better understand the pathological processes of ASD but also to provide an appropriate genetic counseling.

Disclosure of Interest: None Declared

EPP0543

Coping Strategies of Parents of Children with Autism Spectrum Disorders after Psychoeducation

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Introduction: Not only children with autism spectrum disorders (ASD) need specialized care, but the whole family as a whole. The family is seen as an important resource in the treatment and rehabilitation process.

Objectives: To identify coping strategies for parents of children with ASD after psychoeducation.

Methods: The study involved 75 families (75 mothers and 68 fathers aged 27 to 38) raising children with ASD (age range from 3 to 5 years). All children were diagnosed under subheading F84 "Pervasive developmental disorders" according to ICD-10 (F84.01; F84.02; F84.11; F84.12). Diagnosis period for a child: from 6 months to 1 year.

The main instrument was "Ways of Coping Checklist" (R. Lazarus & S. Folkman) (in Russian adaptation by L.I. Wasserman et al.).

Psychoeducational work was carried out with all parents, including:

- attitude and acceptance of the child's illness;
- awareness of the disease and ways of helping a child with ASD;
- compliance with the recommendations of specialists working with the child (psychiatrist, psychologist, speech therapist, social pedagogue);
- skills of interaction with the child in the conditions of the house and society;
- emotional experiences of parents (anxiety due to insufficient information about the child's illness);
- emotional acceptance of the child.

Results: After completing the psychoeducational program, the parents' scores on the "positive reappraisal" scale increased, which may indicate that parents, in spite of everything, are looking for positive aspects in the situation of raising a child with ASD and focus their attention on their own personal growth. Thus, mothers of children often undergo training in programs for working with children with ASD, begin to conduct educational webinars, blogs, and share their experience in solving problems with other parents. There is also an increase in scores on the "confrontation" scale, as well as a decrease on the "distancing" scale.

Conclusions: Conducting psychoeducation with the parents of underage patients allows us to come closer to solving one of the main issues of psychosocial rehabilitation - the socialization of a child with ASD and the whole family as a whole.

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Distinct childhood neurodevelopmental trajectories following very preterm birth

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Introduction: Very preterm birth (VPT; <32 weeks' gestation) constitutes itself an environmental risk factor for a wide range of severe mental disorders. Particularly, 25% of VPT screen positively for autism spectrum disorder (ASD) and often present with co-occurring developmental difficulties, making it challenging to identify those likely to develop ASD traits. Therefore, neurodevelopmental trajectories associated with ASD outcomes need to be identified.

Objectives: Here, we investigated infant-to-childhood ASD traits trajectories, and their association with neurodevelopmental comorbidities, in a sample of VPT children screening positively and negatively on the Modified Checklist for Autism in Toddlers (M-CHAT).

Methods: VPT individuals from the Evaluation of Preterm Imaging study (ePrime) underwent behavioural assessments at 2 (M-CHAT and Bayley Scales of Infant Development; N=451) and 4-7 years (Social Responsiveness Scale (SRS-2); N=251). To furtherly assess the presence of comorbid neurodevelopmental disorders at children aged 4-7 years, further assessments of cognitive (WPPSI), ADHD (ADHD-RS-IV scale), and emotional and behavioural problems (SDQ and ECBQ) were conducted.

Results: Findings of the ePRIME 4–7-year follow-up substudy will be presented. VPT children will be grouped using M-CHAT scores, as they reportedly show distinct neurodevelopmental characteristics. Preliminary results showed that ASD traits in infancy are associated with increased neurodevelopmental impairment.

Conclusions: VPT infants may be an undescribed "at risk of ASD" or ASD cluster, with clinical features and comorbid neurodevelopmental disorders that differentiate them from other "at-risk" populations. Our findings support the need for routine ASD and ADHD assessments in VPT infants at preschool but also at school ages; and highlight the importance of interpreting ASD screenings in combination with other developmental measures when assessing VPT children. Our results could guide clinicians and researchers to offer personalised interventions aimed at supporting children's development based on their distinct phenotypic presentations. Further research is needed to develop more accurate screening tools.

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