Tu-S-380

History of the child psychoanalytical institutions in France

N. Gougoulis

Centre de psychanalyse, ASM13, Paris, France

Studying history is a way of looking at the present in order to understand the past and construct the future. The history of psychiatric childcare in France is associated to the history of the psychoanalytic movement and its inscription in the social movements. Education, treatment and prevention of major pathologies as well as prevention of social isolation are at the center of the pluridisciplinary work in childcare. The psychiatric child institutions were modelled on the first psychoanalytic free institutions in Berlin and Vienna and then followed a path of their own. In France we will follow the development of three institutions The Centre Alfred-Binet, la Fondation Vallée et le Centre Edouard-Claparede, where psychoanalysis is still very influential. Theoretical developments and history of the founders and important figures will be presented in this paper.

Parent–child interaction therapy

Tu-S-381

The effectiveness of parent–child interaction therapy in the Netherlands: Preliminary results of a randomized controlled trial

M.E. Abrahamse [a],*, M. Junger [b], R.J. Lindauer [c]

[a] *Child and Adolescent Psychiatry, Academic Medical Center De Bascule, Amsterdam, Netherlands*
[b] *Social Risks and Safety Studies, University of Twente, Enschede, Netherlands*
[c] *Child and Adolescent Psychiatry, Academic Medical Center Amsterdam, Amsterdam, Netherlands*
*Corresponding author.

Objective.– This presentation provides preliminary results from a randomized controlled trial (RCT) examining the effectiveness of Parent-Child Interaction Therapy (PCIT) for Dutch families.
Method.– Although data collection is not finished already, fifty families were eligible for treatment in a community mental health setting. Children's mean age was 4.8 years and 33 children were boys (62%). Most of them were randomly assigned to PCIT or Creative Family Therapy (treatment as usual; TAU). The standard, non-time limited PCIT was conducted by the trained therapists. Pre and post-treatment measures included questionnaires (Child Behavior Checklist, Eyberg Child Behavior Inventory) and observations from the Dyadic Parent Child Interaction Coding System.
Results.– Pre and post-treatment data of 20 families and six-month follow-up data of 15 families were analyzed. So far, eight families dropped out.
Conclusion.– Though preliminary, results of the ongoing RCT will be discussed and will indicate if PCIT is an effective treatment modality for families in the Netherlands.

Tu-S-382

Parent–child interaction therapy delivered to families with children aged less than 2 years in Australia

S.S.J. Morgan *, J.R. Kohlhoff

Research, Karitane, Sydney, Australia
*Corresponding author.

It has been suggested that a modified version of PCIT could be delivered to children younger than 2 years but there have been no studies examining the effectiveness of PCIT in this younger age group. This study examined outcomes of a developmentally tailored version of PCIT delivered to 25 families with a child aged less than 2 years of age with disruptive behaviours, compared with two groups of families with older children. Results showed children in the younger age group to display less behaviour disruption than children in the older age groups, both before and after treatment ($P < .05$). After treatment, there were statistically significant improvements in child behaviours ($P < .05$), parental concern about child behaviours ($P < .05$) and parental depressive symptoms ($P < .05$), for each of the three age groups. After treatment there was a significant decrease in parental negative talk and increase in parental praise of children. Parents of children in all age groups rated the program positively.

Tu-S-383

PCIT in Germany: Implementation and case series

R. Bussing [a],*, T. Walter [b], D. Knapp [b], M. Schimek [b], W. Briegel [b]

[a] *Psychiatry, University of Florida, Gainesville, FL, USA*
[b] *Leopoldina Hospital, Schweinfurt, Germany*
*Corresponding author.

Objective.– This case series examines the feasibility of Parent Child Interaction Therapy (PCIT) for German families.
Method.– All relevant PCIT materials were translated and backtranslated. Fifteen families started PCIT; all children met criteria ICD-10 oppositional defiant conduct disorder and 12 had ADHD. Children's mean age was 5.4 years; three were girls. PCIT was conducted based on the 1999 version of the therapy manual, using in-room coaching procedures and fidelity checks.
Results.– Twelve families completed PCIT and three dropped out. Mean pretreatment ECBI intensity scores of 157.3 (range 128–211) dropped to 89.8 (range 72–105) at graduation, indicative of a large effect size (ES = 1.5). Average session number was 21 (range 14–36), with a mean of 10 Child Directed Interaction sessions (range 5–20) and 11 Parent Directed Interaction sessions (range 4–16). Follow-up assessments after 6–18 months showed continued improved ECBI scores in the majority of cases (ES = 1.8).
Conclusion.– Even though these findings represent a case series without a control group, results indicate that PCIT is a promising and feasible treatment modality for German families. Results will also be discussed in light of newly established German ECBI norms which show lower mean intensity and problem scores compared to US norms.

Measurement of clinical outcomes

Tu-S-384

Predicting child psychiatry clinical outcomes based on admission function and problem severity

K. Quach [a],*, T. Wilkes [b], D. Cawthorpe [c]

[a] *Medicine (Obrien Center), University of Calgary, Calgary, Canada*
[b] *Psychiatry, University of Calgary, Calgary, Canada*
[c] *Community Health Sciences, Psychiatry, University of Calgary, Calgary, Canada*
*Corresponding author.

Introduction.– The ability to predict clinical outcomes at the time of admission is an important consideration for treatment.
Methods.– Based on data ($n = 2752$) drawn from our regional access and intake registration system, three groups emerged for each of the two variables–function and problem severity, which included patients who were judged clinically at outcome to be worse, the same, or improved compared to their admission baseline measurement.
Results.– Compared to those who had no change or worsened in function or problem severity or both on discharge were distinct from the group that improved on discharge in one or both domains of function or problem severity.
Discussion.– Future research is needed to determine the accuracy of the different profile groups, as well as the effect of increased intervention on those flagged