

effects of parent's and child's psychopathology on parenting qualities. Cognitive/schema therapy is a promising treatment approach for adult ADHD; we know little about the effect of cognitive factors on parenting, however.

Objectives: We aimed to fill this gap by exploring the role of dysfunctional schema modes in the associations between adult ADHD symptoms, child's externalizing symptoms, and perceived parental competence in a dimensional approach.

Methods: A community sample of parents (N=100, mean age=38.25 years, SD=5.73) filled out online questionnaires assessing ADHD symptoms (Adult ADHD Self-Report Scale), dysfunctional schema modes (Schema Mode Inventory), perceived parental competence (Parental Sense of Competence Scale), and child's psychopathology (Strength and Difficulties Questionnaire).

Results: In a multivariate model, higher levels of parental ADHD symptoms were related to higher levels of dysfunctional schema modes. However, neither the child's externalizing symptoms nor the interaction term of parent's symptoms by the child's symptoms had any effect on dysfunctional schema modes. Furthermore, the child's externalizing symptoms had a direct negative association with parental self-efficacy beliefs, whereas the relationship between adult ADHD symptoms and parental self-efficacy was mediated by the detached and overcompensating dysfunctional schema modes.

Conclusions: Our results suggest that the activation of dysfunctional schema modes is related to the parent's but not the child's psychopathology. The activation of dysfunctional schema modes may play an important role in the self-efficacy beliefs of parents with ADHD. Targeting that cognitive factors may enhance the effect of behavioral parent training programs.

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Keywords: adhd; attention-deficit/hyperactivity disorder; parenting; schema modes

EPV0127

A good investment: longer-term cost savings of sensitive parenting in childhood

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Introduction: Good quality parenting in early childhood is reliably associated with positive mental and physical health over the life-span.

Objectives: The hypothesis that early parenting quality has significant long-term financial benefits has not been previously tested.

Methods: Design: Longitudinal study with follow-up from 2012 to 2016; UK multicentre study cohort. *Participants:* 174 young people drawn from 2 samples, one at moderate risk of poor outcomes and one at high risk, assessed aged 4–6 years then followed up in early adolescence (mean age 12.1 years). *Measures:* The primary

outcome was total costs: health, social care, extra school support, out-of-home placements and family-born expenditure, determined through semistructured economic interviews. Early parenting quality was independently assessed through direct observation of parent–child interaction.

Results: Costs were lower for youths exposed to more sensitive parenting (most sensitive quartile mean £1,619, least sensitive quartile mean £21,763; $p < .001$). Costs were spread across personal family expenditure and education, health, social and justice services. The cost difference remained significant after controlling for several potential confounders. These included demographic variables (family poverty, parental education); exposure to child abuse; and child/young person variables including level of antisocial behaviour in both childhood and adolescence, IQ and attachment security.

Conclusions: This study is the first showing that more sensitive early parental care predicts lower costs to society many years later, independent of poverty, child and youth antisocial behaviour levels and IQ. The findings provide novel evidence for the public health impact of early caregiving quality and likely financial benefits of improving it.

Disclosure: No significant relationships.

Keywords: costs; sensitive responding; Children; parenting

EPV0128

Self-reported Depressive Symptoms of school-age siblings of individuals with an Autism Spectrum Disorder (ASD): Findings from a Greek sample

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Introduction: Previous studies have shown elevated levels of depressive symptoms in parents of children with ASD. However, few studies have assessed depressive symptoms in neurotypical ASD-siblings and most have done so, within a broad age range, while studies focusing on a certain developmental stage (middle childhood in particular) using a self-report depression-specific assessment tool are sparse.

Objectives: This study aimed to investigate the depressive symptoms of Greek school-age neurotypical siblings of individuals with an Autism Spectrum Disorder through a self-reported questionnaire.

Methods: The sample included 85 school-age neurotypical ASD-siblings (8–13 years old). The Children's Depression Inventory (CDI) and a demographics questionnaire were administered to all participants.

Results: Results showed that a considerable percentage of the sample (15.3%) scored twice as high as the mean score. ASD-siblings in the present study scored higher (mean total score in CDI was 7.24 ± 6.27) than children of similar age and nationality. Further, 5.9% of the siblings in the present study exhibited severe depressive symptoms (using 19 as a threshold) whereas 12.9% of ASD-siblings scored above 15 and therefore should be further evaluated by mental health services.

Conclusions: The results of the present study documents a relatively high prevalence of depressive symptoms in neurotypical