years of age. The study consisted of a self-designed demographic questionnaire and an IQ test (WISC-IV).

Results: A total of 41 children with non-syndromic orofacial clefts and 44 age-matched controls participated in the study. Children of the cleft group were examined by pedagogical professional services and required special education plans significantly more often than controls (p<0.001 and p=0.02, respectively). Participants of the cleft group who received early speech and language therapy score higher on the Verbal Comprehension Index (p=.005). Full-Scale IQ score was also higher for cleft participants who received therapy, however not significant but borderline (p=0.08).

Conclusions: Early language and speech interventions for children with non-syndromic orofacial clefts may have a positive effect on verbal skills and overall cognitive development. Future longitudinal studies examining baseline cognitive functioning of infants are needed to provide more conclusive evidence on the effects of interventional programs on speech and language development in cleft patients.

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Emotion dysregulation in adolescents: the associations with clinical symptoms, risky-behaviors, and environmental factors

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Introduction: Emotion dysregulation (ED) is transdiagnostic domain that plays a pivotal role in the emergence and persistence of numerous mental disorders. Examining the extent of ED within non-clinical populations may shed light on whether ED is indeed linked to symptoms as observed in clinical settings. This investigation constitutes a crucial milestone toward the development of preventive strategies.

Objectives: To investigate the correlations between ED, psychopathological symptoms, risky behaviors, and environmental factors in adolescent students.

Methods: A total of N=610 students (16 years; 72% females) completed self-report standardized questionnaires measuring depression, anxiety, impulsivity, childhood trauma, relations with classmates, and family functioning. Lifetime risky-behaviours were recorded using an ad-hoc checklist, and ED through Difficulties in Emotion Regulation Scale (DERS). The sample was then divided into subgroups based on percentiles of DERS Total scores: N=210 low ED, N=187 moderate, N=214 high.

Results: Participants exhibiting high ED displayed higher level of depression, anxiety and impulsivity (Table 1). There was an observable trend linking higher levels of ED with a greater proportion of youths reporting risky behaviors (Table 2). The high ED group reported an increased frequency of childhood traumatic experiences, less favorable relationships with family members and classmates (Table 3).

Table 1. Clinical symptoms by level of ED in students (N=610)

	low	moderate	high	Sig.
Patient Health Questionnaire (depression)	5.33(±3.51)	8.94(±4.05)	14.57(±5.53)	<.001
Screen For Child Anxiety Related Emotional Disorders (anxiety)	59.27 (±9.61)	68.61 (±10.88)	79.39 (±11.61)	<.001
Barratt Impulsiveness Scale-Brief (impulsivity)	15.14 (±3.52)	16.70(±3.81)	18.01(±4.17)	<.001

Table 2. Risky behaviors by level of ED in students (N=610)

	low	moderate	high	Sig.
Binge drinking	N=73 (29.6%)	N=78 (31.6%)	N=96 (38.9%)	.097
Self-harm ideation	N=35 (13.4%)	N=73 (28%)	N=153 (58.6%)	<.001
Self-harm	N=30 (15%)	N=49 (24.5%)	N=121 (60.5%)	<.001
Binge eating	N=60 (22.9%)	N=78 (29.8%)	N=124 (47.3%)	<.001

Table 3. Environmental factors by level of ED in students (N=610)

	low	moderate	high	Sig.
Childhood Trauma Questionnaire (trauma)	30.99 (±6.89)	35.39(±9.1)	39.54(±10.94)	<.001
Child And Adolescent Social Support Scale (classmate)	51.19 (±11.7)	46.55 (±10.96)	44.91(±12.4)	<.001
Family Assessment Device (family functioning)	117.58 (±14)	108.8 (±17.48)	103.38 (±20.11)	<.001

Conclusions: Findings provide robust support for the association between ED and compromised personal functioning, even within a non-clinical sample. The trend observed in the relationship between ED, clinical symptoms and risky behaviors is consistent across all variables. Overall, these results contribute to the growing body of evidence advocating for preventive interventions aimed at addressing ED in adolescents.

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