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ABSTRACT

Introduction: Child Sexual Abuse (CSA) is a complex and multilayered public health issue resulting in adverse multidimensional effects on physical and mental health, behavior and functionality, and overall developing self. Delay in disclosure and non-seeking of trauma treatment result in unwanted pregnancy and related complications, diseases, mental illness and poor quality of life. Lack of suitable culture sensitive tools and trauma intervention protocols for such children is a significant barrier to research worldwide. With an alarming increase in incidences of CSA in India, development of a culturally appropriate multidimensional assessment tool and treatment protocol, was important.

Objectives were to

1. Develop a multidimensional scale on CSA (MSCSA) for children aged 7-13 years
2. Establish psychometric properties of MSCSA
3. Develop a bi-lingual psychological trauma treatment protocol such children (RECASST)
4. Evaluate feasibility of RECASST.

Material & Methods: Research design: cross sectional and quasi experimental

1. MSCSA scale development:
   a. Qualitative analyses were done for 4 FGDs with 59 caregivers and 11 in-depth interviews with children with CSA
   b. Systematic review & item pooling from existing 52 relevant scales
   c. Initially 108 items were developed in Hindi on a 3-point response format. Rigorous statistical analyses were done to establish the psychometric properties of the scale
   i. Face and content validity through experts validation was done by 25 professionals.
ii. Pilot test with 85 items was done on sample of 20.
iii. MSCSA with 78 items was administered on 200 children with CSA and 150 without CSA. Child PTSD Symptom Scale (CPSS); Children’s Impact of Event Scale-13 (CRIES-13), and Developmental Psychopathology Checklist (DPCL) were also administered on 200 CSA sample.
iv. Factor structure through Exploratory Factor Analysis (EFA) and cut-off scores through Receiver Operating Characteristics (ROC) was generated. Psychometric properties were analysed by calculating reliability (Cronbach’s α & Split-half Reliability), validity (Content, Convergent-Divergent, and Discriminatory Validity,) & inter-item correlations.
v. Confirmatory factor analysis was done to confirm the obtained domains/factors.

2. RECASST treatment protocol:
   a. Findings from literature review and qualitative analysis
   b. Expert evaluation.
   c. Artists developed drawings and worksheets.
   d. Pre-post intervention was assessed using MSCSA, CPSS, CGAS, CRIES-13, and DPCL on 20 children. Estimation of improvement using Wilcoxon signed rank test, effect size and subjective feedback from children.
   e. Feasibility assessment was done across 5 parameters: recruitment, data collection, attrition, adherence & improvement.

Results:
1. MSCSA has 62 item spread over 5 domains: Psychopathology, Socio-emotional difficulties, Externalizing Behaviour, Hypersexuality & Pain and Academic Difficulty.
2. ROC identified a cut off value of 31 above for diagnosis of psychological trauma.
3. MSCSA has high reliability (Cronbach’s α 0.93; Split-half reliability 0.89), high content, convergent, divergent and discriminatory validity with adequate correlations between all items on MSCSA, its sub-domains and inter-domains.
4. RECASST protocol resulted in significant difference between pre-post intervention scores with large effect size of 0.50 for MSCSA and CRIES-13 and a medium effect size for CGAS, CRIES-13 (Intrusion & Avoidance), CPSS, DPCL.
5. More than 50% improvement was found on all the scales and 70% children perceived improvement.
6. Feasibility was estimated to be high across all parameters.

Conclusion: MSCSA is a psychometrically robust scale in Hindi, & RECASST intervention is a CTRI registered, culturally appropriate, bi-lingual, & feasible intervention meant for children aged 7-13 years with CSA experience. MSCSA will be a patent. Both MSCSA and RECASST are saleable products to be used in hospitals, NGOs and home.

Word count: Abstract (except title, affiliations, abbreviations, and references) = 560
**Abbreviations:** CSA-child sexual abuse; FGD-focused group discussion; MSCSA-multidimensional scale for child sexual abuse; RECASST- (Rapport, Emotion and Externalizing behavior management, Cognitive & Academic enhancement, Social functioning enhancement, Self-growth & Termination); CPSS-child PTSD symptom scale; CGSA-children’s global assessment scale; CRIES-13- Children’s Impact of Even Scale; DPCL- Developmental Psychopathology Checklist; CTRI-clinical trials registration of India

**References:**

5. IPSCAN. Manual for Administration of Child Abuse Screening Tools. ICAST 2015, Colorado, USA.
Title: Development & Feasibility of A Socio-culturally Sensitive Psychosocial Intervention for Children with Acute Lymphoblastic Leukemia and their Families: A Mixed Method Study at AIIMS, Delhi

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Abbreviations used: ALL- Acute lymphoblastic leukemia; IQ- Intelligence Quotient; SFBT-Seguin’s Form Board Test; PTSD-Post-traumatic stress disorder; CPSS-Child PTSD Symptom Scale; CBCL- Child Behaviour Check List; PedQOL- Pediatrics quality of life;

ABSTRACT

Introduction: ALL constitutes 75% of total Leukaemia cases, with 2400 newly diagnosed children each year worldwide. Life threatening nature of ALL, chemotherapy, systemic corticosteroids, and essential components of treatment have ramifying psychological impacts¹-⁴. Development of culture-specific psychological intervention is needed to promote quality of life.

Aim: To develop and pilot test a socio-culturally sensitive psychosocial intervention for children with ALL.

Objectives were to:

1. Investigate the psycho-social, behavioural, and cognitive profile of children with ALL on maintenance treatment
2. Find out the impact of ALL on such children and their parents
3. Assess parents’ mental health (psychological distress, PTSD, caregiver burden) and adaptive coping.
4. Explore the correlation between children’s and parents’ profile.
5. Develop a culturally sensitive psychological intervention
6. Test the feasibility of the intervention to improve psychological, behavioural, and cognitive deficits in the children

Materials & Methods: Research design: Observational + Quasi- experimental

Phase-1: Base line assessment of 72 IQ screened (SFBT; Seguin, 1856) children between 8-12 years was done to assess PTSD (CPSS: Foa et al., 2001), behavioural problems (internalizing/externalizing problems; CBCL: Achenbach and Rescorla, 2001), pediatric quality of life (PedsQOL: Varni, 1999), and neuro-cognitive functioning (motor speed, attention, executive functions, visuo-spatial relationships, comprehension, learning and memory: NIMHANS Neuropsychological Battery: Kar, 2004). Standard scales were used for parents.

Phase-2: 64 participants in 8 FGDs: 4 with parents (31), 1 with professionals (10), and 3 with children with ALL (23) participated. An FGD checklist was developed and used. And all FGDs were audio recorded and transcribed.

Phase-3: On the basis of findings from phase 1 and 2, literature, and clinical experience, a structured composite intervention module for preadolescents with ALL (CIMPALL) was developed. Experts’ validation was done.

Phase-4: Feasibility test through a pre-test with 2 children and their parents and a pilot test on 12 children (6=experimental, 6=treatment usual) was done.

Results:
1. 61.11% children had internalizing emotional and behaviour problems; 43.04% had PTSD symptoms; had significant problems in the areas of executive functioning (54.2%), working memory (90%), conceptual ability (51.4%), academics (60%) and 36.1% had deficits in verbal learning and memory. PedsQOL was significantly poor among the children with PTSD than without PTSD. Increased PTSD resulted in poor PedsQOL.
2. Correlations between parents and children’s PTSD (r=.343, p<.01), and behavior problems in children and caregiver burden (r=.524, p<.01) were significant. PTSD symptoms in parents increased their psychological morbidity (r=.465, p<.01).
3. Significant negative correlations were found between behavior problems in children and coping among parents (r= -.383, p<.01); PedsQOL and caregiver burden (r= -.282 p<.01), and PedsQol and psychological morbidity among parents (r= -.261, p<.01).
4. Lower age of children, higher age of parents, more siblings, a long gap in schooling, PTSD in children, and parents’ caregiver burden, PTSD, psychological distress, and maladaptive coping predicted poor PedsQOL
5. 5 Co-joint 360-minutes intervention consisting of 5-presentations, 11-worksheets, 26-activities and 5-handouts was finalized.
6. Pilot-test indicated significant improvements on behavioural problems, digit-fluency, visuo-spatial working memory, and auditory-verbal learning memory in the experimental group. It reduced caregivers burden and improved adaptive coping among parents.

**Conclusion:** CIMPALL is a structured, five-session, audio-visual, bilingual, culturally sensitive and feasible psychosocial intervention for improving overall quality of life and functioning of children with ALL and parents. The efficacy is being tested on a larger sample currently.

**References:**
Title - Comparative Study of Individual versus Group Transdiagnostic Cognitive Behavior Therapy in Adolescents with Headache and Anxiety Disorder

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Abstract

Introduction: Adolescents commonly suffer from comorbid headache and anxiety disorders. Transdiagnostic cognitive behavior therapy (TCBT) with its focus on commonalities rather than diagnoses may be a viable modality of treatment for comorbid disorders.

Aims & Objectives: The aim of the study was to develop a module for providing transdiagnostic cognitive behavior therapy to adolescents diagnosed with comorbid headache and anxiety disorder. The objectives are to evaluate the effectiveness of the module in providing transdiagnostic CBT in terms of reduction in symptom severity, feasibility and acceptability; and further to compare between individual and group transdiagnostic cognitive behavior therapy in terms of feasibility, reduction in symptom severity and acceptability.

Materials and methods: A TCBT module (consisting of 12 weekly sessions) for adolescents with comorbid headache and anxiety disorders was developed during the first phase of the study. Second phase included pilot testing of the developed module (n=5) and found it suitable to be tested on a larger sample. The final phase assessed the module for its effectiveness, feasibility and acceptability. Adolescents with headache and anxiety disorders (n=95) recruited from outpatient department of Child and Adolescent Clinic of All India Institute of Medical Sciences, New Delhi were randomly assigned to individual TCBT (n=32), group TCBT (n=32) and treatment as usual (TAU) (n=31) groups. Groups were assessed at baseline, mid-intervention (6 weeks), post-intervention (12 weeks) and 3 months follow-up using Headache Impact Test (HIT), State Trait Anxiety Inventory (STAI) and Children’s Global Assessment Scale (CGAS).

Results: There was significant reduction in symptom severity in all groups at post-treatment and follow-up, however, TAU had the least symptom reduction. No differences were observed between the individual and group TCBT conditions at both 12 weeks and follow-up. TCBT was rated positively on the measure of feasibility and acceptability by both therapy groups.
Conclusion: The developed TCBT module thus aided in the reduction of headache and anxiety symptoms in adolescents and was found to be a feasible and acceptable approach, especially in Indian population.