

Editor in chief MJCP Salvatore Settineri

**Suppl. 4/2 A**  
**AIP Clinical and Dynamic Section**  
**Proceedings SYMPOSIA**

By Tambelli Renata & Trentini Cristina

***Proceedings***  
***XVIII NATIONAL CONGRESS***  
***ITALIAN PSYCHOLOGICAL ASSOCIATION***  
***CLINICAL AND DYNAMIC SECTION***  
***ROMA -SEPTEMBER 16-18 2016***

*Department of Dynamic and Clinical Psychology*  
*Sapienza University, Roma, Italy*

***SYMPOSIUM SESSION***

**PARENTAL REACTION TO THE DIAGNOSIS OF CHILDHOOD EPILEPSY****Guerriero Viviana (1), Di Folco Simona (1), Lucchese Franco (1), Brinciotti Mario (2),  
Zavattini Giulio Cesare (1)**

(1) Department of Dynamic and Clinical Psychology, Sapienza University of Rome

(2) Department of Pediatrics and Child Neuropsychiatry, Sapienza University of Rome

Introduction: Parental resolution to the diagnosis of a chronic disease such epilepsy in childhood represents a topic of major interest in recent years, as well as its relation with individual and family functioning features (Pianta, Marvin, Morog, 1999; Milshtein *et al.*, 2010; Zavattini, 2016).

Aim: The aim of this study is to investigate possible differences between resolved and unresolved parents with respect to their children's diagnosis of epilepsy concerning specific familiar and individual variables.

Method: 42 parents were recruited from a Child Neuropsychiatry Unit in Rome. The following instruments were administered to parents: the *Reaction to Diagnosis Interview (RDI)*, the *Multidimensional Scale of Perceived Social Support (MSPSS)* and the *Family Adaptability and Cohesion Evaluation Scale (FACES-IV)*. A subsample of parents completed also the *Child Behavior Checklist* for ages 6-18 (CBCL) (n = 30) and the *Symptom Checklist-90-Revised (SCL-90-R)* (n = 26).

Results: data showed that no significant differences emerged between the two groups with respect to total parental stress and perception of support. Significant differences emerged between resolved and unresolved parents in levels of Parent-Child Dysfunctional Interaction (P-CDI), the SCL-90-R global index of Positive Symptom Distress (PSDI), and Cohesion, Flexibility and Global Ratio of the FACES-IV.

Discussion and conclusions: Results confirmed and expanded previous findings (Guerriero *et al.*, 2013, Guerriero, 2015) on the difficulties experienced by parents of epileptic children, both on individual and family level. In particular, unresolved parents reported the child as not matching their expectations and they referred the interaction with him/her as not satisfying and lacking of warmth. The two groups of parents also differed in family functioning, as those resolved described their family as more cohesive and flexible with respect to unresolved ones. These last reported also higher level of psychopathology on the SCL-90-R compared with resolved parents.

subscale assessing affective instability, no indices or scales were developed to evaluate emotion dysregulation at the PAI. Thus, the aim of the present research was to overcome this lack by identifying critical items to assess emotion dysregulation. We administered the PAI and the Difficulties in Emotion Regulation Scale (DERS; Gratz and Roemer, 2004), a measure of deficits in ER, to 99 students. The 80% of the participants were females and the mean age of the sample was 21.8 years ( $SD = 3.1$ ), ranging from 19 to 38 years. To identify critical items related to emotion dysregulation, we correlated the DERS scores with the PAI items. In general, the DERS correlated with most of the PAI scales assessing clinical constructs (e.g., Anxiety [ANX], Depression [DEP], and Borderline Features [BOR]), with medium to large effect sizes. Subsequently, we correlated the DERS total scores with the PAI items and we found 15 items that showed correlation values of at least .50, indicating at least a medium effect size. Most of the items belonged to the Affective Instability (BOR-A) and to the Affective feature of Anxiety (ANX-A) subscales. Emotion dysregulation is a complex process and it appears to be the core of different disorders, such as borderline personality disorder. The possibility of using critical items of the PAI in assessing emotion dysregulation may help clinicians to make important decisions about treatment planning. Moreover, using critical items to obtain information about emotion dysregulation at the PAI may save time during personality assessment of individuals.

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Doi: [10.6092/2282-1619/2016.4.1287](https://doi.org/10.6092/2282-1619/2016.4.1287)