales. EFA will be performed by using the statistical package LISREL 8.0. Additionally, internal reliability, correlations of the dimensions and descriptive analysis of gender and socioeconomic status (SES) will be done using SPSS program, and all differences statistically evaluated. According to data of some subjects (pilot study), there are differences between the normative group of adolescents and the two clinical groups, the former presenting more difficulty in the development of identity.

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Clinical and identity features in a sample of Mexican adolescents boys in conflict with the law: Preliminary results

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The concept of identity, which has been central to the understanding of personality development, plays an important role during adolescence when it either consolidates towards integration, resulting in a “normal” personality or it acquires a diffuse quality tending towards a personality disorder. Focusing on a study trying to elucidate this process, we will present results of an in-depth evaluation of 35 male inmate adolescents, currently being conducted in a penitentiary in Mexico City. The evaluation uses a set of already validated instruments such as the Minnesota A, SCL90 along other instruments currently in the process of validation such as the AIDA, REM-71, JTCI and the Y OQ. Results on this validation process and on the association between identity and personality organization shall be presented followed by a discussion on the main implications for research and clinical work.

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Identity development measured by the questionnaire AIDA (Assessment of Identity Development in Adolescence) in a Swiss-German clinical sample

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Background.— Aim of this study was to examine the differences in identity development in adolescents with different diagnoses from a clinical sample and to contrast it with healthy controls using the AIDA. Methods.— Up to now, 52 adolescent psychiatric in- and outpatients aged 12 to 18 years were examined using the German version of AIDA. The study is progressing in the Basel clinic and in a practice-cooperation in Frankfurt. To assess psychiatric diagnoses, the German clinical versions of the Structured Clinical Interview for the DSM-IV Axis II Disorders (SCID-II) and a structured psychiatric interview (Kinder-DIPS) were used. The participants of the German validation study for AIDA, 305 students from public schools, were taken as healthy controls. Results.— Patients with personality disorders (N = 20) showed the highest levels of Discontinuity and Incoherence compared to other patients and to healthy controls (effect sizes greater than 1.9) in line with the expectations. Likewise, the patients with anxiety or depression showed elevated levels of identity diffusion, but with smaller effect sizes greater than 0.8. In contrast, patients with ADHD.
or conduct disorder did not differ significantly in identity development from the school sample.

**Conclusion.**—Discriminating the level of identity diffusion using the AIDA is useful in clinical adolescent samples.

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**Troubles of interactions and development**

**Tu-S-293**

**Disturbances in mother–infant interaction in the wake of maternal traumatic stress**

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**Objectives.**—To test the hypothesis that violence-exposed mothers with post-traumatic stress disorder (PTSD) will in comparison to non-PTSD controls show neurophysiologic response-patterns associated with hypervigilance to danger in reaction to separation from their toddler.

**Methods.**—Participants included mothers (n = 54) of toddlers ages 12 to 48 months recruited from community pediatric clinics. Dyads then participated in a videotaped protocol involving free- and structured-play, and separation-reunions, during which mothers were connected to a Holter-monitor. Eleven PTSD mothers and 9 non-PTSD mothers returned for fMRI scanning during which they watched videos of their children during separation and play.

**Results.**—PTSD mothers differed from non-PTSD mothers, showing lower heart-rates (HR), a ratio of high-frequency heart-rate variability change and HR suggestive of a delayed, co-activated state, and a lack of medial prefrontal cortical activation in response to separation-stimuli.

**Conclusion.**—PTSD-mothers showed distinct neurophysiologic activation patterns of response to an interpersonal stressor that suggest increased hypervigilance and consequent impairment of engagement in mutual emotion regulation. Clinical implications will be discussed.

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**Tu-S-294**

**Babies, mothers, cultures and migrations: A transcultural perspective**

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**Background.**—What impact do multilingual environment, family culture and discriminations experienced by children living in their parents’ host countries have on child development in our multicultural societies?

**Method.**—Over the last years, these questions have given rise to innovative research which will be further looked into. We will look at the challenges we are facing to turn these risk factors into better access to health services and into a performant health system.

**Results and conclusion.**—There is a need to develop appropriate programs for clinicians involved in child mental health. These programs should be evaluated and incorporated into existing practices and guidelines in order to equip clinicians working with children and young people in multicultural communities and to enhance transcultural competences of every one.

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**Tu-S-295**

**The practice of infant observation at the family’s home and of interventions with infants and their parents in very disturbed families**

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**Background.**—Infant Observation is a treatment method, founded by Esther Bick, in which therapists learn to observe and understand the interactions betweeninfants and their caregivers in their natural environment.

**Objectives.**—To describe the influence of Infant Observation on the practice of the Child. The realisation of this right is dependent upon the realisation of their other human rights to health, education, the provision of basic needs, participation, safety and access to services. Hence, advocacy for optimal holistic development entails representing these rights at many levels, with and to many stakeholders, especially including children and their families themselves. This paper explores the nature of such advocacy and collaboration at these different levels, from advocacy within a family system through to joining with parents in lobbying government. It does so with a focus upon the benefits and challenges of these varying kinds of collaboration — of bringing brains and minds together.

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**Tu-S-296**

**Bringing together brains and minds: The challenge of professional-child and family collaboration to promote optimal development in early childhood**

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Professionals engage in a range of advocacy measures to promote the optimal development from infancy through to school age. All children have a right to life, survival and development under the United Nations Convention on the Rights of the Child. The realisation of this right is dependent upon the realisation of their other human rights to health, education, the provision of basic needs, participation, safety and access to services. Hence, advocacy for optimal holistic development entails representing these rights at many levels, with and to many stakeholders, especially including children and their families themselves. This paper explores the nature of such advocacy and collaboration at these different levels, from advocacy within a family system through to joining with parents in lobbying government. It does so with a focus upon the benefits and challenges of these varying kinds of collaboration — of bringing brains and minds together.

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**Tu-S-297**

**Staying in tune: Developing and sustaining consumer and carer participation for advocacy and improvements for child and adolescent mental health services**

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**Background.**—The value of consumer and carer participation in child and adolescent mental health has been highlighted in government policies around Australia. Individual services have become champions, with their own frameworks enabling consumers and carers to contribute to service improvements. In Queensland, Mater Child and Youth Mental Health Service has been involved in developing and sustaining consumer and carer participation for fifteen years, spearheading progress in this area. In this paper, key principles of this work are described, and examples presented which demonstrate a model of consumer participation, and the benefits that collaboration and advocacy can bring to families. The knowledge and experience gained may serve to inform others who recognise the need