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**Introduction:** Bullying is a major problem worldwide and Chile is no exception. Whole school-based antibullying programs offer an opportunity for preventing bullying at school. The KiVa antibullying program has been evaluated in Finland and other European countries, showing preventive effects on self-reported bullying victimization and bullying perpetration.

**Objectives:** To test the effectiveness of a culturally adapted version of the KiVa antibullying program in socio-economically vulnerable schools in Santiago, Chile.

**Methods:** We did a cluster randomized controlled trial in 5th and 6th graders at socially vulnerable schools. Schools were randomly assigned (1:1:1) to three groups: full KiVa group (including the online game), partial KiVa group (did not include the online game), and control group in which the regular school curriculum was implemented. The primary outcome was self-reported bullying victimization, measured with the Olweus Bully/Victim Questionnaire-Revised version (OBVQ-R). Students were assessed at the end of the academic year (November 2016) and 12 months later at the end of the academic year (November 2017). This trial is registered with ClinicalTrials.gov, number NCT02898324.

**Results:** We included 39 schools (13 in each group). The baseline survey included a total of 5923 participants, and the endpoint survey included 3968 participants. Participants in the partial KiVa group had lower victimization and lower witnessing bullying at school at the endpoint survey than those in the control group. There was no effect of the full KiVa group. No effects were found for bullying perpetration in any of the comparisons between arms.

**Conclusions:** The KiVa antibullying Program had small effects in its implementation in Chile.

**Keywords:** effectiveness; randomized controlled trial; bullying; adolescents

## EPP0168

### Characteristics of violent adolescents examined in a forensic psychiatric assessment

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**Introduction:** The acts of violence committed by adolescents are becoming increasingly more common, generating problems of a diverse nature.

**Objectives:** To study the main characteristics of violent adolescent examined in a forensic psychiatric assessment.

**Methods:** This is a retrospective study which examined the expert files of the subjects aged between 14 and 20 years charged with violence, which were examined in the context of criminal psychiatric expertise in the psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia), between January 2002 and December 2018.

**Results:** Our study included 34 forensic psychiatric assessments. The male sex was predominant (94,1%). The mean age was 19,2 years. The

perpetrators were unmarried (100%), with a primary school level or less (55,9%), and low socioeconomic level in all cases. They had personal criminal records in 20,6% One-fifth had experienced emotional deprivation in childhood. The father was described as violent in 20,6% of cases. The most common diagnosis were antisocial personality disorder (55,9%) and mental retardation (29,4%). The main offences were homicide and attempted homicide (47.1%), assault and battery (26,5%) and sexual offences (20,6%). The experts had concluded to a “non-criminal responsibility” in 38,2% of cases.

**Conclusions:** The knowledge of epidemiology of violence perpetrated by adolescents highlights the need for targeted research, policy and programming responses for its prevention.

**Conflict of interest:** No significant relationships.

## EPP0172

### Implementation and first evaluation of PCIT parent-child-interaction-training in zurich

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**Introduction:** Parent training is an evidence based and highly effective intervention for conduct disorders in children. Traditionally, only the parents participate in behavioral trainings, implementing the new skills in their homes on their own between the appointments. In some cases, this turns out as not intense enough.

**Objectives:** Therefore, we recently implemented the German version of the PCIT Parent Child Interaction Training in our clinic in Zurich, Switzerland.

**Methods:** PCIT is an evidence-based and highly effective intervention for children aged 2-7 years with conduct disorders (Zisser & Eyberg, 2010; Briegel, 2016). Parents visit the clinic weekly with their child and are directly supported in their interaction by the therapists. A special treatment room was set up for this intervention.

**Results:** We will present our first experiences with this approach in the highly international and urban population of Zurich.

**Conclusions:** Parents appreciate to work with their child while being directly coached by the therapists. Almost all parents achieved considerable progress in their skills and the conduct problems reduced over time.

**Keywords:** Children; oppositional-defiant disorder; preschoolers; parent-child-interaction-training

## EPP0173

### Innovative professional training approaches on the german national clinical guideline for NSSI in adolescents

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**Introduction:** German mental health care providers report to encounter many cases of NSSI in their professional context, but only around 50% know about the treatment guidelines for NSSI of children and adolescents. Many consider professional training about NSSI as necessary for themselves. In response to this need, within the project Star Train different strategies of dissemination of the content of the guidelines were developed.

**Objectives:** This study aims at comparing the effectiveness of different strategies of dissemination: printed material, e-learning and blended-learning.

**Methods:** Participants were randomly assigned to one of three different learning formats: printed material, e-learning, and blended-learning. Via online-survey participants provide pre- and post-training self-assessments of their knowledge of NSSI, practical skills, self-efficacy in handling cases of NSSI and attitudes towards NSSI and those affected. Additionally a multiple-choice-test of NSSI is assessed. For data-analyses between-group and within-group comparisons were conducted using a mixed design ANOVA. To ensure quality of learning formats, user-satisfaction was surveyed.

**Results:** Data of the pretest-posttest comparison group design show that knowledge, practical skills, and self-efficacy in handling cases of NSSI raise for all participants and that attitudes towards NSSI and those affected are improved. There is no difference between the learning formats, thus all participants profit equally from their education. User satisfaction is high.

**Conclusions:** Results of this study suggest that the developed different training strategies can contribute equally to a better understanding and enhance skills of professionals regarding NSSI. The choice of training method could be driven by considering which goals want to be achieved and cost-value ratio.

**Keywords:** non-suicidal self injury; E-Learning

## EPP0175

### How to create an autism friendly hospital environment

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**Introduction:** Children with Autism Spectrum Disorder (ASD) struggle with communication, sensory sensitivities and social interaction. These difficulties can make hospital visits challenging. Every child with ASD is unique, and as such, some children can do well in clinical settings with minimal supports while others may require environmental modifications to achieve optimal care. ASD is prevalent worldwide and cultural differences can lead to varied care. Several hospitals, including Boston Medical Center in USA and Sidra Medicine and Research Center in Qatar, have attempted to address these challenges by developing strategies to create an 'Autism Friendly' environment.

**Objectives:** This workshop will 1. Describe the 4 domains of an "Autism Friendly" environment 2. Describe practical steps for successful implementation of interventions and modifications to consider based on setting and culture.

**Methods:** Didactic section 1 will describe the 4 domains for creating an 'Autism Friendly environment'. Didactic section 2 will

describe implementation in an inpatient and outpatient setting focusing on modifications based on environmental differences. These didactic presentations will be followed by a hands on, interactive section where participants will break out in small groups to learn specific implementation skills.

**Results:** Participants will learn how to improve care offered to children with ASD during hospital visits. Participants will develop the skills to implement similar interventions in their home institutions.

**Conclusions:** Hospitals can create an Autism Friendly environment by using 4 domains of intervention which could help improve provider skills and patient and family experience.

**Keywords:** autism; Child Psychiatry; Pediatric Hospital

## EPP0179

### Parent and adolescent reports on emotional and peer problems in psychiatric outpatient setting using SDQ.

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**Introduction:** The Strengths and Difficulties Questionnaire (SDQ) is one of the most widely used screening instruments in child and adolescent psychiatry. Studies have shown that the parent is a better informant than the adolescent, both for externalising and internalising disorders (Goodman et al, 1997, 2000).

**Objectives:** Aim of this study was to examine the prevalence of parent and adolescent reported internalising problems in outpatient child and adolescent psychiatry setting using SDQ and examine the differences between parent and adolescent reports.

**Methods:** The study group was 101 adolescents (11-17 y.o.) and their parents, in 2 outpatient psychiatric care centres in Latvia. Internalising problems were assessed using SDQ parent and self-report version. When analyzing the score, 3rd and 4th band were defined as "high".

**Results:** The mean age of adolescent population was 14,04 years (SD 1,96) and N=54 were female. 60,4% of parents and 52,5% of adolescents reported high level of peer problems, 63,4% of parents and 51,5% of adolescents reported high level of emotional problems. Parent and adolescent report results were concordant in two thirds of cases. Adolescents reported high emotional and peer problems in 9% and 14% of cases respectively, when their parents did not. And on the contrary - 22% of parents reported high level of internalising problems when the adolescent did not.

**Conclusions:** More than half of reports showed high levels of internalising problems. Every fifth parent reported a higher level of internalising problems than their adolescent. This agrees with previous findings that single informant (parent) reports might be more informative than multi-informant reports.

**Keywords:** adolescent; outpatient; SDQ; internalising