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BEYOND THE NUCLEAR FAMILY: PARENTING AND CHILD ADJUSTMENT IN NON-TRADITIONAL FAMILY FORMS

Proposer: Baiocco Roberto (1)

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Discussant: Speranza Anna Maria (2)

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As a result of the dramatic changes that have taken place to the structure of the family since the latter part of the 20th century, a growing number of children are being raised by cohabiting, rather than married, parents, by single parents, by adoptive parents, and by same-sex parents. Such rise calls for further research on how children and adolescents develop in these non-traditional family forms and on those factors affecting people's attitudes towards them. The aim of the present symposium is to examine the Italian non-traditional family contexts in which children and adolescents are being raised, focusing on families headed by heterosexual adoptive parents, and gay single fathers whose children have been born through surrogacy. Attitudes towards gay and lesbian parenting will also be investigated. Cecilia Pace, Viviana Guerriero, Stefania Muzi, Simona Di Folco, and Grazia Terrone explore the association between psychological well-being and emotional regulation in 46 adolescents and their adoptive mothers, recruited as part of a larger adoption longitudinal study. Nicola Carone, Roberto Baiocco, and Vittorio Lingiardi present findings on a controlled, multi-method, and multi-informant study of parenting and child adjustment in 22 gay single father families and 24 lesbian single mother families created through surrogacy and donor insemination, respectively. Alessandra Santona and Giacomo Tognasso investigate the relation among attachment styles, attitudes toward same-sex marriage, and beliefs about the origins of

homosexuality in a sample of 449 high school students. Taken together, the empirical findings of the three studies show the importance of family processes over family structure for children's and adolescents' socioemotional development, and the need to include heterosexism and early caregiving experiences as relevant factors when studying prejudices towards same-sex parenting and, more in general, homosexuality.

GAY SINGLE FATHERS BY CHOICE: FATHER-CHILD RELATIONSHIP AND CHILDREN'S PSYCHOLOGICAL ADJUSTMENT

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The newest, demographically small—but growing—type of single-father families comprises so-called “single fathers by choice”, who are men—both heterosexual and gay—who actively choose to parent alone and have children by surrogacy. Twenty-two gay single father families ($M_{age} = 48.23$ years, $SD = 4.26$) created by surrogacy were compared with 24 lesbian single mother families ($M_{age} = 41.13$ years, $SD = 3.47$) created by donor insemination, all with a 3–8-year-old child ($M_{age} = 68.76$, $SD = 19.53$; 58.7% male). Standardized interview, observational and questionnaire measures of parenting quality, parenting stress, parent–child relationships, child adjustment, and stigmatization were administered to parents, children and teachers. There were no differences in parenting stress, mutuality, and parenting quality between family types, apart from less frequent battles and anger shown by the single fathers when these variables were not controlled for child's age, family income, and working status, $F_{(3,42)} = 4.86$, $p < .05$, η^2

= .26. Children in both family types showed high levels of adjustment with lower levels of children's internalizing and externalizing problems. A paired-samples t-test between ratings by teachers and parents showed that parents did not tend to report better outcomes of their children than teachers did (internalizing problems, $t_{(45)} = .46$, $p = ns$; externalizing problems, $t_{(45)} = -.05$, $p = ns$). Findings from hierarchical multiple regression analysis showed that, irrespective of family type, child internalizing problems were predicted by higher level of stigmatization, ($\beta = .46$, $p < .01$), whilst child externalizing problems were predicted by child's male gender, ($\beta = -.31$, $p < .01$), and higher levels of negative parenting, ($\beta = .35$, $p < .01$), parenting stress, ($\beta = .28$, $p < .05$), and stigmatization, ($\beta = .34$, $p < .01$). The findings suggest that single fatherhood, in itself, does not result in psychological problems for children.

ADOPTIVE FAMILIES: PSYCHOLOGICAL ADJUSTMENT AND EMOTIONAL REGULATION IN ADOLESCENTS AND THEIR MOTHERS

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Adolescence is a phase of increased psychological vulnerability and risk for psychosocial adjustment of adoptees and their adoptive families, even though literature reported controversial findings on adoptive parents'

resources. Despite in some studies adoptive mothers showed greater psychological resources, they also were found at risk of parental stress. Potential factors related to psychological adjustment are the Emotion Regulation strategies (ERs; Gross, 2003): Cognitive Reappraisal (CR), which seems to be a protective factor, and Expressive Suppression (ES), associated to long-term negative outcomes. Research in non-adoptive adolescence showed both a mother-child concordance in psychosocial adjustment and in ERs, but up to now no study has investigated these associations in adoptive families. This study aimed at investigating the concordance of psychological adjustment and ERs in 46 adopted adolescents (aged 11-17, $M=13.50$, $SD= 1.59$; 50% males) and their adoptive mothers (aged 44-59, $M = 50.9$, $SD = 4.05$). Participants were recruited for a larger adoption longitudinal study through Agencies for International Adoption and Social Services. Psychological adjustment was assessed in adolescents by Child Behaviour Checklist 6/18 (CBCL 6/18) and in mothers by Symptoms Checklist-90-Revised (SCL-90-R). ER strategies were assessed by Emotion Regulation Questionnaire, for adolescents (ERQ-CA) and mothers (ERQ). Results showed significant mother-adolescents associations concerning psychological adjustment ($r=.45$, $p=.004$) but not ERs. Regression analysis showed that adolescents' CR scores ($p=.027$) and maternal global index of adjustment (SCL-90-R/GSI) were predictors of adolescents' externalizing problems ($R^2=.379$, $p=.009$). Authors discuss the clinical implication and the positive effects for adolescent adoptees' well-being, in increasing their CR abilities and maternal psychological adjustment, with the support of mental health services for adoptive families.

PARENTAL EXPERIENCES, LGBT PARENTING AND ATTITUDES TOWARD HOMOSEXUALITY IN ADOLESCENCE: AN ITALIAN STUDY

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Prejudice against Lesbian, Gay, Bisexual and Transgender (LGBT) members of our society is a significant social problem (Horn & Heinze, 2011; Overby, 2014) that can lead to stigmatization directed to this population (Fasoli, Paladino & Carnaghi, 2013). Most of the research focused their attention on socio-demographic factors (such as gender, age) that could affect the relation between homophobia, attitudes toward homosexuality and same-sex parenting (Hooghe & Meeusen, 2012; Santona & Tognasso, 2017). One possible way to understand negative attitudes toward members of minority sexual orientations is through a more careful examination of authoritarian attitudes and attachment styles. For this reason the aim of this study is to assess the relation between homophobia – seen as a measure of authoritarian attitudes – and different styles of attachment. Moreover, knowing the factors that modify and create these attitudes and beliefs is important because it helps us predict which groups will be characterized by negative attitudes toward LGBT parenting later in life. Currently only few studies highlighted the relation between attachment styles and attitudes toward gay and lesbian people in Italy. For this reason we decided to investigate Italian high school students' attitudes toward gay men and lesbians and same-sex marriage, and their beliefs about the origins of homosexuality. The sample survey consisted of 449 subjects, 226 males and 223 females, aged between 14 and 21 years, belonging to 4 Italian high-schools in Lombardia. The instruments used are the Attitudes Toward Lesbian and Gay men (ATLG), the Attitudes Toward Same-Sex Marriage (ATSM), the Modern Homonegativity Scale (MHS) and the Parental Bonding Instrument (PBI). Our results will be discussed in the light of the social psychological framework that Herek et al. (2015) define as heterosexism and in the light of the early caregiving experiences.

BEYOND PATHOLOGICAL NARCISSISM AND ANTISOCIAL ATTITUDE: ANTAGONISTIC PERSONALITY FEATURES IN THE PERSPECTIVE OF CLINICAL PSYCHOLOGY

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Discussant: Lis Adriana (2), Fossati Andrea (1)

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The introduction of a dimensional perspective in the case conceptualization and clinical assessment of personality disorders in the Alternative Model of Personality Disorders of the Diagnostic and Statistical Manual of Mental Disorders, ed. 5 (DSM-5) has fostered the adoption in clinical psychology of a new perspective on the continuities and differences among pathological personalities that are characterized by a view of human relationships as power/bullying relationships. Indeed, it is well known that pathological narcissism, psychopathy, and the so-called Machiavellian personality – a constellation of dysfunctional personality features that is usually defined as Dark Triad - share a common core, while manifesting marked differences at the same time. Recently, prominent scholars proposed to extend the construct of the Dark Triad to include also the sadistic personality, thus giving rise to the Dark Tetrad. Looking to underlying dispositional traits, cognitive and emotional processes, self-other dynamics, etc. may help researchers and clinicians to develop inferred developmental pathways that may explain the risk factors that are common to all Dark Triad/Tetrad personalities, as well as the specific developmental pathways leading to different outcomes within the Dark Triad/Tetrad realm. Improving scientific knowledge in this area may be relevant also to develop improved treatment strategies for antagonistic personality disorders that are widely represented in the psychotherapy patient population, e.g., narcissistic personality

disorder, as well as for personality disorders – e.g., malignant narcissism, psychopathy - that are known to be difficult to treat. Starting from these considerations, the present symposium will try to highlight the connections between selected Dark Triad traits and DSM-5 dysfunctional personality traits, emotion activation patterns, mentalistic abilities, and moral reasoning.

DARK TRIAD PERSONALITY TRAITS, MORAL DISENGAGEMENT, DELINQUENCY AND MALADAPTIVE PERSONALITY IN A NON CLINICAL SAMPLE

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In order to simultaneously test the relationships of *Dark Triad* traits - i.e., Machiavellianism, pathological narcissism, and psychopathy - with propensity towards moral disengagement and delinquency, as well as with *DSM-5* Alternative Model of Personality Disorder (AMPD) maladaptive personality traits, 279 community dwelling adult participants (41.6% male; mean age = 32.27 years) were administered the Italian translation of the Machiavellianism Inventory-Version IV (MACH-IV), Five Factor Narcissism Inventory-Short Form (FFNI-SF), Triarchic Psychopathy Measure (TriPM), Personality Inventory for *DSM-5* (PID-5), Moral Disengagement Scale (MDS), and Self-Report of Delinquency Scale (SRDS). Multiple regression results showed that all *Dark Triad* traits were significantly associated with self-report measures of propensity towards moral disengagement and social deviance. According to our hierarchical regression findings, the association between MACH-IV and FFNI-SF total scores, respectively, and self-reports of delinquent behavior (i.e., SRDS total score) became trivial and non significant when the effect of participant's propensity towards moral disengagement (i.e., MDS total score) was controlled for; psychopathy remained significantly associated

with subject's delinquent behavior even after the effect of moral disengagement was controlled for. Finally, the three Dark Triad dimensions showed differential relationships with other *DSM-5* AMPD Criterion B traits, at least as they were assessed using PID-5.

DARK TRIAD PERSONALITY TRAITS, PERCEIVED EMOTIONAL ACTIVATION PARADIGM, AND THEORY OF MIND TASK IN ADOLESCENCE

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Investigating the relationship between emotion recognition and activation, and *Dark Triad* personality traits may improve our understanding of similarities and differences among pathological narcissism, psychopathy, and Machiavellianism. Participants were 404 adolescent high school students (52.5% female adolescents, mean age = 16.00 years, $SD = 1.47$ years) who were administered the Short Dark Triad (SD3), emotion-eliciting movie clips paradigm, and Reading the Mind in The Eyes task (RMET). Although effect sizes for the associations between SD-3 scores and laboratory measures of emotion activation and "mind-reading" abilities were pretty small (median $r = -.17$, $p < .001$), differential relationships with problems with emotion activation and/or theory-of-mind were observed for Machiavellianism, narcissism, and psychopathy. Our findings seemed to suggest that deficits in emotion activation and theory-of-mind tasks may help researchers to understand both similarity and differences among *Dark Triad* traits.

WORKING WITH “DIFFICULT” (SEVERE NARCISSISTIC/ANTISOCIAL) PATIENTS

Mucci Clara (1)

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The first step in dealing with narcissistic patients is making a clear diagnosis; this is essential for arriving at a prognosis. Notoriously Otto Kernberg assigns “prognosis zero” to the treatment of antisocial patients, while patients with what he calls “malignant narcissism” are still treatable with transference focused psychotherapy (TFP) especially devised for severe personality disorders. An assessment of object relations capacity and Super-Ego pathology is also fundamental. Lack of empathy and absence of sense of guilt or remorse make work with these patients extremely difficult, almost impossible. Antisocial patients, according to Allan Schore, have been severely damaged. Omnipotent control and denial are the patient’s main defenses. When dealing with patients who are criminal offenders their crimes should be treated as a symptoms and analysed as a psychodynamic. As Van Velsen and Welldon write: “the crime becomes important as the means to understand better the psychopathology of the offender. Forensic patients uniquely demonstrate their internal worlds as *with their crime they act out something of their internal object relations*” (1997, p. 5 emphasis mine). In investigating the life and the previous experiences of the patient, the therapist must consider whether s/he sounds sincere and at least to some extent committed to the therapy and authentically involved in the process of discovery and emotional analysis of inner and relational dynamics. Countertransferential feelings will become decisive in determining the quality of the patient’s commitment to the work. Finally, do we need to “like” this patient? Can we work with a patient who truly disgusts and disorients us, and disturbs our moral sense of ethics and commitment? Can we work with a pedophile? With abusers of various types? The reconstruction of their levels of traumatization and dissociation might help

us see these patients with a more sympathetic eye and recognise the possibly threatened, controlled, restrained or abused child within them.

INVESTIGATING THE ROLE OF PATHOLOGICAL NARCISSISM IN GAMBLING ADDICTION

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Gambling Addiction (GA) often co-occurs with Narcissistic Personality Disorder (NPD) (American Psychiatric Association, 2013). Moreover, pathological gamblers seem to share common psychopathological features with individuals suffering from NPD as, for example, high levels of impulsivity. However, some empirical data seem to contrast with the hypothesis of a frequent narcissistic personality profile in this clinical population. For example, it has been seen that such individuals often suffer from internalizing psychological problems and a low level of self-esteem. Although some studies showed a relationship between narcissism and GA (Lakey et al., 2008; MacLaren & Best, 2013), there is a paucity of data in this field. In addition, no study investigated such topic using a multidimensional perspective, considering both overt and covert dimensions of narcissism, potentially able to account for the heterogeneity of empirical results. We administered to a sample of individuals with Gambling Addiction and a sample of healthy controls, two self-report questionnaires, namely the South Oaks Gambling Screen (Lesieur & Blume, 1987) and the Pathological Narcissism Inventory (PNI, Pincus, 2013). Comparison between group's means outlined significant and interesting differences on the subscales of the PNI. Moreover, significant correlations between some

dimensions of pathological narcissism and severity of GA emerged. Finally, different types of gambling activity seem differently related to high level of narcissism, suggesting the existence of different psychopathological profiles among pathological gamblers. Narcissism seems to be a central dimension to keep in mind when attempting to understand Gambling Addiction and to plan tailored treatment. Specifically, the study points out the necessity to adopt a multidimensional approach of the construct, which could account for the complexity of GA and the heterogeneity of such clinical population.

ADDICTION OR PROBLEMATIC INTERNET USE AMONG ADOLESCENTS AND YOUNG ADULTS: GENDER DIFFERENCES, PSYCHOLOGICAL PRECURSORS AND SYMPTOMATIC BEHAVIORS

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The Internet has become an essential part of our daily life. Compared to 2015, the number of *e-users* has increased by 10%; particularly, the number of Internet young users is constantly increasing, providing them *risky opportunities*: 95% of teenagers and 99% of young adults are web users (Online Safety Site, 2017; Pew Research Center, 2017). Psychological factors, as well as age and gender-related factors seem to contribute making a precise sense for the Internet use, thus it could be useful to characterize individual differences interacting with environmental factors in leading to high Internet usage and related functioning. These issues enlarge the

question if we should consider problematic Internet use as just a maladaptive habit or a proper form of dependence, in a specific developmental stage of life. This topic will be discussed through four contributions, starting from recent studies in different Italian contexts. Casale S. (Firenze) focus on the problematic use of Social Networking Sites, discussing how maladaptive cognition about the self and the world can contribute to the preference for online social interaction among young people. Gervasi A. et al. (Verona; Enna) describe two studies, focusing on the relationship among maladaptive personality traits, Internet addiction and Internet gaming disorder, and discussing these disorders as a possible consequence of psychological and relational impairments. Guglielmucci F. (Torino) focus on the preliminary results of a sample of Internet gamers (aged between 16 and 22 years) in a clinical setting, underlying the importance of an individualized psychological intervention. Boursier V. et al. (Napoli) focus on the analysis of the connections among the selfie-diffusion, the Internet and smartphone problematic use, self-objectification and problematic body control image in girls (aged between 11 and 18 years).

PROBLEMATIC USE OF SOCIAL NETWORKING SITES (SNSs) AMONG YOUNG PEOPLE: HOW MALADAPTIVE COGNITIONS CONTRIBUTE TO THE PREFERENCE FOR ONLINE SOCIAL INTERACTIONS

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Preference for online social interactions was defined as a “cognitive individual difference construct characterized by beliefs that one is safer, more efficacious, more confident, and more comfortable with online interpersonal interactions and relationships than with traditional face to face

social activities” (Caplan, 2003, p. 629). According to the cognitive-behavioral model of problematic Internet use (2010), POSI is the main cognitive precursor of the tendency to use social networking sites (SNSs) for regulating negative mood states, the compulsive use of SNSs, and the presence of negative outcomes in real life. The cognitive-behavioral model of PIU emphasizes the role of maladaptive cognitions about the self and the world as possible determinants of POSI (see Davis, 2001). The current study investigates the main and interactive effects of perfectionism discrepancies (i.e. a maladaptive cognition about the self; PD) and social hopelessness (i.e. a maladaptive cognition about the world; SH) on POSI. A convenience sample of 400 undergraduates (52.3% females; mean age = 22.01 ± 1.99) completed the Italian adaptations of measures assessing PD, SH, and POSI. Three steps hierarchical regression analysis was performed to investigate the potential main and interactive effects of PD and SH on POSI levels. Since significant gender differences were found on the study variables, regression analyses were performed for males and females separately. A main effect of both SH ($\beta = .21$; $p < .01$) and PD ($\beta = .25$; $p < .01$) was found among women (R^2 step 3=.16, $p < .001$). SH had a main effect ($\beta = .38$; $p < .001$) on POSI levels and PD significantly moderated this effect ($\beta = .14$; $p < .05$) among men (R^2 step 3=.24, $p < .001$). In keeping with the cognitive-behavioral model of SNSs problematic use, the present study confirms that the role of maladaptive cognitions about the self and the world deserves scientific and clinical attention.

INTERNET ADDICTION AND INTERNET GAMING DISORDER: TWO STUDIES AND A CRITIQUE ON THESE CONSTRUCTS

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Several studies suggest that problematic Internet use is linked to different psychological and psychosocial factors, including personality traits and disorder. We present and discuss two studies. In the first study, we examined the relationship among Internet addiction symptoms, maladaptive personality traits, and theory of mind in 349 volunteer students (57.6% females) aged 18–25. In the second study, we performed a systematic review of recent literature examining the relationship between personality traits and Internet gaming disorder (IGD). In the first study, a hierarchical multiple regression analysis showed that negative affectivity, disinhibition, and psychoticism predicted Internet addiction symptoms, with theory of mind having no significant effect in the prediction. The result of the second study, which comprises a systematic review including 27 peer-reviewed articles, showed that different personality traits (such as high neuroticism, high impulsivity, and high aggressiveness) emerged as significant predictors of IGD, but no unique pattern of associations between personality traits and IGD can be identified. The findings from the two studies suggest that Internet addiction and Internet gaming disorder are strictly related to maladaptive personality traits, so that in many cases these disorders may be a consequence of psychological and relational impairments, rather than their cause.

PERSONALITY, PSYCHOPATHOLOGICAL CONDITIONS AND PATOLOGICAL INTERNET USE. PRELIMINARY RESULTS FROM A CLINICAL SETTING

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The pathological misuse of the internet has been considered as a compensative or dissociative strategy to face traumatic experiences of real life. The paper aims at investigating personality disorders, mood disorders and traumatic early experiences in a clinical sample of pathological internet users. We administered the Structured clinical interview for DSM-5 (SCID-5), the Toronto Alexithymia Scale (TAS-20), the Internet Addiction Scale (IAT), The Symptoms Check List (SCL-90) and The Traumatic Experience Check List (TEC) to inpatients and outpatients of the Clinical Psychology Liaison Service of the S. Giovanni Battista Hospital (Turin). Narcissistic and avoidant personality were found, together with alexythimic traits and depressive conditions. Early traumatic experiences seem to be involved in the development of personality and mood disorders in patients with a pathological use of The Internet. These data are in line with the coping/dissociative strategy and seem to suggest the importance of and individualized clinical intervention for People entangled in virtual realities.

PIXEL BODIES. SELFIE-PORTRAITS ACTIVITIES AND PREDICTORS AMONG GIRLS

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The use of technology is profoundly “gender-related”. There were notable differences approaching to the Internet, but the introduction of smartphones and SNS led women to a more widespread use of digital devices (Joiner et al.2012). Women are more prone to social media addiction, more active in

taking/posting selfies and cropping photos (Dhir et al.2016), more at risk in developing addictive behaviors to activities involving elements of social interactions than men (Andreassen et al.2013). Particularly, body-related concerns have been observed in those girls who are more engaged in social-media related self-photos activities (McLean et al.2015). Self-portrayal is one of the most popular online activities, especially among adolescents (Lenhart et al., 2010; Lee & Sung, 2016). The selfie-craze explosion has been analyzed in a convenience sample of 1220 undergraduates (46.1% f, 53,9% m; mean age 14,2) who completed a self-report questionnaire about the selfies' diffusion, assessing problematic use of Internet (IRPS) and Smartphone (CERM-S), Body surveillance and Body control image in Photos (BCIP-rev). The study investigates the role of this set of measures in influencing the adolescents' selfie frequency. Results of a hierarchical multiple regression analysis ($R^2 = .337$; $F=117.842$) show the influence of BCIP ($\beta = .425$), CERM-S ($\beta = .270$) and body surveillance ($\beta = .081$) on the selfie frequency, explaining 33.7% of the variance. The findings demonstrate that the problematic body image's control, the smartphone's problematic use, and high levels of body control significantly influence the selfie frequency. On the contrary, the problematic use of Internet negatively predict the selfie frequency ($\beta = -.110$). Moreover, gender reveals to be a positive predictor of selfie frequency. In addition, ANOVA for gender showed that girls score higher levels of selfie frequency and body surveillance, problematic relationship with smartphone and their own body image's control, than boys.

GENDER VARIANCE AND ASSOCIATED PSYCHOLOGICAL CONDITIONS: DOING RESEARCH TO SUPPORT MENTAL HEALTH

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Discussant: Lingiardi Vittorio (2)

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Scientific literature shows a high rate of psychological suffering and disease associated with gender variance and gender dysphoria in adult population (Hejne, Van Vlerken, Heylens, & Arcelus, 2016) and among children and adolescents as well (Zucker, Wood, & VanderLaan, 2014). While in early studies gender dysphoria was seen as a symptom of a psychiatric disorder, in recent years many researchers and clinicians argued that gender dysphoria and gender variance themselves are not a sign of psychopathology. Still, the high rate of psychological suffering indicates the necessity of considering the level of psychological wellbeing in gender variant and gender dysphoric (GV/GD) population, in order to promote mental health (WPATH, Coleman et al., 2012). Recent studies focused on the themes linked with attachment theory framework, like traumatic experiences and mentalization (Lemma, 2013; Lingiardi et al. 2017; Vitelli & Riccardi, 2011), autistic spectrum traits (Van Der Miesen, Hurley, & De Vries, 2016) and eating behaviors (Feder, Isserlin, Seale, Hammond, & Norris, 2017). In the light of such evidence, this symposium will focus on presenting the findings of studies realized by a network of Italian university research groups (Rome, Florence and Turin) with the aim looking at these associations and at possible ways of promoting mental health in GV/GD people. Giovanardi and colleagues will present a study exploring personality, quality of attachment representations and history of traumatic experiences among trans adults. Di Fini and colleagues' contribution examines, before and after sex reassignment surgery, adult attachment and reflective function in a group of trans adults. Ristori and colleagues, through their study, analyzed the co-occurrence of Gender Dysphoria and Anorexia Nervosa in adolescence. Caldarera and colleagues' research is focused on the association between gender variance and autistic traits in a non clinical group of children.

THE CO-OCCURRENCE OF ATYPICAL GENDER IDENTITY DEVELOPMENT AND AUTISM SPECTRUM TRAITS: A PILOT STUDY IN A NON-CLINICAL GROUP

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Gender identity is currently viewed as a way of perceiving oneself across the so-called *gender spectrum*: actually gender variance (GV) occurs in non clinical groups of children and adolescents (de Vries, Kreukels, Steensma, & McGuire, 2014). At the same time, many studies showed a higher prevalence of autistic spectrum disorders (ASD) in youth referred to gender clinics, compared to general population (Van Der Miesen, Hurley, & De Vries, 2016). Researchers developed different hypotheses about the nature of such association, and one of the most studied is related to Baron Cohen's Empathizing-Systemizing Model (EQ/SQ, Baron-Cohen et al., 1997). Making available data about this association also in non-clinical populations would help to better understand the co-occurrence of these conditions. The aim of this pilot study is to look at the association between GV, levels of EQ/SQ, and autistic traits in a non clinical group of children. The parents of 87 children aged 4-11 filled out, upon informed consent, a set of parent-report questionnaires including: a general information form; the Italian versions of the *Gender Identity Questionnaire for Children* (GIQC, Johnson et al., 2004), of the EQ/SQ Quotient and of the Autism Spectrum Quotient (AQ). We tested the association between variables and differences between groups through multivariate statistics. Higher levels of stereotypical masculine behavior were associated with lower levels of empathy, and gender atypical behavior was positively correlated with the AQ levels. Interestingly, such traits were positively correlated with cross-gender identification as well, and, when running the analyses separately on the two

subgroups of birth-assigned females and males, only the association was significant only in the birth-assigned females group. Results indicate the necessity of further exploring this association in a bigger group, looking at differences as a function of age and gender.

ADULT ATTACHMENT AND REFLECTIVE FUNCTION IN TRANS ADULTS PRE- AND POST- SEX REASSIGNMENT SURGERY

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The quality of attachment relationships experienced in early childhood has important consequences on the development of Reflective Functioning -RF (Fonagy & Target, 2001). This ability is connected to the representation of the self and depends on the caregiver's capacity to mirror the child's mental experiences. In Gender Dysphoria (GD) a prevalence of *insecure* states of mind was found (Vitelli & Riccardi, 2010). Moreover, the exposure to a repeated caregiver's failure of mentalizing the child's sense of body incongruity can be hypothesized (Fonagy, 2006; Lemma, 2013). Although attachment Internal Working Models (IWMs) are found to be relatively stable over time, some studies have showed changes following significant life events. In this exploratory study we aimed to examine if and how gender transition process influences the continuity of the IWMs and RF level. Adult Attachment Interview (AAI) was administrated to 20 adults with GD referred to C.I.D.I.Ge.M. of Turin pre- (T0) and post- sex reassignment surgery (T1). RF was coded according to the RF Scale from AAI transcripts. Data at T0 showed a high percentage of insecure attachment with frequent signs of unresolved loss or trauma. An

improvement both in the AAI coherence scale and RF scoring was reported at T1. RF indicators related to the awareness of the nature of mental states and family dynamics, as well as a revision of thoughts and emotions in light of understanding gained since childhood, were found. These findings underline that the gender transition involves effects on subjective and intersubjective mirroring processes associated to the new sense of self body congruity. Results may be useful to better understand the psychological mechanisms involved in the gender transition in order to improve the clinical intervention.

PERSONALITY, ATTACHMENT PATTERNS AND COMPLEX TRAUMA IN A SAMPLE OF TRANSEXUAL ADULTS

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In order to better understand adult transsexualism, several authors focused their research on personality and early traumatic experiences within the attachment relationships. Trans people's personality was the object of several research, displaying contrasting results. Some studies reported a high proportion of personality pathology, whereas others showed psychological functioning in the non-psychopathological range. In contrast, just a few studies explored adult attachment. The purpose of this study was to explore personality, quality of attachment representations and history of traumatic experiences among trans adults. 95 trans adults were compared with 123 cisgender adults. The Adult Attachment Interview (AAI) was administered to both samples for the assessment of current state of mind.

The Complex Trauma Questionnaire (ComplexTQ) was completed by clinicians in order to evaluate early relational traumas. Personality was assessed in a subsample of 44 individuals with the Shedler-Westen Assessment Procedure-200 (SWAP-200). Data revealed significant differences regarding the distribution of attachment patterns between transsexuals and the control sample. The two samples also differentiated regarding the exposure to complex trauma in childhood and the intensity of multi-type maltreatment experienced. With regard to personality, overall individuals showed a good functioning. In order to find latent subgroups that shared personality characteristics a Q-factor analysis was performed. Three personality clusters emerged: *High Functioning* (54%); *Depressive/Introverted* (32%) and *Histrionic/Extroverted* (14%). Our findings underline the traumatic history and the disorganization of attachment which characterise the experiences of our transsexual sample and indicate that in terms of personality trans individuals show articulate and diverse types.

GENDER DYSPHORIA AND EATING DISORDERS IN ADOLESCENCE

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The co-occurrence of Gender Dysphoria (GD) and Anorexia Nervosa (AN) in adults has been widely described in the literature. Some cases have been reported also regarding the adolescent population. However, while the emphasis so far has focused on the overlap in symptomatology of the two

conditions, the cases discussed in the current paper seem to suggest a different clinical meaning of AN symptoms in adolescence when gender identity issues are involved. In particular, pathological eating behaviors (food avoidance and weight loss) could be assessed as a dysfunctional coping strategy adopted to gain control over a body developing in an unwanted direction and to block the irreversible pubertal physical changes. Puberty in GD adolescents is in fact described as a dramatic moment where psychological problems tend either to arise or intensify. Furthermore, data within a year follow up are reported and discussed, showing how an early medical intervention with gonadotropin-releasing analogs (GnRHa) is associated with both psychological and social functioning improvement. Mental health professionals should therefore always perform a specific and detailed assessment on sexual identity and gender identity within the evaluation of apparent eating disorders in adolescents. AN symptoms may in fact underline a GD diagnosis.

THE KEY ROLE OF CLINICAL PSYCHOLOGY FOR MEDICAL CONDITIONS

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The symposia aimed at highlighting the relevance of clinical psychology and its main concepts for the diagnosis and treatment of patients affected by

medical conditions. Overturning the usual causal direction body-mind, the studies depicted in the present symposia exemplify how an accurate assessment of the psychological level could contribute to better understand the somatic level, i.e. somatic symptoms. This is all the more so true when we have to face complex and heterogeneous medical conditions such as functional somatic symptoms/syndromes. Irritable bowel syndrome (IBS), Fibromyalgia (FM), as well as pain experience following surgery are clear and distinct examples of this. Three different studies focusing on how psychopathological aspects (such as depression, anxiety, rumination, alexithymia) impact on somatic symptoms, especially on pain, will be presented. A final presentation will provide an updated overview of the scientific evidence on emotional and cognitive aspects implicated in pain experience.

PSYCHOLOGICAL PREDICTORS OF PERIOPERATIVE PAIN IN PATIENTS UNDERGOING ORTHOPAEDIC SURGERY

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Acute postoperative pain is the most frequent and unpleasant symptom reported by patients undergoing orthopaedic surgery. Pain in general is a complex and multidimensional experience involving sensory, affective and cognitive components and several studies addressed the role of the biopsychosocial predictors of its intensity both before and after surgery. The aim of the present longitudinal study was to explore the impact of these

predictors on the whole pain experience. One hundred sixty-eight patients listed for orthopaedic interventions at the hospital “Casa di Cura San Pio X” were recruited after the preoperative visit and filled a Numeric Rating Scale (NRS) to assess pain intensity, the Questionario Italiano del Dolore (QUID) to assess the sensory, affective, evaluative and mixed components of their pain experience, the Cognitive – Behavioral Assessment – Hospital form to assess anxiety and mood, the Trail Making Test to assess executive functions, the Pain Catastrophizing Scale (PCS) and the Tampa Scale for Kinesiophobia to assess pain coping strategies. On the third day after surgery, the participants were asked to provide information about their pain using the NRS and QUID. Multiple regression analyses were performed using both preoperative and postoperative pain intensity and QUID subscales as dependent variables. Among the significant results, it was found that the rumination scale of the PCS was a predictor of preoperative pain intensity and of the sensorial, affective, evaluative and mixed components of preoperative pain, as well as of the affective, evaluative and mixed components of postoperative pain. Depressed mood was a significant predictor of NRS intensity and of the components of preoperative pain. Postoperative pain intensity was predicted by fears related to hospitalization. Overall, the results of this study highlight the importance of psychological factors in shaping the pain experience of orthopaedic patients.

SOMATOFORM DISSOCIATION IN FIBROMYALGIA

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Fibromyalgia (FM) is characterized by chronic widespread musculoskeletal pain associated with a heterogeneous series of other symptoms, including fatigue and cognitive impairment. The present study aims to evaluate the prevalence of somatoform dissociation symptoms in a sample of patients

with FM, compare to healthy controls (HC). Furthermore, we evaluated the specific impact that somatoform dissociation symptoms, together with pain, depression and anxiety symptoms, have on the health related quality of life (HRQoL) in FM patients. Data from 107 female patients with a main diagnosis of FM were collected and compared with a sample of female healthy control, matched for age and educational level. The results showed that 49% of the FM patients compared to 3% of the HC showed the presence of somatoform dissociation. The hierarchical multiple regression analyses showed that both the physical (SF-36_PH) and the mental (SF-36_MH) components of the HRQoL were influenced by the presence of somatoform dissociation, even controlling for the presence of pain intensity, depressive and anxiety symptoms. In particular, regarding the SF-36_PH, pain ($\beta = -0.48$; $p < .001$), depressive symptoms ($\beta = -0.24$; $p = .004$) and somatoform dissociation ($\beta = -0.17$; $p = .036$) explained 42% of the variance ($F(3,95) = 23.1$; $p < .001$). Regarding the SF-36_MH, depressive symptoms ($\beta = -0.52$; $p < .001$) and somatoform dissociation ($\beta = -0.27$; $p = .001$) significantly explained 40% of the variance ($F(2,96) = 31.9$; $p < .001$), while pain and anxiety symptoms showed no significant contribution. The results of the present study highlighted the high prevalence of somatoform dissociation symptoms in FM patients. What is more, our results suggested that somatoform dissociation symptoms contribute negatively and independently to both the physical and mental component of the FM patients' quality of life.

THE PREDICTIVE ROLE OF ALEXITHYMIA AND GASTROINTESTINAL-SPECIFIC ANXIETY IN TREATING PATIENTS WITH IRRITABLE BOWEL SYNDROME

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Alexithymia and gastrointestinal-specific anxiety (GSA) and alexithymia are two psychological constructs that may contribute to severity of irritable bowel syndrome (IBS). We aimed to investigate their independent contribution in predicting the level of severity and the treatment outcome of patients with severe IBS. Consecutive 177 IBS patients were evaluated for IBS symptoms, alexithymia, GSA, and psychological distress before and after multicomponent treatment for 6-12 months. IBS severity was highly associated to both alexithymia ($r = 0.61$) and GSA ($r = 0.66$) but alexithymia was a stronger predictor. Symptom improvement was associated to both alexithymia ($d = 1.27$) and GSA ($d = 4.63$) but only alexithymia showed overtime stability by hierarchical regression, controlled for co-variables. Furthermore, baseline alexithymia, but not GSA, independently predicted both post-treatment improvement status (Cox & Snell $R^2 = 0.15$; overall classification rate = 74%) and symptom change (23% of explained variance). Since no treatment was established to be definitely effective for IBS, clinicians might improve treatment outcome by identifying patients with high alexithymia, attempting to improve their coping skills, emotional regulation, and affective awareness.

EMOTIONAL AND COGNITIVE ASPECTS OF PAIN

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Pain perception is not only related to the physical aspects of pain, but it is also modulated by emotional and cognitive mechanisms. In particular, depressive mood causes a reduction of the pain threshold and an increase of the pain sensitivity (central sensitization). The relationship between depressive mood and pain was in the past considered as co-morbidity:

nowadays it is better explained as co-pathogenesis, because mood and pain share several biological mechanisms (neurotransmitter, hormonal, immunologic and trophic ones). On the other hand cognitive aspects, such as attention, memory and expectancy can greatly influence pain perception. Attention to pain is a complex phenomenon in which pain can induce attentional biases and behavioral modifications, but also manipulation of attention can modify the pain perception. Moreover memory of pain can play a relevant role in pain chronicization, so that chronic pain has to be prevented as early as possible in order to avoid “pain memory” from being established. Negative expectation can worsen pain, counteracting analgesic treatments, but positive expectations can favour amplified responses to therapeutic approaches, according to the placebo phenomenon. In summary, a correct pain clinical approach has to refer to the bio-psycho-social model: a concomitant evaluation of the physical, emotional and cognitive aspects of pain is needed in order to reach a tailored and effective treatment for each patient.

FATHER IN THE PERINATAL PERIOD: NEW RESEARCH DIRECTIONS

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Traditionally, the interest of perinatal mental health professionals has focused on expectant and new mothers, but it has become clearer in more recent years that the perinatal period is a time of psychological vulnerability

for expectant and new fathers too (Baldoni, 2014; Di Folco & Zavattini, 2014). As men become bonded to their infants, this helps the development of his identity as a father and is also likely to support his partner's transition into motherhood (Lundqvist et al., 2007). Some studies have revealed that pregnancy directly affects the psychological and physiological functioning of future fathers (Genesoni & Tallandini, 2009; Poh et al, 2014), but these have examined the broader experiences and challenges encountered by fathers and their experiences of maternity services. However, the studies on the subject of the transition to parenthood, showed a substantial (relative) lack of research specifically focused on father's mental health and wellbeing during the perinatal period (Habib & Lancaster, 2010; Gettler et al, 2011). Wong et al (2016) highlighted that men are at increased risk of mental health problems during the transition to fatherhood. Paternal mental health during the perinatal period is reported to have various effects on the health of the whole family (Darwin et al, 2017). The aim of this Symposium is to present some innovative researches about the role of the father in the perinatal period to identify risk and protective factors in the transition to fatherhood. The first of these explores the influence of intra- and interpersonal variables on the paternal-fetal attachment; the second regards the relationship between paternal sensitivity and preterm birth; the third explores the Depression, Anxiety and Parenting Stress in father of twins and the last regards the experience of infertility in men during the assisted reproductive technology treatment.

**THE BEGINNING OF THE FATHER-CHILD RELATIONSHIP:
EXPLORING THE INFLUENCE OF INTRA- AND
INTERPERSONAL VARIABLES ON THE PFA (PATERNAL-
FETAL ATTACHMENT)**

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The construct of *prenatal attachment* refers to the complex of attitudes, behaviors and representations that parents develop towards the fetus during pregnancy (Cranley, 1981; Müller, 1993; Condon, 1993). To date, research has focused more on the development of the maternal compared to the paternal prenatal attachment. On the contrary, our study aimed to specifically investigate the development of the paternal-fetal attachment (PFA). The research has a longitudinal design, with data collection in pregnancy (VII-VIII month) and in the postnatal period (3-4 months after childbirth). We recruited a sample of 112 expectant fathers (age 25-51 yr.). In the prenatal period, they completed measures of prenatal attachment (PAI, Müller 1993; PAAS, Condon 1993), dyadic adjustment (DAS, Spanier 1976), depression (CES-D, Radloff 1977), psychiatric symptoms (SCL-90R, Derogatis et al. 1977). In the postnatal phase, a subsample of expectant fathers completed the DAS, CES-D and SCL-90R again, along with measures of postnatal attachment to the child (MPAS, Condon & Corkindale 1998), child's behavior (SVC-24, Laicardi 1998) and parent-child bond problems (PBQ, Brockington et al. 2001). This contribution concerns only prenatal data, as the study is in progress and the postnatal sample is still numerically small. The results indicated no significant effect of parity and no significant effect of the planning pregnancy on paternal-infant attachment scores. They also revealed positive significant correlations of prenatal attachment with dyadic adjustment in couple's relationship. A regression analysis showed that age (-) and dyadic adjustment (+) were significant predictors of the paternal prenatal attachment. These results suggest that quality of the couple relationship seems to be an important protective factor for the development of the paternal prenatal attachment. This should be taken into account in planning support services for the couple during the transition to parenthood.

PATERNAL SENSITIVITY AND PSYCHOMOTOR DEVELOPMENT OF THE PRETERM-BORN CHILD: A CARE-INDEX STUDY

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During the perinatal period, the role of the father is not merely that of supporting their partner, but also that of establishing a direct relationship with their child. Indeed, preterm birth represents a stressful and potentially traumatic event for the whole family. Both the family's sense of security and the child's development can be affected by paternal behaviors under such critical circumstances. Hence, this study aims to investigate the influence of paternal sensitivity on the psychomotor development of the preterm-born child. 61 father-child couples were assessed from birth to the first 12 months of corrected age; 27 couples in the sample had preterm-born children (birth weight \leq 1500 g) while 34 had term-born children. Participant recruitment was conducted in collaboration with the NICU of Rimini and Brescia. At 3 months of corrected age of the newborns, we assessed paternal sensitivity and attachment forerunners using CARE-Index, a video-recorded procedure of adult-child spontaneous interaction. Furthermore, CES-D for depressive symptoms was used to assess the sampled fathers. The Bayley Scales III were also included in this study to

assess the child's psychomotor development. Fathers of preterm children showed lower dyadic sensitivity ($p < .01$), more frequent insecure attachment forerunners ($p < .05$) and higher depression symptoms ($p < .05$), compared to the control group. These factors were associated with lower scores on the Bayley Scales at 6 months of corrected age ($p < .05$). Moreover, fathers with severe depression symptoms displayed more recurrent insecure attachment forerunners ($p < .05$). The findings highlight the importance of the father-child relationship from the first months. The quality of the relationship between father and child appears significantly different in families of preterm infants. Therefore, support to the father in transitioning to parenthood may increase the quality of parenting and childcare in families with preterm babies.

DEPRESSION, ANXIETY AND PARENTING STRESS: A LONGITUDINAL STUDY IN FATHER OF TWINS

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The transition to fatherhood has been identified by many researchers as a critical process more visible for fathers expecting twins. The longitudinal study we have conducted involved fathers at sixth month during partners' pregnancy and at 3 months of ages of twins. First aim, was to examine whether fathers' anxiety and depression, assessed pre and post-partum were associated with infants' Negative Affectivity (NA) and parenting stress; second aim, was to examine whether the levels of parenting stress and perception of the twins' temperament showed differences between twins. The study participants were 29 fathers (*M*Age D 38.2 years, *SD* D 4.4 years). The evaluation toolkit was composed by the Edinburgh Postnatal Depression Scale and the State-Trait Anxiety Inventory. At three months of

the babies they also filled out: Parenting Stress Index—Short Form and Infant Behavior Questionnaire Revised. Higher scores in anxiety/depression during pregnancy and at 3 months postpartum correlated significantly to specific dimensions of one of the twins Negative Affectivity (distress to limitations, low falling reactivity, and sadness). Another correlation was between higher anxiety/depression scores during pregnancy and 3 months postpartum and parenting stress. There are no differences between father perception of twins temperament' and parenting stress. Our results underline that fathers perceived the children very similar and show alike level of stress for each twin. Interesting is that some traits of twins correlate with anxious and depressive symptoms pre and post-delivery, but only for one of the twin. This study highlights the peculiarity of twin fatherhood that to our knowledge is not so studied even if the fatherhood, in the last decades, had been deeper analyzed.

THE EXPERIENCE OF INFERTILITY IN MEN DURING THE ASSISTED REPRODUCTIVE TECHNOLOGY TREATMENT

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In recent years, the number of couples seeking treatment for infertility has dramatically increased. Of all infertility cases, approximately 40–50% is due to “male factor” infertility. However, there is a paucity of information about effective psychological characteristics of this population. Since psychological factors play an important role during medical assisted reproduction, exploration of this is also an important task to manage this devastating problem. In this study, we examined the relationship between emotion dysregulation, mindfulness, shame experiences and coping strategies in men undergoing at Assisted Reproductive Technology. Specifically, we investigated differences in emotion dysregulation and

mindfulness between men of infertile couple and a comparison group of childfree men. Moreover, we investigate the association between emotion dysregulation and mindfulness in these groups. The sample consisted of 148 participants (85 infertile men, 63 childfree men). All participants completed the following self-report measures: Difficulties Emotion Regulation Scale, Five Facet Mindfulness Questionnaire, Experience Shame Scale, Coping Orientations to Problems Experienced. Data analyses showed, in general, infertile men and childfree men have no significant differences in the psychological dimensions investigated. However there are a significant difference between men in the infertile sample and men in the comparison group, in a coping strategies, indeed infertile group men used *transcendence orientation* more than childfree men. Regression analysis showed emotion dysregulation affects *social support* and *avoidance* strategies, mediated by the scarcity of mindfulness and the shame's experience. *Transcendence orientation* strategies, instead, seem not to be influenced by any psychological dimension. The low emotional involvement of men could be caused by the exclusion of the ART procedure. Confidence in transcendence could explain the strong motivation to become a father.

HOW DOES COLLABORATION WORK? ASSESSING ALLIANCE NEGOTIATION WITH THE COLLABORATIVE INTERACTIONS SCALE REVISED

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Over the last 20 years, we have observed a change in therapeutic alliance research with a growing interest in the processual aspects of therapy and in therapists' techniques that could affect the quality and formation of the alliance (Ackerman, Hilsenroth, 2001, 2003; Hilsenroth et al., 2012). This emerging field, called the *second generation* of alliance research (Safran et al., 2011, p. 80), investigates how patients and therapists construct the therapeutic relationship together, with an increased awareness of the fact that therapeutic alliance represents an “emergent quality of partnership and mutual collaboration between therapist and client” (Horvath et al., 2011, p. 11). The panel presents four works that applied in different clinical contexts the revised version of the Collaborative Interactions Scale (CIS; Colli, Lingiardi, 2009), an observer-rated measure for the assessment of therapeutic alliance ruptures and resolutions. The scale can be applied to audio/video recordings of therapeutic sessions or verbatim transcripts of psychotherapies. The CIS-R is divided into two scales: one to evaluate the patient (CIS-P), and one to evaluate the therapist (CIS-T). The aim of the panel is to present several applications of the CIS-R and discuss limits and future directions of alliance ruptures research. The studies of this panel share two characteristics: the use of the CIS-R in the assessment of clinical material and a focus of investigation on a micro-processual level. In the first work, Gentile et al. describe the pattern of negotiation of alliance with personality disorders patients. In the second study, Brasini and colleagues investigate the connections between the co-construction of alliance and the motivational systems on a sample of cognitive sessions. In the third research, Del Giacco et al. focus on the early alliance with depressed patients. Finally, Condino and colleagues propose a replication and extension of the Stage process model by Safran e Muran.

ASSESSING ALLIANCE RUPTURES AND RESOLUTIONS IN PATIENTS WITH PERSONALITY DISORDERS

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The frequency of therapeutic alliance ruptures greatly vary in relation to patient pathology. Clinical and empirical literature suggests that patients with personality disorders (PDs) tend to manifest greater problems in the maintenance of the therapeutic alliance than patients characterized by lower levels of personality pathology (Bender, 2005; Lingiardi, Filippucci, & Baiocco, 2005; Smith, Hilsenroth, Fiori, & Bornstein, 2014). Moreover, empirical evidence suggests that patients with PDs, characterized by inflexible patterns of emotional and interpersonal difficulties that could lead to dramatic in-session fluctuations of mental states, invariably pose great challenges to psychotherapists, especially with regard to the negotiation of the therapeutic alliance (Benjamin & Karpiak, 2002; Levy, Beeney, Wasserman, & Clarkin, 2010). The aims of the study was to describe the scale-revision process, to evaluate interrater reliability and scale validity comparing sessions of patients with and without personality disorders (PDs). Hypothesis; Patients with PDs will show a greater number of alliance ruptures and a smaller number of collaborative processes than patients without PD. Method: Three raters evaluated blind a sample of 60 sessions (180 segments; 3,607 narrative units) with 30 patients (15 had a PD diagnosis and 15 had a DSM-5 clinical syndrome diagnosis without PDs). Results: Interrater reliability results ranged from acceptable to excellent and were comparable with the former version. Patients with PDs showed a greater number of alliance ruptures and a smaller number of collaborative processes than patients without PDs. Moreover, therapists presented more negative interventions with the PD sample than in the non-PD group. Conclusions: The results indicate that the CIS-R is a reliable rating system and is useful in both empirical research and clinical assessments.

CIS-R AND AIMIT IN THE MICRO-PROCESSUAL ANALYSIS OF THE THERAPEUTIC RELATIONSHIP: COMPARISON OF TWO PERSPECTIVES

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If we look at the therapeutic relationship as a process of reciprocal attunement, and if we define the therapeutic alliance as a sequence of ruptures and repairs in that interpersonal attunement (Safran & Muran 2000), it follows that in order to evaluate the quality this relationship it necessary to observe the so-called "local level" of the interaction (BCPSG; 2012), adopting a single communicative exchange (i.e. turn of speech) as a unit of measurement. The Collaborative Interactions Scales (CIS-R, Colli et al, 2009, 2014) and the Analysis of Interpersonal Motivations in Transcripts (AIMIT; Liotti and Monticelli 2008) are two research tools to be applied in clinical session transcripts, that have been developed within different theoretical frameworks, but that share a common interest in the study of the therapeutic relationship at the micro-process level. This contribution is part of a series of studies (Gentile et al, 2009; Colli et al., 2010-2011; Fassone et al., In Liotti and Monticelli, 2014) aimed at connecting the ruptures and repairs of the alliance with the coordination of interpersonal motivational processes. 60 psychotherapy sessions were analyzed in a double-blind design with the abovementioned methods. The results show that the coordination of the interpersonal motivational systems based upon a collaborative mentality is related to a better quality of the therapeutic alliance. These results will be discussed in the light of the convergence aspects and of the main theoretical differences between the two instruments and their theoretical perspectives.

VOICE QUALITY AND EARLY DEVELOPMENT OF THERAPEUTIC ALLIANCE: A MIXED METHOD DESIGN WITH DEPRESSED PATIENTS

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The therapeutic alliance, as a predictor of psychotherapy outcome (Ardito, & Rabellino, 2011), is a collaborative relationship which varies through different phases of the therapeutic assessment (Lingiardi, Holmqvist, & Safran, 2016) and is influenced in its quality by patient and therapist's contributions (Koole, & Tschacher, 2016). Involved actors' voice quality, conveying meanings without verbal language (Russell, 2013), contributes to build such a collaborative interaction. Depressed patients tend to show difficulties in developing and maintaining the therapeutic alliance (McCullough, 2000). The aim of this paper is to examine the relation between the early development of therapeutic alliance construction and the voice quality in a group of 8 patients with depressive symptomatology (BDI-2) treated by the same therapist with expertise in psychodynamic approach. A lag-log observational research design was implemented through a mixed method, applying on the first 3 transcripts and audio recordings of therapeutic sessions: the Collaborative Interactions Scale-Revised (CIS-R; Condino, Gentile, Colli, & Lingiardi, 2014) to assess alliance and a nonstandard tool for indirect observation of patient-therapist's voice quality. Intra and inter 3-session analyses (descriptive statistics, lag-log sequential and T-pattern analysis) were performed. The integration of nonverbal interaction dimensions with standardized evaluation, as well as the presence

of repeated communicative patterns, provide evidence about how alliance develops during early patient-therapist's interactions.

A SEQUENTIAL ANALYSIS OF THERAPEUTIC ALLIANCE RUPTURE AND RESOLUTION PROCESSES

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Safran and Muran (1996) have developed a model of therapeutic alliance rupture and resolution process that includes four stages of interactions between patient and therapist. Rupture events were categorized into two major types: *confrontation ruptures*, where the patient directly expresses anger or disaffection with the therapist or some aspect of the therapy and *withdrawal ruptures*, in which the patient disengages from the therapist, his or her own emotions, or some aspect of the therapeutic process. The resolution process for confrontation and withdrawal ruptures follows different exploratory pathways. Despite the clinical and heuristic values, this model does not include the construction of a rupture model without resolution. This study is a replication and extension of a previous study (Safran & Muran, 1996). Our research has two aims: a) to construct an empirical stage process model of ruptures and resolutions process; b) identifying and describing specific patient therapist interactions sequences using ruptures marker and therapist interventions rating categories more detailed than the former model of Safran and Muran (Safran & Muran, 1996; 2000). From our database of psychotherapy sessions we evaluated 74 session transcripts, chosen randomly. Three raters assessed independently

session using the CIS-R (Colli, Gentile, Condino, & Lingiardi, *submitted*). Interrater reliability results ranged from almost perfect to substantial. We used sequential analysis for analysis of interaction (Bakeman & Gottman, 1986; 1997; Gnisci & Bakeman, 2000; Bakeman, & Gnisci, 2005). Results suggest the presence of specific stage process model. We will discuss clinical and empirical implications.

BINGE EATING, EMOTIONAL REGULATION AND FOOD ADDICTION: COMPLEXITY OF EATING DISORDERS RELATED TO OBESITY

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Eating disorders related to obesity, and in particular binge eating disorder (BED), are characterized by the complexity that involves the interplay of aspects related to emotion regulation, food addiction and personality that also affect treatment's outcomes. It is assumed that BED patients - as they have difficulty regulating their negative emotions - use binge eating to cope with these emotions and to find relief. Deficits in emotion regulation processes are a common and widely used explanation for the development and maintenance of BED. Moreover scientific interest in "food addiction" is growing in the field of obesity, but the topic remains controversial. One critique of "food addiction" is its high degree of phenotypic overlap with BED. Focusing on relevant mechanisms may more effectively determine whether "food addiction" contributes to disordered eating behavior for some individuals. This symposium includes four oral presentations that seek to

deepen the complexity of eating behavior associated with obesity. The first contribution presents the results of a study that sought to investigate the role of the connection between aspects of personality and gender in the BED. The second oral presentation deals with the topic of discussing the relationship between food addiction and BED. The third oral presentation addresses the role of emotional intelligence in obesity and the fourth oral presentation addresses the effects of BED's condition on the outcome of bariatric surgery. This symposium will provide a guiding framework to outline future areas of research needed to deepen the interplay of aspects related to emotion regulation, food addiction and personality to understand the complexity of eating disorders related to obesity.

BMI AND BED: SEX DIFFERENCES IN PERSONALITY TRAITS

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Although suggested as an important dimension to the development and maintenance of eating disorders, temperament has not earlier been analyzed. This study explored the association between BED and temperament traits in both sexes, in BMI categories. 558 subjects selected: 40.1% males, 59.9% females, mean age 30.55. *Temperament and Character Inventory-125*, *Binge Eating Scale* and *BMI* were evaluated. Finding suggest that in both sexes increasing the age, enlarges the BMI M: $r=.25$, $p<.01$, F: $r=.25$, $p<.01$, the relation between BMI and Binge Eating behaviors is significant both in males $r=.32$, $p<.01$ and females $r=.27$, $p<.01$, instead Binge Eating behaviors are independent from the age. No relations appears between BMI categories and specific temperament dimensions in both sexes, instead values about Binge Eating behaviors show a significant association with specific personality traits in females *Novelty Seeking* $r=.15$, $p<.05$, *Harm*

Avoidance $r=.19$, $p<.01$, *Persistence* $r=-.18$, $p<.01$ and males *Novelty Seeking* $r=.16$, $p<.05$, *Harm Avoidance* $r=.22$, $p<.01$. Sex differences arise about the association between Binge Eating behaviors and *Persistence* F: $r=-.18$ $p<.01$, M: $r=-.09$. Regard to character dimensions get up a significant association between Binge Eating, *Directedness* and *Cooperativeness*. The obese group show more structured personality traits about sentimentalism, while normal weight show a high tendency about conformism. This study confirm that both sexes have a higher BMI with increasing age, and a high value of the BMI increases the probability of BED. Binge Eating behaviors are associated with *Novelty Seeking* and *Harm Avoidance* in males and females, unlike *Persistence* that occurs just in females. Personality traits and their subdimensions can be a clinical index in evaluating and treatment of BED. Future studies are needed to explore the temporal relationships between eating disorders and temperament traits, for which purpose temperament needs to be studied prospectively.

FOOD ADDICTION: EATING DISORDER, SUBSTANCE USE DISORDER O BEHAVIORAL ADDICTION?

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Addiction is traditionally defined as a compulsive need to use drugs with an addictive potential (as narcotics, alcohol, nicotine) to such an extent that its cessation causes severe psychological e physical symptoms. It implies also the will to sacrifice everything for the substance. Also food addiction has been recently regarded as a form of addiction. It has been

defined as an eating behavior characterized by an excessive search and consumption of highly palatable foods. There are arguments for and against the nosology of food addiction. Most studies have used the Yale Food Addiction Scale (YFAS) for measuring the construct. The YFAS is now available in its second version, which has been developed on the basis of SUD criteria established in DSM-5. The research on food addiction (defined “eating addiction” by some authors) is in full swing and its main objective is to determine if food addiction should be considered a sub-type of Binge Eating Disorder.

TRAIT EMOTIONAL INTELLIGENCE AMONG OBESE PATIENTS AND NON-OBESE ADULTS

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The construct of trait Emotional Intelligence (trait EI) takes into account the subjective aspects of human’s emotional experience, as it conceptualizes EI as a set of self-perceived emotional abilities. Although several studies have shown the importance of trait EI over individual’s health and wellbeing, there’s currently no literature studying its role in the context of eating disorders. Given the well-known association between obesity and emotional difficulties, this study attempts to provide new insights into the potential application of trait EI. A sample of 164 obese patients was recruited between May 2014 and June 2016. Each patient completed a set of self-report questionnaires including the Trait Emotional Intelligence

Questionnaire, the Emotion Regulation Questionnaire, the Beck Depression Inventory, the State-Trait Anxiety Inventory and the Binge Eating Scale. Independent assessments were performed at three time points (baseline, after three months, and after six months) at the S. Orsola Malpighi Hospital (Bologna). At each time point body weight and other medical were measured. A sample of normally-weighted adults was also recruited through an online software. Correlations, ANOVAs and mediation analysis were used as analytic strategies. Our results show differences in trait EI between case and control. Additionally, data show that trait EI has different functions over BMI depending on the predictor being considered. More detailed results will be presented at the conference. These results suggest once more the importance of emotional difficulties in obese patients and underline that trait EI may play an important role both as risk and as protective factor in the development of overweight and obesity.

A LONGITUDINAL STUDY OF HEALTH-RELATED QUALITY OF LIFE AND EATING BEHAVIOR IN BARIATRIC PATIENTS

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The psychological functioning of obese patients may affect the success of the bariatric surgery (Morseth, 2015). This study investigated health-related quality of life and eating behaviors in bariatric patients. 30 obese patients eligible for surgery at Ambulatorio di Chirurgia Bariatrica in Policlinico G. Martino, Messina were enrolled. Short-Form Questionnaire 36 items Health Survey (SF-36), Eating Disorder Inventory - 3 (EDI-3), Binge Eating Scale (BES) were administered before a bariatric operation (T1), and again

between 1 month (T2) and 3 months (T3) following surgery. At baseline (T1), BES scores indicate possible binge eating symptoms in 24.24% of patients; On the EDI-3, mean scores fall within a high clinical range on subscales: Bulimia (M=64.13, DS=7.24), Personal Alienation (M=61.71, DS=10.53), Interpersonal Insecurity (M=63.05, DS=8.35), Interpersonal Alienation (M=61.65, DS=9.80), Interoceptive Deficits (M=62.92, DS=9.14), Emotional Dysregulation (M=77.62, DS=7.73), Perfectionism (M=61, DS=9.46) e Asceticism (M=66, DS=8.42). Repeated measures analysis of variance from T1 to T3 indicates: significant reduction in BMI averages [$F(2, 52) = 96.25$; $P < .001$] and in BES scores [$F(2, 48) = 18.24$; $P < .01$]; significant increase in almost all subscales of SF36 [$F(2, 48) = 30.77$; $P < .001$] and in some subscales of EDI-3 [$F(2, 48) = 19.97$; $P < .001$]. This study confirmed binge eating and eating disorder relevant psychological trait to have a high prevalence among bariatric surgery candidates. On post-operative follow-up, despite the net reduction of weight and binge eating, increase: drive for thinness, tendency to think bouts of overeating, body dissatisfaction, sense of being out of control. General health improves, but are unchanged social functioning and limitations due to physical and emotional problems. More research is needed to investigate whether the emerging factors can influence the long-lasting weight reduction.

FOLLOWING THE POST-ADOPTION PATH, SUGGESTIONS FROM THE RESEARCH

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The international literature about adoption believes that special attention should be paid to the post-adoption path, promoting the integration process that the new family faces. Adopting one or more foreign children, sometimes late-adopted, imply the need to deal with the issue of the unfamiliarity in its various forms. Taking into account the fear, the disapproval, the rejection, and all those experiences related to this issue may be problematic in a situation that is supposed to solve the mutual deficiencies. This is why, it is useful to think about a follow-up extended over time in the different places that form the new family reception network. The absence of a previously settled intervention model paves the way for a fruitful encounter between the research and the clinical intervention. The first provides different and useful tools and new approaches and the latter is interested in identifying strategies of innovative intervention. According to this the Symposium presents four reports. Piermattei, Pace presents a research involving 20 families with "late-adopted" children investigating both the correlation of attachment in adoptive dyads and the relationship between the representations of the attachment and the quality of parent-child interactions. Greco, Comelli, Cordella presents a research exploring the representations of the main characters of the tales written by adults and children on the topic of international adoption, showing the characteristics and differences. Molina, Casonato, Ongari analyse the level of behavioural adjustment of intercountry Italian adoptees and compare it with that of their non-adopted peers. Cordella, Carleschi, Pibiri presents a new narration tool to be used during the period when parental couples live in the child's home country.

**PROTAGONISTS' AND ADOPTIVE PROCESS
REPRESENTATIONS IN ITALIAN CHILDREN'S BOOKS ON
INTERNATIONAL ADOPTION: A QUALITATIVE STUDY**

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This qualitative study aims at identifying the main representations of the international adoption process through a comparative analysis of 62 Italian fairy tales and stories about international adoption (52 written by adults and 10 written by some primary school children). Content analysis involves the use of thematic analysis as well as computer assisted text analysis. Results show that adoption is represented varying from a polarization in which ‘the positive’ is situated in the ‘adoptive world’, while ‘the negative’ pertains to the world of the origins, to a more integrated representation in which both the adoptive context and the origins entail positive aspects.

LATE-ADOPTIONS: ASSESSING PARENT-CHILD RELATIONSHIP THROUGH FREE-PLAY INTERACTION AND ATTACHMENT REPRESENTATIONS

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As suggested by various studies (Barone and Lionetti 2011; Ongari and Tomasi 2013; Pace et al. 2015; Steele et al. 2008), a secure maternal attachment state of mind can represent a protective factor against adverse outcomes associated with emotional deprivation and trauma, confirming adoption as a potential catch-up opportunity. While attachment assessment allows to evaluate the internal representations of children and parents about their relationship, the observation of their interaction allows to focus on the

dyadic quality of parent–child relationship (Sander 2007). Up to now, only a few studies have explored the quality of caregiver–child interaction in adoptive families (Garvin et al. 2012; Altenhofen et al. 2013; Van den Dries et al. 2012) and an even smaller number did so by involving the paternal figures. To deepen the understanding of the relational functioning of families with late-adopted children, the aim of this study was to evaluate both the concordance of attachment in adoptive dyads (mother–children and father–children) and the relationship between attachment representations and parent–child interaction. The sample was composed of 20 Italian adoptive families recruited through health services and authorized agencies for international adoptions. Children were aged between 4.5 and 8.5 years and the time spent in the adoptive family ranged from 1 to 3 years. Dyadic emotional availability was assessed through the Emotional Availability Scales (EAS), adult attachment through the Adult Attachment Interview (AAI) and children attachment through the Manchester Attachment Story Task (MCAST). Our results pointed out the presence of a relation between attachment representations of late-adopted children and their adoptive mothers (75%, $K = 0.50$, $p = .025$). In addition, we found that both insecure children and mothers showed lower levels of EA than secure ones. Some explanations are presented about why, in the early post-adoption period, child attachment patterns and dyadic emotional availability seem to be arranged on different frameworks for the two parental figures.

BEHAVIOURAL ADJUSTMENT OF INTERCOUNTRY ADOLESCENT ADOPTEES: A COMPARISON WITH A CONTROL GROUP

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Meta-analytic studies have underlined that while international adoptees show more behaviour problems than their non-adopted peers, these differences are mild, both on internalizing and externalizing behaviours (Juffer & van IJzendoorn, 2005). The modest rate of agreement between self-reports and parent reports of adolescents' behavioural adjustment is widely reported across countries (Rescorla et al., 2013), thus a multi-informant perspective should be applied. Recently it was shown that both adopted and control adolescents reported problems more frequently, if compared to their parents (Roskam et al, 2016). We will analyse the level of behavioural adjustment of intercountry Italian adoptees and compare it with that of their non-adopted peers. Also, the level of agreement between self- and parent-reports will be reported. Finally, possible connections between behavioural adjustment and factors connected to pre-adoption and to the adoptive family will be explored. The sample is composed of 51 adolescents (27 ADoptees+24 COntrols; 52% boys; Mean age 13.1; SD 1.5) and 41 mothers (26 AD and 15 CO). Their self-reports (YSR) and parent-reports (CBCL) were analysed through T-tests and correlations. We will refer to the cross-cultural norms of CBCL (Achenbach & Rescorla, 2007). Overall, teenagers scores are higher than mothers' ones. By comparing AD and CO, adoptive mothers tend to highlight more behavioural problems than the control ones. On the contrary, adopted adolescents do not perceive themselves as more problematic than their non-adopted peers ($p>.05$). Connections between pre-adoptive history and later adjustment will be discussed. Adoptive mothers tend to see their children as more problematic than the control mothers. However, intercountry adoptees show a good level of behavioural adjustment. If we consider the experiences prior to adoption, these results show the potential of recovery linked to adoption.

THE APD: THE ADOPTIVE PATH DIARY

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The bond building process between the parents and the adoptive child/children begins when all the involved actors meet in the child's home country. Nonetheless, the literature does not seem to present many tools to explore the events of this period. Even though it is possible to use the P.A.D. (Parent Attachment Diary) for the young children adoption, the most frequent situation of the late-adoption does not seem to have tools. For this reason, our study has used a modified version of the PAD (Stovall, Dozier, 1997; Molina, Casonato, 2013) in the preliminary phase of the research. The PAD is a daily diary written by the primary caregiver and is used with early childhood children to explore episodes related to three specific areas: fear, pain, and separation. In our research the PAD was entrusted to the adoptive parents while they were going to the home country of the late adopted child. As the diary writing was strongly discontinuous, it was not possible to evaluate narrations with the PAD coding modality. Nonetheless, the collected material seems to highlight a prevalence of fear-related episodes. In addition, the parental couple showed difficulties in looking for episodes related to fear, pain, and separation. The writing interruption was followed by reporting of episodes considered more significant by the parental couple. This has led to a new diary called APD, for which the family was asked to write a self-selected daily episode, describing the context of the selected episode, the episode and its consequences. The caregiver was also asked to report the emotions involved and their intensity for each episode.

DISSOCIATION AND ITS DISORDERS

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Discussant: Caretti Vincenzo (2)

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Dissociation is a term generally used in different ways: 1) a normal mental state; 2) a defensive mechanism in response to traumatic memories; 3) a structural division of the personality. According to Pierre Janet, dissociation is a structural mental condition in which: "All the psychological phenomena that are produced in the brain are not brought together in one and the same personal perception; a portion remains independent under the form of sensations or elementary images, or else is grouped more or less completely and tends to form a new system" (1901, p.492). In accordance with janetian interpretation, Onno van der Hart, Ellert Nijenhuis, Kathy Steele use the term of "dissociative parts" in order to define a mental state characterized by dissociative subsystems of the personality (ANP and EP) in traumatized patients. The aim of this symposium is to understand the nature of different types of dissociation and their role in several psychopathologies (e.g. addictions, mood disorders, schizophrenia, anorexia, bulimia, borderline personality disorder). Adriano Schimmenti will presents the Italian validation of the Dissociative Symptoms Scale (DSS). It is a 20-item self-reported measure of dissociation. Riccardo Williams is going to talks about the role of both traumatic attachment and dissociative mechanisms in borderline and narcissistic disorders. Finally, Carmela Mento will explores the phenomenological overlap between dissociation, panic symptoms and psychotic vulnerability.

VALIDITY AND RELIABILITY OF THE DISSOCIATIVE SYMPTOMS SCALE IN ITALY: PRELIMINARY FINDINGS

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The Dissociative Symptoms Scale (DSS) is a 20-item self-reported measure of dissociation, recently validated by Elizabeth B. Carlson and her research Group in the US. The DSS addresses four clusters of dissociative symptoms, namely Depersonalization/ Derealization, Memory Gaps, Sensory Misperceptions, and Cognitive-Behavioral Reexperiencing. The DSS was translated in Italian and back-translated in English, and the translation was discussed with the original Authors of the measure until a consensus on the Italian translation was reached. The approved translation of the DSS and other measures on attachment, trauma, and dissociation were administered to a sample of 428 adult volunteers from the community and to 82 psychiatric inpatients. Both classical test theory and item response theory were used to examine the psychometric properties of the DSS in Italy. The DSS showed good reliability ($\alpha=.88$, split-half $r=.83$; AIC=.28). The goodness-of-fit indexes for its original factor structure were satisfactory. IRT analyses showed that the a-values of the DSS items were all above 1, thus each DSS item was discriminating for the construct of dissociation. DSS scores were positively and significantly correlated with childhood and adult trauma, with psychoform and somatoform dissociation scores, and with fearful attachment. The findings support the view that the Italian translation of the DSS is a valid and reliable measure of dissociation.

A NEW INSIGHT INTO BORDERLINE AND NARCISSISTIC DISSOCIATIVE EXPERIENCES: THE MENTALIZATION OF ATTACHMENT TRAUMATA

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The perspective on traumatic attachment has opened to a new understanding of personality pathology posing the notion of dissociation at the core of borderline and narcissistic disorders. By presenting the results of three empirical studies the following aspects will be evidenced:

- 1) The presence of traumatic experiences is a non-specific (transversal) predictor of personality disorders.
- 2) To understand the relationship between personality pathology and attachment it is not possible to rely on attachment specific categories but it is necessary to refer to attachment processes as investigated through the Adult Attachment Interview.
- 3) In particular, the Unresolved State of Mind with Respect to Abuse and Losses is the process related to Adult State of Mind with Respect to Attachment predicting the area of dissociation.
- 4) In order to understand the specific link between attachment processes and borderline as well as narcissistic personality disorders it is necessary to comprehend how traumata and dissociative experiences are actively organized in peculiar configurations of the State of Mind with Respect to Attachment (states of identity) described by alternative classification models of the AAI.
- 5) The narcissistic patient's experiences is organized around the defensive management of the rage involved in abuse and maltreatment past experiences, while the borderline patient's experience is characterized by the prevalence of the dissociative void connected to abandonment experiences.

DEPERSONALIZATION, DISSOCIATIVE RETREAT AND PANIC SYMPTOMS IN AN ADOLESCENT MALE: A PSYCHOTIC VULNERABILITY?

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The present study aims to explore the phenomenological overlap between dissociation, panic symptoms and psychotic vulnerability. Although dissociation is often believed to be organized as a continuum, the qualitatively different phenomena can be distinguished in theory and clinical practice i.e. the states of separation from self or environment (detachment dissociation). In process of attribution of salience or significance, the stimuli are compared to their context, attention and drive action in relation to reward and punishment. Salience is defined as “aberrant” when stimuli that ordinarily might be considered insignificant, can be considered relevant. The clinical case, a 19 year old men is presents panic attack, fear, dissociative retreat, individual’s feelings of detachment from his actions. These symptoms emerged after an episode of cannabis use and persisted for 6 months. In order to investigate the relationships between basic symptoms, depersonalization and psychotic vulnerability in the clinical case, the Symptom Checklist-90 (SCL-90), Verbal fluency and Wisconsin Card Sorting Test (WCST), Panic Agoraphobic Spectrum – Lifetime version (PAS SR), Aberrant Salience Inventory (ASI) and Questionnaire FBF, were used. The assessment showed the presence of depersonalization in a clinical context of psychotic vulnerability and panic syndrome. The clinical elements indicating dissociation were related to panic and basic symptoms. The dissociative retreat from environmental stressors is related with thinking. Clinical and theoretical implications for psychotherapeutic treatment are discussed.

WOMAN, YOUNG AND WITH CANCER: PSYCHOLOGICAL INTERVENTION FOR YOUNG WOMEN AFFECTED BY ONCOLOGICAL PATHOLOGIES

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Discussant: Vegni Elena (2)

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In medical oncology, the psychology have always represented a relevant role in all clinical paths (diagnosis, treatment and follow-up), related to the compliance, quality of life and well-being of patient. The increasing of early screening, followed by preventive interventions based on advanced clinical treatments, have favored the improving of positive outcome (short and/or long term) in oncological patients. Recent clinical featuring implied the raise of younger patients in intensive clinical and therapeutical sessions. Accordingly, new healthcare scenario fitted by new challenges and innovative psychological demand. Aim of Symposium is to debate new proposal of clinical practice in medical oncology in order to develop pathways shaped on emotional needs of target on younger age and woman. Individual, affective and social needs are the focus and require innovative psychological support. Symposium will be addressed in 3 topic: a) psychological adjustment of young women through the storytelling as efficacy approach, b) emotional impact and trait of personality in the diagnosis of gynecological cancer, and finally c) emotional regulation in the psychological treatment in young women with breast cancer just after the surgical and chemotherapy treatment. Psychological vulnerability of patients, impact of the oncological diagnosis in the personality and the activation of adaptive processes for changing dynamics for quality of life will be discussed.

PSYCHOLOGICAL ADJUSTMENT TO CHEMOTHERAPY IN YOUNG WOMEN: 'IL VASO DI FIORI' PROJECT

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The diagnosis of oncological or hematological disease is considered a highly stressful event. Living this experience in that stage of the life dedicated to the maternity and to the nurturance of young children leads to some peculiar challenges. Psychological adaptations involve not only personal but also parenting dimensions. Existing evidences on this topic emphasize the value of an effective dialogue between parent and child about what is happening in the family, in order to reduce the possible emotional distress. One of the most powerful communication tools suggested by pedagogues, is storytelling in particular through the stimulation of the visual-verbal channel. Picture books, where colored images are commented by short simple phrases, enable the development of an affective relationship between the reader and the child. Moving from this premises the picture book "Il Vaso di Fiori" aims to promote a resilient attitude in children and mothers (who were diagnosed with cancer) by fostering and facilitating their emotional communication. A team composed by a psychotherapist working in a Public Hospital, a painter, an illustrator and a graphic designer, met regularly in order to brainstorm on the main characteristics of the picture books. A particular attention was dedicated to the choice of painting technique, range of colors and nuances, symbolic value of the images and content of the commenting text.

PERSONALITY TRAITS, ANXIETY, DEPRESSION IN GYNECOLOGICAL CANCER

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Many studies suggest that stress assessment and, consequently, the effects of a stressful situation can be mediated by individual personality traits. Personality is a multidimensional structure that is created by both environmental and genetic factors. Serotonin neurotransmission has a key role in the regulation of the activity of the central nervous. The purpose of this study was to determine the relationship between personality, the serotonin transporter (5HTT) polymorphisms and the occurrence of anxiety and depressive symptoms in gynecological cancer patients (GCPs). 40 GCPs completed the NEO Five-Factor Inventory (NEO-FFI) and Temperament and Character Inventory (TCI). The mood states were assessed using the Profile of Mood States (POMS) questionnaire, Beck Depression Inventory (BDI) and State Trait Anxiety Interview (STAI-Y1, Y2). The patients' stress and quality of life were assessed through the Perceived Stress Scale (PSS) and European Organization for Research and Treatment of Cancer quality of life questionnaire (EORTC QLQ). They gave their written consent for taking part in the study, for collecting their blood, as well as storing and subjecting it to a genetic analysis. A polymerase chain reaction was employed to identify genotypes at the 5HTT polymorphism. Results: The 5HTT s/s genotype was associated with both neuroticism and tension/anxiety symptoms according to the POMS, high levels of perceived stress and poor quality of life. Results suggest a significant interaction between the 5HTT polymorphism, neuroticism and gynecological cancer related stress that predict anxiety and depressive symptoms outcomes in patients. Identification of the predisposition to the

different vulnerability to psychological suffering, may help to implement early prevention programs.

EARLY BREAST CANCER PSYCHOLOGICAL INTERVENTION (EBC-PSY): INNOVATIVE PSYCHOLOGICAL SUPPORT FOR YOUNG WOMEN

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The improved medical treatments in Breast Cancer, the early screening in early aging have favored higher rate of survivors, mostly among younger patients. New detected psychological needs, and even more fitted emotional regulatory pattern by posttraumatic growth conceptual approach in younger survivors, have implied a tailored psychological supports. Aim of the present study was to propose a supportive intervention oriented to the smart psychological approach: the Early Breast Cancer Psychological Intervention (EBC-Psy). A controlled study design was conducted in order to investigate the efficacy of EBC-Psy intervention. Preliminary data involved 24 patients in early stage of cancer (I-II) in range age 35-50 year olds. Participants was exposed to the EBC-Psy intervention, and they completed measurement of emotional variables at the start (Time1) and then again at the end of the study, after 6 months (Time 2). Participants involved in the intervention protocol showed depression ($p=0.02$) and psychological distress ($p>0.01$) variables moderated by EBC-Psy intervention in short time, highlighting the strengthness of reinforced posttraumatic growth conceptual approach in order to deal with the 'disease condition' in younger patients; in contrary, participants in Control Group evidenced the increasing of the same emotional variables in timing. Implications of the results and suggestions for future research and practice are outlined.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN SUICIDAL IDEATION AND BEHAVIOR: PERSONALITY, PSYCHOPATHOLOGY AND CHRONIC DISEASE

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Discussant: Fulcheri Mario (2)

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Suicide is a complex phenomenon, whose prediction remains a difficult task. Increasingly, the aim of the psychological research is to understand the interplay between risk and protective factors in suicidal ideation and behavior, and how this interaction can be modified. Specifically, the effort is to identify which are the underlying psychological mechanisms and processes which can increase or decrease vulnerability to suicide in order to develop preventive tailored measures. Starting from this background, the symposium is intended as a space for reflection and to explore the current knowledge and empirical data regarding specific variables involved in suicidal ideation and behavior, with a special focus on the key role of personality functioning, psychopathology (e.g. depression), quality of family relations and psychological outcomes of chronic disease. The aim of the study by Falgares, Marchetti, De Santis, Carrozzino, Kopala-Sibley, and Verrocchio was to examine whether two important personality dimensions, self-criticism and dependency, mediate the relationship between insecure attachment styles and suicidality in adolescents. The study by Mento and Settineri underlines the role of mood signs and self and interpersonal

functioning continuum in the prediction of the type of suicidal behavior. Conti and Di Francesco present a systematic review investigating the association between Diabetes Mellitus (DM) and suicide risk, and providing a qualitative data synthesis of the studies. Finally, Roma and Ferracuti evaluated the incidence of homicide–suicide in Italy over a period of 31 years and compared Italian data with published international data. Using information gathered by press agencies and from the four major Italian newspapers, the authors founded that the murderer was male in the prevalence of the cases, typically using a firearm.

SELF-CRITICISM AND DEPENDENCY IN THE RELATIONSHIP BETWEEN ATTACHMENT STYLES AND SUICIDE-RELATED BEHAVIORS IN ADOLESCENCE

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Insecure attachment and the personality dimensions of self-criticism and dependency have been proposed as risk factors for suicide in adolescents. The present study examines whether self-criticism and dependency mediate the relationship between insecure attachment styles and suicidality. A sample of 340 high-school students (73.2% females), ranging in age from 13 to 20 years ($M = 16.47$, $SD = 1.52$), completed the Depressive Experiences

Questionnaire for Adolescents, the Depressive Experiences Questionnaire for Adolescents, the Attachment Style Questionnaire, and the Suicidal Behaviors Questionnaire-Revised. The results partially support the expected mediation effects. Self-criticism, but not dependency, mediates the link between insecure attachment (anxiety and avoidance) and suicide-related behaviors. These findings show that mostly self-criticism is an important personality dimension leading to maladaptive levels of self-functioning and making individuals more vulnerable to suicide risk.

THE ROLE OF MOOD AND PERSONALITY IN SUICIDAL IDEATION AND SUICIDAL BEHAVIOR: A CLINICAL EVALUATION

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Suicidal behavior is an important clinical and health problem. It occurs in subjects of all ages and both sexes and is the third cause of death in young people between the ages of 10 and 24 (Clayton P. American Foundation for Suicide Prevention). The variables associated with suicidal behavior are observed in psychological clinical work and in clinical contexts correlated to mental disorders i.e. alterations of mood and personality. The suicidal behavior is studied in the three clinical forms, differentiating cases of suicide done, from those of attempted suicide as an act of self-injury involving injury, and non-suicidal self-harm, which is unlikely to lead to death, but which may result in a reduction in tension or an explicit request for help (i.e., scratching their arms, burning with cigarette or overdose of

vitamins). The psychological assessment is done according to personality function with projective and objective methods. The role of mood signs and Self and interpersonal Functioning continuum in suicidal risk signs, is important of the clinical perspective of assessment in projective and objective methods according to the level of personality function. Among self-disturbances along a continuum of gravity there is identity, self-esteem stability and self-irreparability, while in interpersonal functioning the dimensions of empathy and intimacy have a bearing on the core dimension of personality pathology. The factors emerging from the clinical evaluation identified were incorporated into dimensions i.e. the progression along the suicide continuum; mental disorders, self and interpersonal functioning continuum, defense mechanisms, method of suicide. These combinations are important predictors of the type of suicidal behavior and are also important for diagnosis and management in this serious behavioral phenomenon.

CLINICAL CHARACTERISTICS OF PATIENTS AT SUICIDE RISK SUFFERING FROM DIABETES MELLITUS

Conti Chiara (1), Di Francesco Giulia (1)

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Diabetes mellitus (DM) is a chronic illness whose consequences are impaired health-related quality of life and a high risk of psychiatric disorders. A systematic review analyzing the relationship between DM and suicide was carried out, by providing a qualitative data synthesis of the studies. We conducted, in accordance with PRISMA guidelines, a systematic search of the literature in PubMed, Scopus, ISI Web of Science, PsycINFO, Google Scholar and ScienceDirect. Search terms were “suicid*” combined with the Boolean "AND" operator with "diabetes". The initial search identified 568 citations. A total of 17 research reports met the

predefined inclusion criteria and were analyzed. A significant association was found between DM and a marked increase in suicidal behaviors and suicidal ideation (SI), especially in patients with depressive symptoms. Clinical characteristics such as insulin therapy, DM of long duration, and unsatisfactory glycemic control were identified as primary risk factors for SI in Type1 (T1DM) and Type2 (T2DM). Health care professionals need to be aware of the higher suicidal risk in patient subgroups based on the clinical characteristics of DM. In this regard, emotional distress leading to suicidal risk should be included in the clinical management of DM care.

THE EPIDEMIOLOGY OF HOMICIDE–SUICIDE IN ITALY: A NEWSPAPER STUDY FROM 1985 TO 2016

Roma Paolo (1)

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Homicide–suicide is an event in which the murderer commits suicide after the homicide. The purpose of the study was to evaluate the incidence of homicide–suicide in Italy over a period of 31 yrs. and to compare Italian data with published international data. H–S incidents were collected from the major national news sources: the Internet sites of two Italian news agencies and the four major Italian newspapers of Italy. This methodology, although not ideal, was the only one available. The murderer was male in the prevalence of the cases and typically using a firearm. The most common motivation was romantic jealousy, followed by socio-economic stress. The rate of homicide–suicide was studied. Comparison with international studies is not always possible due to the lack of information for certain categories. The epidemiology of H–S in Italy in the 31 yrs examined was high. The collected data allows to identify common factors helpful for prevention. It is hoped that government agencies in Italy start to collect more detailed and systematic data on this important traumatic behaviour.

NEW FRONTIERS IN PSYCHOPATHOLOGY

Proposer: Formica Ivan (1)

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Discussant: Di Maria Franco (2)

(2) Department of Psychological, Pedagogical and Educational Sciences, University of Palermo

Aim of the symposium is to shed light on emerging psychopathologies, adopting a complex approach. The specific objective is to analyse new ways of being in the world in the post-modern society. During the symposium we will explore the interplay between external and internal reality: through the external environment, in fact, we shape our internal world, and vice versa, with the internal eyes we describe the external reality. The symposium will include four contributions. The first one will focus on the 'young adult's life' and his existential crisis; in the second we will explore the impact of losing a job on mental and physical health; the third contribution will investigate videogame addictions and their correlation with personality traits; finally, the fourth speaker will focus on developmental trajectories from bullying victimisation in childhood to psychotic symptoms in adulthood.

THE YOUNG ADULT'S LIFE AND HIS EXISTENTIAL CRISIS

Formica Ivan (1), Costa Sebastiano (1), Barberis Nadia (1), Falduto Maria Laura (1)

(1) Dipartimento di Scienze Cognitive, Psicologiche, Pedagogiche e degli Studi Culturali, Università di Messina

Aim of the study is to investigate the identity issues faced by the young adults in the contemporary society. The crisis that has invested the job market has also caused important delays in reaching the life-markers characterizing the adulthood. For this reason, young adulthood represents a phase of life with clinically relevant outcomes. The four questionnaires were administered to 297 young adults aged between 22 and 35 years ($M = 29.94$, $DS = 2.30$). *Multi-Measure Agentic Personality Scale* is a measure of agency and consists of 4 scales, *Identity Stage Resolution Index* measures two dimensions of identity: the sense of being an adult and the sense societal integration, *UNIPA Emotional Autonomy Inventory* is a measure of emotional autonomy and consist of 4 scales and *The Ryff Scales of Psychological Well-Being* is a measure of wellbeing. Path analysis was conducted to test a model with Adult Identity and Social Identity as predictor variables, Emotional Autonomy and Agency as mediators and wellbeing as outcome. Estimation of the saturated model, and therefore no fit indices were reported, showed a significant path from self-recognition ($b = .13$; $p < .05$), willingness to dialogue ($b = .29$; $p < .05$) and self-esteem ($b = .14$; $p < .05$) to wellbeing. The Adult Identity Resolution Scale was related to self-recognition ($b = .33$; $p < .05$), willingness to dialogue ($b = .31$; $p < .05$), self-esteem ($b = .26$; $p < .05$), locus of control ($b = .33$; $p < .05$), and ego-strenght ($b = .50$; $p < .05$). The Social Identity Resolution Scale was not relate with any variable. Results clearly showed that Adult and Social Identity have a role in the prediction of wellbeing through the effect of emotional autonomy an agency. These results provide relevant indication for the understanding of the underlying mechanism between identity and wellbeing and contribute to report some relevant clinical indication for young adult's adjustment promotion.

ON THE LOSS OF WORK: WHAT EFFECTS, WHAT INTERVENTIONS

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Loss and job uncertainty are experiences with severe psychological impacts on mental and physical health. Literature showed associations between loss of work and individual and relational well-being, with adverse effects as perception of a reduced quality of life, low self-esteem, and increased psychosomatic disorders. These factors have health and social costs that need to be deepened. The aim of this study was twofold: first, we aimed to investigate the effects of loss of work experience on self-esteem and perception of quality of life; second, we examined the effect of an intervention strategy to reduce the negative effects of the loss. Rosenberg Self Esteem Scale and Health Survey-36 were used to analyze levels of self-esteem and perception of quality of life in 60 participants who have lost their jobs. Moreover, "active labor policies" groups interventions focused on increasing re-employment chances of these subjects were carried out, and changes occurring in participants between the beginning and the end of interventions were examined. The results showed level of self-esteem under the cutoff at the beginning of the study, and a significant increase at the end of the intervention. The level of suffering, however, was such that, despite the significant increase pre-post intervention, a part of our sample (especially men over 35 years old, with low education and no social support) still reported high level of suffering at the end. Regarding the perception of quality of life, results showed impairments in the exercise of physical, daily and social activities. Even in this case, despite the significant

increase in the scores at the end of the intervention, two dimensions (physical and social activities) still remained damaged. These data show that the state of job inactivity pervades different areas of psycho-physical well-being, so more prevention interventions would be needed in this regard in the field of mental health.

PERSONALITY TRAITS AND ALEXITHYMIA IN MMORPG'S AND MOBA'S PLAYERS

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In the last few years you can, more and more, attend the spread of two types of videogames online, in particular: MOBA (Multiplayer Online Battle Arena) and MMORPG (Massive(ly) Multiplayer Online Role-Playing Game). Referring to a several empirical researches has emerged that the use of videogames mentioned above, it is often related to different types of dysfunction and diseases, such as: internet addiction, alexithymia and a deep impulsivity. Referring to the foregoing, the research involved 908 participants recruited from different forums. Participants were administered an array of tests self-report online, composed by the following tests: IAT, TAS-20, BIS-11 and PID-5-BF. On average, case study doesn't show an alexithymia's construct ($m= 44.95$; $dst= 12.11$) neither an internet addiction ($m= 52.13$; $dst= 14.12$), even if with in-depth analysis it's possible to observe many pathological cases. From further analysis is emerged that the time spend to play videogames and the kind of videogames influence some personality traits and the impulsive disposition in every different ages. In gender difference, men show higher scores on difficulty identifying feeling ($m=11.78$; $p=0.001$), while women show higher scores in the

negative affectivity scale ($M=5.30$ $p=0.01$) and detachment ($m=3.65$; $p=0.01$). Moreover, the types of videogames used is crucial in the development of alexithymia. The outcomes of our research lead to suppose that in addition to the time spend playing videogames the types of games used reflect the personality features of players.

PREVALENCE OF BULLYING VICTIMISATION AMONGST FIRST-EPISODE PSYCHOSIS PATIENTS AND UNAFFECTED

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Despite increasing evidence suggesting that childhood maltreatment is significantly associated with psychosis, the specific role of bullying in the onset of psychotic disorders is still unclear. This study aimed to examine whether bullying was more prevalent amongst individuals presenting to services for the first time with a psychotic disorder than in unaffected community controls. Data on exposure to bullying, psychotic symptoms, cannabis use and history of conduct disorder were collected cross-sectionally from 222 first-presentation psychosis cases and 215 geographically matched controls. Bullying victimisation was assessed retrospectively as part of the Brief Life Events schedule. Logistic regression was used to examine associations between exposure to bullying and case-control status, while controlling for potential confounders. Psychosis cases

were approximately twice as likely to report bullying victimisation when compared to controls. No significant interactions between bullying and either gender or cannabis use were found. Controls reporting being a victim of bullying were approximately twice as likely to also report at least one psychosis-like symptom. Our results extend previous research by suggesting that bullying victimisation may contribute to vulnerability to develop a psychotic disorder in some individuals.

NEUROSCIENCES, CLINICAL PSYCHOLOGY, AND PSYCHOPATHOLOGY DIMENSIONS: TRYING TO BRIDGE THE MIND-BODY GAP

Proposer: Fossati Andrea (1)

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Discussant: Buodo Giulia (2)

(2) Università di Padova

A substantive amount of studies documented that the majority of psychopathological phenomena are better conceived as dimensions rather than categories. A growing body of scientific evidence suggests that psychopathological dimensions cut across traditional diagnostic categories, and may even represent a “meta-structure” of DSM-5 mental disorders. The growing interest in a dimensional approach to understanding psychopathology and dysfunctional behavior has led to new proposals for assessing dysfunctional dimensions of cognition, affect, and behavior (e.g., Research Domain Criteria; RDoC), and dysfunctional personality traits (e.g., DSM-5 Alternative Model of Personality Disorders Criterion B). In particular, the RDoC approach explicitly aims at bridging the mind-body gap in understanding human behavior and its dysfunctional variants, relying

on the contribution of neuroscience and integrating them with a wide array of different approaches ranging from molecular genetics to psychometrics and clinical assessment. Starting from these background considerations, the present symposium aims at presenting recent advancements on the usefulness of neurosciences for improving our knowledge of psychopathology dimensions in order to develop new assessment and treatment strategies in clinical practice. In particular, the present symposium will highlight the role of negative affectivity in shaping the process of face expression recognition (C. Gentili), the neuropsychological underpinnings of dysfunctional personality traits (A. Somma), brain activity in pathological narcissism (A. Scalabrini), and neuropsychological predictors of post-stroke depressive symptoms (M. Quattropani).

NEUROPSYCHOLOGICAL DISORDERS AS PREDICTORS OF POST-STROKE DEPRESSIVE SYMPTOMS

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Post-stroke depression (PSD) is a common disorder after stroke. Several studies have reported that stroke survivors with PSD may demonstrate worse functional outcomes compared to those without depression (Bilge et al., 2008). Despite well-known association of (PSD) with poorer functional outcome, reduced quality of life (QoL) and increased mortality, its pathogenesis is poorly understood (KutlubaeV and Hackett, 2014). Recent systematic reviews identified five frequently investigated and consistently found risk factors for PSD (Ayerbe et al., 2013; KutlubaeV et al., 2014). An early screening for depressive symptoms might help to prevent later PSD

(Volz et al., 2016). Our understanding of the relationship between the neuroanatomic loci of brain damage and the incidence of depressive symptoms or PSD is not clear. Many studies have investigated this relationship and the evidence is conflicting. (Lifa Yu, 2004; Wei, Na, et al., 2015). Recently Numasawa et al. (2017) suggested that damage to the raphe nuclei underlies depressive disorder due to brainstem infarction, possibly via serotonergic denervation. There is also little know about the impact of neuropsychological treatment on reduction of early depressive symptoms. We investigate in hospitalized neurological patients after stoke within first six weeks: a) the effects of early neuropsychological rehabilitation of impaired cognitive functions on depressive symptoms: b) relationship between early depressive symptoms, neuropsychological impairments and the loci of brain damage. This study compared the performance of hospitalized patients in rehabilitation during their first six weeks after acute clinic event: neurological patients after stroke (n=40) and orthopedic patients (n = 20) were tested with a Neuropsychological Battery and Hamilton Depression Scale. Data analysis indicate that specific loci of the brain and specific neuropsychological disorders are strictly related with some depressive symptoms.

ANXIETY MODULATES INFORMATION ENCODING IN VISUAL CORTEX: A MULTIVARIATE ANALYSIS OF FACE PERCEPTION

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Face perception paradigms were largely used in neuroimaging studies aimed at study psychological traits and psychopathology. Most of these latter studies focused on regions involved in emotional expression or modulation. However, also the perceptual areas within the face perception network may be modulated by psychological and psychopathological traits. To test this hypothesis we evaluate whether anxiety modulates encoding properties in the face perception system. 39 right healthy subjects were recruited. Before entering the scanner they fulfill the STAI-X2 questionnaire to assess state anxiety. During the fMRI, subjects were asked to look at six faces extracted from the Karolinska Directed Emotional Faces performing a one-back-repetition detection task based on identity. Multi Voxel Pattern Analysis (MVPA) was used to assess the ability to discriminate between the two classes (male and female) with a rank accuracy approach. For those regions in which mean group accuracy was significantly above the chance level we performed a correlation analysis between STAI-X2 score and accuracy. We found two significant clusters in the inferior occipital gyrus and in the fusiform gyrus where the MVPA performed class discrimination above the chance level. ROI analysis of these areas showed an inverse significant relationship between accuracy and STAI-X2 (Spearman $\rho = 0.33$ and $\rho = 0.28$ respectively; $p < 0.05$, one-tail tests). Anxiety affects behavior at many levels. Although anxiety modulates brain response to faces in several areas related to emotional recognition or expression this is the first demonstration that this modulation extends more widely including early perceptive areas.

EXECUTIVE FUNCTIONING CORRELATES OF *DSM-5* MALADAPTIVE PERSONALITY TRAITS IN AN ITALIAN SAMPLE OF ADULT OUTPATIENTS

Somma Antonella (1), Borroni Serena (1)

(1) Università Vita-Salute San Raffaele, Milano e Ospedale San Raffaele Turro, Milano

In order to evaluate the associations between computer-administered tasks of executive functioning (EF), and maladaptive personality domains and traits listed in *DSM-5* Alternative Model of Personality Disorders, 132 consecutively admitted outpatient participants (female participants: $n = 63$, 47.7%; male participants: $n = 69$, 52.3%; participants' mean age = 40.05 years, $SD = 13.70$ years) were administered the Psychology Experiment Building Language (PEBL) EF tasks and the Personality Inventory for *DSM-5* (PID-5). According to rank-order correlation analyses a number of non-negligible and specific associations were observed between selected PID-5 scales and indices of participants' performance on EF tasks. Interestingly, in our sample the majority of these associations were not substantially influenced by potential confounders, such as participants' age. Relative importance weights analysis showed that participants' performance on computer-administered EF tasks explained a non-negligible amount of variance in selected PID-5 scale scores. These findings were consistent with available evidence on the relationships between FFM/Big Five personality dimensions and EF measures (e.g., DeYoung, 2011; Murdock et al., 2015). As a whole, our trait-level analyses of PID-5 dimensions suggest the clinical usefulness of integrating self-reports and EF laboratory tasks in routine clinical assessment.

HOW INTRINSIC BRAIN ACTIVITY AND NARCISSISTIC FEATURES SHAPE SOCIAL INTERACTION

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It remains a crucial issue whether intrinsic brain activity and personality features, both associated with the self, provide an internal predisposition for the neuronal processing of external social stimuli. In the present study we performed an fMRI experiment that combines a resting state and a task requiring social interactions. In addition we assessed narcissistic personality feature taking into account that poor social functioning is considered a hallmark of pathological narcissism (Kernberg 1985; Ronningstam, 2011). Results showed that somatosensory and anterior insula activity is peculiarly relevant for the transition between internal states and interactions with external animate stimuli. The relationship between rest and task activity in anterior insula was further modulated by narcissistic personality features. Our findings emphasize that others' bodily experiences may be considered as internally formulated as self-related, whereas increased narcissistic grandiosity features could be characterized by a disengagement from external, particularly social, stimuli.

PSYCHOCLINICAL AND DYNAMIC ASPECTS OF POST-MODERN TERRORISM

Proposer: Fulcheri Mario (1)

(1) DiSPUTer, University of Chieti

Discussant: Munno Donato (2)

(2) University of Turin

The Third Millennium is characterized by a strong terrorism, related to the post-modernity: this savage phenomenon needs a deep work from the psychological point of view. Our Symposium intends to open an important debate starting from some theoretical and empirical contributions. Anna Maria Giannini (Full Professor, Sapienza University of Rome) presents

“The security perceived in terrorism times”. Luciano Peirone (Contract Professor, DiSPUTer, University of Chieti & DMMT, University of Brescia) illustrates the perspectives of this new and complex problem, speaking on “The extreme terrorist and its personality: knowledge tracks for coping and resilience in the liquid/gasiform society”. Giuseppe Mannino (Researcher, University LUMSA, Rome), Giuliana La Fiura (Intern, University LUMSA, Rome), Serena Giunta (Contract Professor, University LUMSA, Rome), Laura Calabrese (Intern, University of Palermo), and Girolamo Lo Verso (Full Professor, University of Palermo) present “The phenomenon of terrorism: an empirical study on the perception of Italian university students”. Angelo Zappalà (Contract Professor, CRIMELAB, IUSTO - Pontifical Salesian University, Turin) speaks on “Violent extremist risk assessment tools: a review”. Donato Munno (University of Turin) comments on the Symposium with his role of discussant.

THE EXTREME TERRORIST AND ITS PERSONALITY: KNOWLEDGE TRACKS FOR COPING AND RESILIENCE IN THE LIQUID/GASIFORM SOCIETY

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The contemporary world suffers a particular kind of terrorism: an “asymmetrical war” based on the “*extreme terrorism*”, a “no limits terrorism”. It is a liquid (better: gasiform) terrorism, corresponding to the similar post-modern society. The objective of this study is an updating of the psychological interpretation of this new problem. Starting from Zimbardo’s theory on terrorism as “psychology of fear”, the author presents an open theoretical contribution focused on the convergence of three psychological perspectives: dynamic, clinical and social. Using some

important tools derived from the psychoanalytical approach, a personological and qualitative analysis of the extreme terrorist allows an articulated definition and a deep comprehension of the complex (and partially unconscious) phenomenon of “*suicide and martyrological terrorism*”. Further elements are described and discussed: psychopathological factors, social exposition and emotional conditioning, crisis of personal identity, annihilation of the individual inside the group, deviant subcultures, de-humanization, an-affectivity, pseudo-religiosity, research of Absolute, Sacrifice & Death Cult, etc. The knowledge pointed out by this study suggests the implementation of an action-research able to carry out an effective coping for victims (real and potential) in terms of *ex post & ex ante intervention*. Understanding terrorism in its psychological basis is the first step for countering this asymmetrical attack. The focus concerns a “*community resilience*” based on the cultural dissemination of some important psychological skills and related targets: support, awareness, trust, reassurance, courage.

THE PHENOMENON OF TERRORISM: AN EMPIRICAL STUDY ON THE PERCEPTION OF ITALIAN UNIVERSITY STUDENTS

Mannino Giuseppe (1), La Fiura Giuliana (2), Giunta Serena (3), Calabrese Laura (4), Lo Verso Girolamo (5)

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The terrorist attacks that have occurred in recent years have had various repercussions not only on directly affected populations, but also on those who play a role as "spectators". The term “terrorism”, which etimologically

refers to the concept of terror, is used to highlight the state of fear aroused by the attacks, which are aimed at provoking direct and indirect effects and consequences which are not always immediately visible, but surely affect the population psychologically. Therefore it seemed important to deal with this kind of research, which has not been fully explored, trying to investigate, through an empirical-exploratory research, how Italian university students can perceive this phenomenon. The study group is made up of Italian university students aged between 18 and 25. In order to collect the data a semi-structured questionnaire administered through the social network was used. The data obtained were then analyzed according to the method of the Grounded Theory (Glaser, Strauss, 1967). Overall, the sample examined perceives the phenomenon of terrorism as a threat even if it is not considered as a primary problem. The research is a sort of pilot survey as it is one of the first Italian studies aimed at detecting the perception of terrorism in a well defined sample of subjects, becoming a possible starting point for future analyzes.

VIOLENT EXTREMIST RISK ASSESSMENT TOOLS: A REVIEW

Zappalà Angelo (1)

(1) CRIMELAB, IUSTO – Pontifical Salesian University, Turin, Italy

Our country has been and is virtuous in the repression of the terrorist phenomenon but, in comparison with other European countries, there are still some gaps in prevention (in France, for example, therapeutic communities are beginning to be de-radicalized "Intoxicated" by radicalization). For example, think that there is no national law in our country that defines a strategy for the prevention of violent radicalization. The law on "Measures for the prevention of radicalization and extremist violence of "Jihaidist oriented" is currently under discussion in Parliament. Among the various articles of the Law, the Art. 7 where a national plan for

re-education and de-radicalization of detainees and internet users is outlined. The theme of re-education and de-radicalization is going to be more and more frequent. International think tanks and stakeholders agree that it is crucial to move from an exclusively sociological approach to one that fully promotes psychology as a reference discipline for the design and implementation of prevention and de-radicalization programs (In the Radicalization Awareness Network established in the European Commission in 2011, there are psychologists). More and more frequently, the investigative and judicial bodies will be investigating the risk of extremist violence, not just of the jihadist matrix. In this report, we will review the tools for the violent extremism risk assessment.

TOOLS AND RESEARCH ON CHANGE IN GROUPS

Proposer: Gasseau Maurizio (1)

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Discussant: Del Corno Franco (2)

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The work with groups shows its clinical relevance in terms of group and individual change. Group psychotherapy developed during the thirties, in a time of economic crisis and during the Second World War. There are now empirically derived, cost-effective estimates supporting group over individual treatment (Burlingame, Strauss, Joyce, 2013). The symposium presents four different models of work with groups, in different contexts and with different populations, showing the clinical efficacy of group treatment. Giannone et al. present a relevant clinical topic, the empirical assessment of the functioning of therapeutic communities through the VIVACOM questionnaire. The purpose of the work is to present VIVACOM and

propose a first analysis to build a reduced version of the questionnaire. Gasseau and Guarnaccia apply the Johnson model for the evaluation of therapeutic relationships across time in two long-term, slow-open, Jungian Psychodrama groups with severe patients and to understand their interpersonal connections with treatment outcomes. The results show many positive changes on the evaluation of statistical and clinical change (RCI). Marogna et al. propose the evaluation of outcome and process of two group therapy treatments: a verbal group of psychotherapy with a mediator (the fairy tale) and a group of kitchen activities as a problem solving area. FATAS-G (Marogna, et al., 2011) was administered for the evaluation of the process; TAS-20 (Caretto & Barbera, 2005) was given for the outcome evaluation. Salerno and Falsi in their study show how attachment styles and dimensions can influence personal expectations towards the therapeutic relationship and the outcome of the therapy.

TOOLS FOR THE EMPIRICAL ASSESSMENT OF THERAPEUTIC COMMUNITIES: THE VIVACOM QUESTIONNAIRE

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Empirical assessment of therapeutic communities' functioning is a major clinical and social issue for promoting effective interventions and improving the quality of care. The theme also has significant theoretical implications. Therapeutic communities are setting where numerous organizational and relational variables act (structures, activities, care characteristics,

relationship between members, group dynamics ...). Given the complexity of these factors, it is necessary to structure a research practice that allows to observe and communicate the work in a clear and understandable way, using reliable tools that can capture this complexity. Validation of a short version of the VIVACOM Questionnaire (VIsiting for Evaluation of Communities), a tool for assessing the functioning of community life, through the active participation of those who work in the field. In its original version (77 items coded on a 6 point Likert scale) the questionnaire has been filled by 472 stakeholders of 40 Italian therapeutic communities. Validity and reliability analysis have been carried out to test the instrument. To select the final set of items a qualitative item analysis, as well as indices describing item analysis have been used. The analysis allowed a short version of the questionnaire, easy to administer and useful to communities to monitor their functioning and institutions to develop functional community accreditation processes. The VIVACOM can be considered as an instrument that responds to the need to have empirical indices of the quality of functioning of Mental Health therapeutic communities. It is also useful for clinical evaluation as it allows detailed observation of the various practices that guide residential intervention.

THERAPEUTIC RELATIONSHIP AND OUTCOME IN JUNGIAN PSYCHODRAMA: A LONGITUDINAL CASE STUDY OF TWO SLOW- OPEN GROUPS

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The therapeutic relationship was identified as the most important mechanism of change in group treatment. Several aspects of the group relationship have been examined as predictors of client improvement, in particular, Johnson et al. (2005) have conceptualized a 3-factor model which explains the therapeutic relationship in groups including aspects related to the structure of the group (Member-Member; Member-Leader; Member-Group) and to the quality of the relationship (Positive Bonding, Working Positive, Negative Relationship). The Jungian psychodrama, despite clinical and empirical evidence about its effectiveness in improving many aspects of the self and personality of patients (even with severe diseases) needs more studies about the development of the therapeutic relationship in its own specific setting. The aim of our study was to apply the Johnson model for the evaluation of therapeutic relationship across time in two long-term Psychodrama group, slow-open, with severe patients and to understand the connections with treatment outcomes. We analyzed data collected on 28 patients assessed for 2 years, the mean age of the sample is 34.17 years for Less Severe Group and 45 years for Severe Group, in both groups approximately the 50% are women. To outcome evaluation we administered the self-report: IIP-32, R-SES, ASQ, OQ-45, SCL-90, to process evaluation we used the Group Questionnaire. The results of this study are an interesting deepening about the specificity of the psychodrama technique and allows you to develop some thoughts useful to explain the different stages of development of therapeutic relationship in this clinical setting.

TO EACH ONE HIS FAIRY TALE: WHEN THE HAPPY END IS THE BEGINNING OF A NEW PATH

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For psychiatric patients, the group favors contact with the intermediate size of the "as-if" area and can slowly allow the formation of the preconscious space, buffer space that breaks the short-circuit stimulus-response of the agitate. The experience of group is a useful workout to put in place the usual negative expectations in the relationship, then expose yourself to the possibility of experiencing something unexpected that limits the effects of projection identities, recompenses the breaks and opens the formation of a more stable and predictable internalized object relationship. Group psychotherapy offers patients the possibility of a safe base, a network to facilitate the development of reflexive function: the group helps transform emotional experiences that are meaningless and do not elaborated (beta elements) in images and mental representations (alpha elements) (Bion, 1967). This paper proposes the evaluation of outcome and process of two group therapy treatments, in particular a verbal group of psychotherapy that uses as a mediator the fairy tale and a group of kitchen activities as a problem solving area, both carried out by Daycare Center for Rehabilitation. FATAS-G (Marogna, et al., 2011) was administered for the evaluation of the process at three times of therapeutic treatment; TAS-20 (Caretti & Barbera, 2005) was given for the outcome evaluation at the beginning and end of the therapeutic treatment. Preliminary results show differences between the two groups. Starting from the transcripts of the sessions, it can be concluded that verbal group patients, more than the patients in the kitchen group, had the opportunity to work on the ability to recognize their emotions. Furthermore, the use of fairy tale as a transitional object has made it possible to transform the unelaborated and therefore often painful emotional into an emotional experience of sense and shared.

THE ATTACHMENT DIMENSIONS AS A PREDICTORS OF OUTCOMES IN GROUP THERAPY: AN UPDATED REVIEW OF THE EMPIRICAL LITERATURE

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Over the last few years, several studies have focused on the analysis of the relationship between attachment theory and group psychotherapy: it has been studied how attachment styles and dimensions can influence personal expectations towards therapeutic relationship and the outcome of the therapy. The present study provides an updated review of the existing published empirical papers on the relationship between the patient's attachment style and his/her therapeutic outcome in group psychotherapy. Description of the main tools which were used to measure the attachment variables in group setting and the measurement of therapeutic outcomes will also be presented. We systematically searched the Medline, Web of Science and PsychINFO databases, from 1990 to 2016, in order to identify the articles for screening. 31 articles were initially identified and subsequently screened. Data were collected for those papers that met inclusion criteria for these review. The present review provides some interesting results: attachment dimensions did not directly moderate outcomes; promising results showed that attachment mediate the relationship between group process and outcome; patients who reported a change in attachment dimensions are more likely to get a positive outcome in group therapy; therapeutic alliance, group cohesion and engagement are mediators of the relationship between attachment and outcome. Furthermore, there is promising evidence regarding the importance of group member's attachment dimensions in initial group composition. Understanding how attachment style influences therapeutic outcomes of the group has clinical implications

on choices that regulate group composition and how to handle, through different strategies, patients with different attachment styles.

PROSOCIAL MOTIVATIONS, MORAL DEVELOPMENT AND GUILT: THEORY, RESEARCH AND CLINICAL APPLICATIONS

Proposer: Gazzillo Francesco (1)

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Discussant: Dazzi Nino (2)

(2) "Sapienza" Università di Roma

The aim of this symposium is to explore some recent developments in the theoretical, empirical and clinical exploration of human prosocial motivations, moral development and guilt feelings. Francesco Gazzillo, Emma De Luca and Filippo Faccini will talk about three newly development empirical tools for the assessment of interpersonal guilt according to Control-Mastery Theory (CMT; Weiss, 1993; Gazzillo, 2016): the Interpersonal Guilt Rating Scale-15 (IGRS-15; Gazzillo et al., 2017), in its clinician- and self-report forms, and the brief version of the Interpersonal Guilt Questionnaire (O'Connor et al., 1997). The relationships between interpersonal guilt, primary affective systems, wellbeing, and psychopathology will be discussed. Francesco Mancini will present its model on altruistic guilt and deontological guilt. He will show their different contents, the possibility of activating them separately, their opposite influence on decision-making, their distinct neurobiological substrate, their different associations with disgust, their distinct physiological activation and the crucial role of the deontological guilt in the obsessive-compulsive

disorder. Giampaolo Nicolais, Sara Fazeli-Fariz Hendi, Camilla Modesti and Fabio Presaghi will discuss a crucial moment in moral development, i.e. the moment where declarative and procedural moral judgement start to be intertwined. This topic will be discussed on the basis of the results of an empirical investigation conducted with an ad hoc instrument developed by the authors, the Moral Short Played Stories Procedure – MSPSP.

PRIMARY EMOTIONAL SYSTEMS AND INTERPERSONAL GUILT: AN EMPIRICAL STUDY

Gazzillo Francesco (1) De Luca Emma (1) Faccini Filippo (1)

(1) Dipartimento di Psicologia Dinamica e Clinica, "Sapienza" Università di Roma

Guilt is a complex and distressing emotion that can be experienced in different situations. The majority of psychoanalytic authors focused on the intrapsychic origins of guilt, connecting it with perverse desires and unconscious wishes to hurt others. On the contrary, according to Control-Mastery Theory (CMT), guilt is interpersonal in its origin, its aim is pro-social and its function is adaptive. Guilt, however, can be pathogenic when it derives from pathogenic beliefs, is generalized and leads to distress and symptoms (O'Connor et al. 1997). Both evolutionary and moral psychology researches support the hypothesis of the pro-social origin of guilt and its adaptive function for individual and group evolution (Wilson, Wilson, 2008; Haidt, 2012; Tomasello 2016). The aim of this study is to investigate 1) the relation between guilt, assessed with the *Interpersonal Guilt Questionnaire-67* (IGQ-67; O'Connor et al. 1997) and the *Interpersonal Guilt Rating Scale 15 self* (IGRS-15-s; Gazzillo et al. 2017) and motivational systems assessed with the *Affective Neuroscience Personality Scale* (ANPS; Davis, Panksepp, 2003) and 2) the relation between guilt and well-being assessed with *Psychological General Well-Being Index* (PGWBI; Grossi et al. 2002) in a

sample of 600 subjects. The first step of the study is the Italian validation of IGQ-67 and IGRS-15-s, where the factor structure differentiates interpersonal guilt (survivor, separation and omnipotent) from self-hate guilt. The second step investigates the relation between guilt and the motivational systems. The third step investigates the relation between guilt and well-being. Preliminary analysis show a positive and significant relation between interpersonal guilt and care and attachment system, as well as between self-hate guilt and panic-grief system and a negative and significant relation between guilt and well-being. These results confirm the hypothesis that guilt, as interpersonal emotion, is primarily related to pro-social motivations.

DEONTOLOGICAL AND ALTRUISTIC GUILT: A BETTER UNDERSTANDING OF OBSESSIVE-COMPULSIVE DISORDER

Mancini Francesco (1,2)

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It is possible to identify at least two different kinds of guilt, namely Deontological (DG) and Altruistic Guilt (AG). The aim of this presentation is to give some experimental evidences to prove the differences between DG and AG. More In detail I will consider: 1) the possibility to evoke each kind of guilt separately (through self-reports); 2) the different effect of each type of guilt on decision making (using the trolley dilemma paradigm); 3) the distinct neuro-biological substrate involved in DG and AG (through functional Magnetic Resonance Imaging methodology); 4) the distinct association of each kind of guilt with disgust (behavioural evidence); and 5) the differences in terms of physiological activation, considering heart rate variability. Finally, we will give some evidence on the crucial role of DG within Obsessive-compulsive disorder.

EARLY MORAL CONSCIENCE: TO KNOW THE GOOD IS TO DO THE GOOD?

Nicolais Giampaolo (1), Fazeli-Fariz Hendi Sara (2), Modesti Camilla (3), Presaghi Fabio (2)

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Under normative conditions, by 3 years of age child's self is a moral self. Early morality emerges from a consistent caregiving matrix, serves the function of self-regulation and is represented procedurally. With the emergence of a narrative self, by the third year children increasingly show declarative knowledge. When and to what extent the procedural and declarative sides represent a coherent mental process contributing to the functioning of an integrated "moral self"? To answer this question, we created and administered to N=143 preschoolers a Moral Short Played Stories Procedure (MSPSP) for the assessment of moral mental representations. MSPSP is made of three moral stories, each of them built around two main characters, one embodying a clearly moral and the other a clearly non-moral stance. At the end of the play, the child is asked to say who is his preferred moral/non moral character, as well as to address the elements of the story that led to the choice (declarative component of the moral conscience). Children were also involved in two "moral dilemmas" situations, in order to assess both their empathic response to other's distress and their internalization of rules (procedural component of the moral conscience). The main results confirm the hypothesis of a mild developmental trend characterized by the prominence of moral conduct over

moral emotion and cognition. In addition, our results stress the emergence of a developmental turning point at around age 4, where procedural moral activation in children predicts the declarative feature of moral conscience.

MUTUAL REGULATION AND INTERSUBJECTIVE NEGOTIATION IN PSYCHOTHERAPY PROCESS: SOME LINES OF RESEARCH

Proposer: Gelo Omar Carlo Gioacchino (1)

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Discussant: Simonelli Alessandra (2)

(2) Univeristy of Padua

Psychotherapy can be conceived as the emergent process resulting from the mutual regulation (or co-regulation) between client and therapist. Mutual regulation can be defined as the process through which “the elements of a system mutually and continuously modify each other in such a way that new forms of organization and new information emerge from the transaction” (Fogel, 2006; p. 55). In order for co-regulation to take place, client and therapist must be able to increasingly synchronize (i.e., co-ordinate) themselves over time through a process of intersubjective negotiation. What we just described maybe either implicit and/or explicit, and may take place at any communication level (i.e., linguistic, extralinguistic, paralinguistic). The present symposium aims at presenting some lines of research coherent with the perspective described above. The work of Palmieri et al. investigates the association between client-therapist synchronization of psychophysiological activity and client’s attachment-related behaviors during the course of two psychodynamic treatments. The work of Gelo et al. focuses on the semantic-level of client-therapist communication, and

investigates semantic pattern formation both at an intra-individual and at an inter-individual level as predictive of good outcome in a sample of experiential therapies. Finally, the work of Mannarini et al. focuses on the continuous and reciprocal negotiation between each individual and the group within a psychoanalytic group therapy. Results will be discussed with regard of their methodological and clinical relevance.

**PSYCHOTHERAPY MICROPROCESSES AND
PSYCHOPHYSIOLOGICAL CO-REGULATION: AN
ATTACHMENT PERSPECTIVE**

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Psychophysiological synchronization (PS) dynamics can be interesting candidates of relevant biomarkers of the therapeutic process. These processes have demonstrated a strong, association with secure attachment in mother-infant research. Our aim is to characterize the clinical micro-processes and the global therapy trend in the framework of attachment theory and the dyad system model (inspired by the dynamic complex system theory) by Beebe and Lachmann, by observing psychophysiological co-regulation between patient and therapist. We collected 2 individual 16-sessions psychodynamic therapies. Every session has been audio and video-recorded and patients' and therapist's electrodermal activation was simultaneously and continuously recorded. Lagged cross-correlation analyses were performed to evaluate PS throughout the therapies. Attachment-related behaviors were assessed through to the Patient Attachment Coding System (PACS), and compared with the dyadic PS.

Both patients showed a relevant increase in PS along the duration of the therapies, confirming the co-construction of interpersonal patterns described by the dyad system model. The PACS coding revealed peculiar dyadic PS for specific attachment-related categories. Our results represent a further step in the direction of understanding the association of PS and clinical process. Moreover highlighting the crucial relationship between PS and adult attachment, a dimension often neglected in recent literature.

SEMANTIC PATTERN FORMATION AND TREATMENT OUTCOME: SELF AND MUTUAL REGULATION WITHIN THE THERAPEUTIC DIALOGUE PREDICTS TREATMENT OUTCOME

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(3) Università Milano-Bicocca (Italy)

According to a dynamic systems (DS) approach, therapeutic communication is a dynamic dyadic system comprised by two subsystems – client (C) and therapist (T) – which steadily changes over time. This change is characterized by self-organization, mediated by pattern formation and resulting from an increasing synchronization between the communicative signs of C and T. Pattern formation taking place at an intra-individual level (within C and T) is responsible for the communicative self-regulation of respectively the C and the T, while pattern formation at an inter-individual level is responsible for the communicative mutual regulation between them. Between self and mutual regulation, a circular causality exists. In the present paper, we focus on the semantic level of client-therapist communication. We expect that semantic pattern formation (SPF) both at an intra-individual and inter-individual level will be associated with positive

treatment outcome. The sample was comprised by respectively six good and six poor outcome cases of experiential therapy for depression. C and T semantic speech was assessed by means of the Therapeutic Cycle Model within session transcripts. SPF both at an intra-individual and inter-individual level was operationalized by a measure of order from information theory. Treatment outcome was assessed by means of Beck Depression Inventory. Data analysis took place by means of individual growth modeling. Results showed that, coherently with our hypothesis, both SPF of T and SPF of the dyad increased for good outcome cases while it decreased for poor outcome cases. Contrary to our hypothesis, SPF of C increased for both good and poor outcome cases. These results suggest that the process of self and mutual regulation governing self-organization at the level of the semantic communication between C and T play a relevant role in mediating the clinical outcome of a treatment. Future studies should more extensively deepen the role of C self-regulation.

THE THERAPEUTIC PROCESS IN A PSYCHOANALYTIC GROUP THERAPY. A CONTINUOUS AND RECIPROCAL NEGOTIATION BETWEEN INDIVIDUAL AND GROUP

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The aim of this contribute is the analysis of specific indicators to describe the interaction between the two polarities of the therapeutic process, the group and the individual. These indicators were previously assessed in psychotherapeutic heterogeneous and open groups with motivational purposes (Silvestri et al., 2015). In this work, we will focus on a biweekly psychoanalytic therapeutic group, which includes 8 patients, the therapist and a participant observer. Clinical examples and analyses of the sessions will clarify how each member of the group, using his/her own specific interactive models, contributes to the group process. This happens by means of an implicit bargaining, which is in large part unaware, among the different individual needs (resembling the interpersonal negotiation by Bateman & Fonagy, 2004). Such negotiation helps to generate the group field (Neri, 2011). Describing how each individual in the group contributes to the group process, allows the therapist to favor a functional therapeutic relationship (group climate) which is the best predictor of the outcome, as evidenced by the empirical research (Burlingame et al., 2011). This can promote the improvement of the awareness of the group participants' relational models and psychological functioning, together with a better and more adaptive integration of the self.

AT THE INTERSECTION BETWEEN MIND AND BODY: THE STUDY OF AUTONOMIC NERVOUS SYSTEM IN CLINICAL PSYCHOLOGY

Proposer: Gentili Claudio (1)

(1) University of Padua

Discussant: Lai Carlo (2)

(2) Sapienza Univeristy of Rome

The study of the Autonomic Nervous System (ANS) has provoked a growing interest in the assessment of psychiatric disorders. Significant alterations in heartbeat dynamics, including changes in the Heart Rate Variability (HRV), have been detected in several somatic and mental disorders. Another measure used to evaluate ANS is the electrodermal response (EDR) that assesses sweat glands activity through the change of skin conductance. HRV and EDR alterations have been found in acute and chronic stressful conditions, insomnia, psychosomatic disorders, eating disorders, schizophrenia, and anxiety and mood disorders. This data confers more strength to the insight by Claude Bernard who, for the first time, evaluated the bond between peripheral and central nervous systems. Such intuition, further explored throughout the years, has been considered the base to understand psychosomatic disorders as well as somatic symptoms in mental disorders. In this sense, measuring ANS has been considered a tool to better understand psychopathology and to provide indices that may be useful for diagnosis and treatment in clinical psychology. The aim of the symposium is to present new insights in this concern and link ANS to psychological constructs that have been traditionally considered far from the autonomic activity such as mood, emotion and cognition. The study by Ballesio and colleagues will explore the ANS responses to emotional relevant stimuli after sleep deprivation providing new insight into how sleep problems may affect emotional modulation. The work by Penolazzi and colleagues will evaluate the relation between dysfunctional metabeliefs and ANS reaction in a group of patients with anorexia. The paper by Ottaviani and colleagues will evaluate the HRV correlates of guilt in obsessive-compulsive washing behaviors. Lastly, the paper by Messerotti Benvenuti and colleagues will evaluate the relation between HRV and mood in the particular case of patients with coronary ischemic disorder.

THE IMPACT OF SLEEP DEPRIVATION ON PHYSIOLOGICAL MEASURES OF EMOTIONAL REACTIVITY IN CLINICAL POPULATIONS

Ballesio Andrea (1), Cerolini Silvia (1), D'Itri Edoardo (1), Lombardo Caterina (1)

(1) Department of Psychology, Sapienza University of Rome

Sleep is essential for effective regulation of emotions. Experimental studies demonstrate that sleep deprivation enhances subjective negative emotions, as reflected in the alteration of autonomous nervous system functioning indices (such as Heart Rate and Skin Conductance). These processes appear of importance in clinical conditions characterized by poor sleep and poor emotion regulation like insomnia and binge eating disorders. Therefore, in two recent studies, we tested the effects of partial sleep deprivation (5 hour of sleep) on physiological measures like Heart Rate (HR and HR variability) and Skin Conductance (SC) in response to the exposure to salient emotional pictures in two samples of patients with chronic insomnia or symptoms of binge eating and control groups. Regarding the insomnia study, results show that, compared to habitual sleep, sleep deprivation reduces SC in response to emotional stimuli in both patients and controls ($F_{(1,14)}= 6.470$, $p= 0.023$). Furthermore, we found that patients with insomnia tend to have lower SC than controls ($F_{(1,14)}= 4.843$, $p= 0.045$) after both nights. No significant effects were found on HR. Results regarding HR variability and the second study on participants with binge eating symptoms will be discussed in the symposium.

CAPITALIZING ON THE RELATIONSHIP BETWEEN AUTONOMIC ACTIVITY AND METACOGNITION IN ANOREXIA NERVOSA

Penolazzi Barbara (1), Palomba Daniela (2), Rausa Marialuisa (3), Contin Sara Anastasia (3), Patron Elisabetta (2), Schumann Romana (3), Ballardini Donatella (3)

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- (3) Centro Gruber, Diagnosis and Therapy of Eating Disorders & Diagnosis and Therapy of Anxiety and Psychosomatic Disorders, Bologna, Italy

The research will evaluate the relationship between Autonomic Nervous System activity and dysfunctional metacognitions in a group of patients with Anorexia Nervosa. Dysfunctional autonomic patterns have often been reported in Anorexia Nervosa (AN), but their relationship with psychological variables, associated with the disorder, has been relatively neglected. The aim of the present research was to uncover possible links among autonomic measures and self-report symptoms, mostly related to anxiety, obsessions-compulsions (OC), and metacognitions, in this kind of eating disorder. In a first pilot study, 13 patients with AN and 13 healthy controls (HCs) participated in a single experimental session in which Heart Rate (HR) and Skin Conductance (SC) were recorded at rest, as representative autonomic measures, followed by completion of self-report questionnaires. In a second study, the same psychological measures were collected on 12 patients with AN and 14 HCs, but Heart Rate Variability (HRV) was used as a more suitable index of sympathetic/parasympathetic balance. Student's t-tests for independent groups (patients with AN vs. HCs) were used to compare all of the variables, and correlation analyses were performed to test the presence of possible associations between physiological and self-report measures. In both studies, patients with AN showed a reduced sympathetic/parasympathetic ratio and increased anxiety, OC symptoms and dysfunctional metacognitions than HCs. Remarkably, the patients' atypical autonomic patterns were significantly correlated to their maladaptive metacognitions. These preliminary results suggest a potential link between autonomic activity and metacognition in patients with AN, which could be exploited in the treatment phase by a multi-level intervention aimed at rebalancing both psychophysiological and metacognitive dysfunctions.

DEONTOLOGICAL GUILT ELICITS DISGUST AND OBSESSIVE-COMPULSIVE DISORDER-LIKE WASHING BEHAVIORS

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Guilt plays a pivotal role in the genesis and maintenance of obsessive-compulsive disorder (OCD)-like behaviors. The present study aimed at investigating whether the induction of deontological versus altruistic guilt in healthy volunteers may activate cleaning behaviors aimed at reducing the evoked emotion of disgust. Healthy participants were randomly assigned to an altruistic ($n = 30$; 50% women) or deontological guilt ($n = 30$; 50% women) induction followed by a cleaning task, while their electrocardiogram was continuously recorded to derive vagally-mediated heart rate variability (HRV). At baseline and after each experimental condition, participants' momentary emotional state was assessed by visual analog scales (VAS). Random-effect models showed that compared to altruistic guilt, deontological guilt had the effect of: a) increasing subjective (VAS) and objective (HRV) levels of disgust; b) increasing OCD-like washing behaviors; c) leading to a better capacity of washing behaviors to reduce disgust. Correlation analyses showed that these effects were stronger in participants with higher levels of scrupulosity and symptoms like sin fear and washing, as indicated by scores on the Obsessive-Compulsive Inventory-Revised. Furthermore, washing behavior was stronger in participants with higher scrupulosity only in the deontological guilt

condition. Results support previous reports on a distinctive relation between deontological (but non altruistic) guilt and both disgust and OCD symptoms.

DOES HRV MEASUREMENT HELP IN THE DIAGNOSIS AND TREATMENT OF DEPRESSION IN CARDIAC PATIENTS?

Messerotti Benvenuti Simone (1), Gentili Claudio (1), Patron Elisabetta (1), Palomba Daniela (1)

(1) Department of General Psychology, University of Padua

Depression is an important and independent risk factor for coronary heart disease (CHD). Among CHD patients, those undergoing cardiac surgery are at higher risk of developing depression, which, in turn, significantly increases the risk of cardiac morbidity and mortality in the postoperative period. Reduced heart rate variability (HRV), which reflects altered autonomic nervous system activity, has been suggested as one of the mechanisms linking depression to CHD. Despite consistent evidence, it is still unclear whether HRV may help clinicians in the diagnosis and treatment of depression in CHD patients. To this end, the studies included in this presentation have been conducted to examine whether 1) reduced HRV may characterize depressed and non-depressed CHD patients, 2) HRV multi-feature analysis could discriminate CHD patients with and without depressive symptoms at single-subject level, and 3) cardiorespiratory (HRV-) biofeedback training aimed at increasing HRV may improve depressive symptoms postoperatively. Our findings confirmed that patients with depression are characterized by reduced HRV compared to patients without depression in the postoperative period. More intriguingly, the HRV multi-feature approach was able to predict the severity of depressive symptoms and to discriminate depressed and non-depressed cardiac patients at single-subject level with 86.75% overall accuracy. With respect to treatment, our findings provide evidence that HRV-biofeedback training is an effective

intervention for increasing HRV and improving depressive symptoms in CHD patients after cardiac surgery. Taken together, our data suggest that HRV has the potential for becoming a promising measure for improving the early diagnosis and recognition of depression in patients with CHD. From a treatment perspective, the present work suggests that biobehavioral interventions such as HRV-biofeedback should be included in the rehabilitation protocols in CHD patients.

UPGRADING THE RORSCHACH: RESEARCH AND ADVANCES – A YEAR LATER

Proposer: Giromini Luciano (1)

(1) Department of Psychology, University of Turin

Discussant: Zennaro Alessandro (1)

(1) Department of Psychology, University of Turin

This symposium aims at providing a second update (the first one occurred in Rome in 2016, at the XVIII AIP conference) on the state of the art of Rorschach-based research in Italy. Aschieri and colleagues start off this session by presenting a quasi-experimental study conducted on R-PAS variable Oral Dependency Language (ODL) to investigate its predictive validity. Brusadelli and colleagues, then, describe some of their findings on the utility of the Rorschach in orienting the treatment of patients with chronic diseases such as type 2 diabetes mellitus. Ando' next describes a research study inspecting whether R-PAS variables related to psychological rumination would predict attentional performance on the Stroop test and physiological reactivity to a laboratory induced stress. Finally, Di Girolamo and colleagues close the paper session by presenting their research studies attempting to develop a new, Rorschach index to measure empathy using R-

PAS. Albeit from different perspectives and backgrounds, all presenters stress on the importance to continue to upgrade the Rorschach by aligning its interpretations with their evidence base.

ARE ITALIAN ADULTS MORE DEPENDENT THAN THEIR AMERICAN COUNTERPARTS? A STUDY ON ORAL DEPENDENCY LANGUAGE VALIDITY IN ITALY

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The Oral Dependency Language (ODL), previously known as Rorschach Oral Dependency scale (ROD), is a Rorschach measure of dependency needs that measures dependent behaviours and attitudes. Although research studies see ODL as one of the most valid variables included in the R-PAS (Meyer et al., 2013), its psychometric properties have not yet been investigated in non-English speaking countries. The purpose of the present study is to explore validity of the ODL in Italy. The Rorschach Inkblot test was administered to a group of 108 Italian adults. The Rorschach was followed by two steps in which each participant was invited to: a) take part in a behavioural task in order to assess interpersonal dependency, b) fill out some questionnaires on attachment style (ASQ; Feeney, Noller, & Hanrahan, 1994) and other related variables. The Inter-Class Correlation coefficient was used to evaluate the reliability of Rorschach coding and highlighted excellent agreement. Bayesian analysis (one-sample T-Test Bayes Factor) were used to assess the degree of fit between ODL in Italian

sample and Rorschach norms (Meyer et al., 2011) and showed that the frequency of oral dependency language in Italian Rorschach do not differ from the reference norms. Further analyses were used to assess the correlation between ODL and dependency disposition in behavioural task. Results showed that ODL is significantly associated to the interpersonal dependency that emerged in the task. The correlation remained statistically significant also after controlling for attachment style and related variables. This research gives a contribution to the Italian validation of the ODL variable. Study limitations and the implications will be discussed.

ADHERENCE IN PATIENTS WITH CHRONIC DISEASE: THE ROLE OF PERSONALITY FACTORS ASSESSED WITH THE RORSCHACH

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Adherence of patients has always been topic of great attention. Among patients with chronic illness, approximately 50% do not take medications as prescribed (Sabaté et al., 2003; Lee et al., 2006). This poor adherence to medications leads to increased morbidity, with higher costs for the National Healthcare System. Barriers to medication adherence are complex and varied because factors contributing to poor medication adherence include those that are related to physicians, to healthcare systems, but also those related to patients (Brown et al., 2011). Indeed, the presence of a chronic illness is related to the develop of negative psychological reactions and influence affects, with a relapse on adherence (Gonzales et al., 2008). In order to improve efficacy and effectiveness of the treatment, the aim of this

study was to explore psychological processes related to adherence behaviors of patients with type II diabetes mellitus (T2DM). In medical setting, most of research are conducted with self-report inventories, while few studies have tried to go deeper in this topic using the Rorschach Test. We investigated the Rorschach variables associated with adherence in a sample of 50 patients affected by T2DM with a recent history of disease (about 3 years). On the basis of their levels of glycated hemoglobin that we used as marker of patient adherence (HbA1c; 4 rilevations collected during one year), we divided the sample into two subgroups (adherent vs non-adherent patients). Preliminary results show that adherent patients seem to have a specific pattern: they seem to have more pressures and more negative thoughts than non-adherent patients, with a higher focus on their negative feelings. Moreover, they seem to be more focused on themselves with a self-esteem higher than non-adherent patients. These data seem to indicate a possible connection between adherent behaviors and stress experience, showing the utility of the Rorschach Test in medical setting.

RORSCHACH PERFORMANCE ASSESSMENT SYSTEM (R-PAS) AND RUMINATION: A STUDY ON HEART-RATE VARIABILITY RESPONSES (HRV) TO LABORATORY-INDUCED STRESS

Ando' Agata (1)

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Rumination is a cognitive process that has been primarily conceptualized as repetitive thinking about past mistakes and failures, and that therefore is different from constructive problem-solving. Previous studies (Lyubomirsky & Nolen- Hoeksema, 1995; Nolen-Hoeksema, 2000) have reported that high levels of rumination associate with high levels of stress, poor concentration and deficitary cognition. Trait rumination is also strongly associated with an increased cardiovascular reactivity, defined as the change that is in the heart

in response to a stressor (Brosschot & Thayer, 2003; Gerin et al., 2006). Physiological changes that typically are in stressful conditions are part of a natural and adaptive response mechanism and, in some cases, these physiological responses may be exaggerated relative to the demands of the stressor. The current project aimed to study the complex rumination phenomenon examining its related psychophysiological correlates, and cognitive or attentional biases. More specifically, we investigated whether rumination trait and Rorschach Performance Assessment System variables (R-PAS; Meyer et al., 2011) in the Stress and Distress domain would predict increased sympathetic arousal during a laboratory stress-inducing task, and attentional deficits following exposure to that same stress. Although the correlations between the Rorschach and self-reported rumination were modest, participants who showed more vigilance on the Rorschach tended to perform more poorly on the sustained-selective attention task (i.e., Stroop task), after stress. The clinical implications of these findings will be discussed.

DEVELOPMENT AND INITIAL VALIDATION OF AN R-PAS EMPATHY INDEX

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Empathy is a complex construct that has been defined in many ways during the past two decades, and which plays a key role to psychopathological conditions such as Narcissistic Personality Disorder or Antisocial Personality Disorder. Measuring empathy, however, is not an easy task: while the majority of the empathy tests use self-report format (e.g., Interpersonal Reactivity Index, Empathy Quotient), these measures are troublesome as they mainly reflect what the respondent knows- and/or wants the examiner know- about him or herself. Conversely, performance-

based tools are based on ‘what the examinee does’ so they could possibly contribute to assessing empathy via a different point of view. However, to date only few performance-based empathy measures are available, and their utility is rather doubtful. To fill this gap, the current study used the Rorschach test, Rorschach Performance Assessment System (R-PAS), to identify a number of performance-based, empathy indicators. A sample of 200 nonclinical adults were administered the Rorschach along with a series of self-report and performance-based measures of empathy-related constructs (e.g., emotional perception, perspective taking). Data analyses focused on two sets of variables. First, R-PAS variables in the Administration Behaviors & Observations, Self & Other Representation, and Stress & Distress domains were inspected. Next, some additional items, i.e., Rorschach behaviors that are not currently coded in R-PAS, were developed and operationalized, and their associations to our empathy measures were tested via correlational analyses. Lastly, a composite, Rorschach-based, empathy index was developed and tested. Results showed small to medium associations between our Rorschach-based empathy index and other empathy indicators taken under consideration.

THE IMPACT OF PATIENTS’ CHRONIC DISEASE ON FAMILY MEMBERS WELL-BEING AND ADJUSTMENT

Proposer: Grano Caterina (1)

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Discussant: Grandi Silvana (2)

(2) University of Bologna

Living with a familiar with a Chronic Disease (CD) may have negative consequences for well-being, psychosocial adjustment and mental health

(Golics, 2013). Considering caregivers, they may experience higher rates of depressive/anxiety disorders, lower QoL, higher risk of heart diseases and decreased immunity function (Koyama et al., 2017). Considering children living with a parent suffering from a CD, studies suggested that they are at risk for adjustment difficulties (Chen et al., 2017). In fact, beyond afford typical developmental tasks, they may also need to cope with decreased parental availability, reduced parental resources and increased household responsibilities (e.g., Korneluk et al, 1998). If from one side, CD may represent a threat for family members, it have to be noted that CD is also associated with positive aspects like a sense of fulfillment for caring and enhanced family functioning through the promotion of intimacy and closeness (Rolland, 1999). Aim of this symposium is to direct attention on personal characteristics, abilities and resources of the family members that can mediate the negative impact of illness on mental health and psychosocial adjustment and to provide an updated review of studies internationally recognized as effective for improving these aspects. At this regard, the contribution presented by the group of Bologna University will focus on the effects of parental CD on children and adolescents adjustment. This contribution will review and discuss the efficacy of preventive interventions internationally implemented. The second contribution (Palermo University) will analyze the role of emotional regulation, alexithymia and depression symptoms in caregivers of patients suffering from Amyotrophic Lateral Sclerosis. Finally, the third contribution from Sapienza University will analyze the mediational effect of self-efficacy resources in the relationship between burden and negative affect in caregivers of patients with Alzheimer Disease

EFFECT OF PARENTAL CHRONIC ILLNESS ON CHILDREN AND ADOLESCENT'S ADJUSTMENT: RISK AND PROTECTIVE FACTORS AND PREVENTIVE INTERVENTIONS

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Having a parent affected by a chronic illness represents a risk factor in terms of children's and adolescent's emotional and physical well-being. The number of individuals with chronic diseases and, in turn, of children growing up with a parent affected by one of them is on the rise. In developed countries, the most common forms of chronic illnesses include heart disease, stroke, cancer, chronic respiratory diseases and diabetes, along with depression, multiple sclerosis and HIV/AIDS. Living with a parent suffering from a chronic illness may have a variety of detrimental consequences including the reversal of caregiving and the exposure to an adverse environment, where developmental needs of the child – emotional and practical – might be neglected due to lack of parental resources or to impaired family functioning (lack of communication, inconsistent parenting, high emotional distress, etc.). Children of parents with a chronic illness often have problems of internalising and externalising symptoms, emotions of shame and guilt, loneliness and perceptions of lacking social support. They may feel overwhelmed with the emerging caregiving tasks and often worries about the health condition of their parents and about becoming ill themselves. Compared to peers, children of parents with chronic illness are also at risk of weakened immune responses, poorer social outcomes and reduced overall adaptive functioning. However, positive aspects have also been associated with parental chronic illness such as gaining a sense of fulfilment by caring for their parent and building up a cohesive support system. This talk aims to provide an updated account of literature on this topic, presenting interventions already implemented internationally and discussing their efficacy. Increased awareness about this topic may improve the care of families experiencing parental illness in Italy, leading to the development of tailored mental health prevention programs in our healthcare system.

ALEXITHYMIA, BURDEN AND RESILIENCE IN ALS' CAREGIVERS

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Living with a progressively disease such as Amyotrophic lateral sclerosis (ALS) has a strong impact on the people affected and on their relatives, who have to tackle the demanding duties of caring for and assisting them (Tramonti et al., 2014). Many factors modulate the levels of burden in ALS' caregivers: disease related factors, personality related factors, enviromental factors. Dennison et al (2001) showed that alexithymia could to contribute to increasing distress in ALS' caregivers, but there are very few studies on this. Other studies supporting the role of resilience such as protective factor (Ripamonti, 2015). The aim of the study is to assess the relationship between alexithymia, resilience and burden in ALS' caregivers. Methods: 30 ALS'caregivers were tested with the following instruments: TAS-20 (Bagby, Taylor, Parker, 1994), RS-15 (Wagnild e Young, 1993), CBI (Novak e Guest, 1989). Results: we showed a positive correlation between total alexithymia score (TAS20-Tot) and emotional burden (CBI-E; $\rho=0.357$, $p<0.05$), particularly between TAS-20 DIF and Emot-B ($\rho=0.412$, $p<0.05$) and between TAS-20-DDF and Emot-B ($\rho=0.33$, $p<0.05$). We showed negative correlation between RS-15 tot and Dev-B ($\rho=0.375$, $p<0.05$), Phys-B ($\rho=0.362$, $p<0.05$), Soc-B ($\rho=0.442$, $p<0.05$) and Emot-B ($\rho=0.392$ $p<0.05$). Conclusions: Our results in ALS' caregivers confirm our ipotesis of a relationship between alexithymia and burden. Difficulty in

identifying and describing own and others feelings could increase caregivers' emotional negative state and burden. It could lead to ineffective emotional responding and it could be a risk factor for care-related stress. On the contrary, however, the resilience, such as personality factor can to modulate the negative effects of distress and it is a protective factor safeguarding low-burdened caregivers. These results show that it is very important to identify the presence of alexithymia traits in order to improve quality of life in caregivers.

CAREGIVER BURDEN, SELF-EFFICACY AND NEGATIVE AFFECT IN CAREGIVERS OF PATIENTS WITH A DIAGNOSIS OF ALZHEIMER DISEASE

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Caregiving for a relative with dementia has been associated with negative consequences for mental health. Self-efficacy has been shown to correlate negatively with depression but the long-term association between caregiver burden, caregiver self-efficacy, and depressive symptoms, remains still largely unexplored. The aim of the present study was to evaluate whether different self-efficacy domains partially mediated the relationship between caregiving burden and depression. A three-wave design was used, with initial assessment and follow-ups three months later and one year later. One hundred seventy caregivers of patients with AD responded to measures of caregiver burden, caregiving self-efficacy, and depressive symptoms. Data were analyzed by means of structural equation models. The tested model provided support for the guiding hypothesis. Burden at the time of the first assessment (T1) significantly influenced depression one year later and the relationship between burden at time one and depressive symptoms one year later was partially mediated by self-efficacy for controlling upsetting

thoughts. The findings of the present study provide evidence that, along a considerable length of time, the effects of caregiver burden on depressive symptoms can be explained by the caregivers' efficacy beliefs in controlling upsetting thoughts related to the caregiving tasks. Interventions for caregivers of patients with AD may help them in tackling negative thoughts about the caregiving role.

NEW APPROACHES IN STUDYING THE THERAPEUTIC RELATIONSHIP IN DIFFERENT SETTINGS AND WITH DIFFERENT ANALYTIC STRATEGIES

Proposer: Gullo Salvatore (1)

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Discussant: Del Corno Franco (2)

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In the last decades research in psychotherapy has showed a growing interest to the various and complex dimensions of the therapeutic relationship (TR) that are able to inform diagnostic assessment and promote good outcomes across different treatment models. Since the crucial role of TR was recognized, different “new” research issues are raised and investigation strategies are developed. The present panel collected four studies that deal with some of the “open questions” in the international debate on the field, trying to shed light on the multiplicity of aspects that contribute in building a good TR and planning successful treatments in several settings. The first contribution of Tanzilli investigates the relationship between the therapist responses (countertransference) with patient personality traits/dimensions emphasizing their relevant role in understanding core dynamics of patient's

psychopathology, and in helping clinicians in everyday clinical practice. The second contribution of Muzi and Talia focuses on how the therapist's personal characteristics (personality and attachment representations) influence the quality of the therapeutic alliance in psychodynamic psychotherapies. The third contribution of Gelo, Lagetto, Ferreira, and Cuhna explores the role of therapeutic alliance in predicting clinical outcome in psychotherapy for depression. The fourth contribution of Lo Coco, Gullo, Mazzeschi, and Pazzagli focuses on the importance of study the intrapersonal congruence defined as the discrepancy in how group members perceived their positive bonding relationships with the group leader and the other group members. The empirical results will be discussed and their implications for clinical practice will be addressed.

PATIENT SWAP-200 PERSONALITY DIMENSIONS AND FFM TRAITS: DO THEY PREDICT THERAPIST EMOTIONAL RESPONSES?

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Therapist's emotional responses to the patient (or countertransference) can inform diagnostic assessment, as well as plays a crucial role in the psychotherapy process and outcome across different models of treatment. The main aim of this study was to examine the relationship between therapists' responses and patients' personality evaluated by three dimensional diagnostic approaches empirically derived from the Shedler-Westen Assessment Procedure-200 (SWAP-200; Westen, Shedler, 1999a, b): Two of these rely on the five-factor model (FFM) domains, that were assessed with different SWAP-200 FFM versions developed by Shedler and Westen (SW-FFM scales; 2004) and McCrae, Löckenhoff, and Costa

(MLC-FFM scales; 2005); the third approach is based on a multifaceted model of personality syndromes (SWAP personality dimension scales; Shedler, Westen, 2004). A national sample of psychiatrists and psychologists ($N = 166$) of various theoretical orientations completed the Therapist Response Questionnaire (TRQ; Zittel Conklin, Westen, 2003) to identify patterns of therapist response, and the SWAP-200 to assess personality regarding a patient currently in their care. The findings showed good levels of construct validity between the SW-FFM and MLC-FFM scales, with the exception of openness. Moreover, specific SW-FFM and MLC-FFM scales were significantly associated with distinct SWAP personality dimension scales according in a conceptually meaningful nomological network. While there were some significant relationships between therapists' responses and patients' personality features, overall the contribution of the SW-FFM and MLC-FFM traits in predicting therapists' responses were smaller than the SWAP personality dimensions. These results seem to confirm the diagnostic and therapeutic value of countertransference as an essential tool in understanding psychological traits/dimensions that underlie the patients' psychopathology, and in helping therapists in everyday clinical practice.

NEW PERSPECTIVES ON THE THERAPEUTIC ALLIANCE: THERAPIST PERSONALITY AND THE MODERATING ROLE OF ATTACHMENT REPRESENTATIONS

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A growing body of research highlights that certain therapists' personal characteristics could positively or negatively influence the quality of the

therapeutic alliance (Ackerman & Hilsenroth, 2001, 2003). Preliminary evidences suggest that more securely attached clinicians form stronger alliances with their patients, but more systematic studies are needed (Degnan et al., 2016). Furthermore, the therapists' personality remains an under-researched area despite its clinical relevance. This study aimed to investigate the relationship between therapists' personality characteristics and the bond, goals, and tasks of the working alliance (Bordin, 1979), and to explore the moderating role of therapists' attachment in the relationship between personality functioning and overall therapeutic alliance. Fifty-five psychodynamic therapists were interviewed with the Adult Attachment Interview (George et al., 1985) followed by the Clinical Diagnostic Interview (Westen & Muderrisoglu, 2003) to assess their personality with the Shedler-Westen Assessment Procedure-200 (Westen & Shedler, 1999). They were also asked to complete the Working Alliance Inventory-T (Horvath & Greenberg, 1989) on a patient currently in treatment. In order to compensate the underrepresentation of specific AAI classifications, a well-established dimensional approach (Waters et al., 2007) has been employed. Findings showed that the bond, goal, and task components were positively associated with therapists' healthy personality functioning, and negatively related to SWAP-200 scales characterized by emotional dysregulation or interpersonal detachment. Furthermore, the relationship between therapists' personality functioning and overall working alliance was moderated by higher level of attachment security. These findings promote a better understanding of the "therapist effects", one of the most important emerging topics in psychotherapy research (Baldwin & Imel, 2013).

THERAPEUTIC ALLIANCE AND TREATMENT OUTCOME IN PSYCHOTHERAPY FOR DEPRESSION

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The therapeutic alliance (TA) represents one of the most empirically supported common factors in psychotherapy. Although empirical research has up to now shown the predictive power of TA with regard of clinical outcome, still a lot remains to be done with regard of the investigation of TA from a dynamic and interpersonal perspective. The present paper aims at investigating the role of TA in predicting clinical outcome in psychotherapy for depression. The sample was comprised by 63 cases of cognitive-behavioral (CBT) and emotion-focused therapy (EFT) with depressive clients from a randomized clinical trial in an outpatient clinic. TA of client and therapist was measured using the Working Alliance Inventory once a month. Outcome was assessed using standardized outcome questionnaires. Data analysis took place by means of Hierarchical Linear Modeling. Preliminary results showed a positive trend of TA during the course of treatment. The increasing patterns were found to be significant for both therapist's and patient's rating in CBT ($q=.26$, $p<.05$; $q=.29$, $p<.01$, respectively) as well as in EFT group ($q=.32$, $p<.01$; $q=.26$, $p<.05$, respectively). Correlations between WAI-T and WAI-P varied across the sessions ranging from .13 ($p=ns$) to .53 ($p<.01$) for CBT group and from .40 ($p<.01$) to .73 ($p<.01$) for EFT group. Regarding the predictive role of TA, we found that patient's WAI rating had a positive significant effect on outcome in both CBT and EFT groups ($\beta=.32$ and $\beta=.19$, $p_s<.05$, respectively), whereas therapist's rating showed positive influence on outcome only for EFT group ($\beta=.49$, $p<.01$). Results will be discussed and their implications for research and clinical practice will be addressed.

ALL BONDS ARE NOT THE SAME: DIFFERENT STRUCTURAL LEVELS OF POSITIVE BONDING RELATIONSHIPS IN THERAPY GROUPS

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Intrapersonal split alliances were defined as discrepancies in how group members perceived their positive bonding relationships with the group leader, the other group members and the group-as-a-whole, and were related to group members' outcome. Participants were 168 patients (116 women and 52 men) diagnosed as overweight or obese who participated in one of twenty, 12-session, therapy groups for weight management. Group members completed the Outcome Questionnaire-45 (OQ-45, Lambert et al., 2004) pre-and post-treatment and the Group Questionnaire (Krogel, et al., 2013) at an early, middle and late group session. Early, middle and late ratings were aggregated because bond scores were consistent across time. Two-level (members within groups), polynomial, multi-level regressions and response surface analyses were used to examine congruencies and discrepancies in ratings of positive bonding to the leader, group members and group-as-a-whole. When positive bonds with the leader and bonds with the group members were congruent and when positive bonds with the group members and bonds with the group-as-a-whole were also congruent, there was greater symptom improvement. The findings show that, like interpersonal split alliances, intrapersonal alliances are harmful for treatment progress and need to be recognized and addressed by the group leader.

PSYCHOLOGY OF MAFIA PHENOMENA

Proposer: Iacolino Calogero (1)

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"KORE"

Discussant: Giorgi Antonino (2)

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The term mafia indicates a specific and particular type of criminal organization, born in Sicily in the nineteenth century, spread on a territorial basis. Modern analysis of the phenomenon considers the mafia, even before a criminal organization, a system of power based on the social consensus of the population and on the social control, this shows how its main guarantee of existence is not in the unlawful gains, but in the consensus of the population. In psycho-anthropological terms we can talk about Mafia thinking or a way of thinking that requires a certain line of conduct in a given order of social relations. Mafia psychic has the ability to affirm itself in time as a true cultural identity. The affiliate future is educated from the beginning to the mafia thinking, a real intergenerational transmission of mafia's typically values such as the cult of respect and honor and of homage. In this symposium we will address the various factors related to the mafia phenomenon distributed in the Sicilian and national territory. In the first contribution, we will analyze the differences of personality traits in convict people and the ones part of Cosa Nostra and Camorra. Two criminal organizations which, although they share some similarities, are actually rooted in separate territories. In the second contribution we will try to better understand the post-murder experience, coping strategies and the social support perceived by the relatives of the Mafia victims living in Sicily and Calabria. In the third contribution, we will continue to analyze the category of "mafia victims" by proposing a search on the thoughts, emotions and experiences of the extortion victims of the three main criminal organizations in southern Italy. Finally, we will conclude the symposium, presenting in

particular the analysis of the perception of the mafia phenomenon and the influence of it in students in northern and southern Italy.

PERSONALITY PROFILES AMONG MEMBERS OF COSA NOSTRA AND CAMORRA: A PRELIMINARY STUDY

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Cosa Nostra and Camorra are deeply rooted in an immoral familism in which group interests are protected to the detriment of the individual. Although they share some similarities, they are actually rooted in two distinct territories (Sicily and Campagna, respectively) and the trees that each of them generates in the social landscape have their own particular foliage and fruit. We evaluated personality traits of 10 prisoners (5 = Cosa Nostra, 5 = Camorra). We administered the following instruments: 1) The Hare Psychopathy Checklist-Revised (PCL-R) to assess the level of psychopathy; 2) The Millon Clinical Multiaxial Inventory -III (MCM-III) to assess personality disorders; 3) The Structured Interview of Personality Organization (STIPO) to evaluate personality organization. We have not found a serious pathological condition among participants, neither high levels of psychopathy. Our data to the STIPO have shown a more diffusion of borderline personality organization. In the specific, the internal reality was characterized by dysfunctional coping, behavior dominated by aggression destructive, absence of guilt, tendency to use primitive defenses, and contradictory object relations. The results of our research show a significant absence of psychopathological conditions among participants interviewed. Although one of the limits of our research was the small number of participants interviewed, it nonetheless suggests an important fact to us:

regardless of which of the three organizations members belong to they seem to be in full possession of their mental faculties and capable of giving consent. Despite this, it is important to consider the significant diffusion of the borderline personality organization in two groups. From a psychoanalytical perspective, the borderline personality organization is associated to a pattern of instability of interpersonal relationship, self-image, affects.

MAFIA HOMICIDE AND PSYCHOLOGICAL OUTCOMES IN FAMILY MEMBERS: THE ROLE OF SOCIAL SUPPORT AND COPING STRATEGIES

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Literature has highlighted that survivors of homicide are affected by several psychological, familial, and social problems. Despite the relevant number of Mafia homicide in Italy, to date, no research has focused on the aftermath within surviving family members. Moreover, to the best of our knowledge, in Italy, comprehensive programs addressing psychological difficulties in Mafia murder survivors are lacking. Therefore, the current descriptive-exploratory study seeks to better understand the post-homicide experience, coping strategies and perceived social support of the Mafia victims' relatives living in Sicily and Calabria, two high-density organized crime (Cosa Nostra and 'Ndrangheta) Italian regions. Semi-structured clinical interview were administered to 17 family members. The interviews, fully audio recorded and transcribed, were analyzed using Consensual Qualitative Research (CQR). Coping strategies and perceived social support were also assessed by administering self-report instruments to 41 survivors. The

results show that survivors of organized crime homicide cope with relevant long-term psychological and psychopathological problems, and significant impairment in familial and social relationships. Specifically, psychological suffering was characterized by anxiety and depressive disorders, posttraumatic stress disorder, complicated grief, family disruption, social impairment and withdrawal. Additionally, the special nature of the crime results in specific coping strategies and perceptions of available sources of social support to deal with the consequences of the traumatic event. The results of the present research are important to better understand the peculiar needs of this neglected population of co-victims and to create systematic effective responses to help them coping with the traumatic loss. Implication for future policy and practice, and limitations of the current study are discussed.

QUALITATIVE ANALYSIS OF THE LIVES OF THE VICTIMS OF THE RACKET

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Recently, the literature on victimism has highlighted the need to analyze the experiences and behaviors of the victims. This primarily involves the recognition of the "victim's categories" and, subsequently, the exploration of experiences and reactions (including clinical and psychopathological interest) related to this category. In particular, this paper proposes a research on the thoughts, emotions and experience of the victims of the three major criminal organizations in Southern Italy (Mafia, Camorra and Ndrangheta) following the extortionary request. The aims of the work are: to analyze the psychic experiences after the extortion request; Identify the main events and motivations that allow (or not) to denounce; Investigate the representation

of the support network before and after the complaint. Research involved n. 29 subjects (17 entrepreneurs and 12 traders) resident and operating in Sicily, Calabria and Campania. A semi-structured interview and a projective test (network cards) were used to investigate the psychic experience; the reasons for the denunciation and the perception of the support network before and after the same. Collected interviews were reviewed at a descriptive level through in-depth analysis of the content. Subsequently, a further analysis was carried out through a text analysis software. The results show the presence of anger, indignation, humiliation, mortification and moral offenses that often accompanying the complaint. They also show the presence of fear and tension; Insecurity, anxiety, demoralization, impotence and early shock. The results also show a hesitation on the complaint, along with the certainty that you do not want to go back. And finally, the importance of the support network both before and after the complaint, which is perceived as composed not by civil society but by police and antiracket associations. The study is useful as it deepens the data on a target and on a set of psychodynamic issues so far not in-depth

BEYOND MAFIA THOUGHT: THE ADOLESCENT EXPERIENCE. NORTH AND SOUTH ITALY COMPARISON

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The proposed work inserts inside the range of studies about the mafia phenomenon psychology and specifically concerns the analysis of the mafia phenomenon perception by the northern and southern Italy students. The studied group consists of 200 students, average 17 years, and specifically 100 students of the Higher Education Institute of Carini “Ugo Mursia”, in Palermo Province and 100 students of The Higher Education State Institute

"Alberto Parolini ", of Bassano del Grappa, in Vicenza Province. The survey focused the attention on the analysis of the mafia phenomenon perception among students to try to understand if and how much their growth is influenced, directly and indirectly, by the phenomenon studied. The research has used a semi-structured and ad hoc questionnaire. For the part of the collected data analysis, those with open response, have been used thematic-conceptual maps, extrapolated with the Grounded Theory method, which have allowed an extrapolation of areas macros particularly relevant. The data rest is analyzed through the frequencies, highlighting the weight taken by each variable being analyzed. The data emerged from the research show a mafia phenomenon perception that takes on changing traits according to the prevailing aspect with which this phenomenon occurs in the two Italian regions considered. New intervention methods inside the schools can make substantial transformations as a starting point for possible and future interventions with and for adolescents.

THE ROLE OF THE CLINICAL PSYCHOLOGY IN THE OBESITY TREATMENT

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Discussant: Castelnuovo Gianluca (2)

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Important contribution may come from clinical psychology both on the onset and on the treatment of the obesity. In the present symposium, the following contributions will be presented:

“Evaluation of alexithymia in morbidly obese patients through two different instruments” (Di Monte et al.): Alexithymia and obesity relationship will be debated, and the comparison between the 20-item Toronto Alexithymia Scale and the Toronto Structured Interview for Alexithymia to evaluate the alexithymia in obesity will be presented.

“Narrations about the identity change and the psychological well-being before and one year after the bariatric surgery: implications for the clinicians” (Faccio et al.): The comparison between the expectations before the bariatric surgery and the real experience of the intervention outcomes will be argued. Possible clinical implications raising from the difficulties in adapting the identity to the new body in patients underwent bariatric surgery will be discussed.

“Mental functioning in a group of obese patients candidates for bariatric treatment: defence mechanisms and alexithymia” (La Grutta et al.): Psychological factors that could promote and maintain conditions of severe obesity will be outlined and the weak points in usual cares will be discussed. Obese patients mental functioning seems to be mainly characterized by a tendency to deny the reality and by alexithymic traits. The potential risk of this mental functioning for eventual bariatric treatment failure will be debated.

“Bariatric surgery for the treatment of obese patients: patient satisfaction and quality of life in a ten-year follow-up study” (Galli et al.): The clinical situation and quality of life ten years after the biliointestinal bypass surgery will be discussed. The importance to implement psychological interventions to improve the quality of life of these patients, not only immediately after the bariatric intervention, but in a more long-time period will be debated.

EVALUATION OF ALEXITHYMIA IN MORBIDLY OBESE PATIENTS THROUGH TWO DIFFERENT INSTRUMENTS

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Obesity is a condition determined by social, physical, psychological and cultural factors. Alexithymia is one of the psychological factors investigated in obesity patients and it is also considered as one of the factors that play an important role in the surgical weight loss. In the literature, the relation between alexithymia and obesity is uncertain. In all studies alexithymia is evaluated through 20-item Toronto Alexithymia Scale (TAS-20), the most widely used self-report questionnaire to assess this construct. It is possible that in this clinical sample it is more appropriate to use another instrument, the Toronto Structured Interview for Alexithymia (TSIA), where scores are attributed by the interviewer and are independent of the subject's capacity to respond adequately to self-report measures. The first aim of this study is to use a multimethod measurement, TAS-20 and TSIA, to assess alexithymia in morbidly obese patients and to investigate the relationship between alexithymia and obesity as measured by Body Masses Index-BMI. A future aim of this study is to investigate the role predictive of alexithymia on the surgical weight loss. TAS-20 and TSIA were administered to 20 obese patients scheduled for bariatric surgery (7 males, 12 females, mean age 39.75, mean BMI 43.45). Discrepancies emerged between TSIA and TAS-20 in evaluation of alexithymia. The structured interview allowed detection of a higher level of alexithymia compared with the self-report instrument. At the TSIA the clinical sample showed higher scores (27.6) than the Italian general population (18.4), while at the TAS-20 our sample obtained scores (38.25) lower than those obtained by the average Italian population (44.7). It is possible that the characteristics of this sample influence the capacity to respond adequately to self-report measures. The TSIA seems to be a more

adequate instrument than TAS-20 to evaluate alexithymia in morbidly obese patients.

NARRATIONS ABOUT THE IDENTITY CHANGE AND THE PSYCHOLOGICAL WELL-BEING BEFORE AND ONE YEAR AFTER THE BARIATRIC SURGERY: IMPLICATIONS FOR THE CLINICIANS

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Surgery effectiveness has been widely demonstrated in literature, both in weight loss and slimming maintenance, both in significant improvements in quality of life, which means reduction of mood disorders, favouring mental well-being, health perceptions, social interaction and physical activity. Nevertheless, few studies have been devoted to the qualitative investigation of the life experiences related to the change identity that bariatric surgery implies, starting from the patient point of view. Our research aim is the investigation of the subjective meanings that were attributed to the bariatric surgery and also the comparison between the expectations before the surgery and the real experience of the change after that. The theory of the dialogical self has been chosen as adapt framework for the investigation of the identity system and its changes. Participants it has been proposed a semi-structured interview before surgery and one year after. Those participants who have already been operated are generally satisfied with the results they have obtained, anyway, they faced up to considerable difficulties in adapting the identity to the new body: the person has objectively lost weight, but they still focus on the obese role. Participants reported that after one year they still think, behave, relate to others as obese, and only after an effort of awareness they are able to realize that they have

become ex-obese. Contrary to our expectations, the position “I obese” remained central, the protagonist of the speech in both groups, representing the main actor of the identity system. The findings raise the question whether it is possible to escape from obesity. The question is further complicated by the mismatch of the times: the times of the body change are not those of the body image adaptation to the new physical condition. This means that the person should be helped to "digest" the new corporeal reality by clinicians.

MENTAL FUNCTIONING IN A GROUP OF OBESE PATIENTS CANDIDATES FOR BARIATRIC TREATMENT: DEFENCE MECHANISMS AND ALEXITHYMIA

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Several studies confirm that obesity with comorbidity psychiatric disorders decreases the long-term success of surgical treatment. The prevalence of psychiatric disorders varies from 30% to 76% between the obese patients candidate for bariatric treatment (Hudson et al., 2007; Striegel-Moore et al., 2009). It goes without saying that it is essential to prearrange a correct assessment in patient with a severe obesity who are candidate for surgical treatment in order to ensure a long term successful treatment. The aim of the study is to outline some psychological factors that could promote and maintain conditions of severe obesity and to identify weak points in widely applied care pathway. This is a cross-sectional analysis of 39 consecutive treatment-seeking obese (body mass index > 35 kg/m²) patients (14 men, 25

women) age 20-59 (age M= 39.3). All the study participants who filled in the DMI (Gleser & Ihilevic, 1969, 1986), a semi-projective test which aims to measure the relative intensity of usage of five major groups (TAO, PRO, PRN, TAS, REV) and in the TAS-20 (Bagby, Taylor, Parker, 1994) and in the TSIA (Taylor, Bagby, Caretti, & Schimmenti, 2014) to assess the alexithymia. 74% of the group (29 patients) got a symptomatic profile types. 79.3% of this is made up of REV and PRN/REV profiles. This defensive profile is related to a higher BMI, to an earlier onset obesity, to a poor effectiveness of medical treatments, to a high risk of post-surgical recurrence. At TAS-20, 36% of patients have a score > 51 (bordeline) and 19% a score >61 (alexithymic). At TSIA, 69.4% of patients are alexithymic. The results showed that mental functioning is mainly characterized by a tendency to deny the reality and overturn the representation of this and by alexithymic traits. This is a potential serious risk of bariatric treatment failure in these patients. Psychological treatment is necessary to reduce a higher risk of low adherence and drop out to treatment at the follow up.

BARIATRIC SURGERY FOR THE TREATMENT OF OBESE PATIENTS: PATIENT SATISFACTION AND QUALITY OF LIFE IN A TEN-YEAR FOLLOW-UP STUDY

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Biliointestinal bypass (BIB) is a surgical bariatric procedure bariatric inducing malabsorption. The aim was to evaluate the clinical situation and quality of life (QoL) ten years after BIB. Ninety patients were contacted for a phone interview [age 41.0 ± 10.6 (mean \pm SD) years, age-range 31-65 years]. Clinical situation (by ad hoc questionnaire) and QoL (by SF-36) were detected. Data were analysed with SPSS. BMI dropped from a pre-intervention value of 47.30 ± 7.27 to the follow-up value of 31.5 ± 5.81 ($p < .001$). All patients showed at least one chronic adverse event. At baseline subjects were affected by diabetes (14.4%) and hypertension (40%). A significant ($\chi^2 = 18.41$; $p < 0.001$) reduction in diabetes (5.6%) as well as a significant ($\chi^2 = 50.27$; $p < 0.001$) reduction in hypertension (32.2%) were found, with percent excess weight loss (%EWL) 59.63 ± 24.60 . Thirty-one subjects (70%) declared they would repeat the BIB experience. BIB showed an overall good clinical outcome (in terms of resolution of hypertension, diabetes and %EWL). It has been outlined that the QoL of patients treated with surgery is unrelated to the kind of bariatric procedure, but rather it is related to the loss/regain of weight. In the case of our study, the %EWL remained significant over time, but all dimensions of SF-36 were significantly impaired when compared to obese and healthy subjects. The impaired QoL has been linked to the deterioration of mental health found in another ten-year follow-up study. Our data lead in other directions, because all domains of SF-36 were undermined in the same way as the domain of mental health. Impaired quality of life and worsening of mental health should be examined by further long-term studies. Ad hoc psychological intervention should be implemented to ameliorate the quality of life of these patients, not only immediately after the bariatric intervention, but in a more long-time period.

ASSESSMENT OF PERSONALITY AND PSYCHOPATHOLOGY WITH CHECKLIST AND SELF-REPORT INVENTORIES

Proposer: Lang Margherita (1,2)

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Discussant: Lo Coco Gianluca (3)

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Assessment of personality and psychopathology with checklists and questionnaires is an old challenge (Woodworth, 1920). Nowadays, clinicians frequently use self-reports to evaluate clients, because new self-report questionnaires have been modified both in their structure and format (Nisbett & Wilson, 1977), thus offering several indisputable advantages. However, a single self-report must be used in the context of a multimethod assessment (Achenbach, 2006), which helps to minimize the negative impact of reliability and validity limitations inherent in different types of measures (Hopwood & Bornstein, 2014). Consequently, the clinicians must know the strength and limitations of different methods and decide which methods to use, considering a “tailored” assessment (Wakefield, 1995). Overall, the aim of this symposium is to illustrate when and how self-reports can be best applied and how well these measures do converge with same methods of data collection or with other methods (Clark, Livesley, & Morey, 2007). In the first contribution, Brusadelli and Lang highlighted the changes in the development of questionnaires from the detection of the psychopathology to the assessment of the severity. In particular, they will present the GAPD (Livesley, 2006) and will provide the results of the Italian validation. In the second contribution, Ferro and Cristofanelli presented the TSCC (it. ed. Di Blasio et al., 2011), a new instrument to evaluate generalized and non-specific traumas and emerging post-traumatic

symptoms and they will present the results of a clinical sample of adolescent. In the third contribution, Matta and Lang presented the latest researches about emotional intelligence. Their aim is to suggest a new approach to using self-report data and how they can be linked to personality measures. In the fourth contribution, Pignolo and Zennaro analyzed the convergent validity of the MCMI-III and PAI, showing differences and similarities between the two tests.

MEASURING SEVERITY: THE ITALIAN VALIDATION OF GAPD

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The publication of the editions of the *Diagnostic and Statistical Manual of Mental Disorders* were influenced by the strong debate about the scientific evidence and clinical experience on personality disorders, which suggested to move toward more dimensional systems, considering the aspect of Severity, in order to differentiate personality disorder (PD) from normal personality variation, and more circumscribed personality dysfunction (Morey, 2011; Bender et al., 2011; Skodol et al., 2011). Scientific evidence, indeed, indicated that strictly categorical construct determine diagnostic and treatment limitations, but Severity has been little considered by classification systems (Bender, 2010; Tyrer, 2005). About this, authors like Kernberg (1967, 1970) and Millon (1969) proposed the introduction of this concept in the third edition of the manual, without success. At last, in the fifth edition of DSM-5 it was added a separated Section (Section III), which contains an alternative hybrid dimensional-categorical model for diagnosing personality disorders, in order to help clinicians capture a more comprehensive assessment of patients. Consistent with this approach, in the

field of assessment tools Livesley proposed the *General Assessment of Personality Disorder* (GAPD; Livesley, 2006), a self-report questionnaire designed to evaluate Severity, which can be considered, in a more broad way, a useful marker to guide the clinician in his clinical decision in order to improve the efficacy of treatment (Gunderson, 2000; Tyrer, 2005). The measure evaluates two major components of disordered personality: self or identity problems and interpersonal dysfunction. This study reports the results of the Italian Validation of the GAPD.

MEASURING THE IMPACT OF TRAUMATIC EVENTS IN CHILDREN: THE TRAUMA SYMPTOM CHECKLIST FOR CHILDREN (TSCC; Briere, 1996)

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Although there are numerous traumatic events that can affect subjects in *the childhood*, and there is a clear evidence of the variety of negative psychological effects that they can cause, there are currently few tools available to clinicians and researchers to detect generalized and non-specific traumas, to evaluate emerging post-traumatic symptoms, and to plan their treatment in the childhood (Kessler et al., 2010; Biondi, Valentini, 2014; Zoellner, 2013; SINPIA, 2007). The aim of this study is to examine specifically the construct validity of the Trauma Symptom Checklist for Children (TSCC, Briere, 1996; Di Blasio et al., 2011) in a clinical sample of preadolescent and adolescent (males and females) victims of trauma and included into residential treatment in therapeutic and rehabilitative communities of Piedmont. The underlying hypothesis of the research is that the type of experienced trauma and the development of psychopathological symptoms may be significantly correlated with TSCC scales scores (Smith et al., 1994; Briere, Lanktree, 1995).

EMOTIONAL INTELLIGENCE: JUST OLD WINE IN NEW BOTTLES?

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Emotional Intelligence (EI) has been conceptualized both as a set of cognitive abilities and as a set of personality tendencies. Each conceptualization is measured by specific tools, performance-based tests and self-report questionnaires respectively. Considering EI as a set of personality characteristics, Petrides created one of the most well-known model (Petrides et al., 2010). His approach to EI provides a comprehensive operationalization of the affective aspects of personality and is totally separated from the taxonomy of cognitive abilities (Schneider & McGrew, 2013). Some authors questioned about this model because they believe emotional intelligence might not be a separate human ability. Rather, they described EI as a new way of talking about something that is already known i.e., intelligence and/or personality (Davies et al., 1998; Schulte et al., 2004). The purpose of this speech is to evaluate the convergence of TEIQue (Petrides, 2009), based on the Petrides's EI model, with a reliable wideband clinical instrument, the Dimensional Assessment Personality Pathology (Livesley & Jackson, 2009, ed.it. 2014). 155 youth adults (56 males) were administered both questionnaires. The individuals were aged 18-40 years and had a mean age of 23.98 years ($SD = 4.23$). Bivariate correlations and factor analytic techniques were used to examine the overlap between EI and the high-order personality traits. As results, although we found convergences between the instruments, correlations displayed that EI was not just a set of redundant personality dimensions. Moreover, exploratory

factor analysis revealed that several emotional intelligence traits loaded on a specific factor. These findings should encourage researchers to explore this construct more deeply and clinicians to assess these dimensions during personality assessment.

THE CONVERGENT VALIDITY BETWEEN THE PAI AND MCMI-III SCORES: A NEW APPROACH BY USING CANONICAL CORRELATION ANALYSIS (CCA)

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The Personality Assessment Inventory (PAI; Morey, 1991, 2007) scales have shown good convergent validity with most of the self-reports assessing personality disorders and traits (see Morey, 2007). However, the convergent validity of the PAI scales with the Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon, Millon, Davis, & Grossman, 2009) scales has never been investigated. Thus, we explored the convergent validity of the PAI scales compared to the Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon, Millon, Davis, & Grossman, 2009) scales by computing a canonical correlation analysis (CCA). We used archival data from the Italian, PAI normative sample ($n = 1,000$). Thirteen participants were excluded because they had more than 12 missing items at the MCMI-III (Millon, Millon, Davis, & Grossman, 2009) and 173 participants were excluded due to their invalid MCMI-III profiles. Thus, we obtained a final sample of 814 participants. CCA individuated four functions that each explained more than 30% of the variance. The results suggested that both test shared a first factor of general distress and psychopathology. The second function identified scales related to aggression, paranoia, mania, and antisocial and borderline personality disorder characteristics. The third function was characterized by a dependent interpersonal style, whereas the fourth function detected

cognitive control. Overall, the results indicated similarities between the internal structures of the two tests.

PSYCHODYNAMIC DIAGNOSTIC MANUAL-2 (PDM-2): MAKING DIAGNOSIS MEANINGFUL

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Discussant: Zennaro Alessandro (2), Caviglia Giorgio (3)

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The second edition of the Psychodynamic Diagnostic Manual (PDM-2; Lingiardi, McWilliams, 2017) has been developed during a critical era of change in mental nosology, in which many clinicians still consider the “diagnosis” as a dirty word (McWilliams, 2011) that “desiccate” human experience (Hoffman, 2009). The PDM-2 reflects an effort to articulate a psychodynamically oriented diagnosis that bridges the gap between clinical complexity and empirical validity, promoting an integration between nomothetic understanding and the idiographic knowledge that is useful for individual case formulation and treatment planning. Among its several innovations, the PDM-2 pays specific attention to the various age groups with dedicated sections, emphasizing continuity and internal coherence from infancy and early childhood to adulthood and later life. In the present panel, these issues are addressed from different age-related points of view:

1) In the first contribution, Lingiardi, Muzi and Piacentini offers an outline of the PDM-2’s structure and its main innovations compared to the previous

edition, focusing on how the new Manual enhances clinical utility of the diagnostic process;

2) The second presentation by Speranza and Banella describes the PDM-2 assessment process in infancy and early childhood through the presentation of a relevant case study;

3) The third contribution by Mundo aims to highlight the differences between the PDM-2's and DSM-5's classifications of psychiatric disorders in adult populations, enriching the discussion with clinical case vignettes;

4) The final contribution by Del Corno illustrates by clinical exemplifications how the PDM-2 conceptualize the process of personality evaluation in elderly patients, an age-period neglected by other diagnostic classifications.

THE PSYCHODYNAMIC DIAGNOSTIC MANUAL-2 (PDM-2): PROMISES AND HOPES

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The publication of first edition of the Psychodynamic Diagnostic Manual (PDM Task Force, 2006) met with considerable international appreciation and have enhanced the debate about the usefulness of diagnostic systems in the psychodynamic community. After eleven years, the PDM-2 (Lingiardi, McWilliams, 2017), sponsored by 10 organizations, has just been published in the USA and it will be published in Italy in 2018. It offers a diagnostic framework that characterizes an individual's full range of functioning - the depth as well as the surface of emotional, cognitive, interpersonal, and social patterns. The aim of this contribution is to describe the PDM-2's structure and its main innovations. In particular, the most important changes are: a) significant revisions to all chapters, reflecting a decade of clinical

and empirical advances; b) an enhanced developmental perspective that considers the specific tasks of different phases (from infancy and early childhood to adulthood); c) a separate section on Later Life, not included in other widely used diagnostic systems; d) a detailed descriptions of recommended assessment instruments, plus reproducible diagnostic tools; e) the inclusion of case illustrations and PDM-2 profiles; f) a description of the therapeutic implications for psychotic level of personality organization; g) greater attention to cultural issues, and to both the clinicians' and patients' subjectivity; h) in-depth comparisons to DSM-5 and ICD-10. Too often clinicians feel compelled to "choose" between oversimplified diagnostic labels and idiosyncratic or unreliable diagnostic procedures, missing the dynamic and relational aspects of the diagnostic process. In this way, diagnosing stops making sense. Thus, the PDM-2 represents an essential counterweight to the symptom focused emphasis of DSM-5 and ICD-10, providing a more nuanced, clinically relevant and patient-centered framework for conceptualizing normal and pathological functioning.

DIAGNOSIS IN INFANCY AND EARLY CHILDHOOD: CLINICAL CASE ASSESSMENT FROM A PSYCHODYNAMIC PERSPECTIVE

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The special section dedicated to mental health disorders in infancy and early childhood (IEC 0-3) in PDM-2 provides significant advantages to the assessment and diagnosis from a psychodynamic perspective considering relational and developmental features, specificity of symptomatology, child and family functioning among others. The aim of this paper is to present the assessment process in infancy and early childhood conducted on the basis of the classification of mental health and developmental disorders of the PDM-

2 through the presentation of the case of Anne, a little girl observed in Kris's longitudinal project. Data were gathered in interviews with the mother and in several observations of home life and of the child in a variety of settings, allowing the description of the main features of the decline and the recovery of Anne's development. From this case it will be possible to describe the biopsychosocial model and the IEC multi-axial approach to infancy and early childhood. Moreover, since there are longitudinal data describing the child's developmental problems, two different periods of Anne's development will be presented through the use of the Psychodynamic Chart (PDC-IEC) to show how PDM-2 can be used to assess the developmental and clinical process.

SUBJECTIVITY AND PSYCHIATRIC SYMPTOMS IN ADULTS: CLINICAL ISSUES ON THE PDM-2 S AXIS

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Although the categorical and descriptive approach of the DSM have been traditionally considered as a permanent fixture in the world of mental health, several clinicians and clinical researchers have highlighted its limited clinical and therapeutic utility. The second edition of Psychodynamic Diagnostic Manual (PDM-2; Lingardi, McWilliams, 2017) adds a needed perspective to the DSM-5 and other mainly categorical diagnostic systems: in addition to considering symptom patterns described in existing taxonomies, the S Axis includes descriptions of "affective states", "cognitive patterns", "somatic states", and "relationship patterns" associated with each clinical disorder in adults' populations. The aim of this contribution is to further explore the role of patients' and therapists' subjective experience and the related clinical issues that have been

considered in the development of the PDM-2's S Axis. The following topics will be addressed: a) differences between PDM-2 and DSM-5 classification of psychiatric disorders; b) the addition of suicidality as a trans-diagnostic dimension with its specific features; c) the inclusion of transference and countertransference as critical clinical issues in defining the subjective experience of certain clinical conditions; d) the addition, within the S Axis, of non pathological conditions that may require clinical attention (e.g., linguistic or ethnic minorities). The discussion of clinical vignettes will underscore the significant innovation that PDM-2's structure and classifications of psychiatric disorders in the S Axis of Adult section has brought with respect to other diagnostic manuals for mental illness and mental health.

PERSONALITY DISORDERS IN LATER LIFE: THE DIAGNOSTIC APPROACH OF THE PSYCHODYNAMIC DIAGNOSTIC MANUAL-2 (PDM-2)

Del Corno Franco (1)

(1) Associazione per la Ricerca in Psicologia clinica (ARP), Milano

With the aging of modern societies and further advances in health care delivery, the need for a reflection on the characteristics of psychopathology in older adults is increasingly evident. An important innovation in the second edition of the Psychodynamic Diagnostic Manual (PDM-2; Lingardi, McWilliams, 2017) is the inclusion of a separate section on Later Life, in which a specific and systematic description of individual profiles of mental functioning, healthy and disordered personality functioning, and symptom patterns of elderly individuals has been included for the first time in a major diagnostic manual, along with the indication of specific diagnostic tools and psychosocial interventions. The aim of this contribution is to illustrate the PDM-2's assessment of personality functioning in later

life, one of the most challenging topic in this clinical and research field. In particular, the PDM-2 presents a new and specific diagnostic model for: a) the core features of the process of aging, in the presence of some personality styles or disorders; b) the particular expressions of a personality style or disorder which are the results of the process of aging; and c) the possible age-related personality features that may confound the diagnosis of a personality disorder. Some clinical exemplifications will enrich the description of this diagnostic approach. These considerations suggest that aging process may increase the severity of certain symptoms and behaviors typical of the various pathological personalities, or, in certain cases, can reduce the extent and the amount of pain subjectively felt or objectively observed.

PARENT-INFANT RELATIONSHIP ASSESSMENT IN THE DEVELOPMENT “AT RISK” AND DEVELOPMENTAL DISORDERS: MOTHER-INFANT AND MOTHER-FATHER-INFANT INTERACTIONAL DYNAMICS

Proposer: Lucarelli Loredana (1)

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Discussant: Agostini Francesca (2)

(2) University of Bologna

The assessment of Parent-Infant Relationship is rooted in the work of infant-parent clinicians and developmental researchers who argue that a full understanding of parent-child dyadic and triadic interactions, especially if constricted, conflicted, or misattuned is crucially important. This Symposium will analyze different perspectives on the assessment of Infant-

Parent relationships in families with preterm children, children with infantile feeding disorders, with specific language disorders, or with other different clinical diagnoses. The first contribution will deal with a sample of preterm children exploring parental stress, social support, and family interactions using the Lausanne Trilogue Play (LTP); the interplay between biological and environmental factors will be discussed to enhance preventive programs that promote parental role and the child's development. The second presentation will report data on the validation of the Parent-Child Relationship Scale and will show, through the comparison between clinical vs non-clinical children, differences in the quality of parent-child relationship with respect to withdrawal and anxiety factors; relations between quality of parent-child relationship and child symptomatic pattern will be shown. The third contribution will deal with a sample of toddlers with specific language disorders exploring the quality of interactive dynamics in their families and within peer group; this presentation will show the impact of the quality of interactions, as well as the need to support families. The fourth contribution will present data on the assessment of dyadic and triadic interactions in a sample of families with children diagnosed with Infantile Anorexia; it will be shown that considering both dyadic and triadic phenomena is useful in the clinical understanding of the role played by interactive difficulties in the onset and maintenance of IA; considerations on the application of the LTP to the feeding context will be made.

FAMILIES WITH PRETERM CHILDREN: QUALITY OF MOTHER-FATHER-CHILD INTERACTIONS AND ITS EVOLUTION

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Researchers confirms that children born preterm demonstrate weak relational, emotional and social competencies and moderate difficulties in self-regulation. Preterm birth could influence the communicative and expressive parent-child relationship. Literature has focused more on mother-child interactions, and very few studies have stressed the evaluation of mother-father-child interaction. Our research aimed to improve mother-father-child interaction's knowledge comparing the quality of family interactions between families with preterm children and families with children born at full term. This study also followed up the evolution of preterms' family interactions after six months; moreover, we studied the contextual factors, such parental stress and social support, in parents of preterm children in order to observe their influence on triadic interactions. 78 families have been recruited: 39 families with preterm children ($M=19.8$ months, $SD=11.05$) and 39 families with full-term children ($M=19.66$ months; $SD=13.10$). The Lausanne Trilogue Play Procedure was administered to the two groups of families in order to assess the quality of family interactions. To the preterm group was also administered: the Family Empowerment Scale, the Multidimensional Scale of Perceived Social Support and the Parenting Stress Index – Short Form. A low quality of mother-father-child interactions have been observed in families with preterm children, compared to families with children born at full term. After six months, family interactions generally result stable except for parental scaffolding that shows a significant decrease. In families with preterm children, the quality of mother-father-child interactions seemed to be affected by parenting stress. These findings draw the attention to the development of families with preterm children highlighting how important is the support of parental couple in ensuring the children's growth.

THE PARENT-CHILD RELATIONSHIP SCALE: ASSESSING RELATIONAL ASPECTS AND SYMPTOM PATTERNS IN CLINICAL AND NON-CLINICAL CHILDREN

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The mutual influence between psychopathology and relationship's features in infancy it's a hard topic to investigate. In this study we aim 1) to validate the Parent-Child Relationship Scale (P-CRS), a scale to assess the quality of the relationship between the parent and the child; and 2) to assess how symptomatology and relationship with the caregiver relate each other in clinical and non-clinical children. The clinical group is composed of 200 children with different clinical diagnosis, the non-clinical group consisted of 200 children, matched by age. General and clinical information was collected with the Clinical Data Form. Symptomatology were measured through the Child Behaviour Checklist (CBCL), completed by parents, and the Caregiver-Teacher Report Form (C-TRF), compiled by clinicians. The relationship with both caregivers was evaluated by the clinician with the P-CRS. Factor Analysis for P-CRS items revealed three main factors which describe the functioning of a specific relationship model: withdrawal, hostility, and anxiety. The comparison between clinical versus non-clinical children showed significant differences in the quality of parent-child relationship, in particular with respect to withdrawal and anxiety factors, and especially with the mother. Furthermore significant correlations were found between the quality of parent-child relationship and the child symptomatic pattern. The study highlights that P-CRS is a valid tool to understand the mutual influence between psychopathology in infancy and quality of early relationships. Results show the importance of the parent-

child relationship's assessment from the early stages of development and the need of valid and reliable tool both for researchers and clinicians.

FEEDING DISORDERS IN INFANCY: THE CLINICAL ASSESSMENT OF FEEDING INTERACTIONS AND THE USE OF THE LTP

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Different studies highlighted the presence of specific mother-child interactive difficulties in childhood feeding disorders. Most of research focused exclusively on mother-child dyads, without taking into account fathers' role and family interactions. The aim of this study was to investigate dyadic and triadic interactions the context of Infantile Anorexia (IA). The study involved 5 families with children diagnosed with IA (M age 42.6 mths). The participants were videotaped during mother-child and during mother-father-child feeding interactions, through the application of the Lausanne Trilogue Play (LTP) procedure to the feeding context. Dyadic interactions were assessed through the SVIA (Lucarelli et al., 2006) and compared to normative values. Triadic interactions were assessed through the FAAS (Lavanchy Scaiola et al., 2008) and compared with the ones of a group of unselected families. Concerning dyadic interactions, all the participants reported scores above clinical normative cut-offs on all the SVIA scales (i.e. mother's affective state, food refusal, interactive conflict, dyad's affective state). As far as it concerns triadic interactions specific difficulties were found in postures and gazes, co-construction of a joint activity, interactive mistakes and their resolution during activities, family warmth, validation of the child's emotional experience, child's involvement and self-regulation. Quality of feeding interactions represents a particularly

important issue in the context of feeding disorders in infancy. Adopting an integrated perspective and considering both dyadic and triadic phenomena could be useful in the clinical understanding of the role played by interactive difficulties in the onset and in the maintenance of the disorder. Considerations on the application of the LTP to the feeding context are made.

THE QUALITY OF INTERACTIVE DYNAMICS IN LANGUAGE DISORDERS: DYAD, TRIAD AND GROUP

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Different studies highlight that atypical language development can jeopardize the quality of the child's interactive systems. The language disorder directly interferes not only with the child's communicative capacities and his cognitive development but also with the way in which he processes everyday experiences and relationships and on the quality of his interactions. The aim of our work is to assess the quality of interactive dynamics and the communicative resources of families that have a child with a Speech Language Disorder (SLD) both in the dyadic pairs that in the triadic system. Furthermore, we intend to assess these children's relational styles within peer group interactions as offered by the Multimodal Interactive Group Therapy (MIGT). The study involved 15 families of children with SLD. The child's level of the interactive, emotional and symbolic tools and the interaction modalities of the family were assessed through the Functional Emotional Assessment Scale (FEAS, Greenspan, 2003) and the Lausanne Trilogue Play (LTP). A further analysis will be

presented on two families that participated to group therapy. The interactions within the peers group were assessed through observations during the cycles of MIGT. The analysis of the clinical cases have highlighted fragilities in the children's and their parent's interactive styles both in dyadic than in triadic interactions. We also observed alterations within the relationship with peers. The quality of interactions that SLD children experience significantly influence their further language development. We believe that parents need to be involved and helped to deal with the interactive challenge that Language Disorder entails through a specific group work on families as proposed in the Multimodal Interactive Group Therapy.

TRAUMA, TRAUMATIC CONTEXT AND SOCIAL VIOLENCE. ASSESMENT AND PERSPECTIVES FOR INTERVENTION

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Discussant: Giannone Francesca (2)

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Different psychodynamic perspectives converge in judging as traumatic those events that cannot be dealt with via representative psychic elaboration, and this applies to individuals as well as social groups. The trauma scenario includes not only the "trauma" in its strictest sense, which destroys the coherent identity and psychic integrity of the subject, but also the "traumatic setting", which implies that the relational world and the context are symbolically shared. This sections aims to discuss, from different angles, in context of violence, some relational and social implication of traumatic

experiences. Starting from the primary care relationship, Mancuso, Infurna and Lo Cascio point to the link between maltreatment and parenting, showing how psychological abuse and negligence suffered in infancy affects the development of parenting skills. *Intimate partner violence* is discussed by Troisi, Balsamo and Nunziante Cesàro, who present a measurement scale for post-traumatic affect in women victims of violence. The traumatic impact of the arrest is discussed in the work of Saita, Turati and Sorge, who show the importance of the diagnostic process in the prison context to identify any aspects of vulnerability which could point to a risk of suicide; a risk which is especially high for foreigners. The interplay between individual and cultural aspects of the trauma, in combination with the experience of exile and forced migration is discussed in Margherita and Tessitore in a reflection on the narratives of asylum seekers in an asylum seekers' shelter. All research contributions underline the key role of assessment in identifying risk factors, and the need for resources to mediate the impact of traumatogenic events and guide the development of intervention strategies.

CHILDHOOD PSYCHOLOGICAL ABUSE, NEGLECT AND PARENTING: AN INVESTIGATION USING THE CHILDHOOD EXPERIENCE OF CARE AND ABUSE (CECA) INTERVIEW AND THE PARENTING ROLE INTERVIEW (PRI)

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Childhood maltreatment is associated with subsequent parenting difficulties. However, research on maltreatment and parenting is limited, focusing specifically on sexual and physical abuse history, with a lack of statistical control for the range of adverse experiences that tend to co-occur with these

abuses. Few studies examined whether childhood psychological abuse and neglect and adverse environmental factors play a role in the development of subsequent problems for parenting. This study examined a broad variety of adverse childhood experience in a sample of 74 mothers (37 with history of childhood maltreatment and 37 not abused). All participants were investigated using the Childhood Experience of Care and Abuse (CECA) interview and the Parenting Role Interview (PRI). Using the multivariate linear regression model ($R^2 = 0.28$), neglect ($\beta = 0.37$, $p = 0.00$) and psychological abuse ($\beta = 0.2$, $p = 0.01$) were the only predictors in dysfunctional parenting in adulthood. Furthermore, among environmental dysfunctions, poor social support ($\beta = -0.50$, $p = 0.00$) and separation from parents ($\beta = 0.40$, $p = 0.00$) had a strong association with negative parenting. These findings increase our knowledge of the specific role of history of childhood psychological abuse and neglect and environmental dysfunctions in adult parenting. Additionally the importance of a complex assessment for victims of maltreatment is endorsed as part of preventive and intervent care services that includes all forms of maltreatment that may have been simultaneously present in childhood.

VITA: CONSTRUCTION OF AN ITALIAN SCALE TO MEASURE INTIMATE VIOLENCE AND TRAUMATIC AFFECT

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Despite the activation of multiple lines of intervention aimed at the involvement of social networks, the percentage of women suffering from violence is still high in Italy (Istat, 2015). Intimate Partner Violence (IPV) is the most common form: the most serious violent attacks are committed by current or ex partners, placing the violence within an affective relationship

which makes it more difficult to recognise (Filippini 2005; Hirigoyen 2006). The role of specific affects (such as shame, guilt and fear), emerging in such traumatic situations and which themselves have traumatogenic effects (Pandolfi, 2002), are essential for keeping women victims of violence in a state of passivity and confusion. Starting from a qualitative study (Troisi, Nunziante Cesàro 2016), a new instrument (VITA: Intimate Violence and Traumatic Affect) was developed to measure the intensity of the affects involved within IPV: fear, as a state of alarm which enhances the escape from the danger situation (Hagenaars et al, 2014); terror, as a paralyzing state which hinders the reaction process (Nunziante Cesàro, Troisi 2016); shame, as a strong exposure to others which provokes feelings of defencelessness, connected with passivity (Tisseron 1992); guilt, as a defensive affect intended to restore the relationship and an active role (Ferrant, Ciccone 2003). The 28-item final version of the scale was obtained after specific methodological steps. Psychometric characteristics were analysed in a sample of 170 women who claimed to have suffered from IPV through explorative factor analysis, internal consistency and correlations with well-established instruments of similar constructs. Four factors were identified, consistent with theoretical scales and with good internal consistency (Cronbach's alpha ranged from .80 to .90). Having a valid and reliable scale for measuring post-traumatic affect in IPV could make intervention with women easier, and help make the response offered by health services more sensitive.

THE TRAUMA OF ARREST AND ITS OUTCOMES: EARLY IDENTIFICATION OF FOREIGN INMATES AT RISK OF SUICIDE

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Being arrested constitutes a break in the stream of existence. The psychological impact of detention, the fear of abandonment, and having to cope with a trial are more than the "threshold of resistance" (CNB, 2010) that the individual can withstand. An "anxious alert" takes place: the subject needs support in order to prevent likely and sudden self-harming acts (Catanesi, 1995). Among foreigners, incarceration has an additional impact as they are already stressed by the immigration experience, viewed as a significant and potentially traumatic transition. Moreover, there may be language difficulties that make the diagnosis complex and equivocal. An early and accurate diagnosis process is at the core of prevention and reduction of suicides and self-harming acts. The clinical interview and specific rating scales are the current tools at our disposal. Often, however, they are inefficient because of poor education levels, linguistic barriers and cultural differences. The aim of this research is to show the utility of an anamnestic data form, in order to identify the presence or absence of biological, psychological and social elements as risk factors, and the efficiency of the projective drawing test of Karl Koch - known as the Tree Test - in the identification of the most vulnerable subjects. This instrument's purpose is to obtain the personality description of a subject surpassing language barriers. The test is usually well accepted and individuals undergo it without preconceived ideas. Having constructed a system of scoring that synthesizes the elements expressed in the test, the data has been analyzed by the software SPSS. The results underline the Tree Test's provisional value for use with inmates at risk of suicide and self-harming acts. It is, therefore, a valid tool, especially when working with foreign inmates and illiterate individuals.

OFFERING ASYLUM TO TRAUMA. TRAUMA AND RESPONSE TO ADVERSITY IN ASYLUM SEEKERS' NARRATIVES

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Traumatic experiences are “events” that hit and disorganize the psychic structure, interrupting the identity coherence. Evidence emerging from the field of refugee mental health has revealed that the traumatic events experienced by asylum seekers and refugees, generally interrelated and cumulative, lead to increased risk of psychological distress and psychopathology (Slewa-Younan et al. 2015; Rohlof et al., 2013). Nevertheless, it’s been also highlighted how important is to consider that the response to adversities varies from individual to individual, and includes a lot of factors (Thomas et al., 2011; Papadopoulos, 2007). According to us, to improve our understanding of the deep complexity of asylum seekers’ experience, diagnostic models need to be connected to models that focus on the relationship between individual needs and contextual factors. The study aims to 1) evaluate traumatic and resilience levels in asylum seekers; 2) explore the meanings of pre and post-migration experiences considering the role of traumatic and resilient levels. We met 20 North-African asylum seekers, hosted in Asylum Seekers’ Shelters. PTSD Checklist, Impact of Event Scale-Revised, Resilience Scale and in-depth interviews were administered. The interviews were analysed by the software T-LAB. Only 35% of participants presented a Post-traumatic stress disorder (PTSD) (M PCL-C: 47; SD: 13.27) but more than 50% reported a traumatic impact regarding the experience in Libya (M IES-R: 37.9; SD: 20.0). Moderately high resilience levels emerged (M RS: 141.15; SD: 21.24). The analysis of the interviews shows 4 thematic clusters: *From death to life across the sea; Land of care; A godforsaken place; Memories from the past*. Themes emerged from asylum seekers’ narratives seem to be independent from traumatic and resilient levels suggesting an homogeneous field of experience in which migration trauma is narrated.

USE OF VIDEO FEEDBACK AS A TOOL FOR CLINICAL INTERVENTION WITH PARENTS

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Discussant: Vismara Laura (2)

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Video-feedback is a powerful tool that is increasingly being used across several therapeutic modalities. The symposium will present findings that outline the importance to focus a familiar-relational level (mother- father-child) in primary care by pediatricians and into the psychological clinical settings. The Lausanne Trilogue Play Paradigm (LTP, Fivaz-Depeursinge, Philipp, 2015) has shown its efficacy in detecting family dynamics. The study of Facchini, Sacchi and Simonelli is aimed at describing a first preliminary application of a video-feedback intervention program (George Downing's Video Intervention Therapy, VIT) to support caregiver sensitivity and mentalization, framed within pediatrics well-baby visits. A multimodal, longitudinal design has been applied in order to evaluate the intervention. The Miscioscia, Sisti, Brianda and Gatta research applied the LTP paradigm in a clinical context and showed that the LTP paradigm can be a versatile and flexible tool, suitable to be applied in the assessment and intervention planning and thus useful to the optimization of resources in a Mental Health Clinical Service. The procedure has been developed also within the context of autistic spectrum disorder by Mazzoni and Veronesi and through the presentation of a brief single case, they will illustrate the standardized procedure of videofeedback by means of the LTP. Implications for intervention will be considered. We may conclude that family structure and dynamics are a crucial component of resilience in the context of developmental risk, and specifically within ASD families.

PRIMARY CARE-VIDEO INTERVENTION THERAPY (PC-VIT): WHEN THE PEDIATRICIAN SETTING POSITS A NEW WAY FOR EARLY INTERVENTIONS

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Video-feedback is a powerful tool that is increasingly being used across several therapeutic modalities. The present study is aimed at describing a first preliminary application of a video-feedback intervention program (George Downing's Video Intervention Therapy, VIT) to support caregiver sensitivity and mentalization, framed within pediatrics well-baby visits. A multimodal, longitudinal design has been applied in order to evaluate the intervention. Twenty-one parents-infant couples were enrolled in the experimental VIT intervention. Six video-feedback sessions took place longitudinally from the 1st to the 18th month of child's life (1, 3, 6, 8, 12, 18 months). Across sessions, different interactional situations were video-recorded and discussed by the pediatrician with both parents. Along with the video-feedback sessions, participants were assessed on: Post-partum Depression (EPDS); Marital Quality (DAS), Child's Temperament (QUIT), Parents' Adult Attachment (AAI), Parents' emotions toward the child (FMSS) and parent-infant interaction quality (CIB). Preliminary results highlight a very high acceptance rate for the intervention, with 19 out of 21 parents agreeing to participate in the video-feedback program. Very low rates of drop-out characterized the sample, with 100% of mothers and 90% of father attending all sessions. Interestingly, the involvement of the father from the first session seems to guarantee his complete attendance to the following appointments. In addition, parents depression decreased during

the first year both for mothers ($M_{\text{first month}} = 5.8$ vs. $M_{\text{eighth month}} = 3.6$) and fathers ($M_{\text{first month}} = 4.5$ vs. $M_{\text{eighth month}} = 3.5$). Our preliminary findings outline the importance of adopting a familiar-relational (mother- father-child) focus in primary care, involving the father from the first month of child's life. The positive experience of the intervention might positively affect the parents' emotional state across time.

ASSESSMENT AND INTERVENTION: THE ROLE OF FAMILY INTERACTIONS

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The Lausanne Trilogue Play Paradigm (LTP, Fivaz-Depeursinge, and Corboz-Warnery, 1999) has shown its efficacy in detecting interactive behaviors as a measure of the quality of family dynamics. The aim of this research, part of a Ministerial funded project, was to apply the LTP paradigm in a clinical context, in order to a) detect both dysfunctional and functional family interactions in developmental age psychopathology; b) to evaluate the treatments' outcome. The LTP paradigm was used during the diagnostic assessment and during a two years treatment in a Child Adolescent Mental Health Service in North Italy (ULSS6 Padua Veneto). Outcomes had been evaluated in itinere and at the end of the treatment -after one year (T12) from the beginning - and two years later (T24) - comparing two groups (G): G1 – therapy for child/adolescent only (40 weekly psychotherapeutic sessions); G2 - taking in charge of both the child and his parents (20 twice-monthly parental counseling sessions). CBCL have been administrating to parents. The research protocol had been applied to 21

families with children aged between 4 and 17 years. Results show that the use of LTP in diagnostic assessment allows detecting dysfunctional family interactions and discriminates between G1 and G2. The administration of CBCL highlights a significant clinical improvement at the end of the treatment both for G1 and G2, concerning both internalizing and externalizing problems. Results also show a major effectiveness of the integrated intervention (G2) on family interactive dynamics, reporting a significant change between T0 and T24 in some of LTP scales. The LTP paradigm can be a versatile and flexible tool, suitable to be applied in the assessment and intervention planning and thus useful to the optimization of resources in a Clinical Service.

VIDEOFEEDBACK INTERACTIONAL FAMILY'S ASSESSMENT: FROM THE FAMILY OBSERVATION TO THE ASSESSMENT SHARING WITH PARENTS OF ASD CHILDREN

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Disturbances in parent-infant interactive behavior underlie much of infant psychopathology. Interventions on parent-infant interactions were developed using video feedback analysis in different therapeutic contexts. Our study has focused the family level. The Lausanne Trilogue Play has been proposed as an observational tool within the context of autistic spectrum disorder and family triangular interactions studies (Mazzoni, Veronesi, Vismara, 2013). The LTP (Fivaz-Depeursinge, Philipp, 2015) was administered to families of children who received an ASD diagnosis to capture a measure of family's ability to cooperate towards a shared task. With respect to Family Coordination, many negative correlations were

found: the more severe the symptoms observed in the children (ADOS), the more family coordination was dysfunctional. Correlation was particularly high (< 0.01) when parents played together with the child, regulating their interaction and alternating their attention. In the parts in which only one of the parents played actively with the child, while the other was simply present, some families were able to be functional, despite the child's symptoms severity. Moreover, some cases showed a counterintuitive trend: e.g. child high functionality/low family functionality. Our study was aimed to promote a psychological support to parents and their children. Through the presentation of a brief single case, we will illustrate the standardized procedure of videofeedback by means of the LTP. Implications for intervention will be considered. We may conclude that family structure and dynamics are a crucial component of resilience in the context of developmental risk, and specifically within ASD families.

PERINATALITY: PREVENTION AND INTERVENTION ON PRIMARY CAREGIVING SYSTEM

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Discussant: Pazzagli Chiara (2)

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“There is no time in the lifespan that the statement “there is no health without mental health” rings truer than in the perinatal period” (Howard et al., 2014). The period is marked by the importance of biological and psychological change. The psychic work to become parents is therefore a process of deep transformation. Literature underlines the need of an emotional and informational support from the pregnancy to the parenting.

The prevention and the intervention on primary caregiving system has a particularly important role in early identification of parental disorders and facilitation of early interventions. The aim is to enhance parenting skills and to prevent adverse infant and family outcomes. Research should investigate the effectiveness of interventions in reducing risk to the child and reducing symptoms in the affected parent. Early treatment and prevention could be most important in the context of additional adversities, as negative experience of childbirth, mothers' anxiety and depression, early maltreatment. So, a close link between institutions that primarily focus on research and institutions that have the responsibility of perinatal care, such as hospitals and family consulting services, is needed. The goal of the symposium is to emphasize the usefulness of perinatal research and intervention, by comparing researchers' papers of University of Milan, Bologna, Roma and Cagliari. The first paper underlines the role of predictors of women's subjective experience of childbirth on mother-infant post-partum wellbeing. A second contribution focuses on follow up program for the very preterm infants and their parents to detect risk factors for child development and parental functions. Home visiting program is the issue of the third paper exploring the effects in dyads mother-baby, clinical and not clinical sample and promote the quality of parenting. The last contribution regards the impact of EMDR on children with histories of early maltreatment.

WOMEN'S SUBJECTIVE EXPERIENCE OF CHILDBIRTH: WHICH PREDICTORS?

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It is recognized that the experience of childbirth can influence post-partum mothers' adjustment. If a positive birth experience may facilitate mother-newborn first interactions, a stressful or negative experience may impair the mothers' emotional and physical wellbeing and may relate to post-partum depression. Childbirth experience can be influenced by medical-obstetric variables, but also by women's expectations towards labor and delivery. The present study aims to investigate whether women's expectations related to childbirth, and specifically fear of childbirth, and some childbirth medical-obstetric variables (complications or problems during labor and delivery, type of delivery, use of epidural analgesia) predict the subjective experience of childbirth. 117 Italian first-time pregnant women completed the *Wijma Delivery Expectancy Questionnaire* (version A) between the 32nd and 37th week of pregnancy (time 1) and the *Wijma Delivery Experience Questionnaire* (version B) 30-40 days postpartum (Time 2). Furthermore, some information about delivery (type of delivery, labor duration, epidural analgesia) were obtained from the maternal ward birth records. Results revealed that women's childbirth experience is significantly predicted by complications during labor and delivery and by the type of delivery (vaginal *versus* operative delivery/emergency cesarean section). Contrarily, neither the labor duration nor the use of epidural analgesia or women's expectations towards childbirth predict the mothers' subjective experience. Clinical implication will be discussed, with particular attention to the role that the birth experience can play in the mother-infant post-partum wellbeing.

THE FOLLOW-UP: A PSYCHOLOGICAL CARE OF PRETERM INFANTS AND THEIR FAMILIES

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The paper describes the aims and study design of a follow-up program developed for families with very preterm infants, explaining methodological choices, benefits and difficulties associated. The prematurity represents a severe risk for infants' survival and for the development, especially cognitive and affective-relational outcomes. Preterm birth is also a stressful event for the parents, with risk of depression and anxiety, predictors of negative quality parent-infant interaction. So, intervention programs addressed to these families are needed. Since 2009, all infants born at Bufalini Hospital (Cesena, Italy), with a birth weight <1500 gr. and /or gestational age ≤ 32 weeks and discharged alive from neonatal intensive care units were eligible for the follow-up. The longitudinal assessment (from 3 to 18/24 months after birth) involved the integrated work of 3 professional figures: a clinician, a physiotherapist and a psychologist. The neurological examination was performed by an experienced physician using criteria outlined by Milani Comparetti and Amiel Tison. The psychological assessment regarded the evaluation of the level of infant neurodevelopment through the administration of Griffiths Scales. Also, preterm infants' parents were involved, by the clinician, investigating their affective state (EPDS, STAI, PSI-SF) and the quality of parent-preterm infant interactions (CARE-Index). The talk will describe a follow-up program involving all families with a preterm baby discharged since June 2009 (n= 295). The care of the whole family during the follow-up program allows to promptly detect risk factors and give early intervention. The strengths of this follow-up are a population-based approach, a large sample size and focus on the whole family. The main limitation is the lack of a control group of families of preterm infants undergoing to different follow-up programs. Follow-up of the cohort at school age should be included to observe infant development.

HOME VISITING PROGRAM: EFFECTS AT 3, 6 AND 12 MONTHS POSTPARTUM IN FIRST TIME NON-RISK AND AT DEPRESSIVE RISK MOTHERS

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The prevalence of depression during pregnancy is variable (Giardinelli et al., 2011; Underwood et al., 2016) in first time mothers, but it is known that can lead to adverse perinatal outcomes and to difficulties on parenting. Evidence collection suggests that exposure to early maternal depression causes a child's vulnerability to psychopathology and emotional problems. Home Visiting Program (HV, Tambelli et al., 2015) after delivery is one of the best ways for family supportive needs (Shamshiri Milani, 2017), mostly in at psychosocial and/or psychopathological risk parenting. In this field, HV programs prevent and promote early detection and management of postpartum depression, as well as decreasing adverse outcomes on the mothers and children. This study aims to investigate the effect of HV intervention in a longitudinal sample of 62 dyads mother–baby followed from pregnancy to 12 months after the child's birth. The mothers are assigned to one of the following three groups: control (20 *Non-Depressive Risk* mothers who had no intervention); experimental A (22 *Non-Depressive Risk* mothers who received health care by HV) and experimental B (20 *Depressive Risk* mothers who received health care by HV). Mothers filled in EPDS questionnaire (Cox et al., 1987), STAI (Spielberger et al., 1983) and PSI self-report (Abidin, 1995) at three, six and twelve months postpartum. The results showed that the mothers who received HV Program (in both experimental groups) got significant decrease

in depression, anxiety and parenting stress scores in timeframe between three and twelve months of baby's age. The current findings have consequences for the future programs in Italy about Home Visiting. Policy makers and practitioners have reason to be optimistic about the benefits of this program. However, future evaluations may include more direct measures of child wellbeing in order to confirm, with greater confidence, the benefit of HV program.

TREATING CHILDREN WITH EARLY MALTREATMENT WITHIN THE PRIMARY CAREGIVING SYSTEM: EFFECTS ON EMOTION PROCESSING

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Early traumatization alters trajectories of brain development, decreasing the functionality of cerebral regions related to emotion processing. Children who are exposed to early and prolonged maltreatment within the primary caregiving system often experience intense negative affects, associated with a persistent sensibility to negative emotions which is aimed at preventing potentially traumatic experiences. Such enhanced sensitivity causes a long-term emotional dysregulation, characterized by over- or/and underreactivity to emotional minor stimuli that would have no significant impact on non-maltreated children. In this study, we used high-density Electroencephalography (hdEEG) to assess the impact of Eye Movement Desensitization and Reprocessing (EMDR) therapy on 10 children with histories of early maltreatment. Children were examined before (T0) and within one month after the conclusion of EMDR (T1). hdEEGs were

recorded while children passively viewed angry, afraid, happy, and neutral faces. The Trauma Symptom Checklist for Children (TSCC–A) and the Child Behaviour Checklist (CBCL/4–18) were administered at the same time. Correlation analyses were performed to detect brain regions whose activity was linked to children’s traumatic symptom–related and emotional–adaptive problems scores. hdEEG showed in all four conditions similar significantly higher activity on right medial prefrontal and fronto–temporal limbic regions at T0, shifting towards left medial and superior temporal regions at T1. Significant correlations were found between TSCC–A Post–traumatic Stress, TSCC–A Depression, and CBCL/4–18 Anxiety/Depression scores and the same regions whose activity significantly differed between pre– and post–treatment. These results suggest that adult facial emotions are processed at cognitive level after EMDR, as a result of processing of traumatic memories and improving of affective regulation in children.

NEW RESEARCH DIRECTIONS AND CLINICAL APPLICATIONS OF THE MULTIPLE CODE THEORY

Proposer: Negri Attà (1)

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Discussant: De Coro Alessandra (2) and Andreassi Silvia (2)

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In psychotherapeutic process research, the Multiple Code Theory (MCT) still remains an inspirational and important point of reference for researchers, clinical psychologists and psychotherapists interested in the reconceptualization – both clinically and empirically founded – of the

psychoanalytic theory. Moreover, MCT made explicit some psychotherapeutic implications of adopting an embodied, intersubjective and contextual conception of the mind. The central hypothesis of MCT is that our experience of the world is coded in different and multiple systems (symbolic and non symbolic, verbal and non verbal) that are not completely connected and integrated with each other. Through the referential process we can improve the bidirectional connection among all non-verbal encoding modalities of the experience – i.e. imagery, emotions, bodily sensations – and the language. Therefore, the “talking cure” enables us to connect not only the patient and analyst’s subjectivities, but also the multiple systems in which they encode their experiences. From this perspective, the psychotherapeutic change is an embodied, contextual and relational process. In the last twenty years, many studies were conducted by the application of Referential Activity dictionaries that allow the computerized analysis of psychotherapeutic session transcriptions. This symposium will be an occasion to verify the state of art about the researches conducted up to this point and to present new clinical applications of MCT. More in detail, we will present: a) a study concerning the differentiation between the concept of referential activity and the concept of alexithymia; b) a new dictionary designed to monitor some countertransference aspects in connection with the referential activity measures; c) two examples of therapist’s utilization of the referential activity measures (the automated analysis of therapist’s notes and the Referential Activity Post-session Scale - RAPS) to monitor the ongoing clinical process.

ALEXITHYMIA ACCORDING TO BUCCI’S MULTIPLE CODE THEORY: PRELIMINARY INVESTIGATIONS AND CLINICAL IMPLICATIONS

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Alexithymia may be redefined in the light of Bucci's multiple code theory as a dissociation within the emotion schemas: without linkages to images and words, the individual is unable to symbolize emotional states. The aim of the study is to evaluate the relation between alexithymia and Referential Activity (RA), a linguistic measure of the process by which nonverbal emotional experience is connected to language. The 20-Item Toronto Alexithymia Scale (TAS-20) and the Toronto Structured Interview for Alexithymia (TSIA) were administered to 20 postgraduate students and 15 outpatients with hypertension. The Weighted Referential Activity Dictionary (WRAD) and other linguistic measures (Reflection, Disfluency, and Somatic Sense) were applied to texts derived from the TSIA using the Discourse Attributes Analysis Program (DAAP). Hypertensive subjects yielded higher alexithymia scores than the young adult sample, though no differences in DAAP measures emerged. A significant negative correlation was found between the TAS-20 Difficulty in Describing Feelings score and the DAAP measure of references to body activations (Somatic Sense) both in the young adult sample and in hypertensives. In the young adult sample, negative relations emerged between different TSIA factors, WRAD score, and Somatic Sense; a positive relation with fragmented speech (Disfluency) and use of rationalization (Reflection) was also found. In hypertensive subjects, by using the TSIA, a negative correlation between alexithymia and Somatic Sense and a positive correlation between alexithymia and the Mean High WRAD (a measure of intensity of engagement during the speech) were found. Results appear to suggest a complex, non-linear relation between alexithymia and RA, presumably influenced by subject-specific characteristics. Clinical implications will be discussed.

COUNTERTRANSFERENCE ASSESSMENT DICTIONARY (CAD): A NEW IDAAP DICTIONARY FOR DETECTING COUNTERTRANSFERENCE

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We analyze, using a new specific dictionary, (applying the IDAAP methodology; Mariani et al., 2013), the presence and the trend of verbal indicators expressing by countertransference (CNT) feelings. The goal is to operationalize the CNT construct, which is extremely important within psychodynamic psychotherapy but, at the same time, very elusive to identify and record. We have adopted Racker's (1957) distinction between concordant and complementary CNT. The first expresses the feelings and emotions coming from the therapist's identification with the patient, the latter is an expression of the identification by the therapist with patient's internal objects. The basic assumption of this work is that the two kinds of CNT express themselves using therapist's Referential Activity qualities (Bucci, 1997) and, consequently, through his/her language. We hypothesized that:

- The dictionary allow to recognize and to distinguish the two kinds of CNT from the therapist's language;
- The CNT detected in the above mentioned way, has fluctuations along the therapy;
- The fluctuations can be related to the evolution of psychotherapy process, evaluated in terms of the access that the patient has to his sub-symbolic and emotional nucleuses.

The CAD dictionary has been created considering a set of verbal terms and indicators that represent the two kinds of CNT (i.e. the use of negative particles "no" and "not", the number of turns of speech and so on). The dictionary was applied to a complete 74 sessions of psychodynamic

psychotherapy. The obtained results are presented and will be discussed in their role within psychotherapy process research.

THE THERAPIST VERSION OF THE REFERENTIAL ACTIVITY POST SESSION SCALE (T-RAPS): A PRELIMINARY VALIDITY ANALYSIS

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The referential cycle described by Wilma Bucci predicts that during the session – and more generally during the therapeutic path – three phases alternate: a) arousal of the emotion schemas within the patient-therapist relationship, b) symbolization by the patient trying to translate into words his/her experiences with the therapist collaboration, and c) reorganization/reflection in which patient and therapist try to recognize and understand the emotional significance of patient's experiences. So far, to monitor the development of these three phases during the sessions therapists and researchers could use their own clinical sensitivity or the referential activity computerized measures, which however need the session verbatim transcription. In order to develop a parallel and less time-consuming method we built up a self-report questionnaire that measures the main dimensions of the referential activity and cycle. For three months seven therapists have completed it online to evaluate 255 sessions, right at their conclusion. The factorial analysis revealed a factorial structure consistent with the measured constructs and a high internal consistency of the subscales. The utility of the scale will be highlighted both for therapists and researchers: the T-RAPS is a useful monitoring and supervision tool applicable by therapists of any orientation and can be correlated with the other main clinical constructs as well as with the referential activity computerized measures. Furthermore,

the previewed construction of the patient version of the scale will allow for a more complete and multifaceted overview of the referential cycle.

THE REFERENTIAL ACTIVITY OF THERAPIST'S NOTES REVEALS THE QUALITY OF THERAPEUTIC RELATIONSHIP: A POSSIBLE SUPERVISION INSTRUMENT

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One of the indicators of a good therapeutic process is the ability of the therapeutic couple to live the patient's emotion schemas into their relationship and to translate them into narratives on which to perform an active reorganization work. This process is a function of the couple and not just of each individual speaker. This is why we hypothesize that what the therapist says about the sessions with the patient is not only an expression of his/her personal skills but also, a capacity of the therapeutic couple to develop the referential process that connects the subsymbolic system with the symbolic one. Then we hypothesized that the referential activity of therapist's notes – or in other words their degree of vividness, concreteness, specificity and imagery – is a measure of the interpersonal connection of the therapeutic couple and of the quality of the psychological processing they carry forward. An analysis of therapist's notes on the clinical work with a patient, by means of Multiple Code Theory computerized linguistic measures, will be presented. The results, in accordance with the literature, showed a strong connection between the linguistic properties of the therapist's notes and the effectiveness of the treatment. Therefore, the linguistic analysis of the therapist's notes not only expands the possibilities of the clinical research, but also could be a useful support to understand and predict the evolution of the case and the type of relationship developed by

the therapeutic couple. The clinician adopting this methodology in her/his professional practice can benefit from an useful tool facilitating the supervision and the reflection on the case. This tool can be considered as an "analytic third" monitoring and strengthening the referential process that connects the therapist to her/his lived emotional experience and to the patient.

AUTONOMIC NERVOUS SYSTEM IN COMMUNICATION AND PSYCHOTERAPY

Proposer: Ostacoli Luca (1)

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Discussant: Gentili Claudio (2)

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The evolution of neuroscience has developed an increasingly strong link between life history, neurobiology, psychological disorders and therapeutic interventions. On the one hand, neuroimaging techniques have allowed us to observe the neurophysiological and structural modifications of psychotherapeutic interventions and to increase our knowledge about therapeutic mechanisms and their efficacy. On the other hand, the close interaction of the emotional and relational experience with the autonomic nervous system has allowed to develop procedures for an early recognition and a monitoring of symptoms, and for training with increasingly sophisticated neurofeedbacks systems. Neurobiology has also enabled the development of emotional styles models based on a neurobiological basis that open up to the possibility of an effective psychotherapy based on neurobiology. Evaluating autonomic nervous system response could be useful for in different areas:

- to explore communicative interactions in a clinical setting
- to evaluate the effects of psychological therapies
- to customize psychotherapeutic treatments in order to tailor them to the specific characteristics and needs of patients.

During the symposium different examples of these modalities of interaction between clinical psychology and autonomic nervous system will be presented.

EFFICACY OF NEUROBIOLOGICALLY BASED EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) AND COGNITIVE BEHAVIOURAL THERAPY (CBT) IN PATIENTS WITH RECURRENT DEPRESSION

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Recurrent depression implies tremendous social and financial costs in the form of impaired relationships, lost productivity, continued use of drugs, and inappropriate use of health services and general practitioners. Increased evidence suggests a significant relationship between recurrent depressive disorders, stressful life events and psychological traumas. Trauma-focused Cognitive-Behavioural Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) are the two first-line treatments of the psychological effects of traumas according to international guidelines. Neurobiological findings about the autonomic arousal and the regulation of

the window of tolerance increase the efficacy of EMDR trauma processing and consequently the effectiveness in improving depressive symptoms and quality of life of patients. The main purpose of this study was to investigate the efficacy of EMDR in treating recurrent depression as compared to CBT, in order to prove the role of EMDR as an elective intervention also in this specific population. Furthermore, as a secondary aim, we evaluated the efficacy of EMDR and CBT on quality of life and depression-associated symptoms. A randomized clinical controlled trial with patients with recurrent depression comparing EMDR and CBT as adjunctive treatment to TAU (antidepressant medication). Preliminary results showed that the majority of patients were able to significantly reduce their depressive symptoms after only 15 therapy sessions. EMDR treatment appears to be as effective as CBT in reducing depressive symptoms. Both treatments are effective in reducing anxiety and in improving quality of life. Although results can only be considered preliminary, this study suggests that EMDR could be a viable and effective treatment in reducing depressive symptoms and in improving quality of life of these patients.

SUPPORTIVE COMMUNICATION DURING BAD NEWS CONSULTATION: EFFECT ON PATIENTS' HEARTBEAT LINEAR DYNAMICS AND RECALL

Del Piccolo Lidia (1), Purnima Danzi Olivia (1), Perlini Cinzia (1), Tedeschi Federico (1), Nardelli Mimma (2), Greco Alberto (2), Scilingo Enzo Pasquale (2), Valenza Gaetano (2)

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The diagnosis of incurable cancer may evoke physiological arousal in patients, which in turn can negatively impact patients' recall of information provided in the medical consultation. The way diagnosis is communicated may contribute to modulate patients' physiological arousal and recall. The study aims to investigate the effect of physicians' supportive communication while watching a video reporting a bad news consultation on analogue patients' (APs) heart rate variability (HR) and recall. 60 healthy women, acting as APs, were randomly assigned to watch one out of the two versions (ordinary vs. supportive communication) of a scripted video-vignette of a bad news consultation in which physician's communication differed only for the presence of four supportive sentences. APs' HR was recorded during video-watching, and recall was assessed immediately after. Linear heartbeat dynamics was quantified through measures defined in the time (RR mean; RR std) and frequency domains (HF, LF, LF/HF). Data of 54 APs (27+27) were included. Considering differences between the beginning and the end of the video, results from non-parametric statistical tests demonstrated that the group with supportive communication showed HRV changes in the LF/HF ratio exclusively. Conversely, the group watching the purely informative video showed changes in vagal activity (i.e., HF power) and LF/HF ratio. These differences did not affect recall which was the same in the two groups of Aps. Although our findings need to be translated to clinical patients, they suggest that if physicians show support they may buffer patients' arousal after a bad news announcement.

AUTONOMIC CHARACTERISTICS AND EMDR TREATMENT RESPONSE IN PATIENTS WITH PTSD RELATED TO BREAST CANCER

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Trauma-related symptoms among cancer patients have been investigated and associated to disease diagnosis and to the potential life-threatening situation. To date no studies have evaluated the neurobiological effect of psychotherapeutic treatment for post-traumatic symptoms in cancer patients. The aim of the present study is: to treat by EMDR a cohort of breast cancer patients with PTSD; to identify by Electroencephalography (EEG) the regions activated upon bilateral stimulation in both the initial symptomatic and the final asymptomatic phases; to correlate the neurophysiological changes to the neuropsychological and clinical status. Another specific aim is to evaluate the autonomic nervous system response obtained by Electrocardiography (ECG) during EEG recordings at baseline and after the traumatic event was reprocessed through EMDR. Patients screening was performed on a cohort of more than 500 patients with breast cancer based on IES-R. Then patients were evaluated with SCID and CAPS to confirm PTSD diagnosis. Fifteen patients underwent EMDR treatment and were compared with a control group who receive standard psychological support. ECG recording for the extraction of Heart Rate Variability (HRV) was performed in both groups in sequence during the resting state (both eyes open and eyes closed), then listening to the audio script of the traumatic event with eyes closed, a second period in resting state with eyes closed and in the intervention group even during EMDR therapy and in a last resting

state. The procedure was repeated at the end of the therapy cycle (6-12 sessions) in both groups. Both clinical and autonomic results will be presented in two sequential presentations: In the first part, the clinical results of EMDR intervention compared to psychological support will be described. In the second, the autonomic correlates of script listening measured through HRV, and the variations following therapeutic interventions will be presented.

OBESITY AND EATING DISORDERS: PSYCHOLOGICAL FACTORS AND FAMILIAR SYSTEMS

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Discussant: Salcuni Silvia (2)

(2) University of Padua

Eating disorders (ED) and obesity are pathologies widely spread in the population, representing one of the major challenges in terms of prevention, diagnosis and treatment. EDs are characterized by an abnormal relationship with food, excessive concern for physical fitness, altered perception of the body image and a close correlation between all of these factors and levels of self-esteem. In spite of this, they are featured by a variety of clinical traits and psychopathologies. The body weight, however, is not the only discriminative clinical marker of these disorders unlike obesity which is defined as a condition characterized by an excess of fat accumulation in the body. Obesity is considered to be a major risk factor for most non-communicable diseases (Kasper, Braunwald, Fauci et al., 2005). The prevalence of these age-related disorders in Italy is among the highest in

Europe (Maffeis, Grezzani, Perrone et al., 2008). As far as the understanding of the etiopathogenesis of these phenomena is concerned, the co-occurrence of several factors (genetic, environmental, psychological) is recognized nowadays, however it has not yet been possible to determine what are the determinants (Sahoo, Sahoo, Choudhury et al., 2015). These elements can act individually or in association, often affecting each other (Pizzo and Massignani, 2014). In light of these considerations, the present symposium aims at better explore the etiology of the emotional aspects involved in the functioning of people with ED or obesity. A particular attention is given to the clinical implications that may arise from research results as presented in two contributions: one proposed by Gullo, Mannino, Crivello, Di Fratello, Lo Coco, Amato and the second by Parolin, Locati, Sigurtà, Santona. Moreover, two other contributions (the first by Pazzagli, Delvecchio, Germani, Buratta, Radi, Mazzeschi, and the second by Piedrabissa, and Castelnuovo) will be discuss the development of more targeted and adequate programs of prevention and intervention.

EMOTIONAL EATING AND EMOTION REGULATION: A COMPARISON BETWEEN NORMAL-WEIGHT SUBJECTS AND OBESITY IN DEVELOPMENTAL AGE: PSYCHOLOGICAL AND RELATIONAL FACTORS

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Current literature on obesity in developmental is focused on investigating those factors involved in the etiology and the time course of this psychopathology. Among these factors, a very important aspect is represented by emotional regulation (Match, 2008), which is conceived as

an extreme permeability and sensibility to life events, toward the individual's independence and autonomy. Indeed, familiar interactions in obesity are often characterized by conflicts, rigidity and non-responsivity in problems resolution (Molinari & Compare, 2012). An interesting contribution on this issue may therefore come from the attachment theory (Holmes, 1993), which emphasize how a "safe base" may be compromised in eating disorders and obesity. Under this view, symptoms may indeed have the role to stimulate a repairing behaviour from the caregiver (Cavanna, Delogu & Zavattini, 2012). On these grounds, the present study aimed to investigate 1) the emotional functioning and the strategies to cope with problems and 2) the relationship with the adult mother's attachment style, the quality of conjugal relationship and the individual functioning in a clinical sample of obese preadolescents and adolescents. More specifically, the experimental project promoted by "G. Salvini" Hospital involved 13-to-18 year-old overweight and obese adolescents and their family. *Roberts-2*, the *Attachment Style Questionnaire* (ASQ) and the *Dyadic Adjustment* (DAS) were used to investigate the adolescents psychological functioning, the relationship between the adult attachment style and the quality of conjugal relationship, respectively.

OVERWEIGHT/OBESE SUBJECTS WITH HIGH-RISK AND LOW-RISK OF BINGE BEHAVIOURS

Gullo Salvatore (1), Crivello Alessia (2), Di Fratello Carla (3), Lo Coco Gianluca (3), Amato Laura (4)

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(3) Università degli studi di Palermo

(4) Libero professionista

Emotional eating has been conceptualized as overeating in response to negative affect (Thayer, 2001). In BED subjects evidence have shown a significant tendency to eat in response to negative mood states (Hetherington, 2004). The role of emotional eating has also been associated with obese and overweight conditions in which the excessive food consumption could be considered as an “unconscious” strategy for reducing anxiety. Although anxiety and depressive states have been extensively associated with eating problems, there is still a lack of knowledge about the effect of anger on eating behavior. The study aims were: a) assess differences and associations on emotional eating, expectancy for eating, and emotion regulation between normal-weight subjects and overweight/obese subjects with and without binge behaviours; b) verify the mediation role of difficulties of emotion regulation in the relationship between emotional eating and binge behaviours for three different state mood inductor: anger, anxiety and depression. 368 participants were involved in the study, 102 normal-weight (NW; $M(SD)_{age}=22(2)$; 49%F; $M(SD)_{BMI}=22(2)$), and 262 overweight/obese ($M(SD)_{age}=31(3)$; 52%F; $M(SD)_{BMI}=31(3)$) recruited from public medical services. Overweight/obese subjects (O) were subsequently divided in high-risk binge (O_HR; if $BES \geq 27$) and low-risk binge (O_LR; if $BES < 27$). The study variables were assessed by: Difficulties in Emotion Regulation Scale (DERS; Gratz et al, 2004), Emotional Eating Scale (EES; Arnow et al, 1995); Expectancy Eating Inventory (EEI; Holhstein et al, 1998) and Binge Eating Scale (BES; Gormally et al, 1982). Results showed significant difference on BES scores ($O_HR > O_LR > NW$, $p_s < .01$), EEI ($NW < O_HR, O_LR$, $p_s < .01$), and on all the three anger, anxiety and depression EES scores ($O_LR < NW$, $p_s < .05$). Path analyses showed that eating consumption driven by anger directly affect binge behaviors only in O_HR group, whereas emotion regulation failed to mediate this relationship.

MATERNAL ANXIOUS AND AVOIDANCE DIMENSIONS OF ATTACHMENT STYLE AND CHILD'S WEIGHT: THE INDIRECT MEDIATION OF MOTHER'S MENTALIZATION

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Given the importance of affective processes in eating behaviour, the issue of parents' dysregulated emotional response has recently received increasing support in studies on parents of children with obesity. Adopting an attachment theory framework, the absence of an accurate emotional feedback to the full range of children emotions in non secure attached parents impacts on the children capacities to learn to self-regulate and to develop strategies for managing increasing levels of arousal, negative affects and stress responses. The few previous studies on the quality of parental attachment and risk of childhood obesity did not still address the question of which mechanism might explain the findings that insecure parents' attachment is associated with higher weight in children through emotion regulation. As Parental Reflective Functioning (PRF) is considered to promote the development of self and affect regulation in children, aim of the present study was to explore the effects of insecure maternal insecure dimensions of attachment style on children weight (Body Mass Index, BMI), mediated by PRF. The Parental Reflective Functioning Questionnaire (PRFQ) and the Attachment Style Questionnaire (ASQ) were administered to a sample of 126 Italian mothers ($M_{age}=43.11$, $SD=4.11$) of children ($M_{age}=10.06$, $SD=2.52$) with BMI z-score ranging from -2.16 to 3.55 ($M=1.04$, $SD=1.17$). To test direct and indirect effects of mothers' anxious and avoidant dimensions of attachment on BMI mediated by PRF, "process" macro developed by Preacher & Hayes (2008) and the bootstrapping technique were performed. Data showed direct effect of PRF on BMI, but

not of the insecure dimensions of attachment style. However, the anxious dimension of attachment had a significant indirect effect on children's BMI as mediated by PRFQ. These results have important implications in both clinical and research field.

BRIEF STRATEGIC THERAPY-BASED INTERVENTION FOR BINGE EATING DISORDER AND OBESITY: THE STRATOB STUDY

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Binge Eating Disorder (BED) is a frequent and significant psychiatric comorbidity among individuals seeking treatment for obesity and overweight. Cognitive-Behavioral Therapy (CBT) is the best-established treatment for binge eating, but its long-term impact and time course on other BED-related symptoms remain uncertain. Recently, a Brief Strategic Therapy (BST) protocol for BED was developed, revealing favorable outcomes. Moreover, telemedicine presents an opportunity for the outpatient treatment of persons diagnosed with BED. The STRATOB (Systemic and STRATegic psychotherapy for OBesity) study, a two-arm randomized controlled clinical trial, aimed to assess the efficacy of CBT and BST across BED-related symptoms in both an inpatient and telephone-based outpatient settings. 80 patients referring to a single clinical center for weight loss and rehabilitation were randomly assigned to both an inpatient and telephone-based outpatient CBT or BST oriented program. Primary outcome measure was the change in the Global Index (GI) of the Outcome Questionnaire (OQ-45.2). Secondary outcome measures were BED remission (weekly binge episodes < 2) and weight loss. Data were collected at baseline, discharge from the hospital (1 month later) and after 6, 12 and 18 months

through phone calls. Significant differences emerged between the two conditions, with the BST group of participants showing improved GI, weight loss and number of binge episodes at 6, 12 and 18 months follow-up points. The observed superiority of BST (vs CBT) may depend on its focus on the typical BED-related attempted solutions though the use of ad hoc communication techniques. Still, generalization of research findings are limited, and further studies should investigate the impact of alternative-integrative psychological treatment options for BED.

COMPLEXITY IN PSYCHOSOMATICS: ADVANCES AND PERSPECTIVES

Proposer: Porcelli Piero (1)

(1) Università "G. d'Annunzio" di Chieti-Pescara

Discussant: Delle Chiaie Roberto (2)

(2) Sapienza Università di Roma

This integrated paper session aims at providing an update on new research and perspective in psychosomatic medicine. The session starts off with Carrozzino, Patierno, Bech, Siri and Pezzoli who report their preliminary findings on the highly debated and controversial issue of assessing somatization in neurologic conditions. They use a clinimetric approach for assessing symptoms and psychosocial correlates in consecutive patients with Parkinson's disease. Sirri and Grandi focus on a similar subject by investigating the construct of somatization as a risk factor of abnormal illness behavior in a large sample of general population. Schimmenti and Caretti introduce a new measure for assessing dysregulation in processing and using bodily experiences, the Psychosomatic Dysregulation Inventory (PDI). The PDI is based on current research on attachment trauma, related

brain modification, and current conceptualizations of psychosomatic disorders in the light of affective neuroscience. Finally, Conti describes the influence of distressed personality on quality of life and glycemic control of patients with type 2 diabetes by using Structural Equation Modeling. Albeit from different perspectives and diverse theoretical backgrounds, all presenters stress on the importance to continue to upgrade the Rorschach by aligning its interpretations with their evidence base.

SOMATIZATION IN PARKINSON'S DISEASE: A PRELIMINARY STUDY

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Screening for psychological factors in the presence of a medical disease may be considered a controversial issue by researchers and clinicians who conceive an illness by exclusively focusing on its organic symptoms when neglecting the diagnostic issues of the psychosomatic viewpoint. However, when taking into consideration the clinical relevance of detecting the highly frequent psychosomatic co-occurrence of psychological and organic symptoms in several medical settings, including patients with neurodegenerative disorders, we aimed to investigate the prevalence rates of somatization in Parkinson's Disease (PD). A large sample of patients with a medical diagnosis of PD anonymously filled out the Derogatis's SCL-90-R.

The SCL-90-R is a self-rating scale consisting of 9 conventional subscales for measurement of somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism symptoms. The rank order of prevalence of such symptoms was statistically provided by the mean scores of the manifest items. PD patients reported a mean (SD) score of 1.16 (0.64) on the SCL-90-R somatization subscale followed by scorings on the obsessive-compulsive (1.04 ± 0.71), depression (1.02 ± 0.67), and anxiety (0.99 ± 0.67) subscales. In order to answer to our research question, we have found that somatization is a highly prevalent psychiatric symptom in PD. The major implication potentially arising from our preliminary data consisted of the clinical relevance of screening for somatization symptoms in PD. However, much more data are needed to further detect the clinical consequence of somatization on PD medical outcomes.

SOMATIZATION IN THE GENERAL POPULATION

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Early identification of medically unexplained symptoms (MUS), a manifestation of somatization, may allow for a prompt intervention to prevent undue health-related costs. The aim of this study was to identify the demographic and psychological correlates of MUS in the general population. A sample of 419 subjects (56.3% women, mean age 41.7 ± 16.8 years, range 18-87 years, 49.2% married or living as married) completed the Screening for Somatoform Symptoms-7 (SOMS-7) by Rief and colleagues, Kellner's Symptom Questionnaire (SQ; anxiety, depression, somatization, hostility), Carver's Brief Coping Orientation to Problems Experienced (Brief COPE), and Cohen's Perceived Stress Scale (PSS). Pain-related

symptoms were those MUS that were reported as the most impairing (“much” or “very much”): back pain (11.4%), painful menstruation (11.1% among women), joint pain (8.3%), and pain in the legs and/or arms (8.3%). Scores on the SOMS-7 were significantly associated with female gender, unemployment, and a lower educational level. No significant relationship was found between the SOMS-7, age, and marital status. MUS severity was positively associated with the “self-distraction”, “denial”, and “behavioral disengagement” coping strategies, while it was inversely related to the “use of instrumental support” coping strategy. MUS were also significantly associated with higher perceived stress on the PSS and psychological distress on all the SQ scales. Our findings are consistent with previous studies, which found a significant relationship between somatization, female gender, and a low socioeconomic status. These population subgroups could be at increased risk of MUS because of higher levels of stress. MUS seem to be related to coping strategies characterized by the mechanism of avoidance, which may prevent the engagement in those healthy lifestyles recommended for the prevention of MUS. The improvement of coping strategies could be included among the targets of the interventions for MUS.

PSYCHOSOMATICS BETWEEN ATTACHMENT TRAUMA AND AFFECTIVE NEUROSCIENCE. THE PSYCHOSOMATIC DYSREGULATION INVENTORY (PDI): DEVELOPMENT AND PRELIMINARY DATA

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Psychosomatic responses may be conceived as the results of complex interactions between mental and bodily processes that occur within a given individual. According to a bio-psychosocial dynamic framework, a specific combination of genetic, developmental, and environmental factors constitute

a template for the individual's experiences of the body and their mental representation. We will present the development of the Psychosomatic Dysregulation Inventory (PDI), a self-report measure aimed to capture symptoms and alterations in bodily experiences that testifies of a dysregulation in the acquisition, processing, and use of bodily experiences. Preliminary data on this new measure will be also presented. The PDI is based on current research on attachment trauma and its effects on the brain, and integrate early research on psychosomatic diseases with current conceptualizations of psychosomatic disorders in the light of theories by Porges, Damasio, and Panksepp. Preliminary data show that the PDI discriminates well between clinical cases and controls. The PDI is a promising and theoretically consistent measure for the assessment of psychosomatic dysregulation in clinical and nonclinical samples.

NEGATIVE AFFECTIVITY PREDICTS LOWER QUALITY OF LIFE AND METABOLIC CONTROL IN TYPE 2 DIABETES PATIENTS: A STRUCTURAL EQUATION MODELING APPROACH

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It essential to consider the clinical assessment of psychological aspects in patients with Diabetes Mellitus (DM), in order to prevent potentially adverse self-management care behaviors leading to diabetes-related complications, including declining levels of Quality of Life (QoL) and negative metabolic control. In the framework of Structural Equation Modeling (SEM), the specific aim of this study is to evaluate the influence of distressed personality factors as Negative Affectivity (NA) and Social Inhibition (SI) on diabetes-related clinical variables (i.e., QoL and glycemic

control). The total sample consists of a clinical sample, including 159 outpatients with Type 2 Diabetes Mellitus (T2DM), and a control group composed of 102 healthy respondents. All participants completed the following self-rating scales: The Type D Scale (DS14) and the World Health Organization Quality-of-Life Scale (WHOQOLBREF). Furthermore, the participants of the clinical group were assessed for HbA1c, disease duration and BMI. The observed exogenous covariates were BMI, gender and disease duration, while HbA1c was considered as an endogenous observed variable. SEM analysis revealed significant differences between groups in regards to the latent construct of NA and the Environmental dimension of QoL. For the clinical sample, SEM showed that NA had a negative impact on both QoL dimensions and metabolic control. Clinical interventions aiming to improve medication adherence in patients with T2DM should include the psychological evaluation of Type D Personality traits, by focusing especially on its component of NA as a significant risk factor leading to negative health outcomes.

PARENTAL MENTALIZATION: EFFECTS ON THE PARENT-CHILD RELATIONSHIP AND ON CHILD TEMPERAMENT AND ATTACHMENT

Proponser: Riva Crugnola Cristina (1)

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Discussant: Caretti Vincenzo (2)

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The frame of reference of the symposium is the construct of mentalization (Fonagy, 2000), applied to the context of parenthood, the mentalization of the parent being understood as his/her tendency to treat the child as

individuals with mind, attributing mental and emotional states to him. The aim of the symposium is to illustrate in samples of parents and children at risk and not at risk, the role played by the parent's capacity to mentalize in influencing his/her relationship with the child and the development of the latter, considered from the perspective of attachment and temperament. For this purpose different methods are used to assess parental mentalization: on the one hand parental reflective function (RF) examined using the Adult Attachment Interview (Fonagy et al., 1998), the Child Attachment Interview (Target et al., 1998) and the Parental Developmental Interview (Slade et al. 2005); on the other, mind-mindedness (MM) with a coding system (Meins et al., 2010) which measures parental reflective function by analyzing the verbal comments of the parent in interaction with the child. In this regard the study of Carli and Giovanelli considers the relationship between RF and MM in a sample of mothers not at risk and their impact on the quality of the attachment of the child at 12 months. The study of Vismara et al., conducted with a sample of mothers and fathers at low risk, suggests that the quality of infant temperament and of the infant's relationship with his parents at 6 months is influenced by both maternal and paternal prenatal RF. The study of Cavanna et al. investigates the role of RF and attachment in a sample of children with disruptive behavioral disorders and in their parents, showing a low level of RF in both. The study of Riva Crugnola et al. examines in a sample of at risk adolescent mothers the effect of RF and MM on their emotional availability with the child measured using the Emotional Availability Scales (Biringen, 2008) at 3 months.

**REFLECTIVE FUNCTION AND MIND-MINDEDNESS:
COMPARING THE OPERATIONALISATION OF THE
MENTALIZATION CONSTRUCTS USED TO EXPLORE MOTHER-
CHILD RELATIONSHIPS AND INFANTILE ATTACHMENT**

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Caregivers proclivity to relate with a child as a person with mental states which direct their behaviour is considered an essential feature in parental care, that is fundamental for children's psychological development (e.g. Sharp & Fonagy, 2008). Two concepts and operationalizations have been suggested of this notion and related to infantile attachment: Reflective Function (RF) (Fonagy & Target, 1997; Slade, 2005), a concept developed in a psychoanalytic framework, and mind-mindedness (MM) conceived within a developmental background (Meins et al., 2002). The aim of this study, which is part of a larger longitudinal research project on mother-child relationships between the children's ages of 6 months and 18 months, is to further investigate the connection between mentalization, in terms of RF and MM and infantile patterns of attachment. *Participants:* 96 Italian mother-infant dyads, with children aged between 12 and 13 months. *Instruments:* Strange Situation to assess infantile attachment, the Parent Development Interview to code the RF and Free play observations coded for MM. The two operationalizations of mentalization (MM and RF) correlated slightly. Only maternal RF differed according to the children's security of attachment, more specifically mothers of avoidant children showed a lower RF; whereas MM did not differ between groups. The concept of mentalization can be considered relevant in studying mother-infant relationship but further studies and reflections about the concept itself and its operationalization are needed.

REFLECTIVE FUNCTION IN FIRST TIME PARENTS: IMPACT ON INFANT TEMPERAMENT AND PARENTING STRESS

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This research is supported by grants from PRIN 2013/2016 - 20107JZAF4, Italian Ministry for Education, University and Research (MIUR). Infant temperament is associated to cognitive, social, and emotional development. It is well known that such construct is assumed to be *biologically* based; nevertheless, there is growing evidence of the impact of environmental variables as well. In such framework, parental reflective function, considered as a psychological basis of emotion regulation, may contribute to the quality of infant's temperament and the parental perceptions of their child. In the current study, Reflective Function (RF; Fonagy et al., 1998) was assessed in 40 relatively low-risk first time parents during the seventh month of pregnancy, by means of the Adult Attachment Interview (Main, Goldwyn, Hesse, 1984-2002). At six months of the baby, parents reported on infant temperament through the Infant Behavior Questionnaire-Revised (Gartstein & Rothbart, 2003) and on their perception of their relationship with their child through the Parenting Stress Index -SF (Abidin, 2006). Parents were also assessed for depression by means of the self-report Edinburgh Postnatal Depression Scale (EPDS; Benvenuti et al., 1999). Non difference emerged between mothers and fathers with respect to RF and depression scores. Self-reported depression was associated with lower scores of RF. Lower RF during pregnancy was associated with higher Child dysfunctional interaction both in mothers and fathers. Moreover, lower maternal RF was associated with higher infant's sadness; whereas, lower paternal RF was associated with higher infant's negative affectivity. Within a multifactorial perspective, these findings suggest that the quality of infant temperament and of her relationship with her parents is influenced by both maternal and paternal prenatal reflective functioning. Therefore, such ability should be monitored and supported during pregnancy to foster sensitive caregiving behaviors.

REFLECTIVE FUNCTIONING AND MIND-MINDEDNESS IN ADOLESCENT AND ADULT MOTHERS: THEIR IMPACT ON INFANT-MOTHER EMOTIONAL AVAILABILITY

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Early motherhood is a risk factor for the mother-child relationship and for a child's social-emotional development (Aiello & Lancaster, 2007). Adolescent mothers are less sensitive and more intrusive than adult mothers; dyadic regulation with their infants is less adequate (Riva Crugnola et al., 2014). Despite the confirmed relationship between maternal sensitivity and mentalization (Slade et al., 2005), few studies have focused on this theme in relation to motherhood in adolescence. The aim of the study was to evaluate the association between reflective functioning, mind-mindedness and emotional availability in a sample of adolescent mother-infant dyads compared to a sample of adult mother-infant dyads. Participants were 44 adolescent mother-infant dyads and 41 adult mother-infant dyads. At infant 3 months mother-infant interaction was coded with the mind-mindedness coding system (Meins et al., 2010) and Emotional Availability Scales (Biringen, 2008); maternal attachment and reflective functioning were evaluated with the Adult Attachment Interview (Fonagy et al., 1998, Main et al., 2002). Data analysis shows that adolescent mothers (vs. adult mothers) had lower reflective functioning. They were also less sensitive, more intrusive and hostile and less structuring of their infant's activity. They also used fewer attuned mind-related comments. In adult mothers reflective functioning was associated to sensitivity. This was not found to be the case with adolescent mothers. The study has significant clinical implications. The lack of association between RF and sensitivity seen in the adolescent mothers leads to the hypothesis that other factors, such as frequent adverse childhood experiences and absence of social support, affect their sensitivity. This shows the importance of intervention programs for adolescent mothers aimed at limiting the effect of such factors (Riva Crugnola et al., 2016).

REFLECTIVE FUNCTIONING AND ATTACHMENT MODELS IN CHILDREN WITH DISRUPTIVE BEHAVIORS DISORDERS AND THEIR PARENTS: SOME QUESTIONS

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The parent's Reflective Function is the ability to understand the behavior of the child in terms of mental states and intentions. A long tradition of research (Fonagy and Target 1995; van Ijzendoorn, 1995; Slade, 2010) linked the quality of parent attachment to the ability to use their internal experience as a guide for sensitive responsiveness. Authors as Meins (2015) linked this aspect to Mind Mindedness, considering it as a prerequisite for maternal sensitivity, namely the mother's propensity to treat the child as a mental agent with intentions, thoughts and specific motivations rather than a creature with needs to satisfy. It is considered that this ability, facilitating the development of sensitivity, promotes the development of secure attachment to the child. Studies on the quality of attachment in mother-child or parents-child underline the open question about intergenerational transmission of attachment and the varying mental ability of parents with secure attachment. The study investigates the role of Mentalization, operationalized as Reflective Functioning in children previously diagnosed with Disruptive Behaviors Disorders (N=17) and in their parents (N=34). Young patients (8-15 years) were administered the *Child Attachment Interview* and *Child and Adolescent Reflective Functional Scale*; parents were administered the *Adult Attachment Interview* and *Reflective Functioning on Adult Attachment Interview*. Over-representation of Disorganized Attachment and low levels of Mentalization, mainly turned to the self, were found in children with Disruptive Behaviour Disorders; Over-representation of Secure Attachment and low levels of Mentalization was

found in parents. This study suggests that Mentalization and Attachment Models may be fundamental elements to be assessed in evaluation and in treatment of clinical conditions in middle childhood and early adolescence.

PERINATAL PERIOD: RESEARCHES AND STUDIES ON ITS COMPLEXITY

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The transition to parenthood, from pregnancy to postpartum period, can be a critical process for both mother and father. The most recent reviews of literature highlight how, during pregnancy, psychological distress, anxious or depressive symptoms can impact on the individual and couple wellbeing, but also on the relationship with the newborn. Many longitudinal studies identify relations between pre and post-partum period and how the mother/father relationship and mother/father-infant relationship can be affected by several “complexity” of the parenthood such as fear of child birth, interaction with the baby and dyadic functioning. This symposium aims to discuss the factors associated to some of the complexity of the perinatal period with to deepen the analysis of the influence of specific variables. In the first contribution, Molgora e Fenaroli analyzed with cluster analysis, in a sample of 255 primiparous women, the relation of the anxious and depressive symptoms and the fear of childbirth. In the second contribution, Agostini and colleagues compared 54 mothers and 38 fathers infant interactions in a group of three months old preterm infants. In the

third contribution, Riva Crugnola and colleagues explore the maternal and paternal anxious and depressive symptoms and their possible relations with the mother infant interaction at three months of the baby. In the fourth contribution, Vismara and colleagues investigated, using a structural equation model, the relation between parenting stress, mental health (depressive and anxious symptoms) and dyadic adjustment in both mothers (134) and fathers (134) at 12 months of the babies.

PROFILES OF PSYCHOLOGICAL DISTRESS IN EXPECTANT MOTHERS

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In the last recent years psychological research on women's mental health during the transition to parenthood has shifted the focus from the postpartum period to the perinatal period. Specifically, several studies have investigated the connection among mood disorders, anxiety disorders and fear of childbirth during pregnancy with inconsistent results. The present study aims to analyze the psychological profiles of pregnant women – based on their levels of anxiety, depression and fear of childbirth – through a cluster analysis. A sample of 255 primiparous Italian women, met between the 33rd and the 37th week of pregnancy, completed a questionnaire packet that included the following scales: Wijma Delivery Expectancy Questionnaire – version A; Edinburgh Postnatal Depression Scale; State-Trait Anxiety Inventory. All these variables were considered both as continuous and dichotomous variable (referring to the clinical cut-off scores). Results shown a three cluster solution: the first cluster included pregnant women characterized by a general well-being (low levels on the three variables considered); the second cluster comprised expectant mothers

with high levels of state anxiety and fear of childbirth; the third cluster encompassed women characterized by an overall condition of distress (high levels of anxiety, depression, and fear). Moreover, all the women with a score of depression above the clinical cut-off belonged to this cluster. The clinical implication will be discussed during the congress.

PARENT-PRETERM INFANT INTERACTIONS AT 3 MONTHS OF CORRECTED AGE: COMPARISONS BETWEEN MOTHERS AND FATHERS USING CARE-INDEX

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Some studies have compared early mother-infant and father-infant interactions, showing similar synchrony and positive affect (Feldman, 2003). Comparisons are lacking in the research area on preterm birth, which is considered a specific risk factor for infant development. The aim of the study was to compare mother and father-infant interactions after preterm birth, specifically at 3 months of corrected age. Ninety-two preterm infants (69 were very low birth weight, VLBW; 23 extremely low birth weight, ELBW) and their mothers (n=54) and fathers (n=38) were videorecorded during a 3-minute free interaction in our University Labs. Videorecorded interactions were then coded using Child-Adult Relationship experimental Index (CARE-Index; Crittenden, 1979, 2007), a clinical scale to assess the quality of interactions, specifically parental behaviours (defined as Sensitive, Controlling, Unresponsive) and infant ones (Cooperative, Compulsive-compliant, Difficult, Passive). Results showed differences in interactions based on the parent's gender. Specifically, higher control was

evident in mother-infant interactions ($p=0.02$), while a higher level of unresponsiveness was prevalent in father-infant interactions ($p=0.01$). Mothers and fathers showed similar levels of sensitivity towards the infant. No differences between mothers and fathers emerged related to severity of infant birth weight (VLBW vs ELBW). Preterm infants showed more passive behaviours when interacting with fathers compared to mothers ($p=0.02$). Mother's control seems strictly connected to her greater involvement in preterm infant daily care, while fathers seem relatively uninvolved in this role. Further studies are needed to understand how these interactive patterns develop across time.

PATERNAL AND MATERNAL DEPRESSION AND ANXIETY: EFFECTS ON MOTHER AND INFANT INTERACTION AT THREE MONTHS

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During the perinatal period there is a slightly lower frequency of psychopathological disorders in fathers than in mothers (Baldoni et al., 2010). Various studies have shown that paternal perinatal depression and anxiety are often associated with maternal depression and anxiety (Matthey et al., 2000) and that these disorders influence a child's socio-emotional development (Goodman et al., 1999). No study has explored the impact of these paternal disorders on the infant-mother relationship. The aims of the study are to evaluate the relationship between maternal and paternal depression and anxiety in the postnatal period and to examine the possible association between maternal and paternal depression and anxiety and mother-infant interaction. 38 mothers and 38 fathers were recruited at ASL2

Savonese (PRIN 2010/2011 20107JZAF4_003). Maternal and paternal depression were evaluated with EPDS (Cox et al., 1987) and maternal and paternal anxiety with STAI-Y (Spielberger et al., 1983); mother-infant interaction was coded using the Care-Index (Crittenden, 1998) at infant 3 months. Results showed that paternal depression was related to paternal state anxiety ($p=.000$) and trait anxiety ($p=.000$); paternal depression was correlated to maternal trait anxiety ($p=.03$); paternal state anxiety was correlated to maternal state ($p=.04$) and trait ($p=.02$) anxiety. No significant association was found between paternal and maternal depression. Multiple regression analysis showed that paternal depression and paternal trait anxiety negatively affect maternal sensitivity style and cooperative infant style; maternal depression and state anxiety affect maternal controlling style. The findings highlight the association between anxiety and depression in fathers and the relationships between paternal and maternal anxiety and depression. They also show the early influence of a father's anxiety and depression on mother and infant styles of interaction.

DYADIC ADJUSTMENT: CONTRIBUTING VARIABLES IN A SAMPLE OF FIRST-TIME PARENTS

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The transition to parenthood is one of the most challenging moment of life; in such period, the couple relationship is particularly fragile, as they have to learn to adapt to the physical, psychological, emotional, and relational changes that occur. Specifically, the couple relationship tends to be more

susceptible to risks that may in turn affect their mental health and wellness. In order to deepen the impact of such developmental stage on the couple, the present study aims to investigate the relationships among parenting stress, depression, anxiety, and dyadic adjustment among first time parents. The sample consisted of 268 parents (134 couples; mothers' $M_{Age} = 35.1$, $SD = 4.8$; fathers' $M_{Age} = 38.2$, $SD = 5.8$) of healthy babies. At 12 months postpartum, both parents completed, in a counterbalanced order, the Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995; Guarino et al. 2008), the Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, Sagovsky, 1987), and the State- Trait Anxiety Inventory (STAI; Spielberger et al., 1983; Pedrabissi and Santinello, 1989) and the Dyadic Adjustment Scale (DAS; Spanier, 1979; Gentili, Contreras, Cassaniti, and D'Arista, 2002). A structural equation modeling has been used to analyze the potential mediating effects of depression and anxiety on the relationship between parenting stress and dyadic adjustment. Structural equation modeling showed full mediation effect of depression and anxiety between parenting stress and dyadic adjustment. No difference emerged between mothers and fathers. Findings suggest that depression and anxiety are crucial in effecting parenting stress and dyadic adjustment in the transition to parenthood. This information confirms the need to develop interventions that include both mothers and fathers to support parental and couple wellness in such vulnerable stage of life.

CLINICAL PSYCHOLOGY AND POSITIVE PSYCHOLOGY: DIFFERENT PERSPECTIVES, BUT FRUITFUL INTEGRATIONS

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Positive psychology is a relatively new field of research and intervention aimed at studying and promoting positive emotions and personal resources. It is rapidly growing all over the world, and, despite many criticisms, it has been applied in many areas of psychological research and interventions. The aim of this symposium is to present possible lines of integration between clinical and positive psychology. The important role of positive emotions, creativity, and well-being for the clinical work will be emphasized, by adopting a life-span approach. New treatment strategies that integrate the promotion of positivity with symptom reduction (i.e., Mindfulness, Positive Psychotherapy, Well-being therapy) will be illustrated, with their specific applications in the Italian clinical settings. The first presentation will illustrate the role of well-being and mindfulness in managing psychological distress in patients with chronic renal disorders. The second presentation will describe the application of mindfulness meditation in patients with multiple sclerosis and its effect over a six month follow-up. The third presentation will describe various therapeutic strategies aimed at promoting well-being in populations with affective disorders, from children to adults and older adults. The promotion of various dimensions of well-being by using different therapeutic techniques (from CBT to narrative strategies) resulted to be associated with a significant reduction of psychological distress. The fourth presentation will emphasize the important role of well-being and creativity in older age. The focus on positive aging represents a fruitful innovative integration between clinical psychogerontology and positive psychology. The symposium will provide clinical psychology research with new instruments of assessment and strategies of intervention derived from positive psychology, and it will emphasize the beneficial effects of this integration in the Italian clinical setting.

EMOTION MANAGEMENT AS REGULATORY PROCESS IN THE RELATIONSHIP BETWEEN MINDFULNESS AND HEALTH IN CHRONIC RENAL PATIENTS

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Patients with end-stage renal disease (ESRD) are confronted every day with problems related to physical and psychosocial issues, and they frequently experience significant emotional problems. They have to adapt to changes in their lives by facing a long-lasting illness, related to a treatment that is palliative in nature. Mindfulness skills (e.g., nonreactivity) might influence emotion management processes of ESRD patients and, in turn, influence their health. 69 patients with ESRD completed measures of mindfulness, emotional intelligence, emotion regulation, and health (i.e., spiritual well-being, physical symptoms, mental and physical health). Multiple mediation models were carried out for both emotional intelligence and emotion regulation as mediators of the relationships between mindfulness and each health measure. Patients high on describing and nonreactivity reported more mood repair, which in turn was associated with greater spiritual well-being and better mental health. Moreover, patients high on nonreactivity reported more reappraisal, which in turn was related to greater spiritual well-being. The same patients high on nonreactivity did report more mood repair, and those who reported more mood repair, also reported less physical symptoms. Last, patients high in observing did report less emotional suppression, which in turn was associated with better physical health. The tendency to allow emotions, cognitions, and sensations to come and go, without getting carried away by them - which is a core mindfulness skill - is particularly important for the health of patients with ESRD. In fact,

nonreactivity resulted as the most consistent significant independent variable in the mediating models we tested through different emotional processes (repair and reappraisal). The finding that the emotional processes were differential mediators suggests that different potential targets for clinical interventions might be identified.

IMPROVING THE QUALITY OF LIFE OF PEOPLE WITH MULTIPLE SCLEROSIS AND THEIR CAREGIVERS WITH A TELEMEDICINE MINDFULNESS-BASED INTERVENTION

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Mindfulness-Based Interventions, modified and shortened versions of meditation teachings, proved to be efficacy in the improvement of quality of life in many clinical conditions, including chronic diseases. Preliminary results available in the literature and in the clinical experience indicate a high potential for this treatment for the reduction of psychological suffering in people with chronic diseases. The aim of the project is to investigate the impact of a MS-specific Telemedicine Mindfulness-Based Intervention on the quality of life of people with MS and their caregivers. The mindfulness protocol was modified according to MS clinical peculiarities and implemented with a multimedia web-based software. One-hundred and thirty-nine MS patients-caregivers couples were randomly assigned to the online mindfulness group, or to an active control group (psycho-education). At baseline, post-treatment and at a 6-month follow-up, participants were assessed for quality of life, and for several secondary outcome, including

anxiety and depression. Quality of life, measured with the MSQOL-54, was significantly higher in the mindfulness group at the post-intervention assessment ($F[1,110]=4.68$, $p=.033$, $\eta_p^2=.042$), but no difference was found after 6 months ($F[1,95]=.018$, $p=.894$, $\eta_p^2=.000$). Similarly, anxiety and depression resulted significantly lower, at the post-intervention, in the mindfulness group, compared to the psycho-education one (respectively: $F[1,111]=3.96$, $p=.049$, $\eta_p^2=.035$; $F[1,111]=5.56$, $p=.020$, $\eta_p^2=.049$), but failed to maintain a group difference at the follow-up (respectively: $F[1,95]=1.033$, $p=.312$, $\eta_p^2=.011$; $F[1,95]=.169$, $p=.682$, $\eta_p^2=.002$). Results indicate that, compared to the psycho-educational group, those in the mindfulness group experienced a modest improvement in QoL, together with a reduction of anxiety and depression. The registered effects, assessed after the intervention duration (about 2 months), did not remain stable. After 6 months, it was as if all these effects were gone, wiping out the differences with the controls.

THERAPEUTIC STRATEGIES TO PROMOTE PSYCHOLOGICAL WELL-BEING ACROSS THE LIFESPAN

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Psychological well-being is receiving increasing attention for its protective role for physical and mental health. Its promotion is thus crucial, particularly in vulnerable stages of life. The aim of this presentation is to provide an overview of interventions for the promotion of psychological well-being using a life span perspective. Beginning with school children who received a class protocol based on narrative techniques, presentation will move to teenagers and adults with affective disorders treated with Well-being therapy, to conclude with a positive narrative intervention designed for aging populations living in nursing homes. The presentation will

highlight the characteristics of psychological well-being according to the specific life stages, and the different techniques adopted to promote it, from standard CBT to behavioral activation and narrative strategies. Empirical results derived from these Italian experiences highlight that psychological well-being may be improved by brief, multidimensional interventions. Their beneficial effects are extended also to the abatement of symptomatology. These interventions may represent a fruitful integration of positive psychology within the clinical practice. They may be applicable in different settings (educational, clinical, aging communities) and represent cost – effective strategies for the prevention and treatment of psychological distress across the life span.

POSITIVE PSYCHOLOGY IN AGING

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In psychogerontology, positive psychology highlights the role that creativity plays in the aging process. In last years, many investigations have documented that creativity is potentially present in every person, regardless of the age; it is expressed in different ways, in various fields - not just the artistic one - but also in the most common ones, which are accessible to many people. Positive and creative aging is a prospect for many people and it is witnessed by an increasing number of individuals who reach the old age in good psychophysical health. Aging creates a different path for everyone in relation to health conditions, adaptability and resilience, expression of creativity, environment, and affective relationships. In elderly patients, creative skills do not exhaust their strength, rather they may promote better physical and mental health. In old age, creativity may help people not to get

lost in the existential void, it may stimulate cognitive skills and preserve them from age-related decline. The creative process may promote re-activating of activities and functions, giving more sense to a period of life often overlooked by the modern world. As many important characters in the field of art, culture and science have demonstrated, being active and creative in old age may consolidate or improve feelings of well-being and self-realization, especially when creative activities maintain active the functions of the body and the mind. Every older adult may be creative, has resources to discover and activate, and may value his/her own positive aspects, even those who are disadvantaged in terms of physical and mental health, or in terms of family and social conditions. According to positive aging perspective, there is always hope and chance to find serenity and well-being in later life. Individuals may find motivation to be protagonist and witnesses of their own existential misadventures, and of what they have learned, suffered and loved.

EFFICACY OF PSYCHODYNAMIC PSYCHOTHERAPY: INSIGHTS FROM NEUROSCIENCE

Proposer: Sambin Marco (1)

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Neuroimaging has opened new possibilities for the biological investigation of complex psychological phenomena and it has contributed to the construction of new theoretical models of brain functioning. These recent changes are facilitating the integration of clinical psychology and neuroscience, which could be powerful for validating models of the

functioning of the human mind (and brain). However, although neuroscientists and psychotherapists study the same object, their competencies are different. Considering these different levels of knowledge, what might be the advantages of studying psychotherapy using neuroimaging? In the present symposium, empirical researchers concerning neural correlates of dynamic psychotherapy are presented in order to reflect on advantages and limitation of the integration between psychotherapy and neuroscience.

NEURAL CORRELATES OF OUTCOME OF COGNITIVE THERAPY COMPARED TO PSYCHODYNAMIC THERAPY IN AFFECTIVE DISORDERS: A META-ANALYSIS

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Anxiety and depression disorders are commonly associated with structural and functional changes in the fronto-limbic brain areas. However, it is still unexplored how different psychotherapeutic approaches affect the functional brain. The present meta-analysis aims to compare the neurobiological outcome of the cognitive therapies compared to the

psychodynamic therapies in anxiety and depression disorders. Sixteen samples undergoing treatment with cognitive therapies and five samples undergoing treatment with psychodynamic therapies were included. The main finding showed a specific activation of the left inferior frontal gyrus and a deactivation of the left paracingulate gyrus in post psychodynamic treatment, while the cognitive therapies showed a decreased activation of right putamen and right temporal pole. Despite there are few samples involved in pre-post psychodynamic treatments studies, findings suggest the different neural mechanisms involved in psychodynamic therapy compared to cognitive therapy in anxiety and depression. Moreover, the activation of the left inferior frontal gyrus could be the neural correlate of an improved emotional processing. Psychotherapy has been described as “a specific kind of enriched environment that promotes social and emotional development, neural integration, and processing complexity” (Cozolino, 2010). Experience-based synaptogenesis continues during entire life course stimulated by the environmental changing. Future neuroscience studies could focus on epigenetic modifications enabled by psychotherapeutic process to support the value of psychotherapy.

ABNORMAL DEFAULT SYSTEM FUNCTIONING IN DEPRESSION: IMPLICATIONS FOR DYNAMIC PSYCHOTHERAPY

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Psychodynamic models of psychotherapy describe the development of individuals' capacity to regulate their emotional states in mother-infant interactions during childhood, through the construction of the representation of the self, others, and relationships. In the present work, we link these

psychodynamic models with recent evidence of abnormal functioning of the default system in depression. With this aim, we reviewed studies that have used PET or ASL MRI techniques to investigate default system functioning in depression. The abnormal activation of the default system observed in depression may explain the dysfunctional aspects of emotion regulation typical of the condition, such as an exaggerated negative self-focus and rumination on self-esteem issues. Clinical implications of these results are discussed with reference to the therapeutic work on current, past and therapeutic relationships as a key tool for revisiting impaired or distorted representations of the self and relational objects.

MENTALIZING EMOTIONS. NEUROCOGNITIVE MECHANISMS OF INTERPERSONAL EMOTION REGULATION

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Scholars attribute the roots of the study of emotion regulation (ER) to Freud's early psychoanalytic theorizing about psychological defenses used by individuals to avoid anxiety-generating impulses. However, the experimental field of ER largely ignored psychoanalytic hypotheses. Experiments on ER typically involve: 1) non-social emotions (e.g. observation of unpleasant objects, animals, body parts...), and 2) individual cognitive-attentive strategies (e.g. Reappraisal, Distraction, etc). However, we rarely experience emotions “in a vacuum”, as we are born from interactions and live through multiple interpersonal interactions our whole lives, and cognitive-attentive strategies may be not the best strategies to modulate interpersonal emotions. Following these considerations, I will present functional and structural Magnetic Resonance Imaging studies showing the possibility to regulate interpersonal emotions (“anger for being treated unfairly by the partner”), by using a psychodynamic interpersonal

strategy known as Mentalizing. This strategy was adapted from the work of Fonagy, Allen and Bateman on Mentalization-based Treatment, and acts on “modulating the interpretation of the intentions of the partner”. Notably, I will present both effects of down-regulating mentalizing (or good mentalizing), and of up-regulating mentalizing (hyper-mentalizing, a form of paranoid ideation typically displayed by personality disorders). I will show that the way we mentalize the intentions of the partners does affect our emotions and our willingness to punish the selfish partner (interactive behavior). I will also present evidence of brain circuits underlying social (e.g. interpersonal), and non-social emotion regulation, and claim that social and non-social regulation are distinct abilities, and rely on separate brain structures.

TOWARD A BIO-PSYCHOLOGICAL MODEL OF PARENTING: EMPIRICAL EVIDENCES AND CLINICAL IMPLICATIONS

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Parents play an essential role for infants’ survival and development and the parent-infant relationship represent the first, and most important, interaction for the baby. An innovative line of research about parenting is interested in the neurobiological and interactive-relational mechanisms implicated in caregiving responses to infant’s needs, in typical, atypical and clinical conditions. Many studies proved the existence of specific neural basis

activating in response to evolutionary-relevant infant stimuli, such as cry and emotional facial expressions. There is a sort of innate predisposition in human adults to respond to infants' signals, in order to satisfy their needs and allow them to survive and to develop their ability of taking care of themselves. The efficacy of such relationship depends, among other things, on specific child's characteristics, such as facial expressions, morphology and communicative signals that elicit caregiving behaviors in adults. In fact, newborns communicate their needs and physiological states mainly through crying and facial expressions, and it is crucial for the parental brain to appropriately process and respond to these stimuli. Atypical and/or clinical conditions of the infant or of the adult may affect the structuring of early relationship, the adult's ability to protect the baby and subsequently infant development. The symposium focuses on research that has investigated the neural and behavioral circuits underlying parental behavioral responses under different typical, atypical and clinical conditions: during the transition to parenthood, in relation to the implicit and explicit evaluations of mothers; with respect to the effect of situational context on adult's response to infant cry; with respect to neural and interactive implications of early mother-child relationship, in the domain of maternal substance use disorder, and, finally, considering parents' role in early interventions for children with Autism Spectrum Disorders.

THE TRANSITION TO PARENTHOOD INFLUENCES IN A DIFFERENTIAL WAY IMPLICIT AND EXPLICIT EVALUATIONS OF MOTHERS

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The aim of the present research was to investigate the stability across childbirth of maternal reactions to infants, that is if and to what extent the transition to parenthood influences both explicit and implicit reactions toward infant cues. The relations between the implicit reaction to infant faces, personal remembrances of mother-child bond, ideal parental models and kind of delivery were also investigated. In line with the literature, we expected that both implicit and explicit postpartum responses to infants were more positive than those observed during pregnancy; that the remembered rejection was negatively related with the implicit response to infant cues; and that the kind of delivery moderated the effect of parental experiences on implicit responses. 45 pregnant women were followed longitudinally from the second trimester of pregnancy (T1) to the third month after childbirth (T2). Participants were administered a semantic differential scale, to measure the explicit attitude, a Single Category Implicit Association Tests, to measure the implicit attitude, and the Adult Parental Acceptance-Rejection scale, to measure remembrances of maternal rejection; moreover, the Parental Style Questionnaire was considered, to measure parental models. The results showed that the transition to parenthood positively influenced explicit responses to infant cues. Moreover, we found that implicit associations after childbirth were associated with parental experiences during childhood, this effect was moderated by the kind of delivery. Finally, a specific association between implicit evaluations and the parental ideas was observed. These results confirm that delivery determines in females a differential change in the systems of evaluation and processing of infant cues, and further support the idea that a multi-level measurement approach should be considered to better understand the processes that regulate caregiving behaviours.

EFFECT OF SITUATIONAL CONTEXT ON ADULT'S RESPONSE TO INFANT CRY

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The ability to adequately respond to infant signals is vital for children's proper development. In everyday life, a child's cry will most likely be received by an adult who is distracted by various activities in different situational contexts: related (PERS) or unrelated (NONPERS) to personal aspects of one's life. The aim of the research is to clarify how the context, in which the adult is called upon to respond to infant cry (IC), exerts its influence on the quality of response. Using fMRI (study1), with a sample size of 22 women (11 mothers), and fNIRS (study 2), with a sample population of 79 non-parent adults, we explored the effects of situational contexts on brain response to IC while participants simultaneously listened to IC. In study 1, participants were distracted in a self-referential (PERS) or syllabic counting (NONPERS) task; in study 2, participants had to imagine to be inside a domestic (PERS) and a non-domestic scene (NONPERS). fMRI results revealed that women showed a slightly altered activity of the neural circuit underlying the execution of self-referential processes (PERS), which potentially reflects a shift of attention from the task to IC, and this altered activation becomes significant in mothers during the NONPERS task. fNIRS results showed that IC in NONPERS generated more activation in brain regions associated with both cognitive and affective processes underlying behavioral and emotional regulation (dorsolateral prefrontal and ventrolateral cortex, inferior frontal gyrus). Data suggests that the contextual situation in which IC occurs should be evaluated in order to better

understand brain mechanisms that regulate adults' responsiveness and shape parental behaviors in response to IC.

NEURAL AND INTERACTIVE IMPLICATIONS OF EARLY MOTHER-CHILD RELATIONSHIP: THE ISSUE OF MATERNAL SUBSTANCE USE DISORDER

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Substance Use Disorder (SUD) is severe risk factor for competent parenting and child development. Mothers with SUD are reported as less sensitive, more negative and intrusive during adult-child interactions and their children present more difficulties in affect regulation. Neuroimaging studies highlighted those parents with SUD also show different responses to infant cues. We investigated empathic responses to infant cues as an important feature to competent parenting, and quality of mother-child interactions in mothers with SUD. 15 mothers with history of SUD were observed in interaction with their child (age 3-36 months) during 20-min free play. Event-related potentials (ERPs) were recorded from those mothers while performing a pain decision task used to elicit empathic responses to both adults and infant cues, and compared to a group of control mothers. Quality of interactions was assessed through the Emotional Availability Scales. In the pain decision task, all mothers showed worse accuracy to painful when compared to neutral stimuli regardless of whether the cues were adults or children. Reactivity to pain (i.e. reaction times to painful minus neutral stimuli) resulted significantly altered to children's pain when compared to that to adults' pain in mothers with SUD but not in control mothers. ERPs

revealed similar empathic responses to adults' pain in both groups of mothers while significant differences were observed between groups to children's pain in early time-windows. During interactions, mothers with SUD showed difficulties in sensitivity, nonintrusiveness, and nonostility. Difficulties in child responsiveness were also observed. Mothers with SUD and their children are at higher risk for experiencing relational difficulties. SUD could have an impact on parenting and on child development both in terms of altered neural response and interactive difficulties. Clinical implications of these findings are discussed.

MOTHERS AND FATHERS IN THE THERAPY ROOM: THE PARENTS' ROLE IN EARLY INTERVENTION FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS

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Developmental interventions are planned to target the core deficits of children with Autism Spectrum Disorders (ASD). The recent literature highlights the importance of directly involve parents in the intervention setting. Starting from the child's own interests or actions, the therapist and the parents can raise engagement, interaction, communication, affection, and, subsequently, specific cognitive skills. The main aim of the present work was to investigate if parent-child interaction quality, as well as cognitive profile and social communication skills of children with ASD improve after receiving an early and intensive parent-mediated intervention. Participants were 20 children with ASD with different levels of cognitive functioning (10 with high and 10 with low functioning ASD) and their mothers and fathers. Data were collected before (T1) and after six months of

intervention (T2). The quality of parent-child interaction was assessed through the Emotional Availability Scale (EAS) and an observational code for parent-child play interaction applied to a semi-structured dyadic play session; the cognitive profile was measured using the Griffith Mental Developmental Scale (GMDS); and social communication abilities were evaluated based on the Autism Diagnostic Observation Schedule (ADOS). The results showed a significant improvement from T1 to T2 of child cognitive profile and communication skills, especially for children with high functioning ASD. Overall quality of parent-child interaction tended to be stable across time points but specific sub-domains improved differently in mothers and fathers. Also, we found parental quality of interaction to be associated with child cognitive skills and their improvements after intervention. We conclude that parent-mediated early intensive intervention was effective in improving cognitive skills by supporting both parents in adapting their spontaneous interaction style to the specific needs of their children.

THE PERCEPTION OF SPECIFIC LEARNING DISORDER

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The main purpose is to investigate the perception that the subjects, parents and teachers have about specific learning disabilities. Furthermore, we want to discuss the importance of the techniques borrowed from the cognitive

behavioral approach. In facts, in addition to functional deficits, several other factors, both internal and external, seem to emerge and these contribute to the creation of a perception of one's difficulties, which does not always coincide with those objectively observed in neuropsychological analysis. The diagnosis creates a "turning point" in the elaboration of their own identity and a redefinition of difficulties. However, these processes do not always lead to a proper individual or social adaptation. In addition to functional deficits there are several other factors - both internal and external - which help to create a perception of learning disabilities which do not always coincide with their objective difficulties detected by neuropsychological assessment. This perception appears to be important in defining compensatory and dispensatory tools to be adopted in schools and at work, for a sense of self-efficacy and for a definition of self in both social context and in a family context. Another aspect was to investigate which elements of uneasiness could be an obstacle to a correct processing of personal identity and appropriate social inclusion in subjects with specific learning disabilities. The aim of this Symposium is to present some innovative researches about the perception among children and adults with specific learning disorder. The first of these is focused on a socio-cultural perspective on perception among parents and teacher; the second explore the interventions in educational and rehabilitation contexts to psychotherapy according to the cognitive behavioral approach; the third regards the developmental trajectories of silent reading fluency.

SPECIFIC LEARNING DISORDERS PERCEPTION AMONG PARENTS AND TEACHER. A SOCIO-CULTURALE PERSPECTIVE

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Mainstream perspectives about Specific Learning Disorders (SLD) range among an etiopathogenetic and a psicoeducative view, however in last decades the importance of cultural aspects in conceiving and defining SLD has been highlighted (Frith, 1999; Gibbs, 2001; Chanock, 2007). Nevertheless few studies have been developed in order to detect SLD perception among school actors according to a cultural standpoint. The present work, assuming a socio constructivist view belonging to a cultural framework, aims to detect cultural models paving SLD perception in a sample of parents and teacher. An ad hoc multiple choice survey, developed according to a psychodynamic methodology (Carli, Paniccia, 1999; Carli, Salvatore, 2001), has been subjected to primary school parents (n=1095) and teachers (n=110) sampled according to a convenience criterion among Lecce, Brindisi and Taranto districts. Data collected has been subjected to a multidimensional analysis procedure integrating both Multiple Correspondence Analysis (ACM, Benzecrì, 1973) and Cluster Analysis (AC; Gore, Leuwerke, Turley, 2006). In this way it has been retrieved different cluster profiles characterized by specific co-occurrence answers patterns. Each of the identified clusters has been interpreted as a specific Cultural Model paving SLD conceiving. Finally a set of descriptive analysis (Chi Square) allowed to detect meaningful differences in SLD perceptions among parents and teachers. Despite research limits, results offer a breakdown about SLD perceptions in school, providing a reflection cue about SLD training and school intervention strategies.

SPECIFIC LEARNING DISORDERS: FROM INTERVENTIONS IN EDUCATIONAL AND REHABILITATION CONTEXTS TO PSYCHOTHERAPY ACCORDING TO THE COGNITIVE BEHAVIOURAL APPROACH

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Clinical experience shows that for most children with a Specific Learning Disorder it is sufficient to receive a clear diagnosis accompanied by an adequate explanation of the disorder and the methods for bypassing the problem. Sometimes, however, the presence of a learning disorder may be a condition that is accompanied by great emotional pain in childhood and thus, may determine a pathological deviation of development, especially if other vulnerabilities in the history of the subject coexist (Luci & Ruggerini, 2010). In other cases, as a result of the diagnosis, children have to undergo speech therapy and/or rehabilitation programmes, which require a lot of effort, and this may contribute to a further increase in discomfort, especially if treatment goals are not shared and if motivational aspects are not taken into consideration. In cases with older children (at secondary school) or with more severe disorders, the problem can be bypassed using compensatory tools (Shavelson, Hubner & Stanton, 1976). In all these cases, certain techniques borrowed from the cognitive behavioural approach may be useful. This paper aims to provide some examples of applying them in the SLD area.

DEVELOPMENTAL TRAJECTORIES OF SILENT READING FLUENCY

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Older students typically read silently when reading for comprehension. Despite these facts, it is common practice to assess oral reading abilities rather than silent reading abilities. This because the silent reading fluency is not an observable behaviour and, therefore, its evaluation is perceived as more challenging and less reliable than oral reading fluency. The present research is aimed to measure the silent reading speed in a sample of proficient students, assessed by an original silent reading fluency task, based on behavioural indicators of the silent reading speed. A total of 325 high school and university skilled students (age range 14–23 years) have been assessed using 3 tasks aimed to evaluate the oral reading speed (lists of words, lists of pseudowords and narrative text) and one task aimed to measure the silent reading speed. The average silent reading speed in our sample was around 12.5 syllables per second, almost double than the oral reading speed rate. The silent reading speed had an increase from 9.13 to 12.38 syllables/sec from the first year of high school (ninth grade) to the fifth year of University. Conversely, the oral reading speed remained substantially unchanged for the entire academic course. Our results showed that the reading fluency in silent mode tends to increase up to the last years of University and it may be considered the most rapid and efficient reading mode. The main implication of these findings is that assessing adolescent students or adults with oral reading tasks (lists of words, pseudowords, and text) could give poor information about their real reading ability since the ceiling is already reached when they start the high school. This study highlights the importance of including both silent and oral reading modes in the assessment of the older students and young adults, since silent reading is the main reading mode for proficient readers.

CLINICAL PSYCHOLOGY AND THE COUPLE: NEW DIRECTIONS AND INSTRUMENTS FOR TAKING CARE OF THE MARITAL AND PARENTAL COUPLE

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There are three possible reasons why a couple ask for a therapy: interpersonal difficulties, child's symptoms and spouse's symptoms (Bowen, 1978; Doss, *et al.* 2004). But only in some cases the request leads to a therapeutic process. In fact, high rates of drop out have been calculated in couple therapy (Halford *et al.*, 2015; Klann *et al.*, 2010). The symposium includes presentations focalized on the early evaluation of the marital or parental couple, with the aim to increase the compliance to the treatment. The first presentation is focused on the Play Therapy with children and parents, showing the importance of parental involvement during the initial phase of the child treatment. The second and third interventions are focused on the Control Mastery Theory: a cognitive-psychodynamic theory of psychological and psychopathological functioning, showing the importance of identifying, in an early stage, the relational vicious cycles of a couple relationship – both marital and parental – that often prevent them from achieving healthy goals. The last presentation is focused on Couple Therapy and shows that the analysis of ruptures and repairs of the therapeutic alliance in the first session of the treatment are an important factor in order to distinguish the conclusion of therapies between those that are concluded in agreement and dropouts. The early evaluation allows us to identify the resources and the vulnerabilities of the marital and parental couples. Those

initial sets of knowledge can be essential to the therapist in order to define specific intervention goals and to decrease the dropout risk.

VICIOUS RELATIONAL CYCLES: A METHOD FOR ASSESSING COUPLES FROM THE PERSPECTIVE OF CONTROL MASTERY THEORY

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Control Mastery Theory (CMT) is a cognitive-psychodynamic theory of psychological functioning and psychopathology (Weiss, 1993; Gazzillo, 2016). A central tenet of CMT is that human beings are guided by *unconscious plans* to achieve *normal and adaptive goals obstructed by pathogenic beliefs that have their origins in traumatic childhood experiences*. Human beings have innate strivings toward adaptation, growth and mastery and, in their important relationships (like with an intimate partner or a therapist), try to overcome their pathogenic beliefs and work to disconfirm them and feel safe. Human beings try to disconfirm their pathogenic beliefs by *unconsciously testing* them. Couples utilize these tests both in their everyday lives and in therapy (Zeitlin, 1991), and if a partner doesn't pass the test, the risk is that a relational vicious cycle will come up with the partners feeling bad, afflicted or angry. This work presents a clinical method aimed at assessing the partners and identifying the relational vicious cycles of a couple relationship that often impede them from achieving healthy goals. This assessment procedure consists of: (1) a first couple session aimed to identify the central problem; (2) one/two individual sessions oriented to the *Plan Formulation Method*; (3) the administration of the *Interpersonal Guilt Questionnaire-67* (IGQ-67; O'Connor et al; 1997), the *Interpersonal Guilt Rating Scale-15* (IGRS-15; Gazzillo et al., 2017),

the *Pathogenic/Problematic Beliefs Scale* (PBS; Silberschatz, 2016), clinician e self-report versions, and the *Shedler Westen Assessment Procedure-200* (SWAP-200; Shedler, Westen, Lingardi; 2003). At the end of the assessment, the clinician may propose a case-specific treatment.

A METHOD FOR ASSESSING COUPLE FROM THE PERSPECTIVE OF CONTROL MASTERY THEORY: TWO CLINICAL CASES

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Thanks to the stability and the emotional involvement that they imply, couple relationships represent an ideal context where the partners can *test* their respective *pathogenic beliefs* (Zeitlin, 1991). The aim of this work is to present a method for the assessment of couples according to Control Mastery Theory (CMT) and its implementation to one married couple and one parental couple. The first couple wanted to improve their communication skills while second is a *high-conflict couple* (Carter, 2011) that needed a support of co-parenting. The procedure we followed consists of: (1) a couple session; (2) one or two individual sessions oriented to the *Plan Formulation Method*; (3) another couple session aimed at talking about what emerged during the assessment and about the specific treatment proposed to them. The tools used for the plan formulation are: the *Interpersonal Guilt Questionnaire-67* (IGQ-67, O'Connor et al, 1997), the *Interpersonal Guilt Rating Scale-15* (IGRS-15, Gazzillo et al., 2017) and the *Pathogenic / Problematic Beliefs Scale* (PBS; Silberschatz, 2016), both in their clinician and self-report forms, and the *Shedler Westen Assessment Procedure-200* (SWAP-200, Shedler, Westen, Lingardi, 2014). In both

cases, the pilot study shows that factors such as the personality, beliefs, guilt, and partners' attitudes provide information useful to understand the functioning of the couple or co-parents and for planning a case-specific treatment. Moreover, if the partners can observe directly and clearly the circular dynamics powered by the contributions of each of them, it is possible to develop a greater awareness of dysfunctional dynamics and a stronger motivation to the intervention. Future studies are needed to increase our sample in order to evaluate the reliability and validity of this method, correlating the procedure with the assessment of the process and outcome of the treatment.

THE COLLABORATIVE INTERACTION SCALE REVISED FOR COUPLE THERAPIES: FROM THE FOCUS ON THE RUPTURES TO THE POSSIBILITY TO STUDY THE REPARATIONS STRATEGIES

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The research in the field of individual psychotherapy and, to a lesser extent, in the field of Family and Couple Therapy (CFT), identifies the Therapeutic Alliance (TA) as one of the most important factors in the patient-therapist relationship when it comes to the outcome (Escudero, 2015; Bartle - Haring, *et al.*, 2012; Smerud & Rosenfarb, 2011; Friedlander, *et al.*, 2011; Muñoz de la Peña, *et al.*, 2009; Knobloch – Fedders, *et al.*, 2007). CFT 's studies still give little space to the comprehension of how this factor and the therapeutic process are co-constructed in a session through special interactive dynamics of ruptures and reparations (Friedlaner, *et al.*, 2006; Muntigl & Horvath,

2016; Swank & Wittenborn, 2013; Escudero, *et al.*, 2012). The aim of this study is to explore the ruptures and reparations that occur in the first and last session (N:68) of three different Couple Therapy (CT), differentiated from the status termination (Agreement, Disagreement and No Show. N: 34). The instrument is the Collaborative Interaction Scale-revised (Colli & Lingiardi, 2014) combined with a custom-built scale, in order to detect the specific interactive dynamics of the systemic levels (Therapist-Couple; Partner-Partner). The results show a significant difference from the first to the last session, for both ruptures and reparations in the patient-therapist relationship and between partners. Lastly, we will discuss the clinical relapses in order to improve the treatment, with the aim to increase the patient's engagement, the success of the treatment, and the partners' wellness.

A MODEL FOR AN INTEGRATED ASSESSMENT WITH PARENTS OF CHILDREN WITH EATING AND EVACUATION DISORDERS

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Today most clinical interventions for children include parents from the early stage of treatment (Neri & Latmiral, 2004; Sameroff, Donough, & Rosenblum, 2006; Tsiantis et al., 2002; Vallino, 2002, 2009). Specifically, parents' participation in the child's diagnosis and, subsequently, in his/her treatment allows for a better understanding of the child's symptoms within the family relationships. In this way therapists find the opportunity to establish a therapeutic relationship with parents based on a mutual understanding of the child's difficulties and, furthermore, on their collaboration and agreement on what are the main goals and tasks of intervention. These aspects refer to the therapeutic alliance (TA) with

parents, seen as a necessary component of a successful assessment and intervention. The “Focal Play Therapy with children and parents” (FPT-CP; Trombini & Trombini, 2006, 2007; Trombini E., 2010, 2011, 2016) has been designed for eating and evacuation disorders in preschool children usually connected to parent-child relationship problems. This model of intervention consists of an initial phase (6 sessions) where parents are actively involved. Main goals are: the assessment of the child’s symptoms within the family dynamics and the promotion of the therapeutic alliance with parents. The present research wants to evaluate the effects of the FPT-CP in terms of: a) improving TA with parents; b) decreasing of parenting stress and of parent-child relationship problems. The sample is made up of 14 parental couples and their children ($M_{age} = 4$ years). Correlations between parent’s alliance scores and parent’s dimensions of personality were investigated. Differences in alliance scores between parents and therapist and between each parent were also examined. A semistructured interview was used to investigate parents’ perception of FPT-CP strengths and weaknesses. Furthermore, two contrasting cases will be discussed along with the implications of the study.

GENDER VARIANCES IN ADULTHOOD: THE INTERFACE BETWEEN SOCIAL AND CLINICAL ISSUES

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Discussant: Rollè Luca (2)

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Gender variant people are a diverse population crossing or transcending the defined binary gender categories of male and female. “Gender variance” has increasingly come to be used as an umbrella term to include different declinations of gender diversity, such as transsexual, transgender, genderqueer, bigender, gender blender, etc., disengaging it from any psychopathological reference. Gender variant people face systematic oppression due to their gender nonconformity or expression. Thus, they are at high risk of experiencing distress as a result of their stigmatized social status. It means that stigma and oppression as social determinants negatively impact mental and physical health of gender variant people, as well as their general wellbeing. This evidence sheds light on the interface between social and clinical determinants, so that researchers are increasingly focused on understanding the processes involved in and the extent of the social stigma effects on the mental health of gender variant people. According to these premises, the current symposium is aimed at illustrating the relationship between social and clinical factors that interact in developing both difficulties and resources in adult gender variant people. Indeed, accounting for these determinants is fundamental for both researchers and clinicians working with this specific population in their practice.

TRANS IDENTITIES AND MEDICAL PRACTICE IN ITALY: THE DECLINE OF THE GENDER AFFIRMATION SURGERY

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Within a project developed in France by the INSERM, this study aims at exploring the socio-demographic characteristics and the role that hormonal treatments and Gender Affirming Surgery (GAS) play in gender identifications and transition pathways in 167 Italian trans people (71 female-to-male and 96 male-to-female). Two main indicators (sex assigned at birth and gender self-identification) were used to analyzing medical and legal pathways. The method of recruitment maintained a balance between community organizations and medical networks. A majority of FtM self-identified as “Trans man” (40.8%) whereas a majority of MtF self identified as “Woman” (34.4%). We observe a slight difference according to sex assigned at birth in the process of self-identification as trans: MtF participants tended to adhere more frequently to binary gender identification than FtM ones. Only 5 FtM (7%) and 16 MtF (16.7%) participants underwent GAS. Percentage of MtF participants who intended to undergo GAS was higher than that observed in FtM participants. Furthermore, the more gender identification is binary (“Man” and “Women”) more steps of transition have been carried out. On the contrary, in trans individuals who self-identify as non-binary (“Trans women”, “Trans men”, “Trans”, or “Other”) the number of steps of transition is significantly lower. This trend is similar for both MtF and FtM participants. Our findings demonstrate a strong heterogeneity of trans identifications and transition pathways and an increasing trend in self-identifying in non-binary categories with more than 2/3 of trans individuals adhering to non-binary self-identification categories. These results may well be explained in the light of the social changes that are taking place worldwide, such as in Italy, where legal regulation has recently institutionalized a growing recognition of variation of personal gender identification.

SEXUALITY BEFORE AND AFTER GENDER CONFIRMING SURGERY

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Data on the outcome of gender confirming surgery (GCS) in Italy is very scarce. In particular, little is known about sexual health after GCS compared to sexual functioning before surgery. The present study collects data of a multicentre research about surgery outcomes. Some of the centres affiliated to *Osservatorio Nazionale sull'Identità di Genere* cooperated in this research to gather a sample of transsexual patients who underwent GCS. Trans women (N=46) who received GCS were contacted and asked to complete some questionnaires to collect information about satisfaction about the surgery, potential complications occurred after the GCS or possible regret concerning the transition and the sexual functioning before and after the GCS. Consistently with international literature (Landén et al., 1998; Michel et al., 2002; Lawrence, 2003; 2006), our sample shows a high level of general satisfaction for the reconstructive surgery, with 71.1% of the patients reporting a high or very high level of satisfaction for surgery results. 67.4% claimed also to be satisfied or very satisfied about the sexual functioning of the neo-vagina. Levels of satisfaction appear to be not affected by post-surgery problems, although 50% of the patients report some complications after GCS. Partial regret was reported by only 3 patients. As for post-surgery sexual functioning, results show an increased level of sexual satisfaction. Sexual life was reported as a little more pleasant and a lot more pleasant by 69.5% of the sample. In spite of the limitations (sample size and the variability of the surgical procedure adopted) this study provides data on sexual functioning after GCS in a sample of Italian transpeople.

THE BODY ONE IS AND THE BODY ONE INHABITS: THE TRANSEXUAL IDENTITY

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With DSM-5 the diagnosis of “gender identity disorder” has been modified into “gender dysphoria”. Nonetheless there is a paucity of studies on transexual identity as far as the life subjective experience and the relational experiences of transexual subjects. Keeping in mind the mystery of any sexual identity (Mitchell, 1988), especially the transexual body expose the fundamental ambivalence between what the subject feels to be inside and what the body as the signifier of gender for the other means relationally. The body one has it's not necessarily the body one is (Lemma 2013). Therefore we aim at shedding light on the perception of one's transexual being, of one's internal representations of self and others, in particular the other as father and the other as mother, and subsequent expectations created in the relational play/exchanges with significant others. In this preliminary phase of research our intention is to construct a model to be verified especially for subject Mto F based on the analysis of the mental representations of attachment, as they reveal themselves in the spontaneous narrative of the subject in which the paternal figure might be particularly relevant in presentia or in absentia. Moreover we would like to verify the presence of possible traumatic events in the development of identity and the presence of possible dissociative phenomena at somatic, affective and cognitive levels.

GENDER NARRATIVES. THE ENCOUNTER BETWEEN CLINICAL LOOK AND PERSONAL EXPERIENCES IN THE PROCESSES OF CONSTRUCTION OF TRANS IDENTITIES

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Processes of gender transition may involve different and relevant spaces and social contexts for the people engaged in gender transition: hospitals, courts, surgical areas, but also LGBTI* associations, labor rights services, workplaces, places of body care and virtual spaces. In the different phases of the process, the psychological path is configured as a relevant practice because it is constantly implied and adhered to specific standards of cure. It generally has two purposes: one is the diagnostic evaluation and the other is a therapeutic-supportive scope. The psychological language and practice can contribute to define the normative reality through the attempt to trace the boundaries between *normal* and *pathological*, legitimating or impeding the access to the different types of medical treatment and to the forms of legal recognition in institutional contexts, and in some cases stimulating processes of pathologisation and medicalisation of people. The purpose of this contribute is to offer an overview of the present studies about the theme of the encounter between the *clinical look* and *personal experiences*. The methods used include a critical literature review and a narrative interview proposal to the protagonists of transitions, following the criteria of qualitative research. Among the possible implications for the protagonists, ambivalences are anticipated which may derive from the discourses related to the exhortation to a surgical intervention and the contemporary necessity of a diagnostic evaluation that it could be lived as an obligation given the subjective need to match the diagnostic criteria or the real-life test. This is a complex issue especially by virtue of the interconnection between the voices and perspectives implicated, hence the importance to explore the protagonists' narratives regarding their own transitions as well as the psychological and the psychiatric experts' narratives about their own operational experiences.

EMOTION REGULATION: NEURONAL CORRELATES AND CLINICAL DIMENSIONS

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Discussant: Violani Cristiano (2)

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Emotion regulation (ER) can be defined as “the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (Thompson, 1994). ER appeals a set of multifaceted processes across subjective experience, cognitive responses, autonomic responses, and emotion-related behaviors. In the past two decades, considerable interest has emerged toward identifying neural substrates of emotion regulation (Cole et al., 2013; Beauchaine, 2015), such as specific organs involved in emotion regulation. There are several existing measures of emotion regulation, however certain difficulties with emotion regulation may be more likely to manifest in specific organic area, in response to a particular level of affective intensity. Skin is an organ that reacts directly upon emotional stimuli, playing an important role in the socialization process. Although it has long been known that emotional experience affects skin, surprisingly little research has addressed the link between specific dermatologic disease and ER. This may be an important oversight, as study of emotion regulatory processes may have therapeutic implications for a variety of clinical disorders. The major goal of this panel is to explore what is known about the role of emotion regulation in dermatologic disease, and to consider possible use of therapy for emotion dysregulation.

THE PSYCHOSOMATIC DYSREGULATION INVENTORY (PDI)

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To date, many assessment scales have been developed for the study of emotion dysregulation. Ideal scales used should be reliable and practical, and able to catch the specificity topic considered. This study discusses the rationale underlying the Psychosomatic Dysregulation Inventory (PDI), the methods employed in item selection and scale construction, and describes preliminary results regarding psychometric properties. 100 subjects were administered the PDI and a battery of established self-report measures. The internal consistency of PDII scales ranged from 0.71 to 0.93. The PDI showed good criterion validity, with participants with a clinical diagnosis having a significantly higher corresponding PDI scale score than participants not assigned that diagnosis. Concurrent validity, tested by correlating PDI scale scores with those of relevant, validated measures, was generally good. The PDI appears to be a good psychometrically founded self-report. These results indicate that the PDI may be useful for detecting individuals who are at high risk for psychosomatic dysregulation.

FRACTIONATING THE EMOTIONAL BRAIN: PSYCHOLOGICAL AND MORPHOMETRIC DIFFERENCES IN EMOTION REGULATION ABILITIES

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In everyday life, emotions play a crucial role in successfully regulating our social interaction. Particularly, emotion regulation refers to the set of processes through which individuals regulate their emotional states. People are more or less able to regulate their emotions: this has a strong impact in their life and their general well-being. However, it is still not clear how individual differences can affect the ability to regulate emotions and how these differences are coded at the neural level. Moreover, the psychological and cerebral differences between social (SER) and non-social (NSER) emotion regulation are still unclear. Taking advantage of a new morphometric technique known as Source-based Morphometry, I will present evidence of cerebral differences between good (GR) and bad regulators (BR), and between SER and NSER. In the first study, thirty-seven healthy participants were split into GR vs BR (19 versus 18), based on their performance at the Emotion Regulation Questionnaire-Reappraisal subscale). GR differ from BR in a grey matter network including the Inferior Temporal Gyrus, Fusiform Gyrus, Parahippocampal Gyrus, Middle Temporal and Frontal Gyrus, Inferior Parietal Lobule, Posterior Cingulate, and Precuneus. In the second study, 20 participants were tested for SER and NSER. Results show that SER and NSER abilities are independent (they do not correlate), and that SER and NSER rely on different neural structures. SER involves large portions of the ventral medial prefrontal cortex, of the temporo-parietal junction, of the fusiform gyrus and of the anterior cingulate cortex, whereas, RENS involves the superior and middle frontal gyrus, and the superior temporal gyrus.

AUTONOMIC CORRELATES OF EMOTION REGULATION IN PATIENTS WITH PSORIASIS: A FACIAL THERMAL IMAGING STUDY

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Psoriasis is a chronic debilitating disease which is frequently associated with strong psychological distress and psychological conditions (e.g., depression, anxiety). Although some studies have indicated a relationship between this condition and difficulties in emotion regulation (as they are self-reported by the patients), behavioral and physiological evidence about this link are scarce. Here, we measured emotion regulation abilities of patients with psoriasis (N=16) and a control group (N=17) by examining the impact of distracting emotional (positive, negative or neutral) images during the performance on a working memory task (“Emotional n-back”) which could present high (1 back) or low (2 back) cognitive workload. Moreover, we used Functional Infrared Thermal Imaging to record participants’ facial temperature in order to obtain a measure of the activation of the autonomic system during the task. In particular, temperature over the peri-orbital areas and the tip of the nose are believed to reflect the activation of the sympathetic and parasympathetic system, respectively. Patients scored significantly higher than controls on the “Lack of emotional clarity” subscale of the Difficulties in Emotion Regulation Scale (DERS). Compared to the control group, patients showed to improve their performance when the cognitive workload was higher (and then it was easier not to pay attention to the distracting stimuli) but only when the distracting image was neutral. Consistently with this behavioral pattern, patients showed a lower temperature of periorbital areas and a higher temperature of the tip of the nose (especially in the neutral blocks) during the high vs low cognitive load condition. These results suggest that patients with difficulties in understanding their emotions might benefit more than controls from the distracting power of cognitive load. However, this advantage seems to extinguish when the distractors are emotionally charged.

CHRONIC DERMATOLOGICAL DISORDER AND EMOTION REGULATION: THE CASE OF ALOPECIA

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Alopecia areata (AA) is an autoimmune hair loss on the scalp and/or body. The frequency of the occurrence of this condition is estimated to be 0.2% in the general population. The first symptoms of Alopecia areata frequently appear before the twentieth year of life. Recently, it has been described an high prevalence of adjustment, and anxiety disorders in patients with alopecia areata. This data highlight the need to better understand the role of the regulation of emotion in this population, in order to manage such patients. This study aimed to gain a detailed understanding of emotion regulation processes in patients with alopecia areata by examining differences between patients with alopecia areata and a healthy control group with regard to strategy concerning shame experience and emotion regulation strategies. A cross-sectional design was used to compare the group with AA (n=84) and the healthy control group (n=98) on a range of self-report measures. Participants with a diagnosis of AA reported significantly major difficulties in emotion regulation compared to the control group. The results of this study provide evidence for difficulties in emotion regulation in patients with AA. The findings suggest a need for tailored psychological therapies addressing specific emotion regulation difficulties in individuals with AA.

PARENTS' REACTIONS TO STRESSFUL EXPERIENCES AND THEIR IMPACT ON CHILD DEVELOPMENT

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Discussant: Cavanna Donatella (3)

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Parenting is the process of developing and utilizing the knowledge and skills appropriate to planning for, giving birth to, and providing care for offspring. Parenting is modulated by the interplay of parents and children characteristics, cultural heritage, as well as by family dynamics and particular circumstances. Parents play a significant role in reinforcing and undermining the developmental trajectories of their offspring. Research highlighted that the strongest risk factor contributing to the development of behavioral and emotional problems in children is the quality of parenting a child receives. The topic has broad implications in different psychological fields and the panel aims to provide valuable insights towards the improvement of clinical and forensic practice, and implications for further empirical research. The symposium comprises four studies carried out in different settings (clinical and forensic) aimed at investigating the impact of parents' psychological condition on child development and parent-child relationship. Salcuni et al. present a mixed-method study aimed to explore the subjective meanings and experiences that adoptive couples attribute to the waiting phase, described as the period between the application acceptance by the Court and ending with the first time the child is met. Using a longitudinal design, Trumello et al. explore psychological reactions (in terms of anxiety, depression and parental state of mind) of parents facing the preterm birth of their child and its impact on the quality of child's psychomotor development and parent-child relationship. Procaccia et al. discuss a study on the association between maternal PTSD and internalizing and externalizing behaviors of children, and the mediation effect of parental

distress. Finally, Verrocchio and colleagues present an extensive survey on high-conflict families, describing results on psychological traits of parents, their attitudes towards the offspring, and psychological condition of children.

A MIXED METHODS ANALYSIS OF ADOPTIVE COUPLES' PSYCHOLOGICAL EXPERIENCES OF «WAITING»

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The aim of this mixed-method research was to explore the subjective meanings and experiences that adoptive couples attribute to the waiting phase described as the period between the dossier acceptance and culminating in the encounter with the child. 30 volunteer participants (15 adoptive couples), belonged to "Adoption Without Frontiers- Onlus", were recruited. The participants were divided into 3 groups according to the waiting time. G1: couples waiting from 2 to 6 years, who have therefore exceeded the expected deadline for the matching with the child; G2: Couples who were waiting from 8 to 12 months, for which the possibility of matching seems to be an ever closer occurrence; G3: Couples who have just started the waiting phase from 3 to 6 months, seeing the matching with the child as a fairly distant event. The aim of the study was to compare the three groups according to the duration of the waiting period, comparing both quantitative (such as anxiety and depression, SAS and SDS; coping strategies, COPE-NVI; the quality of couple's relationship, DAS, and romantic attachment, ECR), and qualitative variables. The qualitative experience of waiting emerged from a semi-structured couple-interview,

created ad hoc from the existing literature, specifically designed to investigate the pre-match waiting and analyzed at the level of domains and text categories. Differences in the quality of subjective meanings and experiences of the waiting period between the three groups were found; no differences in quantitative dimensions emerged. Results enlarged the understanding of the couples' (inter) personal changes during the "waiting phase"; discussion opens to important implications for professionals and psychologists, that are working in the Adoption field.

PRETERM BIRTH: PARENTING AND CHILD DEVELOPMENT

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In recent years, the need for preventive projects concerning the improvement of parenting skills has grown in importance (Zeanah et al., 2006), especially in situations where it is necessary to support the early parent-child relationship (Greenberg et al., 2003). Prematurity is undoubtedly acknowledged as a relevant risk factor event: an unexpected birth and the negative parental reactions may adversely influence the quality of parent-infant interactions and consequently the child's development. In our longitudinal study, 100 parents (50 couples) were involved immediately after the birth of their child. During hospitalization in the Neonatal Intensive Care Unit (NICU) we investigated their anxiety and depressive levels and explored their mental representation of the infant and themselves as parents. At about one year of child corrected age, we analyzed the quality of mental development of the child and the parent-child relationship. In the first phase in the NICU, we found a positive association between maternal anxiety state and paternal depressive level ($r = .417$; $p < .01$). As regards links between

parental representations and affective states, more negative representations of the “infant present condition” correlated with higher levels of depression and state anxiety among both mothers and fathers. In addition we observed that only among mothers their “feeling ready for the infant’s discharge” was negatively associated with depressive levels. After one year of child corrected age, the first results on a small sample seemed to be in line with other studies showing that parents’ negative emotional reactions may have long term impact on both parents and infants (Latva et al., 2008). Our research project underlined the importance to direct clinical attention towards premature infants and their parents from the first moments, since parental representations and affective states may influence parents’ ability to understand their infants’ state of mind and needs.

THE EFFECT OF MATERNAL PTSD SYMPTOMS ON INTERNALIZING AND EXTERNALIZING BEHAVIORS IN CHILDREN: PARENTING STRESS AS PROPOSED MEDIATOR

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The literature highlights the importance of early mother-child interaction for child wellness and development (Murray, 1997). The intergenerational transmission of trauma theory (Yehuda, et al, 2001) suggests that maternal PTSD is associated with parenting deficits and child adjustment difficulties. Nevertheless, research exploring the mechanisms by which parental PTSD influences children’s outcomes is limited. Especially it is not yet clear if Ptsd plays a direct effect through emulating maternal emotion dysregulation, anger or irritability by children or if it plays an indirect effect, through the mediation of other variables. This study aims to explore, in mother-child

dyads at risk, the effect of maternal PTSD symptoms (reexperiencing, avoidance and hyperarousal) on internalizing and externalizing child behaviours and to evaluate the role of parenting stress as a potential explanatory mechanism of such associations. Participants: 95 mother-child dyads ($M=60\%$, mother average age=34, $SD=6.32$; child average age=3.56 $DS=3.37$) of which 49 dyads recruited into community for neglect and domestic violence; 46 control dyads, with low SES. PTSD was assessed with LASC (King et al., 1995); maternal stress with PSI-SF (Abidin, 1995; Guarino et al., 2008); internalizing and externalizing child behaviours with CBCL (Achenbach e Rescorla, 2000). Results of mediational model (bootstrapping by Preacher & Hayes, 2004, 2008) show that maternal stress partially mediates PTSD effect on internalizing/externalizing behaviour. Considering the 3 categories of PTSD symptoms and maternal stress, reexperiencing symptoms have a direct effect on internalization and an indirect effect on externalization, mediated by maternal stress (BD).

PARENTING AND CHILDREN'S PSYCHOLOGICAL OUTCOMES IN CHILD CUSTODY DISPUTES

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Severe levels of conflict between parents is a high-risk situation for the psychological development of the offspring and can also affect mental

health in parents. From 2015 to 2016, a large group of trained forensic psychologists completed an extensive survey concerning the last three child custody cases they were involved as expert consultants, where a child clearly rejected one of the parents. The survey included 141 items, each fully explained. Twenty-five percent of collected surveys were subjected to a blind inter-rater reliability analysis ($\alpha = .85$). Data of 157 surveys were examined. The average domestic partnership was 8.36 years ($SD = 4.69$). Father's refusal was present in 73% of cases. In most cases, parents were asymptomatic before separation concerning behavior towards their children; after separation, various types of pressure on the offspring emerged. Moreover, significant psychological difficulties in children were observed. Overall, parental conflict make previous relational patterns even worse, and can result in a triangulation of offspring. Parents' rejection after separation is a behavior that seems to be unpredictable before the separation. Fathers are the most rejected. Children experience high level of stress and consequently are more likely to have long-term effects that should deserve further investigation. Consolidated and emerging data will be discussed and suggestions on ways to re-establish parent-child relationship will be presented.

THE PROGRESS IN CARE OF YOUTH WITH GENDER DYSPHORIA: ITALIAN SPECIALIZED CENTERS AND NEW DIRECTIONS FOR RESEARCH

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Discussant: Castellini Giovanni (2)

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Gender dysphoria (GD) in young children and adolescents in Italy is a phenomenon still largely under-observed. Families with a child presenting a gender non-conforming self-perception and behaviors may easily experience discomfort and need psychological assistance. Recent international research suggests that both parents and transgender adults perceive professionals as not always well educated about gender identity issues. At the same time several studies indicate that GD youth is exposed to various risks for mental health and need specialized care. Recently, in Italy some specialized centers for GD in childhood and adolescence have been developed. The main aim of this symposium is to offer a description of such new clinical scenario. Contributions focus on the specialized centers of Turin, Florence, Milan, Naples and Rome. Caldarera and colleagues present the preliminary findings of a multicentric study aimed at systematically collecting national data regarding the characteristics of Italian GD youth. Fortunato and colleagues explore the mental health professional reactions to gender non-conforming children and adolescents, the activities of Italian specialized centres and their network with other mental health professionals. Ristori and colleagues focus on the psychopathological features associated with GD in adolescence. Finally, the study of Frigerio and colleagues explores experiences and representations related to GD among a group of parents of transgender adolescents.

CLINICAL PRESENTATION OF GENDER DYSPHORIA AND GENDER VARIANCE AMONG ITALIAN CHILDREN AND ADOLESCENTS: A MULTICENTRIC STUDY

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In 2012 a national network of the Italian gender clinics for children and adolescents was established within the Italian ONIG (Osservatorio Nazionale sull'Identità di Genere), and developed a shared protocol of assessment and care in line with international guidelines (WPATH) and the indications of DSM-5 by APA (2013). In recent years, similarly to what happened in other countries, the clinics received an increasing number of contacts by families of gender variant children and adolescents. The network set a multicentric study in order to systematically collect national data regarding the features of Italian gender dysphoric/gender variant children and adolescents. We collected data from the socio-demographic sheet and from the psychological case history form (filled out by the professionals of each participating centre) related to all children and adolescents consecutively referred to the clinics of Torino, Roma, Bologna and Napoli. We analysed information about history of gender identity development; education; perceived quality of family and peer relations; associated psychological difficulties. Demographic characteristics and association between variables were tested through descriptive and multivariate statistics. We collected the data about 114 children and adolescents aged 3-18 ($M = 12.78$; $SD = 4.27$). Preliminary analyses showed a progressive increase across years of the number of referrals;

participants' assigned sex at birth was female for 54.2% of the group. Moreover, the gender variant and the gender dysphoric subgroups showed significant differences in relation to gender identity development history, family and peer relations, and associated psychological difficulties (for each variable: $p < .01$). The increasing number of referrals indicates the need of continuing with research in order to increase the knowledge about the factors that support the wellbeing of Italian gender variant children and adolescents.

PSYCHOLOGISTS AND PAEDIATRICIANS' RESPONSE TO GENDER VARIANT CHILDREN AND ADOLESCENTS IN ITALY AND THE MODEL OF INTERVENTIONS

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Gender dysphoria (GD) in developmental age is a complex phenomenon that causes significant distress and needs clinical attention. Nowadays, studies on the prevalence of GD are scarce and consensus about the best clinical practice is currently under debate. In several countries the number of patients referred to gender identity clinics is high and increasing. In Italy the phenomenon is still hidden and the cases seen by the Italian centers are limited. The aims are to explore the mental health professional response to these cases, to ascertain the knowledge and experience about GD of professionals, to explore the functioning of the Italian specialized centres and their network with other mental health professionals. An ad hoc

questionnaire for professionals was constructed. The questionnaire explored number of cases seen, perceived knowledge about GD, perceptions and behaviors relating to gender identity shown by patients, if was offered direct care by the professional and/or referred to a specialized center. Furthermore, we performed some interviews to investigate the model of interventions of specialized centers and the network of these centres with other mental health professionals. 432 answer were collected (185 psychologists, 192 psychotherapists, 55 paediatricians) and 10 interviews were performed. The cases reported consisted of 200 children (age 2-11) and 174 adolescents (age 12-19). Most professionals indicated that they had scarce knowledge about GD, cases described presented features in line with DSM-5 criteria, referrals to specialized services were rare. Regarding specialized centres, we noticed a difference in the management of cases and a great willingness to collaborate with professionals. Responses highlighted the perception of poor knowledge on GD by professionals and the scarce use of referral to specialized centres. This may mean that the phenomenon receives less attention than it deserves.

GENDER DYSPHORIA IN ADOLESCENCE: PARENTAL REPRESENTATIONS

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Gender dysphoria (APA, 2013) is defined as an incongruence between the gender an individual identifies with and the gender assigned at birth; it is associated to distress and impairment in social functioning. The onset can be in childhood and adolescence, sometimes as early as 3-4 years of age. Therapeutic approaches are generally focused on the child/teenager, the family and the social environment. This study aims to explore the experiences, representations, and feelings connected to gender dysphoria in

a sample of parents of transgender adolescents, consecutively admitted in a specialized center in the largest public hospital in Milan (Ambulatorio per la Disforia di Genere, Ospedale Niguarda Ca' Granda). Methods include the use of a semi-structured interview. The interview is useful in offering the possibility to explore in depth the topic under investigation; it is a technique that easily allows access to the point of view of an individual. Interviews focused on the parents' experience of their son/daughter's gender dysphoria, the impact of gender dysphoria on family environment, causal explanations by the parents, expectations about the future, relationships with in the family and with school and health care services. The interviews were audio-recorded, transcribed and analyzed through qualitative methods including discourse analysis (Parker, 2005; Potter, 2003). Preliminary results and clinical implications will be discussed.

PSYCHOLOGICAL CHARACTERISTICS OF ITALIAN GENDER DYPHORIC ADOLESCENTS: A CASE CONTROL STUDY

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Gender Dysphoria (GD) is associated with clinically significant distress and impairment in social, scholastic and other important areas of

functioning, especially when early onset is reported. To assess the psychopathological features associated with GD in adolescence, comparing a group of gender dysphoric adolescents (GDs) with a group of non-referred adolescents (NRs), in terms of body uneasiness, suicide risk, psychological functioning, and intensity of GD. A sample of 46 adolescents with GD and 46 age-matched NRs were evaluated (mean \pm SD Age= 16.00 \pm 1.49 and 16.59 \pm 1.11 respectively, $p > 0.05$). Subjects were asked to complete the Body Uneasiness Test (BUT) to explore body uneasiness, the Youth Self Report (YSR) to measure psychological functioning, the Multi-Attitude Suicide Tendency scale (MAST) for suicide risk and the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA) for GD assessment. Adolescents with GD reported significantly higher levels of body uneasiness (BUT-GSI, $F=471.07$, $p < 0.0001$), as well as a worse psychological functioning (YSR, $F=13.06$ and $p < 0.0001$ for “Total Problem Scale” and $F=12.53$, $p=0.001$ for “Internalizing” scale) as compared to NRs. When YSR subscales were considered, GDs showed significantly higher scores in the “Withdrawal/depression”, “Anxiety/depression”, and “Social problems” (all $p < 0.0001$). In addition, GDs showed significantly higher levels in the “Attraction to death” and “Repulsion by Life” scales and lower scores in the “Attraction to life” scale (all $p < 0.0001$). Finally, GIDYQ-AA score was significantly lower (meaning a higher level of gender dysphoria symptoms) in GDs vs. NRs ($p < 0.0001$). GD adolescents reported significantly higher body dissatisfaction and suicidal risk compared to NRs. In addition, results confirmed a significant impairment in social psychological functioning in adolescents with GD.

HOW TO INFORM AND TO OFFER SUPPORT TO PATIENTS AND THEIR FAMILIES DURING HEALTHCARE CONSULTATIONS: EXPERIENCES

FROM DIFFERENT MEDICAL SETTINGS

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Health care is a complex task that also includes a human and relational component. The growth of a person-centered care has contributed to change how patients and health professionals experience their consultations, soliciting caregivers to pay more attention to the emotions that patients express (Dicé, Dolce, Freda, 2016) and how physicians react to them (Del Piccolo et al., 2015; Del Piccolo, Mazzi, Goss, Rimondini, Zimmermann, 2016). The ability to recognize and manage patients' emotional needs, the psychological listening and scaffolding functions are key factors associated with a variety of positive patient outcomes (Freda, Picione, 2017). Literature in this field highlights the importance of doctor-patient communication on social, relational and personal aspects, in order to achieve higher patient's adherence and the feeling by the patient to be seen as a person (Lamiani, Bigi, Mancuso, Coppola, Vegni, 2017). A relevant component of doctor-patient communication relates also to what, when and how to communicate the diagnosis to patients and their families (Zavattini, 2016; Guerriero, de Campora, Gnazzo, Vegni, Zavattini, 2017). Appropriate psychological interventions with patients in health care setting may be crucial not only to prevent long-term psychological issues, but also to help patients to feel more comfortable to seek for medical help in the future (Hall, 2016). Psychology can significantly contribute to health professionals education towards inter-professional practice, but a great work is still necessary. On this basis the panel aims to investigate several issues: to explore the possibility of a collaborative culture between doctors and psychologists; to

investigate how psychology is integrated into current health care teams; to present models to train health care professionals to communicate a life-altering diagnosis and to support patients and their families.

FACTORS RELATED TO THE EXPRESSION OF EMOTIONS AND THEIR HANDLING BY ONCOLOGISTS IN PATIENTS NEWLY DIAGNOSED WITH EARLY STAGE BREAST CANCER

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Objective: (1) to evaluate how often and in which mode breast cancer patients introduce emotional issues during their first oncological visit; (2) to describe oncologists' responses to these expressions (3) to identify which factors influence the expression of emotional issues. Methods: 140 Italian-speaking female patients aged between 18 and 75 years, with a recent diagnosis of early-stage breast cancer were audio recorded at their first consultation with an oncologist in three different hospitals. Each consultation was analysed for the number and type of emotional expressions (VR-CoDES), questions asked and rated for patient-centredness (VR-COPE). Socio-demographic, clinical and personality variables were gathered before the consultation. Oncologists' evaluations on patient's emotional state and difficulty in managing the consultation were collected afterwards. Results: patients introduced emotional issues mainly as cues, often combined with informative needs and references to psychosocial impact of illness. Oncologists responded often by reducing space to further talk about emotions, by giving advice and reassurance. Patients who gave several cues/concerns were judged as more difficult. Negative binomial regression showed that the number of emotional expressions increased with

patient's state anxiety and oncologists' attribution of anxiety, depending also on centre organization and consultation style (psychosocially oriented). Conclusions: results underlay the importance of psychosocial approach and the need for oncologists to be trained to manage either the content (emotional, informative) and the process (structure, communication skills) of the consultation.

“WHEN RECEIVING” THE CHILD’S CLEFT LIP AND PALATE DIAGNOSIS: DIFFERENCES IN PARENTAL ABILITY TO ELABORATE THEIR CHILD DIAGNOSIS EXPERIENCE

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Literature (Nelson, Glenny, Kirk & Caress, 2012 for a review) on parents of children affected by cleft lip and/or palate (CLP) highlights parental feelings of shock, anger, sorrow, guilt, shame and anxiety when parents face the experience of their child diagnosis, showing how important is what, when and how to communicate the diagnosis to these parents. The negative cognitive evaluations and emotional reactions can then be elaborate if parents receive the appropriate and clear information and explanations about the disease and the treatment (Habersaat *et al.*, 2013; Stock & Rumsay, 2015). It is less clear when to communicate CLP diagnosis and what role does the time have in the parental ability to elaborate these negative feelings. The aim of this study is exploring parental differences in the ability to elaborate child's CLP diagnosis experience, compared to the moment (pregnancy or delivery) and the time they received the communication of the diagnosis. The *Reaction to Diagnosis Interview* (RDI; Pianta & Marvin, 1993) was administered to 51 parents (25 mothers and 26 fathers) of CLP children for assessing parental resolution to the child's diagnosis, and data

on time and moment of diagnosis were collected. 31 parents were Resolved to the child's diagnosis. Independent samples T test shows no differences between Resolved/ Unresolved parents accounting for the time from receiving child's CLP diagnosis. A significant association ($\chi^2 = 8.371$, $p < 0.01$) emerges between Resolved/Unresolved categories and the moment of receiving the diagnosis. This study shows that time from receiving the diagnosis make no differences between parental resolution and non resolution, but receiving the CLP diagnosis during pregnancy give parents a chance to better cope with the negative feelings related to this experience, and therefore could provide parents an increased ability to support the child in his/her special needs (Zavattini, 2016; Guerriero, Di Folco, 2017).

PSYCHOLOGICAL SCAFFOLDING FOR HEALTHCARE RELATIONSHIP: A METHODOLOGICAL PROPOSAL FOR INTERVENTIONS IN SPECIALIST MEDICAL CONTEXTS

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During a specialist medical consultation, physicians and patients are engaged in a relational process, simultaneously characterized by manifold dimensions: specific operative tasks, cultural values, emotional dynamics. In this context, participants are involved in a prolonged relationship and treat issues that can influence quality of life in patients and their families (Del Piccolo et al., 2017; Vegni, 2014). Sometimes, can be difficult, for them, recognize emotions and other point of views as useful information for the visit, because these are considered as a slowing-down for practice. It could useful to promote the achievement, alongside to medical "operational tasks" (Diagnosis, Prognosis and Care), of some "psychological tasks"

(*Ownership, Cum-Sensum and Concordance*), aimed to integrate health practices, subjective positionings and emotional dynamics. In this paper, we discuss some methodological criteria for a Psychological Scaffolding (PS) for Doctor-Patient Relationship intervention (Freda et al., 2017), specifically aimed to facilitate the mentalization and the dialogue in specialist medical contexts. The consulting presence of a clinical psychologist during the visit can orient some trajectories outlined by “psychological tasks” and promote the development of a mentalizing function, useful to recognize and consider emotions and different positionings during the care practice. We identified some psychological functions for Joint Listening Settings, allowing a gradual semiotic translation of the contents proposed by participants. Through a PS process, they can be helped to recognize others’ points of view and discuss about their subjective emotions and perspectives. Promoting, through a PS intervention, a mentalizing function in specialist medical contexts, means to help participants to achieve a mutual recognition of emotions and experiences, developing new opportunities for their long-lasting relationship.

SUPPORTING CLINICIANS IN THE COMMUNICATION WITH FAMILIES IN THE INTENSIVE CARE UNITS: THE ROLE OF CLINICAL PSYCHOLOGY

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The diagnosis of a chronic or acute disease may alter dramatically the life of patients and their families. The way in which communication occurs has a long-lasting impact on families' memories, ability to cope and bereavement process. In the intensive care units, it is common for clinicians to communicate with families around end-of-life. However, clinicians often feel unprepared to face the communicative and emotional aspects of this task. The aim of this work is to present a training model to improve healthcare professionals' abilities to communicate life-altering diagnosis to families. This model, named Program to Enhance Relational and communication skills (PERCS), is inspired to the client-centered approach and is based on simulations and group discussions of difficult conversations in an atmosphere of respect, trust in the clinicians' tacit knowledge and self-reflection. Two mandatory PERCS-ICU workshops were offered to 20 4th year residents in Anesthesia and Intensive Care (mean age=30 years; 15 females). Through a pre-post-questionnaire, residents rated their preparation, confidence, anxiety, communication and relational skills in talking with families about end-of-life issues. They also rated their awareness of personal emotions, ability to reflect on and manage their emotions. The workshop increased participants' preparation ($p = .002$), confidence ($p = .003$), communication skills ($p = .03$), self-awareness of personal emotions ($p = .016$) and the ability to reflect on personal emotions ($p = .004$). Relational skills, anxiety, and the ability to manage personal emotions did not decrease after the workshops. The workshop was perceived as very useful (mean= 4.85) and of high quality (media= 4.7). All participants (100%) would recommend the workshop to other colleagues. The PERCS program proved to be effective in changing clinicians' attitudes and promoting emotional awareness around end-of-life issues.

THE FORENSIC ASSESSMENT: SPECIFIC DIAGNOSTIC PROBLEMS AND INSTRUMENTS

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The forensic field presents specific psychological questions that only partially overlap with the "traditional" ones in the clinical context. Often, such questions require assessment instruments and ad hoc procedures. This Symposium will focus on psychological instruments developed specifically to cope with forensic diagnostic needs. The first contribute will focus on the Rapid Serial Visual Presentation employed for the Evaluation of Sexual Interests through the Application of Attentive Methods. The second speech will illustrate the Detection of Malingering through the Inventory of Problems 29, an interesting tools developed in the U.S. and in course of validation in Italy. The third talk will regard the assessment of social dangerousness and the risk of relapse using the HCR-20 V3. The third presentation will deal with the evaluation of dissociation, emotion dysregulation, and aggression among violent offenders. The focus on validity, reliability and overall psychometric characteristics of the psychological test presented will be the main aspect of the symposium. The fourth presentation will focus on the unique and independent contribution of emotion dysregulation and dissociation in explaining individual differences in aggressive tendencies among violent offenders and community-dwelling individuals.

ATTENTION-BASED MEASUREMENT PROCEDURE TO ASSESS SEXUAL INTEREST: APPLYING THE RAPID SERIAL VISUAL PRESENTATION PROCEDURE

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Deviant Sexual Preference (DSP) has been found to be one of the most important predictors of sexual offence recidivism. Therefore, a valid and standardized tool for the assessment of DSP in legal decision-making and in the treatment of sex offenders would be useful. In the past decades, methods to assess DSP have been developed, but to overcome some of the limitations and problems with the available methods, recent research has focused on attentional methods. In this oral presentation, we discuss on how a dual-target Rapid Serial Visual Presentation procedure can be useful to identify DSP in a forensic population. In order to calibrate the procedures, we first conducted three studies investigating the possibility to differentiate homosexual men from heterosexual men and investigating the fakeability of the procedure measurement, before testing forensic populations of sex offenders. In addition, we created a new stimulus set for the assessment of pedophilic sexual interest that takes the ethical and legal concerns as far as possible into account and is largely standardized in order to maximize internal validity for the experimental work. We found that pedophilic participants showed different styles in processing of sexual stimuli in comparison to non-pedophilic participants and these differences were in the expected directions. We found that it was difficult to reach any conclusions on this measurement procedure's ability to differentiate between the groups (pedophile vs. non-pedophile). When we used dtRSVP as an attention-based measurement procedure to identify deviant sexual preference in a forensic

population, we found that pedophilic participants showed different styles in processing of sexual stimuli in comparison to non-pedophilic participants and these differences were in the expected directions. However, we found that it was difficult to reach any conclusions on this measurement procedure's ability to differentiate between the groups (pedophile vs. non-pedophile).

DEVELOPMENT, VALIDATION AND ITALIAN ADAPTATION OF THE INVENTORY OF PROBLEMS (IOP): A MULTI-PURPOSE TEST OF MALINGERING

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The Inventory of Problems (IOP; Viglione, Giromini, & Landis, 2016) is a new, computerized, multi-method test, designed to help with decision-making when faced with symptom reports in four areas: (1) depression/anxiety, (2) psychosis/schizophrenia, (3) post-traumatic reactions, and (4) neuropsychological/intellectual dysfunction. The purpose of this paper is to present the theoretical and research foundation for the IOP and its briefer form, the IOP-29 (Viglione, Giromini, & Landis, 2016). More specifically, a series of clinical comparison simulation studies, conducted in the U.S. and in Italy, and encompassing hundreds of patients and simulators as well as multiple forensic samples (e.g., inmate sex-offenders) will be presented. In some cases, in addition to the IOP instruments, the PAI, MMPI-2-RF, and/or the SIMS also were utilized. Data analyses focused on receiver operating characteristic curves (ROC's), as well as on diagnostic efficiency statistics. Taken together, this extensive body of research indicates that the IOP and IOP-29 outperform the PAI,

MMPI-2-RF, and SIMS in discriminating between bona fide patients and simulators.

THE ASSESSMENT OF SOCIAL DANGER AND RISK OF CRIMINAL RECIDIVISM USING HCR-20 V3

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The current scenario of forensic psychology requires increasingly more that specialists possess the adequate skills and psychological instruments to estimate the potential risk that each individual poses in the society. The aim of this work is to propose a new, structured model of assessment of social danger and risk of criminal recidivism using the HCR-20 V3. Furthermore, this model allows to share the results with other professional figures by means of standardized criteria. The social danger and the risk of criminal recidivism of an offender have been assessed using three different instruments: PCL-R (Psychopathy Checklist-Revised; Hare, 2003), PID-5 (Personality Inventory for DSM-5, self and informant version; APA, 2013) and HCR-20 V3 (The Historical Clinical Risk Management-20, Version 3; Douglas et al, 2013). This study shows a path that juridical and clinical specialists could follow to develop a better structured practice. The integrated use of clinician- and self-report instruments enables the specialist to do a more accurate assessment in order to estimate the risk of social danger and criminal recidivism. An adequate use of HCR-20 V3 allows the specialist to consider some clinical aspects that PCL-R does not address, and explains the differences between the self and the informant version of PID-5. Ultimately, HCR-20 V3 enable the users to estimate the main factor risk that predict recidivism of criminal actions.

DISSOCIATION, EMOTION DYSREGULATION, AND AGGRESSION AMONG VIOLENT OFFENDERS

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A great body of research is providing consistent evidence of a relation between both dissociation and emotion dysregulation and aggression, across diverse populations (Garofalo et al., 2017; Schimmenti et al., 2017; Velotti, Garofalo, Bottazzi, Caretti, 2017; Zavattini et al., 2015). Despite the conceptual overlap between dissociation and emotion dysregulation little is known about their relevance for understanding aggression. The present study sought to examine the unique and independent contribution of emotion dysregulation and dissociation in explaining individual differences in aggressive tendencies among violent offenders and community-dwelling individuals. The present study (Fondi Ateneo 2015, Sapienza) involved a sample of 220 male incarcerated violent offenders and 245 male individuals dwelling in the community. The Difficulties in Emotion Regulation Scale, the Dissociative Experiences Scale-II, and the Aggression Questionnaire were used to assess self-report levels of the key constructs. Offenders had greater level of emotional non-acceptance, physical aggression, hostility, and dissociation, compared to the community sample. The strength of bivariate associations among all study variables mostly fell in the moderate range. Hierarchical multiple regression analyses revealed that emotion dysregulation significantly explained incremental variance in aggression beyond the contribution of dissociation in both samples. Indirect effect tests using bootstrapping yielded evidence of partial mediation of emotion dysregulation in the link between dissociation and aggression. Findings

indicate that dissociation and emotion dysregulation are uniquely relevant to understand aggressive tendencies. The possibility that the association between dissociation and aggression is partly explained by individual differences in emotion regulation opens interesting avenues for future research into the mechanisms underlying interpersonal aggression.

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