

Child and Adolescent Psychiatry 07

EPP0931

Emotion regulation is the ability to exert control over one's own emotional state

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Introduction: This program project arises from the consternation of psychotherapists at the increase in self-injurious behaviors in the child and adolescent population.

Currently, in consultation, we are seeing many cases that do not match the conditions (anxiety disorders, depression, attention deficit disorder and hyperactivity...) described by current classifications. These cases have a common feature: emotional dysregulation.

Objectives: - Reduce the discomfort and emotional pain of the patient.- Increase the patient's skills.

- Improve patient motivation.
- Generalize to the natural environment.
- Structure the environment.

Methods: The program is directed to people between the ages of 12 and 18. They are divided into two groups: one from 12 to 15 years old and another from 16 to 18 years old.

The groups are a maximum of 8 adolescents. Parents also participate.

These are closed groups.

The duration of each session is one hour or one hour and a half.

A therapeutic contract is signed.

Results: We will use different scales to measure the evolution of the patients. The following scales will be passed at the beginning and at the end: DERS, EGD, DASS 21, GHQ-12.

Dialectical dilemmas in families will be worked on. These results will be collected and compared with those at the end of the program.

Conclusions: People with emotional dysregulation sometimes do not have the necessary skills to regulate emotions. With this program, we intend to carry out training in skills (mindfulness; middle path; tolerance to discomfort; emotional regulation), structured in modules, in addition to relying on individual therapy.

Given this increase in deregulated children and young people, we see ourselves in the need to train ourselves and address these cases from a different point of view.

Disclosure of Interest: None Declared

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Study of child and adolescent forensic psychiatry : procedure and clinical profile Abstract

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Introduction: Forensic psychiatry is a specific field of practice in child psychiatry where skills are applied for legal purposes and the expert is faced with certain difficulties.

Objectives: Our objective was to determine the characteristics of the forensic procedure and the clinical profile of the consultants.

Methods: Cross-sectional and retrospective descriptive study concerning patients consulting the child psychiatry department of Mongi Slim Hospital between January 2018 and December 2019 in the context of a forensic expertise, excluding administrative expertise. Telephone interviews were carried out for the medicolegal follow-up.

Results: The average age was 9 [+/- 3.1] years and the sex ratio was 0.97. The majority of the requests for expertise came from the specialised unit for violence against women and children (40%). The expert's task was to carry out a child psychiatric examination in 44% of cases and to establish credibility in 6.8% of cases. Apart from 3 cases of perpetrators, the requests concerned victims of physical (40.1%), sexual (38.6%) and psychological (21.3%) aggression. The assault had taken place within the family in 52% of cases and the alleged aggressor was the father in 36%. The average time between the incident and the request for an expert opinion was significantly longer in cases of sexual assault (p =0.01). The physical assaults concerned more boys (p = 0.05) while those of a sexual nature concerned female children (p=0.005). Victims of sexual aggression showed more sexualised behaviour (p<0.05). No significant differences were found in psychiatric diagnoses according to the type of assault, but an examination without abnormalities was prevalent in cases of psychological assault (p=0.009). Claims were significantly more difficult to interpret in preschool children (p=0.05). Child victims of sexual abuse had more subsequent requests for further investigations (p=0.05) and a judgment, pronounced in 34% of cases, was most often related to psychological abuse (p=0.05).

Conclusions: The practice of forensics requires a specific competence that requires extensive training. Better coordination between the professionals involved is needed as well as the creation of specialised forensic units.

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Transcultural validation of the "Body Esteem Scale for Adolescents and Adults" among Tunisian adolescents

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