

### **DSM-5 conduct disorder with limited prosocial emotions: Predictive utility for children referred for conduct problems**

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**Introduction.**– The inclusion of a prosocial emotions specifier to conduct disorder (CD) in DSM-5 is based on evidence that less prosocial emotions (LPE) identifies a distinctive group of children with a poorer prognosis. Objective. To determine if the LPE subtype identifies children with a more severe and stable profile of CD problems.

**Methods.**– Participants are 273 6–9 years old children with at least one CD symptom referred to special education services. Based on parent and teacher reports four subgroups were created: CD + LPE ( $n = 54$ ), CD ( $n = 58$ ), LCD (less than 3 symptoms of CD) + LPE ( $n = 67$ ), and LCD ( $n = 94$ ). The children were evaluated annually over four years using  $t$  scores of DSM-oriented scale for conduct problems. Results. Latent growth curve analysis indicated a moderate decline in CD problems overall. When examining subgroups and controlling for the severity of CD at study inception, no differences were found in the slopes. The fit was satisfactory ( $\chi^2(22) = 32.4, P = .07, RMSEA = .04, CFI = .98$ ). Although some groups had higher CD problems at the start, all groups displayed a problem level close to the clinical level ( $t$ -score of 70).

**Conclusion.**– The limited prosocial emotions specifier does not refine prognosis in young children referred for conduct problems. In other words, the prognosis on average is not good for all groups of children, regardless of LPE. Even children with lower CD symptoms at referral tend to exhibit stable patterns of CD problems close to the clinical level over four years.

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PW0167

### **Efficacy of a third wave cognitive behavioral therapy for attention deficit hyperactivity disorder**

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**Introduction.**– Attention Deficit Hyperactivity Disorder (ADHD) represents most of the consultations in Childhood Psychiatry settings. Medical treatment is helpful for severe cases, but more effective psychosocial therapies are needed.

**Aims.**– We examined the efficacy of a mindfulness-based cognitive behavioral therapy (mCBT) for children diagnosed with ADHD and their parents, compared to those receiving usual treatment.

**Method.**– An open trial with two parallel arms was conducted at the child psychiatry department of Nimes University Hospital from October 2016 to June 2017. ADHD children were allocated to the intervention group or treatment as usual. mCBT consisted on 16 weekly sessions which were conducted separately for children and their parents. Children in the waiting list received no specific inter-

vention. Changes in ADHD rating scale scores from inclusion to the last visit (3 months later) were the primary outcome. Secondary outcomes included anxiety and depression scales.

**Results.**– ADHD symptoms decreased in the group following the mCBT compared to the waiting list (average score decreases:  $5.9 \pm 7.1$  vs.  $2.6 \pm 9.7$ , respectively). Sex ratios (73% males in both groups) and time lapses between assessments (average time in months: 4 and 3.4, respectively) were similar in both groups, but patients in the waiting lists were slightly younger and received psychopharmacological treatment less often.

**Conclusion.**– We will present the preliminary but promising results of an innovative third-wave CBT for ADHD children. Compared to classical parental guidance intervention, this therapy is enhanced with mindfulness techniques and simultaneously followed by the children and their parents.

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### **Negative emotional memories and depressive symptoms in adolescence: Can self-reassurance play a protective role?**

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**Introduction.**– Consistent research have shown that early adverse experiences have a negative impact on mental health from childhood to adulthood. Indeed, early interactions with caregivers characterized by threat, devaluation and subordination are linked to several psychological difficulties such as depression.

**Objectives.**– This study aims to test whether the impact of early negative memories (characterized by threat, subordination and devaluation) on depressive symptoms is moderated by self-reassuring abilities.

**Methods.**– The sample consists of 851 adolescents with ages between 12 and 18 years old ( $M = 14.90, SD = 1.79$ ) from middle and secondary schools in central region of Portugal. Participants answered the following self-report questionnaires: Early Life Experiences Scale; Forms of Self-criticizing and Self-reassuring Scale; Depression Anxiety and Stress Scales.

**Results.**– Results from Moderation Analysis showed that the model accounted for 31% of the depressive symptoms variance. Results indicated that for the same levels of early negative emotional memories, those adolescents who have higher levels of self-reassuring abilities presented lower risk for depressive symptoms.

**Conclusions.**– These findings suggest that the impact of negative emotional memories on depressive symptoms is diminished in adolescents who have the ability to be kind and compassionate towards themselves. Thus, preventive and intervention actions should promote the development of positive and soothing abilities to the self in order to ameliorate the adolescents' emotional states.

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