

children tend to show attentional bias towards angry faces, regardless of their anxiety levels. Furthermore, the absence of attentional bias to angry faces in ASD suggests that their characteristic of reduced attention to faces may contribute to the lack of attentional bias towards angry faces.

Disclosure of Interest: None Declared

EPV0179

Attitudes on pharmacotherapy among parents of children with autism spectrum disorders

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Introduction: Parent-mediated interventions for children with autism spectrum disorder (ASD) have been recognized as very valuable (1). There is a significant effect of parental attitudes towards treatment on treatment outcomes (2).

Objectives: To evaluate parental attitudes and need for professional support regarding pharmacological treatment of children with ASD.

Methods: We interviewed 67 parents (83.6% mothers) of children with ASD who are regularly treated at our institution. We created a questionnaire with sociodemographic information, clinical characteristics of the child, and parental experience/attitudes on pharmacological treatment.

Results: The average child age was 20.06±4.43; 80.6% were male. The child clinical characteristics and parental sociodemographics are shown Table 1.

Table 1. Clinical characteristics of children with ASD/parental sociodemographics

Clinical characteristics – children	N	Valid %	X	SD
Speech - 4 words or more	35	52.2		
Epilepsy	13	19.4		
Intellectual disability	21	31.3		
Parental sociodemographics				
Current age of parent (informant)			50.93	6.91
Parent (informant) education				
Primary and secondary school	25	37.3		
Attended/finished university or postgraduate degree	42	62.7		
Parent (non-informant) education				
Primary and secondary school	31	47		
Attended/finished university or postgraduate degree	35	53		

Parental attitudes and feelings when child is treated with medication are shown in Graph 1.

Graph 1. Parental attitudes on medication

We also examined what would help parents in reaching the decision on pharmacotherapy for their children (the results shown in Graph 2).

Graph 2. Parental need of support for decision on medication

In our further analysis, it was shown that the feeling of guilt and helplessness was significantly more present in parents who feared side-effects of medication ($p=0.016$ and $p<0.001$, respectively).

Image:

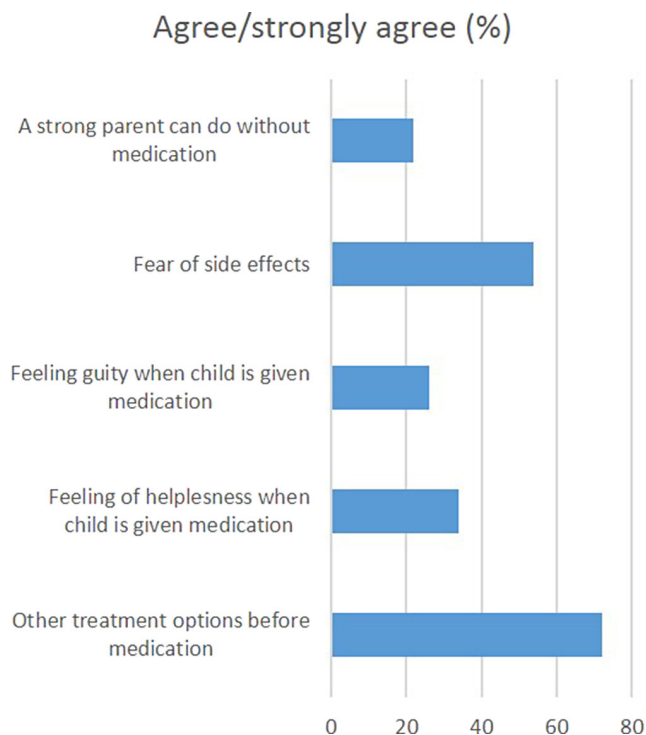
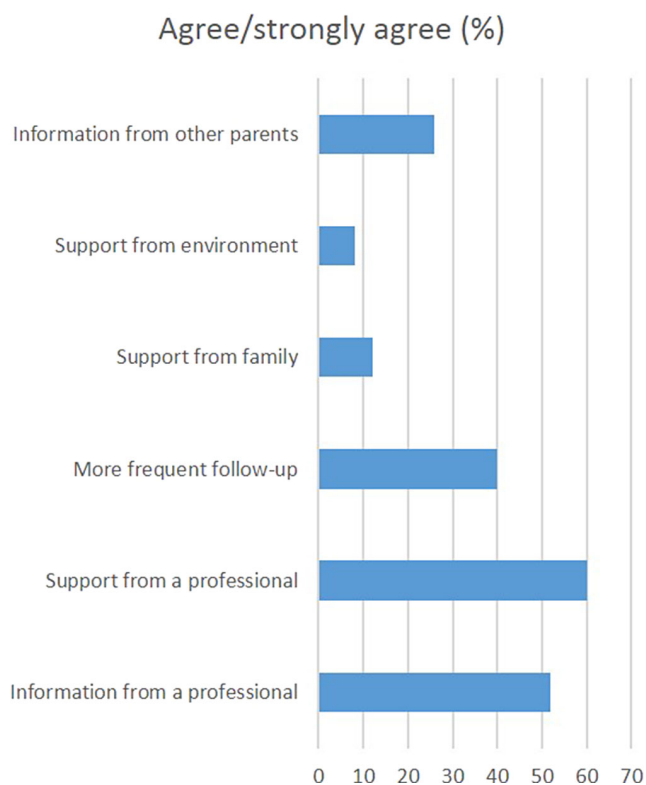


Image 2:



Conclusions: A significant number of parents battle with feelings of helplessness and guilt when medication is introduced in the treatment of their children. There is a great need for information provided by the clinicians as well as psychological support in reaching shared decisions regarding pharmacological treatment of children with ASD.

References:

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EPV0182

The effect of Self-Regulation Based Cognitive Psychoeducation Program on emotion regulation and self-efficacy in children diagnosed with attention deficit hyperactivity disorder

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Introduction: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder with early onset (Christiansen, H., et al. CPR 2019, 1–11), which is characterized by several symptoms, including lack of attention, hyperactivity, and impulsivity that are incompatible with age and developmental level (Caye, A., et al. 2020 JAACAP, 990–997)

Objectives: This study aimed to determine the effect of Self-Regulation Based Cognitive Psychoeducation Program on emotion regulation and self-efficacy in children diagnosed with attention deficit hyperactivity disorder (ADHD) and receiving medication.

Methods: The sample of this study with control group and pre-test, post-test and follow-up randomized experimental design consisted of children followed in the child and adolescent mental health outpatient clinic of a state hospital. The data were evaluated by parametric and non-parametric analyses.

Results: A statistically significant increase was determined in the internal functional emotion regulation mean scores of children, who participated in the Self-Regulation Based Cognitive Psychoeducation Program, measured before, immediately after, and 6 months after the intervention ($p < 0.05$). A statistically significant increase was also found in their external functional emotion regulation mean scores measured before and 6 months after the intervention ($p < 0.05$). In addition, a statistically significant difference was found between their internal dysfunctional and external dysfunctional emotion regulation mean scores measured before and 6 months after the intervention; however the mean scores of those in the control group 6 months after the intervention were higher than those in the intervention group ($p < 0.05$). Furthermore, there was a statistically significant increase in their self-efficacy mean scores measured before and 6 months after the intervention ($p < 0.05$).

Conclusions: The Self-Regulation Based Cognitive Psychoeducation Program was found to be effective in increasing the levels of emotion regulation and self-efficacy in children with ADHD.

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EPV0185

Interrelations of Intelligence and Social-Adaptive Skills in Adolescents with Multiple Developmental Disorders: A Pilot Study

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Introduction: The relationship between social adaptation and intelligence in adolescents with developmental disorders varies depending on various psycho-social factors. Adolescence is marked by pubertal changes in mental and physical development. Previous research has revealed a moderate correlation between intelligence and various groups of adaptive skills in adolescents with Down syndrome. However, studies involving adolescents with multiple developmental disorders are relatively scarce in the existing literature

Objectives: Determine the distribution of intelligence among adolescents with severe multiple disabilities; Identify the connection between intelligence and the level of adaptation in this group; explore the connection between intelligence and independence skills in the subjects.

Methods: The study included 11 adolescent participants enrolled in a comprehensive social skills development intervention program at the Center for Curative Pedagogics: 5 girls and 6 boys, mean age - 14,0 yrs. Age st.dev: 24,3 and 18,4. ICD-10 DS of participants were: F48.xx, F70.xx, F80.xx, F84.xx, G40.xx, G80.xx, Q74.xx, and Q90.xx. Following tools were used: Leiter-3 scales (LIQ), Vineland-3 Adaptive Behavior Scales (VSS); Perkins I.C.A.N. independence Scales (ICAN).

Results: Selected variables including were tested with the Shapiro-Wilk test. p-values of the SW test indicated that data were not distributed normally: LIQ ($w=0.953$, $p=0.685$); VSS ($w=0.964$, 0.821); ICAN ($w=0.877$; $p=0.095$).

For the identification of the connections between the intelligence (LIQ) and adaptive functioning (VSS) we used r-Spearman criteria. These parameters showed significant monotonic relationship ($r_s = 0.961$, $p < 0.001$). Mean IQ level of the sample is characterized as mildly impaired (mean = 62.9). The adaptive and the independence skills level of the sample are also far below the low normative results (57.1 and 48.7 respectively). Images 1,2 and 3 shows the distribution of the data. The correlation between IQ (LIQ) and independence skills (ICAN) is not significant ($r_s = 0.671$, $p < 0.024$), as well as the correlation between adaptive and independence skills ($r_s = 0.733$, $p < 0.010$).

Conclusions: We made an exploratory study of the adolescent participants of the comprehensive social skills development intervention program at the Center for Curative Pedagogics. Results show that non-verbal intelligence of the participants shows strong connection to the adaptive skills, but not to the independence skills.